LOOKING AFTER CHILDREN: AN ALTERNATIVE CROWN WARD REVIEW

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A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfilment of the Requirements

for the Degree

Master of Social Work

McMaster University

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MASTER OF SOCIAL WORK   McMaster University

(2013)   Hamilton Ontario

TITLE: Looking For Children: An Alternative Crown Ward Review

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NUMBER OF PAGES: VI, 71

ABSTRACT

As child welfare practice in Ontario attempts to move toward increased partnerships with families, and recognition of the ways in which social work is implicated in perpetuating marginalities through the application of an anti-oppressive lens, direct social work practice with children lacks a similar critical discourse. Social work practice with children in care in Ontario occurs in the context of a guided practice model, Looking After Children, and within numerous audited standards and compliances. It is a bureaucratic and managerial environment which can constrain the social work agenda with children whose voices are easily silenced. This qualitative research study looks at the plans of care or social work recording for 10 Crown Wards in Ontario, in a search for a 'real child.' A critical analysis revealed that children are known in the recordings created about them in limited and prescribed ways. A "looked after" child is revealed: a child known according to the specific developmental dimensions of the Looking After Children model, and within "compliant" social work practice. What is lost is a child who exists in their child welfare record, in all of their complexities, contexts and relationships, while the social work relationship is rendered invisible.

ACKNOWLEDGEMENTS

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"Words on the written page are powerful. They are, in many ways, immortal – they outlive the circumstances in which they were written, and often the authors that penned them. In a system notorious for high worker turnover, the words of those who went before us are heavily relied on to carry on the required tasks. Words shape the truth of what comes next" (Rooke, 2012, p. 58).

"All I want is to be like any other child. Do you know what it feels like to have your life typed and filed?" (Kayla, 21, Former Youth in Care, My Real Life Book, May 2012).

Chapter 1: Introduction

Social work practice in child welfare is a challenging field: tasked with mandatory intervention into the private lives of children and families, while attempting to strike a balance between the principles and values aspired to as social workers and the significant bureaucratic and administrative requirements of the job. Finding this balance has been increasingly challenging over the 25 years that I have worked with children in care both as a front line practitioner, and within management roles. I have personally experienced several changes in legislation, two significant child welfare reforms, and numerous shifts in what is considered "best practice." Each of these changes has inevitably brought with them additional layers of administrative burden, accountability, and standardized tools that have significantly altered the landscape of social work practice with both families and with individual children in care. Standards and accountability are of course required in child welfare as a publically funded, mandated service that yields a great deal of power to intervene in the lives of vulnerable children and families. However, the result over time has been a restricted space for social work practice based on client engagement and creative, individualized case work and a reduced capacity for critical and reflexive practice. It is alarming to hear social workers complain that they must take a "cookie cutter" approach, rather than see each child as unique, or that they cannot focus on the agendas of their clients" (Ontario Association of Children's Aid Societies, 2010, p. 24).

The latest child welfare reform occurred in 2006 when the Ministry of Children and Youth introduced Transformation as a means of developing an "effective and

sustainable system" (2005, p. 2). Transformation called for "alternatives for involving families as partners in case planning and decision making" and "engaging families and their natural support systems more effectively" (Ministry of Children and Youth Services, 2005, p. 9). At the same time, child welfare practitioners across the province were being exposed to the principles of anti-oppressive practice and it seemed that Transformation's focus on partnerships and engagement with families would provide a context into which an anti-oppressive practice framework could be integrated (The Child Welfare Anti-Oppression Roundtable, 2008).While performing child welfare work within an anti-oppressive framework is challenging, Dumbrill (2003) states that anti-oppressive practice in child welfare "lies in remedies formulated by service users – it lies in social work giving up speaking about what child welfare "clients" need and listening to what service users themselves say they need" (p. 32). It involves moving away from expert practice that is done *to* clients, to practice that is done *with* service users in their unique circumstances. It would seem that the intersection of Transformation and anti-oppressive practice is an exciting opportunity for social work practice in child welfare to be more client driven. However, I believe it has become an increasing challenge for social workers tasked with direct work with children in care, to focus on the child's lived experiences and agendas or practice in partnership with a child.

Transformation has brought many needed and welcomed positive initiatives to practice with children in care, which all have the potential to improve outcomes, including an increased focus on permanency planning, the use of kin, a focus on educational outcomes and greatly improved opportunities for support for youth leaving

care, the latter having been achieved by provincial advocacy, and at the behest of youth in care. Notwithstanding the positive efforts on behalf of children in care as a group, what does not appear to be taking root in social work practice with children in care is the kind of rich discourse that is happening around our practice with adults. The discourse surrounding children appears to be less than critically reflexive regarding the lived experience of children in care, the expertise they hold about their own lives, the use of our power as adults and social workers in their individual lives, or the significant structural issues which influence the daily life of a child in care. In short, a focus on not just outcomes, but how we, as social workers, engage with, understand and listen to children and youth as individuals. This stands in almost direct opposition to child welfare practice with adults, where there has been an attempt to have more open discussions about how child welfare uses its considerable power and the political and structural context of families' lives. These issues are less attended to with children than with adult clients, and particularly less attended to for young children, as I think we become more comfortable with partnerships as youth approach adulthood. While this is not a new phenomenon, the voices of children tend to be under represented in both the research literature used to support service delivery models or approaches and in our understanding of how they experience child welfare intervention directly (Fox & Berrick, 2007), it is disappointing none the less. We generally see children as "passive beneficiaries of services decided upon, designed and delivered by adult professionals" (Bessell, 2010, p. 496) and we may not view young children in particular, as having agency or voice as service users. Youth, and former youth in care have made it clear that they want and deserve a voice in service

delivery and decision making (My Real Life Book, 2012). These children, like their parents or care providers, experience marginalities, engage in social work relationships where power and privilege exist, and are subject to child welfare intervention in a social and political context that influences how their identities are constructed and their stories told. Our practice with children needs to be approached critically. It is after all a 'child' welfare system.

It is concerning to me that social work with children in care continues to become more standardized and subject to increasing regulation in Ontario without any kind of robust discussion as what this means to the experience of children in care, or the social work role. Transformation brought additional directives and a standardized practice framework that only added to a practice environment already laden with compliances, standards and audit. I believe this practice environment may be further silencing already marginalized children and leaving social workers disempowered to advocate for them. One of the important roles a social worker has with a child in care is to represent their views and voice. Unlike adults, who of course may also be marginalized, young children especially are almost completely dependent on the adults in their lives to listen to and represent them. Social workers need to be able to hear the children they are working with, and I think this is very challenging in a practice environment in which the loudest voice may not be the child's but the demands to meet standards and compliances, to adhere to a standardized practice model, and to be ready for audit.

One of the areas that a child in care is made 'visible' and where social work practice intersects with compliances and standardized practice is in the recording that is

created by social workers about a child, the plan of care. This is not the only document in which a child is written about. Their files contain social histories, possibly a life book, and perhaps reports from other professionals. However, this document is the one that the child's social worker creates with a child and foster parent that records their lives regularly and over time. It documents planning for the child, is the document audited by the government in the Crown Ward Review, and is one of the ways that social workers or other agency staff come to understand the child's experiences and needs. It is a source of information both now and in the future when a child has questions, and it is information that may be used in decisions that deeply impact a child such as placement or permanency decisions. I have found it very difficult and almost counter intuitive, to try and get a sense of the child when one must wade through defined text boxes and check lists. I believe that at the core a plan of care should be a meaningful document to the child if we are truly interested in empowering and listening to them. As Roose, Mottart, Dejonkheere, van Nijnatten & De Bie state, "it is relevant that any report writer ask himself if the people he is describing would recognize themselves in what is written down: would it be clear that the report is about them and would they feel respected in what is written?" (2009, p. 239).

Given the above, I decided to look at how children are represented, included and constructed in their plans of care, and whether in fact a distinct and individual child emerges from what is written about them. I did this in the context of a critical analysis of the current practice environment surrounding children in care, including an anti-oppressive lens in terms of the analysis of power and the marginalization of children. This approach also offered the opportunity to examine how seemingly neutral policies or

standards might be oppressive (Dumbrill, 2003). Wong & Jee state "There is often a contradiction between the positive intent of child welfare policy versus the negative impact of its implementation" (2010, p. 7). It is the impact, rather than the intent of the standards or practice model that has lacked critique. The plans of care are completed within a standardized practice framework, and social workers are burdened with a number of imperatives in writing them, including the necessity to demonstrate compliance, and create a document that will reflect the information needed in the annual Crown Ward Review. As a result is it possible to see a real child reflected?

My journey to this topic has come from my own experience working directly with children, and a belief in social work advocacy or activism on behalf of children in care. I have a background in child studies in addition to my social work degree, and have always brought to my social work practice a strong sense of children as experts in their own lives, although I would not have attached those words to my commitment prior to becoming exposed to anti-oppressive practice or post modernism. I believe strongly that children in care are not simply embedded in families but are clients or service users in their own right and that social workers can play a valuable role in their lives. At its best, social work with children gives voice to the child, is concerned with the impact on the child of their environments, and navigates the relationships and systems that surround them so that their needs and wishes are considered. These are strong ideals and I can be passionate about them.

I undertook this research with awareness that I am currently situated in a management role, and thus need to be reflexive about my own "expert" status as an

experienced social worker in a position of power and authority. This is a lens that I need to remain aware of, as it is an easy lens to default to. I no longer speak from a front line perspective, nor is my experience necessarily reflective of the lived experience of social workers today. In fact I need to approach the research as a learner, informed by experience, and be open to alternative findings. This kind of reflexive stance would help me remember I am not creating truths but constructing interpretations that can be challenged (Lahman, 2008). Ironically this is precisely the stance I believe needs to be taken by all of us who purport to know what is best for children.

Chapter 2: Locating Children and their Social Workers in Child Welfare Practice

A commitment to anti-oppressive practice in child welfare asks us to confront issues of power and privilege and to make visible the ways in which social work constructs clients, problems and solutions that perpetuate marginalities. We are challenged to examine the structure of oppression and discrimination that provides the context for the lives and experiences of service users (Sakamoto & Pinter, 2005). This analysis extends not only to our personal social locations, but to looking at how services are created, delivered and experienced in ways that may be oppressive. It is particularly difficult to maintain an anti-oppressive commitment in child welfare practice, given that child welfare itself is implicated in the oppression of marginalized groups (Dumbrill, 2003), but also because social workers perform roles in a bureaucratic environment that can challenge their commitment to social justice (The Child Welfare Anti-Oppression Roundtable, 2008). Social work has a history of radical/critical practice that can play a key role in questioning "dominant ideology and discourses" (Rogowski, 2008, p. 25). This is an important commitment to maintain in the kind of environment described by Rogowski (2008) as existing in Great Britain, but which can be equally applied to the public sector in Ontario, where government "seeks to micro-manage social workers…. extending control over the processes and output of social work" (p 22).

There are many reasons that an analysis of social work practice with children should include a critical or anti-oppressive lens. As adults it is particularly easy to view

children and their problems from our own social location, with the expert status on childhood we might think we hold having experienced it ourselves as individuals or parents. Social workers in child welfare face the added challenge of a legislated requirement to act in a child's 'best interests' and face a unique dilemma when how they define those interests differ from what a child wants (McLeod, 2006). The power imbalance between adult\social worker and child leaves the interaction between the two at high risk of following the adult agenda (Leeson, 2007). We may actually feel our power over children is justified by our status as adults who know best. However, "when one considers the depressing evidence on out-comes for looked after children in adult life, humility about our ability to know what is in the child's best interests seems to be the appropriate emotion" (Munro, 2001, p. 136).

Any childhood can be lived in a way that is defined by the interests of adults, but this is particularly true in child welfare and education (Aubrey & Dahl, 2006). The childhoods of children in care are directly impacted by funding, regulations and the desire for outcomes that have been determined, often by adults, as best for children as a whole. Unlike children raised within their families, children in care have dozens of strangers involved in their care and making decisions about their lives which can leave youth and children feeling disempowered:

> There are multiple ways youth in care can be vulnerable: for example when adults are making life-changing choices such as where we will live, what programs we will attend and if we are able to see our biological families. Often these adults are making decisions having never met us. We are also continually introduced to new adults knowing nothing about them, yet they know everything about us (My Real Life Book, 2012, p 8).

The sheer number of adults involved and empowered to make decisions in the life of a child in care, including those who determine at a management or government level the bureaucracy that surrounds that life can make it very difficult for the child's lived experience to be heard.

It is also important to consider that children in care are uniquely marginalized for a number of reasons not the least of which is they are cared for by a 'corporate parent' who tends to see them as a homogenous group (Leeson, 2007). 'Crown Wards' for example are often referred to as a group in the development of programs and policies. However, they are a group diverse in age, sex, race, culture and life experience and developing policies and procedures or programs that do not recognize differences, risks practice that is removed from individual experience. The over representation of marginalized families involved with child welfare (Dumbrill, 2003) means that most children in care enter the system already disadvantaged in terms of social position and power. First Nations and children of colour are also over represented (Dumbrill, 2003) and they enter a system founded on white, middle class ideas of childhood and parenting. Additional marginalities are then added by the labels attached to children in care. As one Ontario youth in care states: "as a child I received many labels: bi-racial, orphan, foster child and Crown Ward. These labels profoundly affected my sense of identity" (My Real Life Book, 2012, p. 8). Being in care can bring with it stigmatization based simply on this status and their negative portrayal in files that "read like a rap sheet" (Waldock, 2007):

> It seems that instead of looking at individual cases and giving the proper support to each individual youth, some of us feel labelled, diagnosed and placed. This leaves some youth angry frustrated, lost and vulnerable (My Real Life Book, 2012, p. 8).

Children in care are routinely expected to deal with and adapt to situations well beyond those experienced by most children, and when they do not, the problem is individualized rather than defined structurally or environmentally (Waldock, 2007). Many children in care experience multiple moves, a lack of stability of care provider and a transition to independence far earlier than most Canadian youth (Feduniw, 2009). How the child responds to these situations can be labelled maladaptive rather than normative for the situation they are in (Feduniw, 2009). Ultimately children can bear labels for behavior that should be expected in the circumstance, or for events such as multiple moves that represent a systemic failure. Children may be discriminated against by the "very services that have been organized to protect their interests" (Graham, 2006, p. 61). What makes this even more poignant for children in care, is that the very life experiences that might have led to being in care, may have left them with a deep sense of unworthiness, and this "sense of powerlessness" is reactivated when they experience adults in the system as "controlling the interaction and holding power" (Bell, 2002, p. 7).

Powerlessness is in fact how many children describe their experience of being in care, with no feeling that they are able to participate meaningfully in the decisions that affect their lives (Munroe, 2001). In the hearings that informed My Real Life Book (2012), Ontario's youth in care describe as a theme "we are left out of our lives," and state that they feel "invisible" (p. 12). One youth stated that she "was looked at differently by society, had words pushed into my mouth by workers, and as a child I never seen or had a say for my best interest" (My Real Life Book, 2012, p. 12). These are powerful words that have been replicated over and over again in the research literature in Great

Britain, North America, Australia and New Zealand. In reviewing a number of studies, Cashmore (2002) found that children did not feel they could influence decisions about where they lived, why they were changing placements or how much contact they would have with their families, all issues which children expressed as being of high importance to them. Children also described the venues which were meant to be inclusive, such as case conferences, as containing too many people they did not know, and that they were not provided with information, preparation or support for those meetings. A literature review by Fox & Berrick (2007) contained similar themes: that children do not feel adequately involved in case planning, lacked basic information about being in care, did not understand the reason for placement changes, and were excluded from decisions about their permanency. Although many of the studies are small, their findings are similar across age groups and countries. The children in Munro's (2001) research with 15 British children in care, revealed that these children did not feel their wishes were considered and that they were only allowed to participate in minor decisions rather than those truly important to them. McLeod (2006) replicated these findings with 11 British children who described their wishes as being over ruled and that they were not consulted about or able to influence decisions and Bessell (2010) interviewed 28 former Australian children in care with similar findings. Winter (2009) interviewed 10 British children under the age of 7, and these very young children also described that they lacked information and explanations and were not listened to about issues that were perhaps unique to them as very young children. Mitchell, Kuczynski, Tubbs & Ross (2010) interviewed 20 children aged 8 to 15 who were in care in Ontario, and who described lacking information and

feeling helpless and frustrated when their views were not considered, or their experience not valued. Children who are involved with child welfare but remain with their birth family do not appear to feel any more included. A study of 11 Scottish children aged 12 to 17 found that during a protection intervention, they did not feel they had adequate information, did not feel listened to, and felt a lack of control (Woolfson, Heffernan, Paul, & Brown, 2010). Children of all ages have issues about which they wish be heard that are deeply personal to them, such as issues of placement, their relationship with their worker, and those surrounding their families (Bessell, 2010). Youth in care in Ontario have stated loudly and clearly that they want a voice, information and involvement both in their own lives and in the policies that impact them:

> We have created a vision for the change WE would like to see. Rather than children and youth in care feeling vulnerable and isolated and left out of our lives, we want to feel protected, respected, supported and so much more (My Real Life Book, 2012: 31).

The very real feelings of vulnerability and powerlessness that children in care express challenge those of us who are their social workers to hear and include them.

Social work practice with children, in its current context, may not be well positioned to hear or act upon children's voices. The current knowledge base used to understand children may enact uncontested dominant ideals about childhood that may not see children as actors\participants in their own lives. In my own experience in children's services, I have been exposed to very little critique of the ontology of childhood on which much of accepted best practice with children is based. Removing the adult as the expert quantifier of children's lives, and resisting positivist theories that measure all children by norms and stages is a daunting task in a field that relies on these theories to make sense of

children. The developmental model of childhood has strongly influenced how childhood is understood by adults and has led to a commonly accepted view of the child as beneath and apart from adulthood (Archard, 1993). It allows social workers to view the needs and experiences of children as relative to the adult they will become but is less focused on their lived experience. The reliance on a developmental framework to understand children creates "a tendency in social work practice to objectify children rather than attach value to subjective and relational aspects of the child-social worker relationship" and to "underestimate the capacities and capabilities of young children in care by virtue of their age" (Winter, 2009, p. 455). An 'age and stage' approach provides a limited understanding of childhood that lacks any structural analysis (Winter, 2009). However, childhood itself is a social construct with meaning that "varies from group to group and is impacted by socio-historical, economic, geographical and cultural contexts (Lahman, 2008, p 283)." Considering childhood as a social construction creates the space to critically consider how children are impacted by social and political forces, or how children actively shape or participate in their families or communities (Finn, Nybell & Shook, 2010). Social work itself participates in a particular construction of childhood. The image of the child as "exquisitely passive, innocent and vulnerable is of particular value to child welfare workers who are then able to construct themselves as rescuers of young children" (Collings & Davies, 2008, p. 183). When social work interventions are based on a paternalistic concept of rescue, it allows adults to give meaning to the child's lived experience rather than embrace the concept of a child as an active subject who is able to speak about and act on their own interests (D'Cruz & Stagnitti, 2008).

The lives of children are intricately woven with those of their social workers, so that the social workers' practice environment can impact their ability to partner with children. The concepts of "risk and risk management" and standardized bureaucratic procedures (Strega, 2009, p. 143) now dominate the day to day work of most child welfare workers. As a society we are highly concerned with the management of risk, with the cost of the welfare state, and with the accountability of government to taxpayers as to how their money is being spent (Munro, 2004). This is a concern for social work practice across public sector agencies, but in particular health care and child welfare, where the impact of fiscal restraint and the "application of managerial technologies are transforming the organization of caring labour" (Aronson & Sammon, 2000, p. 168). Rogowski (2008) states that "managerialism now bedevils social work entailing as it does a focus on bureaucracy, such as with form filing and assessments, leaving little time for face to face work with children and families" (p. 17). Managerialism is the belief that the solutions to problems lie in better management and increased oversight and it has led to a belief that quality of service can be found in increased standardization and documentation (Tsui & Cheung, 2004). The particular problem for social work is that standardization is not occurring according to a social work agenda, but an agenda where performance indicators and tools are created uncontested in practice according to managerial goals (Munro, 2004). The resulting social work role is increasingly administrative and bureaucratic (Munro, 2004).

Although child protection work in Ontario is in fact highly regulated and subject to public scrutiny, social work with children in care is in its own right subject not only to

numerous standards and compliances but a high level of audit. Annual reviews of Crown Ward files for compliance occur through the Crown Ward Review and Foster Care Licencing Review conducted by the Ministry of Children and Youth. These reviews can result in directives and recommendations, and contain measures of compliance, almost like an agency report card. Standards are numerous and can sometimes feel counter intuitive to social work processes. An analysis of the standards completed in 2010, found that they are often redundant, confusing, inconsistent and at times arbitrary, and many were tied to multiple or competing sources of authority (Ontario Association of Children's Aid Societies, 2010). Some of the standards are almost not achievable, such as the number of required administrative tasks associated with a child moving, and they lack room for any social work discretion. For example all moves are treated equally in the standards, so that an emergency move from a long term caregiver to a stranger would look the same in terms of tasks or standards as a planned move to a foster home the child knows. It makes it extremely challenging to manage time and prioritize work based on the needs of children.

Standards, compliances and the knowledge that your work will be audited are understandably a significant influence on social work practice. This level of audit and accountability to numerous standards presents a "paradox" for social workers whose "work is now subject to closer monitoring than ever before, but surveillance is directed at the paperwork attached to the work, not the intricacies of their actual practice with people" (Munro, 2004, p. 1093). In fact Winter (2009) found that social workers describe their work as that of a bureaucrat or agent of social control, so that in visiting a child "the

pressure was not to form a meaningful relationship but rather ensuring that relevant statutory forms could be ticked and completed" (p. 453). The concern is that social work tasks related to "control, assessment and management" have "crowded out" tasks related to advocacy or counselling (Winter, 2009, p. 452). The result is that both social workers and children are unhappy with their experience (Leeson, 2010).

While many social workers chose their field hoping for the opportunity to work directly with children and families, the experience in reality is they feel the tasks associated with accountability are more valued in practice than their relationships with children (Gupta & Blewett, 2007). The loss of a focus on direct relationships with children, is especially concerning because in child welfare, social workers may be the adult who hold all the pieces of a child's history and the full context of their lives (Winter, 2009). As well, the many complex clinical issues that social workers are faced with such as the increasing focus on kin and community connections, maintaining family contact or our understanding of the impact of trauma (Gilligan, 2000), are in direct competition with daily bureaucratic demands. Forming relationships with children also takes time and effort, which social workers may not have when they feel burdened by other demands (Winter, 2009). Social workers reported in a review of Ontario's children's service standards and compliances that the "multitude of tasks in the standards often drives the conversations with foster parents and detract from the child's agenda" (OACAS, 2010, p. 23).

Not only is the focus on the helping relationship lost, but social workers themselves can feel marginalized and disempowered when struggling with high caseloads

and pressure to ensure they have met compliances (Munro, 2001). Even supervision is impacted in this practice environment, where social workers being interviewed by Gupta & Blewett (2009) described supervision as a "task focused, management-led process, rather than one where they have the space and support to critically analyze and reflect on the complex work being undertaken with children and families from very diverse backgrounds" (p.175). It is difficult to take the role of an advocate, or take the time to understand a child's wishes or position, when one does not feel empowered to take the necessary time to do so, or that their own voices would carry weight. The pressure of working within a political context where much of the work is defined for you, and specific outcomes are demanded, even where the intentions are positive, can be all consuming at the worker and management level. In this context the danger is that social workers will become "technicians" who follow "prescriptions and procedures" which is simply not conducive to child centered practice (Gilligan, 2000, p. 270).

In addition to following standards and compliances, social workers must also complete their work within a mandatory practice framework, which adds another element that has the potential to influence the social worker\child interaction. Ontario's Looking After Children (ONLAC) became mandatory as a practice framework in 2007. It is based on Looking After Children (LAC) which was developed in England in 1987 (Winter, 2006) and has been adopted in several countries. Winter (2006) describes LAC as originating amongst widespread concern about poor outcomes for children in care. Its development was within a neoliberal and managerial context, as well as a growing distrust of the efficacy of public services (Garrett, 2002). It guides social work practice

with children, using a developmental model, through an assessment, planning and review process, using seven domains of development, and defined, age-based, positive outcomes for children within the domains (Knight & Caveney, 1998; Yeatman & Penglase, 2004). In Canada, LAC was intended to remedy what was framed as a lack of focus on the child and their needs during child welfare intervention, and to improve outcomes through positive actions and good parenting (Kufeldt, Simard & Vachon, 2003). According to the model, as children in care are "pushed off the normative paths of child and youth development" our concern needs to be how we get children and youth back on to "positive developmental life paths" (Lemay & Ghazal, 2007, p. 9).

The main document associated with ONLAC is the Looking After Children Assessment and Action Record (AAR) which is a long questionnaire, specific to the child's age, completed on an annual basis, with sections on each of the developmental domains of health, education, identity, family and social relationships, social presentation, emotional and behavioral development, and self-care skills. In Canada, the AAR was adapted to follow the measures and scales used in the National Longitudinal Survey of Children and Youth, to allow comparability with the developmental outcomes of the general population of Canadian children (Lemay & Ghazal, 2007). Data is collected across the province and compiled into agency reports at the University of Ottawa so that the format of the forms also has a research and accountability agenda. In addition to the AAR, social workers must complete plans of care at prescribed intervals, also within the ONLAC framework of developmental domains, and document measurable goals and assigned tasks. This is the primary social work recording for children in care and in

Ontario is the document audited for the Crown Ward Review, so that it reflects not only LAC imperatives but the achievement of compliance.

There has been very limited critique of LAC by a handful of authors. Knight & Caveney (1998) state that it is very difficult to critique a model that is attempting to address the very real concerns that children in care do not do as well as other children in the areas of health, education or employment. Garrett (2002) describes critical discourse about LAC as almost nonexistent, and that those who have critiqued are labeled 'ideological' and willing to settle for poor outcomes. However, Knight & Caveney (1998) also state that "in our view, it is important that an initiative of this kind should be subject to critical analysis and debate, rather than accepted too easily as the new solution" (p. 31). While the model may have many positive benefits for children in care, it is the impact of a standardized assessment on social work practice, about which several authors raise concern. Holland (2001) reflects that children's voices can be silenced in standardized assessments "as we come to know partial aspects of these children's lives, and that these revealed aspects are those that are mediated through adult perspectives and actions" (p. 337). As well, case management tools can contain within them, uncontested, dominant ideas about children and families, and may not place problems in a social and political context (Strega, 2009). Finally, standardized assessment frameworks have the potential to "dilute the social work role, and remove "expertise, specialist local knowledge, practice wisdom and flexibility (Winter, 2009, p. 1251). What little critique has occurred in the literature about LAC reflects these concerns.

One critique of the LAC model is that it does not consider the broader social issues that may impact a child (Garrett, 1999; Knight & Caveney, 1998). There is no examination in the original LAC model of the circumstances that surround a child, or the context of their developmental trajectory (Knight & Caveney, 1998). Within this 'guided practice' the social worker is not guided to examine the child's social location or marginalities, or to consider the impact of the child welfare system for example on the child's progress. What is emphasized is the child's ability to rise above adversity and difficult circumstances (Lemay & Ghazal, 2007) rather than any social justice agenda. Garrett (1999) describes LAC as existing in a "social and economic vacuum" (p. 42) and as lacking interest, for example, in why children come into care in the first place.

A second critique is the model's normative assumptions about children, families and development. As has already been described, the developmental model is problematic when looked at from the point of view of empowering children. Critics of LAC are concerned with the positioning of this theory as objective (Winter, 2006) and that developmental language creates a "standardized child" (Thomas, 2010). An example of the kind of normative assumptions in LAC is the question in the Social Presentation Dimension that asks whether a child's behavior and appearance is acceptable to adults or peers. The concepts of good parenting described in LAC are critiqued as a white and westernized perspective (Knight & Caveney, 1998). Garrett (1999) reminds us that the notion of a "good parent" which LAC attempts to define is socially constructed and liable to change over time (p. 33). Another 'normative' imperative in LAC is the focus on having looked after children involved in a number of activities, which could be construed

as a middle class approach to keeping children active. These kinds of examples raise the issue for Garrett (1999) as to whether the concern is developing children who will "fit" as adults.

Winter (2006) raises a third concern that is relevant to issues of adult power and the inclusion of children's voices in developing practice. She states that the development of LAC was an adult led activity which imposes "a professional or at least an adult interpretation of the outcomes that are of special importance" (p. 37). The model was not developed with any consideration to outcomes children might privilege and "children's subjective experiences and right to identify issues for themselves are marginalized" (Garrett, 1999, p.36). The model simply does not attend to issues of power and privilege. The research agenda, for example, raises for Garrett (1999) the issue of children in care being a "captive research population" and as being marginalized simply by having to answer standard questions that may not reflect their subjective experiences. Knight & Caveney (1998) emphasize in their critique of LAC, that any examination of children's lives should have "clarity about the dangerous nature of the power adults have over them: this includes the power of theorists as well as practitioners and carers" (p. 42). While they recognize the importance of accountability, they believe it is a separate issue from the need for a "real understanding" of the child's unique situation and the meaning it has for them (p. 39). It is a strong assumption within LAC that adults and professionals know best how children should be understood and what information is important to know about them.

Finally, the social work role that is constructed by LAC has been critiqued by Garrett (1999) as a flattened one. Social work interactions are structured to gather the specific type of data called for in the recording. Garrett (1999) raises concerns as to the "deskilling and de-professionalization" of social workers (p. 42). The model simplifies work with children to a series of questionnaires and checklists which are not a social work process (Garrett, 1999). There is a presumption that by administering the questionnaire, and attending to the goals of each developmental domain, good outcomes will result, independent of the skills of the worker. Furthermore, LAC exhorts social workers to act as good parents (Kufeldt et al, 2006). In fact, this concept seems to remove social workers from their professional identity, positioning the social worker as parent, and thus removing the child as service user.

ONLAC is the model used in Ontario to inform children's plans of care, the documents that social workers create about children. These reports are an area where standardized practice, compliances and standards directly intersect with the social work process of recording. There is some research as to how children are included or constructed in child protection assessments in general. This research shares similar findings about children's lack of participation in the documents created about them (Hennum, 2011: Roose et al, 2009; Holland, 2001). However, I could locate only one study which examined recording using LAC dimensions. A British study by Thomas & Holland (2010) looked at 26 Core Assessments under the Framework for Assessment of Children in Need and their Families within one local authority in Wales. These assessments do contain the seven developmental domains of LAC and are completed

electronically with blank boxes under each heading, which is comparative to Ontario. They specifically reviewed the 'identity' section for the child, and found that in only three assessments were the children's views recorded. The content typically focused on family relationships and self-esteem but rarely described these issues from a child's point of view. Although identity is meant to include other aspects such as cultural or spiritual identities these were largely not addressed and neither was the child's own concept of their identity. Most strikingly in this study, the recording often resulted in a "standardized child" in that 11 of the 26 identity sections contained words or phrases from the guidance materials for the recording, or in the case of siblings, text was cut and pasted between them. This study also included interviews with social workers, one of whom described the "false divides" of the headings and the process of deciding where information fits so that "you get into a tick-box, checklist frame of mind, rather than actually looking at the child and trying to give an overview of the child's needs, all of them" (Thomas & Holland, 2010, p. 2628). Social workers found themselves repeating themselves and struggling to create something cohesive. While social workers had more in depth knowledge when interviewed, Thomas & Holland (2010) believe that what was actually recorded was influenced by "the nature of the bureaucratic task and the perceived audience for the reports" (p. 2628). However, it is what is actually written, rather than what is known to the social worker that remains as the permanent record for the child.

The current practice context for public sector social workers and the issues that children in care identify with respect to feeling powerless and uninvolved in their own lives raise key issues for social workers. It is important as social workers, to use a critical

lens, engage in a reflexive process, and examine our practice to ensure we are meeting our commitment to social justice. I do not question the intent of ONLAC or the need for accountability in our profession but I do believe that an alternative discourse needs to be promoted that positions children, including young children, as service users whose voice and lived experience should be elevated in the policies and practices that have been developed *for* not *with* them. One of the areas where social workers and children meet is in the plans of care. I want to consider how young children, who are Crown Wards, are reflected in the social work recordings that are created about them. I wish to answer the question; in the social work practice context that has been outlined, does a distinct and individual child emerge in their plan of care, or do they contain a 'standardized' child (Thomas & Holland, 2010) and a 'flattened' social worker (Garrett, 1999)? Does a standardized practice framework lessen our ability to know or act on the lived experiences of individual children and for their unique voices to be reflected in their plans of care?

Chapter 3: Methods

Methodology

This research utilizes a qualitative, exploratory study, relying on both a critical and post-modern perspective. Both critical theory and post modernism have similarities in terms of identifying or contesting dominant ideas and practices, and taking a challenging or questioning approach. Smith (2009) describes a critical theoretical approach as "…not taking for granted any prior assumptions, or indeed, forms of social organization or practice, thus exposing every aspect of social relations to question" (p. 55). This approach fits well with an anti-oppressive perspective, in that it involves the "readiness to ask wider questions about the ways in which problems are defined and the contextual factors which may be relevant" (Smith, 2009, p.56). It avoids privileging particular points of view, and is concerned with issues of power. Critical research is interested in how knowledge is produced (Smith, 2009) and this form of inquiry can lead to change or begin to deal with oppression (Marshall & Rossman, 1999). Carey (2013) talks about the types of issues that critical theory attempts to address, two of which are particularly relevant to this research topic. One is that critical research looks at "ways in which language and knowledge production are used to maintain dominance and control for privileged groups and exclude and oppress others" (Carey, 2013, p.66). Second, that it recognizes the importance of dominant ideas, beliefs and related practices – or ideology and discourse – in maintaining and justifying forms of discrimination, exclusion and structural inequality and poverty" (Carey, 2013, p.66). Critical theory allows the researcher to be "openly

ideological" and have research goals that include empowerment (Marshall & Rossman, 1999, p. 4). This approach fits with some form of social activism, which is appealing to me as a social worker, but particularly relevant when considering children in care as a marginalized group who need adult allies.

In addition to a critical theoretical approach, this research is also grounded in post-modern thinking. What is particularly appealing when attempting to look at practice with children, is the view that there is no one absolute truth or theoretical assumption (Carey, 2013). Taking a post-modern perspective means examining "taken for granted and dominant beliefs," but also in looking at "surveillance and control (Carey, 2013, p. 71) as part of social work practice. This is a powerful construct to apply to how we view and work with children where positivist theories continue to flourish. Post-modern thinking says "in essence anything taken for granted or established as legitimate is open to rigorous exploration and critical questioning" (Carey, 2013, p. 71). Childhood in this context can be seen as a social construction that has both a historical and political context, and allows the possibility that there is not one defined truth about the meaning of childhood, as well as encouraging critique of favoured dominant theories such as the developmental model. It removes the adult as the expert quantifier of children's lives, and resists the positivism that insists children's lives can be simply measured by ages and stages. Approaching research from these perspectives opens up rich avenues of exploration and the possibility of changed discourses.

Use of Documents as a Source of Data

I have chosen to review a number of plans of care, or social work recordings that have been created by social workers about a group of children in care, using qualitative research methods, to address the research question. Documents may not be initially thought of as a source of data for a qualitative research project. However, documents can be used in a qualitative approach, looking for underlying meaning rather than literal content (Rubin & Babbie, 2005). Altheide (1987) describes a qualitative method of reflexively analyzing documents called ethnographic content analysis, in which rather than typical quantitative analysis, the researcher interacts reflectively with the data and is the source of its analysis and interpretation. This method was used by Kahkonen (1997) in a qualitative study that used child protection files to explore the visibility of the child and family during the child welfare placement process. In using a circular process of interacting with the data to seek themes and categories, they were able to use documents in a protection file to explore their thesis.

The use of available records as the means of inquiry into a topic is an unobtrusive method which has the advantage of not impacting directly on a service user or the setting (Rubin & Babbie, 2005). Documents are existing research material which themselves are not changed or impacted by the researcher (Altheide, 1987). Smith cautions that documentary material is a secondary source of information, and is "a construction of social reality, which is then subject to a further process of categorization and interpretation by the researcher" (Smith, 2009, p. 111). It is important to keep in mind that social workers wrote them for a purpose, and the purpose influences the content. This

might be problematic for some research questions. For example if the research question was how social workers interact with children, the documents may not reveal the answer to this question through text that is clearly mediated by other influences. I am actually interested in the very fact the content of the documents being reviewed might be highly mediated by the expectation of surveillance, accountability to standards, and the imperatives of the practice model. I will be looking at the documents qualitatively, for what they reveal about how children are being constructed, rather than whether they are in fact accurate representations of the social workers skill and knowledge, or the child as a person.

Sample

It is particularly important, to increase the credibility of the findings, that the sample chosen was not influenced by the researcher so as to support the hypothesis. A Children's Aid Society in Ontario was approached to participate in the research project, and agreed to provide two or three plans of care for 10 to 15 children in care. Although randomly selected by the Society, this was a purposive sample in that some criteria were applied. These were that the children be age 12 and under and have Crown Wardship as their legal status so that the Society is in the position of the child's legal guardian in terms of consent. The age of twelve was chosen for two reasons. One is that younger children are more vulnerable and reliant on adults to reflect their needs or wishes, and including adolescents would have added a comparator of experiences or descriptors that is beyond the scope of a small research project. 13 children were initially identified; however, three of the children turned 13 prior to data collection starting, and thus were not included in

the project. Three recordings per child were provided, however, it was quickly apparent that the third recording was not providing additional themes or categories, and so two recordings were reviewed per child.

Twenty-one plans of care for ten children, equally divided between boys and girls, ranging in age from six to twelve years were reviewed. The plans of care represented the work of eight social workers. It is possible that some of the children were siblings but this was not specifically known to the researcher.

Ethical Considerations

Approval was sought from the McMaster University Research and Ethics Board (MREB) for this research project, and clearance was received on May 28, 2013. Given that the data being collected and analyzed is highly sensitive and confidential, I completed the review of the recording at the Society offices. The recordings were presented to me stripped of all identifying data, including the names of the child, social worker, foster parent and birth parent. Each child was identified with a letter of the alphabet. I was given the age and sex of the child only. I undertook that no information that would identify a specific child would be published. It is not possible to provide a blank copy of the electronic template used to create a plan of care without identifying the Children's Aid Society where the research took place. However, the document is described in detail below.

Data Collection

I interacted with 21 individual plans of care in the course of collecting data. I began by reading and re-reading each individual plan to become familiar with their layout

and content. This allowed me to make some general observations about the whole of each document. The format of the documents provided was that each plan of care is divided into seven sections according to the developmental domains determined by the Looking After Children model: Health Objectives and Progress, Education Objectives and Progress, Identity Objectives and Progress, Family and Social Relationships Objectives and Progress, Social Presentation Objectives and Progress, Emotional and Behavioral Development and Progress, and Self Care Skills Objectives and Progress. Each section concludes with specific goals and objectives. The documents also contain information related to standards and compliances. These are electronic documents, with text boxes for each heading, as well as some specific questions with drop downs where a prescribed response can be chosen. The narrative material and developed goals for each of these sections was transferred to a word document with a margin for comments. Plan of Care section headings were replicated.   Under each section were the narrative and goals for the entire group of children within that particular domain. This allowed easier grouping and comparison for themes or categories between like information in each section.

Data Analysis

Data analysis in qualitative research is described by Marshall & Rossman (1999) as a "messy, ambiguous, time consuming, creative and fascinating process"(p.150). This was certainly my experience of immersing oneself in multiple documents. The data was analyzed using a grounded theory approach that begins with looking for patterns, themes and common categories in and between the documents, and developing a working hypothesis (Rubin & Babbie, 2005). Recognizing this is a small project, saturation or the

development of a core category was not expected. The literature review provided some initial ideas for broad categories to look for, referred to as 'sensitizing concepts' (Padgett, 2008). These are not fixed questions, but concepts that can be abandoned as the data takes the researcher somewhere else. These included

- Were there direct quotes from children, foster parents or parents
- Was common descriptive language used
- Do distinct differences emerge between children
- On what issues if any was the child's voice visible (Roose et al, 2009)
- Is there a balance between positive and negative language
- What is not talked about
- Whose perspective is taken

What was more important was to allow themes and categories to emerge from the data by discovery, based on how often they appeared (Smith, 2009) or by what did not appear. The data was read and re-read, as a whole and in comparative sections. Given the critical perspective I wanted to take, it was important to use an 'iterative' process, moving back and forth between the data, the themes and my research question and theoretical focus (Smith, 2009). I also engaged in constant comparative analysis (Padgett, 2008) by looking for instances that the themes I was developing did not hold true in the data, and also creating themes about what was not talked about. The actual process of analyzing the data involved both memo writing (Padgett, 2008),where I documented my thoughts and ideas as they emerged while working with the data, and I also used the right hand margin of the text document I had created, to generate themes and patterns. This was not a completely neutral process, as the material was viewed through my own lens of many years of directly working with children in care, as well as through the theoretical lens outlined above.

A critical approach will not have scientific accuracy, and the research design needs to incorporate ways to demonstrate the integrity of the research. Establishing reliability and validity is more difficult in qualitative research, and in this particular approach, the suggestion is that the research be judged based on "credibility, trustworthiness and authenticity" (Smith, 2009). In addition to the methods outlined above, it was important to continually maintain a focus on the research question, and to ground myself in the literature review completed, as Smith (2009) suggests. This grounds the researcher within some parameters of observation that are clear to the reader. An additional source of reflexivity throughout the analysis of the data and the development of themes was to continually check my thinking with colleagues and to review the themes that emerged with my thesis supervisor.

Reflexivity

A specific concern, particularly when taking a critical approach and using qualitative methods, is that the researcher could use their power to interpret and determine the outcome they wish to see (Smith, 2009). One way to enhance the credibility of the research is to clearly situate the researcher in the research topic so that the reader is clear about their positioning, rejecting the idea that research is value free (Smith, 2009, Carey, 2013). I have done this in the introduction.

A significant area of reflexivity when considering a research question through a critical lens is the purpose of the research. In this instance, the purpose is not to relegate how children are constructed or how they actually participate in their own lives to a practice issue that blames social workers for not doing an adequate job. Social workers

already feel powerless and over scrutinized, and this project is not intended to add to that burden. It is possible to be critical of what is happening for clients, and to advocate for their needs, without implicating front line workers who neither set policy, or are consulted about the benchmarks, standards or practice frameworks they work within. It is important to situate this research in a framework that looks at the child welfare system in Ontario within a political and practice context that is immensely challenging for individual workers. Given that I am in a management role, and can be charged with administering the very components of practice I am critiquing, and am myself indoctrinated to read for worker compliance, these contradictions are an important area to be reflexive about. This is where a commitment to critical theory and awareness of the power structures is crucial.

Limitations

The most obvious methodological issue, given my stance about children being involved in their own lives and not having expert status as an adult about the lived experience of children, is that I am essentially looking through an adult and professional lens at the lives of children as represented in their plans of care, without having consulted with children themselves as to what is important to them in selecting themes or drawing conclusions about how they might be represented. While I have reviewed the research conducted directly with children, it is limited. I believe a truly anti-oppressive approach to this research would include involving children in the research design, however, that would be a much larger research endeavour.

A second obvious limitation is that I did not review the entire child's file. It is possible that fuller information is contained in another document like the social history or case notes in the file. It would be fair to ask if the child could be known in the totality of their file information. However, the plan of care is the document audited each year, (Crown Ward Reviewers do not read the full file) and is thus the source by which the Ministry determines that child welfare agencies are meeting their obligations to the Crown Wards in their care. It also represents what might traditionally have been thought of as the social work recording, relied on by other adults and social workers in knowing the child. Finally, it is a source of information for the child's social history now and in the future, and thus how the child is constructed within this particular document is relevant.

It is a limitation that the sample chosen is small and limited to one agency. Thus there are weaknesses in being able to make broad assumptions about what may or may not be occurring provincially, or to know that a different or larger sample would not have resulted in a different outcome. It is an unknown variable that other societies may be using or constructing plans of care differently. Thus, I think it is important to look at this study as illustrative of what the impact of current Children's Service practice contexts may be, and as demonstrating why critique and analysis is demanded and needed in our sector, rather than generalizing the specific findings province wide.

Finally, a limitation is that this research question, in a larger project, might have been more fully answered by including interviews with social workers to examine any discrepancy between what they have written, and what they actually know about a child, or how they might actually be engaging with that child from a different perspective than

ONLAC requires. This is in fact what has occurred in some of the studies cited in the literature review, and allows a fuller conclusion as to whether the paper work is reflective of "real" children and "actual" social work.

Chapter 4: Findings - The Compliant Looked After Child and the Silenced Social Worker

The plans of care reviewed were written by eight different social workers, regarding ten distinct children. These can be seductive documents at first glance, as they contain many pages of information, and it is obvious that social workers are spending a great deal of time both seeking and then compiling content in these reports, as is asked of them. However, I was not reading just for information but looking for a child that I could know, based on the many children in care I have come to know over the years.

General Observations

I already knew that compliances are a significant part of the reporting process at each plan of care, and anyone interested in audit can quickly see that the document has been created and completed on time, whether compliances with respect to contact are met, and whether applicable annual or periodic standards have been. These include for example whether the fire escape plan in the foster home has been reviewed. They are from a managerial perspective brilliantly constructed. Although it is an important and valid question, as to whether children are being well looked after in a foster care system, high compliance to set standards cannot be equated with qualitative aspects of knowing and working with children. I wished to try and know a "real" child. In other words, who is this child, and what do I come to know about them in the recording. This was overall an exercise in frustration.

I found reading the plans of care looking to know a child a fragmented and directed experience. What was immediately striking to me when looking for the qualitative story about a child is that dividing a child's life into seven developmental domains is a disjointed and repetitive process that I could not connect to the ways that I have known children in my child welfare experiences. Quite aside from what the social worker's experience might be in writing this way, is the fact that I was also forced to consider and know the child within the developmental domains, even though I wanted to know them in different ways. Rather than a fully narrated event, for example, one child's emotional distress over a particular issue was reflected in fragments across three or four developmental domains. Despite my many years of experience, it was not an intuitive process to read and understand the forms, or to piece together the child's story in this manner. It is clear that there is a specific agenda that dominates the recording and that is to report on compliances and outcomes (in drop downs and text boxes) in an efficient and easily accessed manner, and to view children through the specific practice lens of Looking After Children. This agenda was revealed over four themes: The limits of text boxes and drop down boxes, the looked after child, the universal plan and the silenced worker.

The Limits of Text Boxes and Drop Down Boxes

The use of text boxes and drop down menus was almost immediately constraining as to what information I could access in order to know the child. Aside from being divided into domains, the workers are directed to use the text boxes to provide a summary of "events" regarding whatever section they are working within. The definition of event is

"a thing that happens or takes place, especially one of importance" (Oxford Dictionary online, 2013). Taken literally, this would suggest that the content of each text box, quite aside from the rest of the title, or what information a worker might come to know about a child, is to be directed to **what** has "happened" that is of 'significance', rather than for example contexts, understandings or impacts. It is not surprising that overall the narrative tends to be about exactly what is asked in the title, **what** of significance has taken place. For example it might be recorded that a child started Grade 5, or was recently assigned an Educational Assistant as these are events. What might not be recorded is what might be unique to an individual child: their feelings about their classroom or teacher or how they experience of their school life. In addition, what is chosen as significant to narrate is determined through an adult lens, rather than what events a child has stated are significant to them.

Children are also specifically known in directed ways through the drop down boxes in each developmental domain, which essentially list key objectives according to the age of the child, and give the social worker a drop down menu to select a word or phrase to describe the child. Drop downs have the advantage of being able to be collated for data collection and outcome measurement, and are of course time efficient. However, I found them to have no value in knowing or understanding a child. When I lined up the drops downs for all ten children, they were almost homogenous as a group. I found all for example to be "normally well" within the Health domain, and "developing self-care skills" in the Self Care domain. Eight had clear knowledge of their family of origin in the Identity domain and most children were 'definitely' attached in the Family and Social

Relationships Domain. However, this exercise resulted in nothing being made 'known' to me about the child, as I did not know who the child was attached to, from whose perspective this has been determined or how the child is experiencing that relationship. Without the richness of knowing the child's experience, or the reflections of adults who know the child, these are flat and meaningless pieces of information.

The Looked After Child

A child does come to be known through their plan of care documents, but it is a specific child in a specific context, I would term, "The Looked After Child." In other words, the child is known within the parameters of the recording document, laden with Ministry imperatives regarding compliances, and a standardized practice framework that social workers are working within. This does not mean that social workers do not know the children they are working with, or that the child is not understood by others in their life in different ways as this may simply not be recorded. However, within their plans of care, what is to be known or not known about them is not necessarily determined by the social worker or foster parent but by the format and the influence of guided practice through ONLAC. This theme is divided into three sub themes, the developing child that we come to know, the missing child that we do not and the child known in other ways.

The Developing Child

Within each narrative section, I was able to know children in specific rather than unique ways. While social workers differ in how they describe children or the amount of detail they provide, the WHAT that is talked about for each child in each section was fairly consistent. A strong focus on normative development seems to crowd out context

and qualitative information. The developmental focus is evident in the adjectives used throughout the recording: "progressing," "improving," "making gains," "age appropriate," "great improvement," "beginning to catch up with peers," or conversely "struggling," "continuing to struggle," and as having "difficulty," in an area. It is also evident in the content.

Almost all social workers provided the most narration to Education, which reflects the high priority given to education in the LAC framework, and the strong provincial focus on children in care having positive educational outcomes. LAC encourages social workers to see education as a key determinant of the quality of adult life (Lemay & Ghazal, 2007). Children are described in terms of their educational progress, the services that they are receiving that would remediate deficits, such as assistance at school, tutoring, or extra assistance from their foster parents, and behaviors that pose a challenge at school such as difficulty with peer relationships or problems with "focus and attentions." I came to know the child as they are working toward positive developmental outcomes, rather than what might be their lived experiences or concerns.

Most children were also described in terms of the organized activities they attend. This focus is supported in the Looking After Children training guide, which states a rich plan of activities for children in care should be created (Lemay & Ghazal, 2007). The recordings describe children's involvement in mainstream activities such as camps, organized sports, or lessons in detail. Some social workers included a child's interests in reading for example, or specific toys or games they enjoy at home, but the larger focus is

on the fact that they are attending organized recreational activities, which are meant to promote positive developmental outcomes.

The Identity section in LAC is meant to look at a child's knowledge about their birth family and culture, that they understand and accept the reason they are in care, and have a positive self-view. As might then be expected, I could know about children in those specific ways. More than one child was described as having an "age appropriate understanding of being in care" or as "knowing" or "having knowledge of their family of origin." Some children were described as wanting more information with respect to why they were in care or their family of origin. Three children had spirituality or heritage referenced. Both the title of the section and the definition in ONLAC determined the information.

I was able to view children through a developmental lens of the attachment and stability they have achieved in the Family and Social relationships section but not in the mutual richness of the relationships in their lives. They are described in terms of whether or not they have an attachment using phrases like "highly attached" "well settled" or as having "close relationships" with their foster parents rather than the meaning of these relationships to either party. Relationships with peers are described from a developmental perspective of being able to "make friends at school," to be "getting along well with peers," as having "problematic" relationships with peers or to be "struggling" with peer relationships. Behaviors that challenge the success of these relationships are noted such as a child "bullies peers" or "struggles with managing relationships. Birth families enter through the descriptive lens of their access frequency, whether the access is problematic

and if the child enjoys the contact. I could know a child from the point of view of how they are managing and if they are developing relationships rather than a qualitative description of their networks, or the child's view as to who is important to them.

Socially and emotionally children are largely described from the point of view of behaviors which make them more challenging to parent or to function in the classroom so that again the focus is normative rather than providing context or qualitative information. Where behavior is problematic, it is described as "aggression," "defiance," "emotional outbursts and behaviors," "attention seeking," "self-harm," "a need for structure or redirection in order to manage behaviorally," "speaks without thinking," or" difficulty managing feelings." Children's improvements or progress in relation to problematic behaviors are also described with examples of children being "calmer" "more appropriate" or as having improved in "losing her temper." There were very few descriptors of strengths or positive behaviors.

I found the Social Presentation and Self-Care domains to be the most prescribed and limited sections, with almost no difference between all ten children. Social presentation under ONLAC emphasizes the child's physical presentation, appropriate clothing, personal hygiene, effective communication and appropriate behavior (Lemay & Ghazal, 2007). Self-care includes that the child is learning to care for themselves at an age appropriate level. These are very much the children I read about in these sections. Children are described in terms normative physical presentation such as being "physically attractive" or "always immaculately dressed" There is a strong focus on clothing and hygiene such as the child "wears suitable clothes," "likes her appearance," "takes pride in

their appearance," or is "conscious of her appearance." Children are also described in terms of behavior from a developmental or normative perspective of "making social gains" or "behavior within the range for his age and gender" or the ways in which they might not be developmentally appropriate in their social interaction, for example being controlling or dominating of social situations. All ten children were described has having appropriate responsibility for chores.

Finally, I came to know a lot about children's health, and the narrative here appears to be most influenced by compliance rather than a specific LAC imperative or a developmental lens. There is a significant focus on medical and dental appointments attended, medication and dosage, medication reviews or pediatric referrals which are part of a child's medical record and the social worker or foster parent role in ensuring follow up. These are all issues subject to audit, and so the inclusion of some information may be for the benefit of the Crown Ward Reviewers to demonstrate compliance. Most of the children are described as in good health, with no issues identified that are having a significant impact that even require narration, yet the narrative can still be extensive and goals are still generated as will be described later.

The Missing Child

In addition to what is recorded about children, there are three significant areas that are missing in this recording context. First, the child as positioned within their birth, foster families and communities is missing. Foster and birth families are not fully realized and relationships with siblings, friends, teachers, neighbors or other important adults, including their social worker, are not fully integrated into narratives focused on the

individual progress of children. Foster parents are almost in the background as supporters of education, managers of behavior, and teachers of self-care skills. They are sources of attachment rather than fully realized people who have feelings toward or experiences of the child. In two cases foster parents are described as enjoying the child, and in another a foster parent describes their "love and appreciation for the child." Only one recording gave a detailed description of the child's experiences in the foster home in terms of going on weekly outings together, or attending family activities.

A second missing element is context. Very little context is provided, so that limited insight is gained into the larger social or systemic issues that may be impacting a child. Two social workers added context to the educational narrative by describing the impact of past school experience on their current functioning: he\she "missed the kinds of things most children learn in kindergarten" and he\she has "a lot of challenges catching up with his peers due to lack of school attendance." When these are added it removes individual responsibility from the child for their level of progress, and moves us away from universal norms. In another example, a social worker noted that a child was losing their educational assistant due to financial restraints within the school system, which gave a context to expectations about how well the child would be able to progress academically. Context was equally limited in the social and behavioral section, where three examples were found. A child was noted to not trust adults because of their early life experience; another social worker referenced that the child needed to be understood in terms of their social history; and a third noted that the child was under a great deal of emotional stress due to circumstances in their life. When describing family and social

relationships only one child's relationships were contextualized with the statement that the child is "triggered by the past in how he is managing these relationships." When able to apply these contexts, a child's behavior was moved from within their individual control to something that might require others to change their behavior or approach to the child.

Finally, the young 'Looked After Children" whose plans of care were reviewed were not fully visible in their own voices. Direct quotes, or statements attributed to the child were rare in the hundreds of pages of documentation reviewed. Where this occurred, despite being the child's voice, it was to comment on the section at hand. For example, statements were attributed to three children regarding Education that included a child expressing a specific goal they wished to achieve at school and two children expressing that they felt they were treated fairly or supported at school. One of these children reflected they were trying hard. Two children were quoted in the social presentation section, one describing that he gets along with everyone in his home, and another stating he likes the way he looks and dresses. Another child's opinions regarding religion were described in the identity section. Where the child's feelings came through most strongly was about their birth family in the family and social relationships section, where many children's wish to return home, or desire for more or less access, or to stay in their foster home was recorded. However, these are all commentaries on the particular developmental domain, supporting or responding to the agenda of the form or ONLAC, rather than evidence that the child is directing any agenda regarding their care or the content of their plan of care.

Children known in other ways

Where children truly came alive, outside of their own voices being recorded, was where social workers added anecdotes, personal descriptions or context either from themselves or the foster parents, which seemed to be a successful strategy for resisting the "reporting" of progress and events that is the imperative of the form. For example rather than simply describing peer relationships as problematic, one social worker described in detail the peer difficulties a child was having and how difficult this was for the child who "wants to be liked by the girls who are rejecting her." The social worker generated not only empathy, but a clear image of the impact on the child. Where one social worker did record an anecdote from a foster parent about a child in which they described the ways a child was a highly sensitive and particularly caring little boy, the child almost jumped from the page. Another example was where social workers added descriptive details about the child's exceptional athletic skills, or their specific interests in games, toys or books. This reflected interests the child had deemed important to them. One child came alive as the social worker described his unique sense of style and others because social workers added descriptive phrases about the child where they could. There is a final narrative box at the end of the plan of care used at this agency, where social workers can add additional narrative. Some social workers used this section to describe the child as "beautiful," "adorable," "charming," "spunky," "positive" and "loveable" all of which engendered an image of a known child who was more than their developmental profile. Another used this section to describe the child's wish for a happy and normal life and to describe this child's resolution of her relationship with her birth mother. It was in this

section that a clear example of knowing a child in the context of their life appeared. After describing the child's *life experiences* to date, the social worker related her assessment as to how deeply impacted this child has been by the rejection they have experienced.   As this was narrated a unique child came alive.

Universal Goals

A second theme is that the goals, objectives or outcomes that are developed for each child are developmentally focused, universal to all children, and reflect the "corporate parenting" role of a child welfare agency. There were no goals that appeared to have come from a child's perspective and few that appeared to be what might be thought of as "social work" goals such as advocacy, or a specific issue the child and worker might address together.

In every developmental domain, the overall goals for the child were similar, although the associated tasks and people responsible for them might differ. All ten children had a goal similar to "the child's medical needs will be met while in care." Ensuring "healthy teeth" or "good dental health and hygiene" were also common goals. These are not only general goals in the parenting of any child, but are compliances measured by audit. Educational goals also reflected a parenting role, as well as the LAC imperative to focus on educational achievement. All 10 children had some variation of ensuring "their "educational needs are met" and an additional goal for many of the children was a variation of "to participate in recreational activities" which as has already been discussed is also a LAC imperative. The common goal for Identity was for the child to understand their current situation, or to understand why they are in care. These would

be universal goals for most children in care, and a core part of social work practice with children, but are also goals that reflect the LAC framework. Within family and social relationships most of the children had a goal related to maintaining positive access with their family. Where goals did vary, they were equally universal, involving placement stability and having healthy peer and adult relationships for example. Goals in the area of social skills were variations of the child learning or developing appropriate social skills, with hygiene specifically mentioned for two children. All of the children had goals, in the behavioral and emotional domain of improving behavior in general or specifically such as "to reduce inappropriate behavior" or to "continue to improve his\her aggressive behavior." There were no goals related to systemic or environmental issues which might underlie the behavior. Finally, all 10 children had the goal of learning "age appropriate life skills" in a section where the drop downs, narrative and goals all appear to be an exercise in social workers stating that children are doing just that. The actual goals set, appear to meet an agenda of accountability to universal standards of care for children from a parenting perspective, and are directly related to achieving the agenda of Looking After Children.

Silenced Social Workers

Tied into the themes identified regarding how children are described, and the goals that are set for children, is a final theme regarding silenced, or 'flattened' (Garrett, 1999) social workers. In reviewing the plans of care, what was missing almost completely was any sense of who the social worker was, and the goals or objectives they might have established with the child as their client. Their working relationships with birth and foster

parents are invisible, as is the advocacy, communication and networking they might do on behalf of the child. In other words, the richness of the social work role that Children's Service Workers enact with the child is missing. In my experience, most social workers who practice directly with children are passionate and committed to the children with whom they work, and value the social work\client relationship. In two sections, the social worker can be glimpsed working on behalf of the child. In the Education section, it is obvious social workers are attending meetings, sharing information, and supporting foster parents in meeting a child's educational needs, but generally this is known by inference. Social workers are also visible when they describe the information they have given a child as an explanation as to why they are in care, which is a very sensitive issue to manage and takes relationship. They can be glimpsed when they add personal adjectives or anecdotes to their reports but what is more visible than the social worker, is the Looking After Children framework.

In addition, there is a loss in these plans of care of the richness of practice in creating with a child and their caregivers or community a unique plan which addresses a multiplicity of goals or needs and recognizes many ways of 'knowing' a child beyond their developmental trajectory. Social workers are asked to report on a developmental child, and whatever else they may know, think or be doing is lost. No other ways of knowing the child and no broader systemic views are taken in these recordings. The social work relationship itself is not visible as having an impact on the child. How the social worker engages with the child, involves the child, or even directly supports the child is visible only in small glimpses. There is a loss of any sense of 'client directed'

work in the forms, and a sense that social workers are being asked to become LAC technicians as they comply with the demands of the model. It is not clear that completing the plan of care is a 'reflexive' activity for social workers, or whether it too is a prescriptive compliance to be met that is divorced from the "doing" of the work.

Chapter 5: The Process of Losing Children

I entered this research curious as to whether I could know a real child if I read their plans of care, knowing that those documents are created in a system heavily burdened with the managerial forces that currently impact public sector social work, and where the Looking After Children Framework guides practice. This environment has changed significantly since I worked directly with children in care. I was not required to follow a standardized practice model in my era of front line practice. Although compliances and standards existed, the 'volume' was not so loud that it defined the role. Munro (2004) states in her article about the impact of audit on social work practice that we cannot defend the level of discretion that existed in social work practice in the past, and I agree. However, the answer is not to turn away from personal service to clients and the social work agenda (Munro, 2004).

The lives of children in care are filled with complexities and contexts, and are as varied and unique as the children who live them, but this did not emerge in the plans of care reviewed for this study. This is not a reflection of the skill of the authors; the documents were loaded with the information that was asked for. It does not mean that social workers do not know the children they work with, or are not aware of the deeper contexts of their lives. However, these complexities appear to be lost when social workers are asked to narrow their view to produce recording that fits into a standardized practice framework in a document also designed to meet the demands of the Crown Ward Review.

In such a constrained practice environment, my concern for children in care is whether social workers are able to first know and then act upon the child's agenda.

The plan of care is currently a managerial masterpiece, easily reviewable for compliances and standards, and reflective of the guided social work practice meant to achieve positive outcomes. But, what do they tell us about children? In many of the cases reviewed there was a great deal of information about children, particularly about their education. I could 'know' a lot about how a child was progressing in school, and the services in place to assist them, and this domain reflected that social workers are taking seriously the push for children to have improved academic outcomes. Similarly, I could 'know' whether a child has specific health issues, and could see clearly that the children were involved in an array of community activities, which is stressed as important in LAC. I definitely came to know 'the looked after child.' That is, I could know a child's needs within their seven developmental domains, and how they are progressing along a normative developmental path. This is of course precisely what the model suggests that social workers view as the focus of intervention:

> Even for people with significant difficulties, the most important goal of a human service is to get a client back on his or her developmental track and to make up for lost ground often all that is required is to get the child and youth to experience that which most Canadian children and youth take for granted. Common, day to day activities and environments that contain the necessary ingredients for developmental growth (Lemay & Ghazal, 2007, p. 14)

The suggestion to social workers is that their gaze need not wander far from a developmental lens, and that the normative experiences of other Canadian children will promote the positive developmental outcomes being for most children in care.

This is a remarkably narrow approach to the varied lives of children from birth to adolescence, situated in social and political contexts that influence their lives, and subject to a host of adversities and marginalities. A child's progression along developmental norms is but one way to know a child, and it is a way that privileges the professional or adult lens and expertise. Most young children are not going to conceptualize their experiences and perspectives through a developmental lens. What we know of them must be translated by adults into developmental language and in a standardized practice model, translated even further into specific domains. This is how we start losing the child. The developmental model has great value to social workers trying to understand how a child may or may not be progressing, but there are additional ways to know children that may be more inclusive of a child's lived experiences and expertise in their own lives, or to their participation in creating the agenda. The many ways that social workers might choose to know and understand children they work with, are difficult to fit into a form with little room for holistic narrative. It is not surprising then, that this small study, replicated the findings of Thomas & Holland (2010) whose review of the Identity Domain, found that the specific focus on developmental theory and defined outcomes produced a "standardized child" I too came to know different children in very similar ways: the ways that the document illuminates through the lens of ONLAC, and as they need to be known for audit.

What I did not come to know about children was any insight into or inclusion of their own voices and agendas. What is the child's lived experience of school, their peers and teachers? What do they say are the issues in their family or foster home? Who would

they say is important in their life, and what would they like that relationship to look like? How did they experience or understand a foster home breakdown? What would they like their visits to look like? What are their goals? Do they feel they see their worker enough and what would they like their worker to help them with? An adult, developmental agenda, might lead us to ask if a child is learning about healthy foods, but the child's agenda might be whether they miss certain foods from home, or have any input into the meals and snacks in their home. Children's agendas may not be the same as what we as adults have decided is important, or what the practice model directs us to look at, but they exist nonetheless.

Where researchers ask children about their participation in child welfare work, those children can unequivocally and clearly articulate their own agendas. For instance, children wanted input into their placement, and to be able to speak to whether they were finding their social worker helpful (Bessell, 2010). Even a group of 4 to 7 year old children, who might typically be seen as not able to articulate an agenda of their own, were eloquent about their need for information, and had rich perspectives about their own lives to share (Winter, 2009). Children are describing across numerous studies their feelings of powerlessness and exclusion, and not feeling heard (Cashmore, 2002) while Ontario's children in care are clearly stating they want their agenda listened to (My Real Life Book, 2012). It is important to listen to children not only because children are asking for us to do so, but because a social work agenda would tell us to engage with a child in understanding their perspectives. Furthermore, an anti-oppressive lens would tell us that

we should be aware of, and then share our power so that we don't perpetuate marginalities in our work.

It is not simply a matter of believing that children should have voices. It takes time and resources to listen to children, and a commitment not just by individual social workers but at an agency or system level that the relationship with the child is a priority over the bureaucratic demands of the job. When social workers are faced with overwhelming compliance checklists and paper work demands as well as prescribed practice methodologies, the room to listen to and meaningfully involve children become less of a priority. The bureaucratic demands can leave social workers visiting children and foster parents with a predetermined agenda and lessen their capacity or autonomy to seek out and act on a child's agenda. The plan of care in particular is intended to be something that the child participates in, however, that participation in a standardized context might be better viewed as participating in the adult agenda rather than in actually creating their own. This is another way that children disappear. An analogy might be that as an adult we visit our family doctor with a sore arm. Our doctor has received a directive that they must review nutrition with all patients because of the proven health benefits of a healthy diet. We may fully participate in that conversation and leave that encounter with some very good personal goals and health information, but we might still have a sore arm. Taken a step further, if we did not talk about the sore arm, all that might have been recorded in the doctor's notes is our feelings about nutrition.

Children were also not known in the 'context' of their lives when known as a "looked after child." This is a critique of the LAC model in general, but I also struggled

to find the 'story' of a child because of the technical execution of separating a child's life into text boxes with specific headings and agendas within specific domains. Another aspect of the child is lost. 'Stories' are where the contexts of a child's life emerge, both the triumphs and the disappointments, but also some of the contexts that make the lives of many children in care more complicated than most Canadian children. The reality for many children in care is that they will continue to face systemic adversities and marginalities that deeply impact their lives. Some children will experience additional losses or traumas. Others will experience multiple placements, care providers and workers, as well as inconsistent relationships with their family. They may be impacted by lack of foster homes and lack of resources or high caseloads that reduce the social work time they receive. The may live in a community with limited resources, or attend a school not equipped to fully support them. The many layered lived experiences of their lives deeply impact how a child views and interacts with their world and relationships. The danger of a practice model or recording format that makes it difficult to reflect these contexts is that the goals developed may focus on the individual child coping with adversity, rather than the underlying adversity itself. Context is also important to avoid placing the solutions for systemic issues in the domain of individual social work with children, rather than with broader change at agency or system levels. This is where an anti-oppressive lens is helpful, as it can help social workers place these issues openly on the table in a language that is accepted in our field.

The ways that social workers might know children differently is invisible because in many ways the social worker themselves was missing. They did not narrate themselves

into the documents. It remained out of view how the social worker viewed the child, or how the child and social worker might have engaged with each other. In this research, the social work role itself was barely visible, not only 'flattened' as Garrett (1999) described. The social worker in Ontario's practice context is forced to find administrative efficiencies, while also attending to standardized and guided practice, and it is not surprising that they might have redefined their role in this context, or have removed their identity as social workers. It is not clear from simply reading plans of care how social workers themselves are constructing their roles, but their recordings hint at a role overshadowed by compliance and standardized practice. It is concerning to me as an administrator in the field that social workers who feel marginalized or disempowered in their individual practice, may feel even less able to listen to and voice the child's agenda.

Where does this leave children in care? The findings in this study raise questions about the ways in which plans of care are used. These documents may not necessarily reflect a child's lived experience or agenda, and may not serve as way for others in the system to know a child holistically but they are the written representations of children in the system, and they carry forward with children over time. Social workers may very well know a different child, or a child that they could not fit into the text boxes of the recording. However, when that child is not made real through the recording about them, the contexts and perspectives not recorded are lost. As long as the adult with the information or perspectives remains involved with the child, and in a position to bring those perspectives to decision making tables or answer the child's questions, this may not matter. However, the reality for children in care is that those adult relationships with their

social workers and care providers, and even their parents, are not always life long and stable. This places children in the unfair position of having to repeat their stories, if they even remember them, to each new adult, and to have important information about historical and systemic contexts of their lives potentially not considered in decisions. For example, not having the full context of multiple moves can leave those moves as part of a label a child carries. If not recorded, the perspectives of their parents or caregivers can be lost to subsequent caregivers and children themselves, if those relationships are lost. The parts of the child and the social work relationship that I found missing, are also lost to auditors, or any one reading a file with a research purpose regarding the experience of children in care. Perhaps more sadly, when young adults seek to review their files they may not locate themselves in what was written, or to find the information that they as service users would most want to know.

It goes beyond this. We are not just creating paperwork in the process of completing a plan of care. We are creating documents which define the way a child is a 'client.' What is written is not just a description, but creates a reality (Alasuutari & Kirsti, 2003). The 'looked after child' that became known to me, could also be seen as the 'neo-liberal client' that (Alasuutari & Kirsti, 2003) describe where social workers are "pushed into the margin as a controlling profession run by the state" dealing with those who "don't fit into the market." (p. 15). ONLAC cannot be separated from the neoliberal agenda of self- sufficiency and distrust in public services in which LAC was created in Great Britain. The process of completing a plan of care that attends to specific developmental domains, and completing a standardized questionnaire through the AAR

annually with a child, constructs social workers and children in specific ways that can remove both the social work agenda and the lived experience of the child from the interaction. There is a risk that the child is known to the worker only in certain ways, or what is narrated about them only reflects certain aspects of their lives. The child's autonomy to determine the issues that are important to them or for their voices to be heard are restricted as is the social workers ability to act on their agenda.

To the credit of Ontario's Youth in Care, and the OACAS, there now exists on the ground much activity in Ontario directed at improving the lives of children in care through increased permanency options and educational opportunities. Youth in care in Ontario have had opportunities to have some voice at a provincial level. ONLAC itself was introduced to improve what have been poor outcomes for children in care, so there is systemic concern about children in care. However, what is missing is a discourse about the issues of power, oppression and marginalities for children in care, or the ways in which the policies or practice models we adopt are constructing social work practice. This means we are not talking about the day to day lived experiences of children in care. To find a 'real child' social work practice needs to occur with individual children guided by their unique and individual voice and agenda, moving each specific child toward shared goals and interests inclusive of them.

Chapter 6: Changing the Discourse

There are no easy solutions. A large scale rejection of standardized tools in child welfare is unlikely to happen. The environment of audit and accountability that has layered tasks onto the social work role is going to change slowly if at all. While there is recognition that the standards for children in care need to be reviewed and reduced (OACAS, 2010), how and when this will happen remains to be seen. However, I believe that there are ways in which those of us in direct practice with children in care can at least be engaged in the discourses that are in place to shift practice with adult clients towards partnership and inclusion, and begin to enact a similar social work agenda with children.

One of these is to ensure at an agency level that children in care are included as a marginalized group where a commitment is being made to an anti-oppressive approach to practice. It can be particularly challenging to think of practice meant to help children as oppressing them, but the reality is that we have a tremendous amount of power over children, and as we have seen here in this study and the literature, children are easily silenced beneath an adult agenda. An anti-oppressive lens applied to children asks social workers and managers to recognize the sources and patterns of power in their relationships with children, and to link the immediate concerns of the child with the wider structural contexts of their lives (Smith, 2005). It would demand that we approach children with a "stance of curiosity" and "informed not knowing" and in this way resist dominant discourses about them (Mandell, 2008). Developing a culture of critical

consciousness or critical reflection as to our own epistemology of children assists us to understand how we think we know children:

> Moving toward critical consciousness challenges social workers (i.e. the teachers) to question how the dominant ideology has shaped their perspectives about their professional role and about their service users. Moreover, it challenges them to examine how the professional role itself may be perpetuating power differentials in the helping relationship (Sakamoto & Pinter, 2005, p. 442).

Applying an anti-oppressive lens and using critical reflection helps us to better analyze how the forms or tools and theories we use could be silencing children or defining the social work role.

However, it is not enough just to engage in the conversation. Yes, we need to ask ourselves this question: "at an individual level, do I work with children and families in a way that demonstrates that I am not the expert, and takes into account the impact of historical and systemic oppression of service users, and work from a place where I have truly listened to and understood the service users identified needs" (Wong & Jee, 2010, p. 11). But, where an agency is stating their commitment to AOP, the commitment to the participation of children should be an agency mandate. Children need advocacy that is embedded in their daily lives (Waldock, 2007). If a commitment to anti-oppressive practice means that we look at the solutions that service users can provide, then some of the participatory approaches that are being used in England and Australia have a place in Ontario. The participation of children is a complex concept with no fully agreed upon definition or practice. "Participation does not mean having the right to make the decision or determine the outcome, but it does mean being listened to and having ones views taken seriously and treated with respect"(Cashmore, 2002, p. 838). It can also be more than just

listening to children, but can mean that children have a belief that they can influence "decision making and bring about change" in their individual lives and relationships or at service and structural levels (Sinclair, 2004, p. 111). Participation means that at an agency and system level children have "the opportunity and choice of ways to participate" including information, accessible ways to complain both internally and externally, ways to be included in service evaluation, and developing policies that require that children be consulted and informed (Cashmore, 2002, p. 841). The lived experiences of the diverse groups of children and youth who are 'children in care' or 'Crown Wards' should inform the ways in which how we help them is structured. From that perspective, it would be a fascinating research project to examine how to make real the inclusion of children in the development of the plan of care document used by their social workers, and how they wish to be understood and represented within that document.

In terms of the practice model that the wider system brings to individual child welfare agencies, if we were engaging in critical reflection, or committed to applying an AOP lens to our work, then uncritical acceptance of any new 'tool' or 'model' for practice would be not be a norm in our field. When a new policy, model or direction is being implemented, those of us in leadership roles, would take the time when 'rolling' out the changes, to ask how children or families might be marginalized or disempowered, and how the social work role might be constrained or constructed. It is important to ask questions about how a child's voice is included, and to consider when 'outcomes' for children are being discussed, whether any children in care had input into developing them, being mindful of the rich diversity among children in care.

It is as important, perhaps more important, that managers not just front line staff engage in critical reflection. We as agency leaders may be unwittingly adding to the burden of front line staff when we endorse tools or practice approaches, or enforce standards and engage in audit without an awareness as to the underlying messages we are conveying about what is valued and important in social work practice with clients. Modelling critical reflexivity at a management level, or openly talking about ways as a system or agency we are implicated in oppressive practice, empowers and 'permits' front line social workers to engage in critical reflection themselves about how they personally are using tools and constructing their clients. This modelling can occur in supervision but also in the support and training provided to social workers. Training needs to go beyond what to do, to how to enact a social work agenda in a demanding and bureaucratic environment. If we do not attend to the complexities of our practice environment, "there is a real danger that an undertrained and under supported force of social workers – and an anxious management – operating in a complex and demanding environment will rely on 'proceduralism' to cope" (Gilligan, 2000, p. 271).

It is not too late to engage in some critical reflection about the ONLAC model in Ontario. This need not take away from what its many supporters see as its benefits. While ONLAC is mandated, the power we give it to define social work practice within agencies is not. Extending reflexivity as to what ONLAC brings to social work practice and what it does not, and the degree to which children's agendas and structural issues are addressed, while challenging, is a worthwhile endeavor. We have done so with respect to adult

clients as these discourses took place around the unintended consequences of the Risk Assessment Model. We need to be as willing to do this same exercise with ONLAC.

Alongside a critical reflection of what might be missing in ONLAC, we can seek out and use partial or full elements of other practice models or theoretical approaches to children to account for the missing elements in ONLAC and support direct casework with children. Darla Henry (2004), an American social worker, has developed one such approach in the 3-5-7 model. This model has as its overarching goal, working with children toward permanency, but she has specifically incorporated direct social work relationships with children, and asks that the voices and interests of the child in care be included in that work. Of course, as with any practice model, it should be approached critically for its assumptions about and constructions of the child and the adults in their lives, but added alongside ONLAC, it would enrich the ways in which we come to know and work with children.

That of course, leaves the plan of care document itself, currently serving the demands of research, audit and guided practice alongside of its utility as a document for and about children. Given the importance of these documents as to how we know children, reflection upon whether the multiple other purposes of this document are crowding out the child's agenda in their own plan of care is called for. The use of drop downs and text boxes, and the need to have data easily available for outcome measurement or audit, impact on what is written about a child. The more that is demanded in the form, in terms of accountability and standardized information, the more

invisible the genuine child and his or her worker, as this small research project demonstrates.

At its heart, a plan of care should not be about ONLAC, or standards, or research but a child. Where other agendas must enter the form, they should not prevent the social worker from fully narrating a holistic view of the child they are working with, which includes the child's agenda and their context. I firmly believe that children should be full participants in the agenda set out for them, and their expertise about their own lives in many cases outstrips what we as adults think we know. When we move away from relying on rational and universal ways of knowing children, it is possible for children to be, as Lahman (2008) describes, both vulnerable and competent. When coupled with an anti-oppressive lens, challenging the accepted epistemology of childhood makes it possible to consider the participation of children as service users in child welfare, and begin to move toward action. This involves social work practice with children where power is shared, and professional knowledge is not privileged over the experience of the service user (Allan, 2003). In contrast to the certainty embedded in ONLAC that children can be known and acted upon from an exclusively developmental lens, post modernism would suggest social workers "listen for and negotiate the multiple meanings attached to dialogues, recognize the many different ways of knowing, and even take on board ways of knowing that challenge professional experience" (Allan, 2003, p. 65). Social work practice with children should involve sharing our power with children by listening to the child's lived experience and elevating those experiences and voices in our system.

There are powerful examples in Ontario of including the voices of Youth in Care at a provincial level. This has resulted in some potent system changes that youth have wanted to see. However, when I read documents like My Real Life Book (2012), I see how far we have to go in understanding and changing the day to day lived experiences of children in care within their own unique contexts. We can't just be concerned with creating better opportunities for youth as they leave care, or any of the other laudable and needed goals we may have for children as a group. We have to attend to their lived experiences day to day, and that requires partnerships with children in which they are known and heard in their relationships with their social workers and agencies. This requires a shift in how we approach children at an agency or even a team or individual practice level. These are smaller, day to day acts of listening to and including children both at the front line and management level, so that children are included in their own lives, are participating in how we know and understand them, and are involved in how we construct 'helping' them. I think it is in these small changes, or perhaps as Smith (2005) would term them, small resistances, that we might begin to challenge the dominant discourses about children, and impact how children actually experience being in care. Children need the social work agenda of social justice, inclusion and empowerment to be applied to them as service users in the here and now of their lives, and to be reflected in the goals we develop for them. Without elevating that social work agenda, we may not come to know or act upon 'real' children, and we will continue to have children leaving care feeling that the system did not work for them.

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