



IMPROVING PARTICIPATION BY CHILDREN AND YOUNG PEOPLE IN CARE IN WESTERN AUSTRALIA

The use of A-CASI technology and reflective casework practice

Summary

The successful engagement, empowerment and meaningful participation of children and young people in care presents a challenge common to all jurisdictions. This paper discusses a pilot project in Western Australia designed to explore how Audio Computer-Assisted Self-Interviewing (A-CASI) could be used to promote the participation of children and young people in decision-making. Audio Computer-Assisted Self-Interviewing (A-CASI) was introduced as part of the regular care planning process to increase young people's participation at both individual and collective levels. The methodology has been effective in reaching the feelings and concerns of young people who are often reluctant to explore and share their views in face-to-face discussion, but who can be much less resistant when using an apparently more neutral and less threatening audio-enhanced computer. The project has revealed enthusiasm amongst young people for using A-CASI, and identified the opportunities it provides for workers and managers in the field.

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Introduction

This paper describes a pilot study which explored the use of an Audio Computer-Assisted Self-Interview (A-CASI) methodology in care planning and review for children and young people in Out of Home Care in Western Australia (WA). The primary aim of the pilot study was to explore how the A-CASI methodology could be combined with reflective casework practice to improve, or have the potential to improve, the participation of children and young people in care in Western Australia.

In 2010, the West Australian Department for Child Protection (DCP) identified an imperative to increase the involvement of children and young people in care at both individual and collective levels. The Department's Advocate for Children in Care consistently reported that significant numbers of young people had little or no experience of meaningful participation in developing the individual Care Plans required under the legislative framework (Children and Community Services Act, 2004). Such Care Plans are intended to identify the needs of each child or young person across a range of dimensions, and set out steps and measures to meet them over the ensuing 12 months.

Anecdotal evidence in Western Australia suggested that many young people did not feel involved in care planning, with many saying that they were not invited to participate or were unaware of planning processes taking place. Other young people said they had declined to contribute because the prospect was too daunting or because it would be pointless, as they believed they had no power to influence decisions. Where individuals did report participating, the experience was described as overwhelming and young people said they often found it very hard to speak up and say what they really wanted, how they felt, and what they were worried about.

Such experiences are also well documented in research across jurisdictions. In 2008, the Australian Research Alliance for Children and Youth (ARACY) and the New South Wales Commissioner for Children and Young People reviewed literature and input from researchers and policy makers (Fitzgerald and Graham, 2008). They reported that,

'progress in establishing a rationale or case for children's participation has not been matched by evidence of change for children in their everyday lives. As one of the most governed groups and highest users of state services in western societies, children continue to have little, if any input into the policy, research and practice decisions made about them.'



The CREATE Foundation has conducted a number of consultations with children and young people in out-of-home care in Australia and published these as annual 'Report Cards' (McDowall, 2009 & 2011). The 2009 Report Card found that of 335 Australian children and young people interviewed, only 122 (36.4%) indicated that they had a plan for leaving care or that one was being developed. Of that number, 33% reported little or no participation (McDowall, 2009). The 2011 Report Card found no significant increase in transition planning, with 31.7% of eligible young people saying that they had a plan for leaving care (although increasing to 44% for the 17 year olds interviewed) and with large differences found between states and territories. A key finding of the report was that the young people who did have care plans in place felt that both they and their caseworkers were less involved in the planning process than their carers (McDowall, 2011).

The studies also give an indication of how the lack of participation affects outcomes for children and young people and the quality of their day-to-day lives. Other studies have associated participation with outcomes for children and young people, with evidence suggesting adverse impacts for children and young people where such engagement does not occur. For example, in a study of boys in the child welfare system in England, Leeson (2007) found that the boys had,

'...overwhelming feelings of helplessness experienced as a consequence of not being involved in decision making.... The boys were reported to be scared of making decisions and did not know how to make them.'

In an overview of research relating to out-of-home care in Australia, Messages from Research again highlighted the impact that a lack of involvement in decision-making had on key aspects of young people's lives, such as family contact arrangements (Bromfield, Higgins, Osborn, Panozzo and Richardson, 2005). The report outlined a number of instances where apparently small decisions had a large impact on the children and young people concerned, such as not being told why a worker had moved on or not being allowed to bring a pet to a new placement. Previous research has also found the small and the personal to be central to children and young people's experience of out-of-home care, particularly issues relating to their daily lives, and day-to-day decision-making and negotiation (Thomas and O'Cane, 1999). The Messages from Research report cited studies that demonstrated the positive benefits of including the views of children and young people in care, with one study finding that:



‘...ensuring that decisions are made in line with children’s wishes results in children being more cooperative in placement and obtaining more preferable placement options. However, more importantly, children are more likely to benefit psychologically if their views are taken into account. For example, their self-esteem is likely to be enhanced as they are given more control over their own lives.’ (p.24)

Such research highlights the critical role the professionals in contact with children and young people play not only in improving the quality of their lives and positive outcomes, but also in the relation of this to their facilitation of children and young people’s participation in the processes of their care. This has been echoed in other research studies or reviews, which have directly examined professionals’ relationships with the children in their care. In a study of 27 children and young people involved in child protection investigations, Bell (2002) concluded that ‘supportive’ and ‘companionable’ interactions in relationships and processes are more likely to promote participation than those which are ‘dominant’ and ‘submissive’, with participation best promoted through the development and maintenance of a ‘relationship of trust’ with a key professional.

The problems for children and young people in Out of Home Care in developing and maintaining relationships with one key professional have been outlined by Winter (2009), based on a research review and on in-depth interviews with social workers in the UK. Summarising a research review, Winter notes that, where they are successful, relationships between social workers and young people in Care can be very significant and positive, with young people expecting social workers to be an adult professional who is there for them, listens to them, cares what happens to them and is on their side. However, Winter also describes research findings that highlight how the relationship can also be less successful, particularly in terms of factors such as instability (changes of social worker) and inconsistency (in terms of frequency of visits). Winter’s research study concluded that while the organisational and structural changes that have been made to social work practice are positive, particularly in terms of more ‘relationship-based’ and less bureaucratic approaches to practice, these were not found to be the most significant factors in determining quality of relationships. The underlying emotional and attitudinal aspects of individual social worker practice (how social workers viewed and responded to children and young people influenced by their own experiences, views and values, and particularly by their concerns in relation to the complexities and risks of child protection casework) were found to have a



critical role that Winter did not believe to be adequately reflected in approaches to social work policy and practice.

The link with reflective casework practice becomes evident in such research studies. Drawing on the work of Ferguson (2004), Chapman and Field (2007) define 'reflective practice' as the most in-depth approach, above 'conveyor-belt practice' and 'pragmatic practice', which are characterised more by administration, efficiency and process motivations. In contrast, 'reflective practice' is characterised by,

'...critical reflection on issues; principled, quality practice decision-making and interventions; depth of analysis; engagement with families and responsiveness to their needs while maintaining a child protection focus; mobilising supports and resources; and access to critical supervision.' (Chapman and Field, p.24)

Such in-depth practice, as outlined by Chapman and Field, does not hold the professional as the sole 'expert', but rather values the experience and views of the children, young people and families in contact with services as experts in their own lives. This again mirrors Bell's (2002) preference of support and companionship over dominance and submissiveness in the promotion of participation and establishment of relationships of trust. It is clear that such an approach is also subject to the issues outlined by Winter, in that it is predicated on a quality relationship of trust between client and key professional.

Winter (2009) cites research by Baldry and Kemmis (1998) as offering key points about the relationship between social workers and children in Out of Home Care,

'The qualities most appreciated in a good social worker had been: genuine interest; being listened to; meeting up with young people as arranged; getting things done as agreed; being open and honest; and maintaining links with young people's families.' (Winter, 2009, p.451)

The principal question addressed in this pilot study was to the extent to which the use of Audio Computer-Assisted Self-Interview (A-CASI) technology could play a role in addressing such issues; in terms of both the participation of children and young people in decision making processes in relation to their Out of Home Care, but also the quality of relationships between children and young people and their key professional. In summary, the key questions addressed by this pilot study were what, if any, effect the use of an A-CASI methodology had on:



- i) Children and young people's participation in aspects of their Out of Home Care planning and review, including how effectively it could be established and integrated into practice processes.
- ii) Children and young people's relationships with their key workers, including key workers' understanding of and responsiveness to the young people in their care.
- iii) Outcomes for children and young people in Out-of-Home Care.

Methodology

As one of the research questions addressed in the pilot study related to how effectively the methodology could be established and integrated into practice processes, the pilot study was designed to reflect this and had three phases:

- Phase One: Children and young people were invited to complete an age-appropriate Viewpoint A-CASI questionnaire prior to their care plan review. All children and young people aged 4 and above due for care plan reviews during a twelve month period were invited to participate.
- Phase Two: The young person's individual responses were reviewed within two working days by the relevant worker or team leader, who would address any immediate safety issues, and subsequently meet with the young person to discuss their responses, using a reflective practice model to explore issues and generate possible resolutions. This discussion would then inform the worker's written report to the care planning forum.
- Phase Three: Wherever possible, the child or young person then directly participated in a care-planning meeting with decision-makers.

The pilot ran formally for a period of 6 months from June 2010 in one metropolitan and one country district in Western Australia. In total, over a slightly longer period 118 children and young people in care aged 5 to 18 years gave their views for their care plan reviews using Viewpoint A-CASI questionnaires.

Caseworkers were also interviewed, to gain their views of the effect on communication between themselves and the children and young people they were working with. The views of foster carers, senior staff and management teams were also gathered about the impact of using the A-CASI methodology and the procedures developed for the pilot. Foster carers in pilot sites were engaged in the Project by field staff. In addition, carer representatives from the metropolitan pilot site



met with the Advocate for Children in Care on a number of occasions. Anonymous aggregated data was also shared with them towards the end of the pilot period.

The children and young people's questionnaires were tailored for different ages, reading and comprehension, spanning the age groups 4-6 years, 7-9 years, 10-15 years and age 16 plus. Questions were based on the Looking After Children (LAC) framework and designed to provide information across Western Australia's eight care planning dimensions (safety, placement arrangements, health, education, emotional and behavioural development, social and family relationships, identity and culture, and leisure and recreation) and participation. Content was drawn from questionnaires previously developed and used extensively by Children's Services Departments in the UK, but amended for the Australian context with input and assistance from children and young people in Western Australia. To minimise ambiguity for Indigenous respondents, consultation was also undertaken with DCP's Aboriginal Engagement Co-ordination Unit. Question response options were primarily multiple-choice, with two, three or four choices, but also included multiple selection and sliding scale options, as well as open-ended free text questions.

Within a children's rights framework, the use of questionnaires is not always viewed as the most appropriate approach, particularly for younger age groups or in the context of practice with children in care (see, for example, Mauthner, 1999; Winter, 2006). It has been suggested that questionnaires can restrict the participation of children and young people, limiting children and young people to only responding to criteria and questions set and interpreted by adults, rather than describing and setting the terms themselves (Winter, 2006). In this study, questions reflected the key areas of interest identified by children and young people themselves, based on studies such as those of Thomas and O'Cane (1999) and also on the extensive development and use of the questionnaires with children and young people in the UK.

Research studies have also suggested methodological limitations and difficulties of using questionnaires with children, especially with younger children, in terms of cognitive development, language skills and the skills needed for the question and answer process (Borgers, De Leeuw and Hoox, 2000; Borgers, Hoox and Sikkels, 2004). However, many of the studies of young children's ability to respond to questionnaires have tended to use abstract questions rather than questions that have direct meaning for children and their own lives (see Chambers and Johnston, 2002, compared to Riley, 2004). In fact, these and other studies concluded that children as young as six could meaningfully self-report on aspects of their lives such



as health, within recognised limitations and with special care given to design, language and meaning (Riley, 2004). In addition, the use of questionnaires, particularly when coupled with an A-CASI methodology, avoids other areas of bias. The issue of social desirability and the power relationship between interviewer and interviewee is thought to be particularly salient for groups such as children and young people (Christensen and James, 1999) and children themselves have been found to prefer questionnaires as a research method. Advantages identified by children included enabling many different people to take part, helping more reticent people to voice their opinions, confidentiality, anonymity, ease and convenience (Stafford et al, 2003).

The questionnaires were administered using an A-CASI method (Audio-Computer-Assisted Self-Interviewing). The A-CASI method adds the capacity for respondents with limited literacy skills to listen to questions and record their answers using keystrokes or voice. In the Viewpoint A-CASI programme, the questions and responses are displayed on an animated, engaging background and all text that appears on the screen is simultaneously spoken by an animated assistant, who acts as host, talking users through the process as required. As a result even quite young children and young people with limited reading and writing skills were able to complete questionnaires quickly and fluently.

The Viewpoint A-CASI method has a number of unique features. It has been specifically designed for consultation with children and young people, and has a number of flexible features that enable the personalisation of both the appearance of the screen and elements of the text that is used in the questionnaires. For example, individual names of the child or young person, their carers and key workers can be easily included in questions and read aloud by the character. The colourful graphical backgrounds, the animated assistants and the options for game breaks are all capable of being personally tailored. For the pilot, new backgrounds and assistants were developed to reflect the Australian environment and culture.

A-CASI methods have been found to be particularly beneficial for key groups, such as children and young people. A-CASI approaches have been associated with aiding literacy difficulties, with an enhanced sense of privacy and with increased disclosure of sensitive information. Their use of automated skip and branch patterns decreases respondent error or fatigue and allows the use of more complicated questionnaires, factors which are thought to be particularly beneficial for populations such as children and adolescents (Tourangeau and Smith, 1996; De Leeuw, Hox, Kef and



Van Hattum, 1997; Borgers et al, 2000; Borgers et al, 2004). Couper (2000) suggests that characteristics of new technologies such as engaging design, in addition to instruments being easy to understand and complete, can help to minimise respondent error in self-administered approaches.

CASI and A-CASI methods have been used internationally for researching sensitive topics such as illicit drug use, sexual behaviour, personal health issues such as HIV/AIDS, rape, exposure to violence, suicidal ideation, cigarette smoking, abortion and offending behaviours. There are also specific examples involving the use of these techniques with vulnerable children and young people as respondents. These include a national adolescent health survey in New Zealand (Watson, Denny, Ameratunga, Clark, Crengle, Dixon, Fa'asisila, Merry, Robinson and Sporle, 2001); the collection of data in Denmark relating to sexual abuse in young people under the age of 15 (Helweg-Larsen, Sundaram, Curtis and Larsen, 2003); a US study which elicited prevalence rates of childhood abuse four to six times higher than those found in Child Protection Services' records (Everson, Smith, Hussey, English, Litrownik, Dubowitz, Thompson, Knight and Runyan, 2008); an investigation of adolescent reproductive health and sexual behaviour in Vietnam (Cu Le, Blum, Magnani, Hewett and Mai, 2006); the piloting of A-CASI in the UK for recording data from children in the care of the state, investigating issues such as cigarette smoking, alcohol consumption, sexual activity and exclusion from school (Gatward, 2003); and a West Australian (WA) study of the prevalence and comorbidity of child and adolescent disorders in WA mainstream school students (Langsford, Houghton, Douglas and Whiting, 2001).

Viewpoint A-CASI is used by many child-care agencies in the UK as a way of eliciting and recording the views and wishes of children in care whose views may be harder to reach using other techniques. This is especially potent where the issues involved are seen by children as being sensitive or potentially embarrassing, or for children who find it difficult to relate to adults, particularly when they have had few positive adult relationships in the past (Hill, Davis, Prout and Tisdall, 2004). Indeed, a comparison of computer-assisted methods against pencil and paper questionnaires found that the more engaging technological approaches were particularly key for engaging those who are less motivated to participate, and particularly cited the flexible and interactive elements of the Viewpoint approach as of key importance,

'...when motivation to participate or to reveal particularly sensitive information is low, then CASI techniques such as Viewpoint which incorporate game breaks



are perhaps needed to increase young people's engagement.' (Barrett, Dent and Rodgers, 2011, p.85)

In the pilot study, data collected using the Viewpoint A-CASI questionnaires was stored on a secure web-based server, and the capacity existed for young people to complete questionnaires online. However, it was considered undesirable for security reasons for them to use the Department's network, and in any case it was anticipated that most respondents would prefer to use Viewpoint away from district offices. Laptops were therefore identified as the delivery method with the greatest flexibility, and also offered the option for young people to complete questionnaires online via a wireless internet connection, or offline, in which case questionnaires were downloaded to the laptop by DCP staff and uploaded once they had been completed. A member of staff delivered the laptop to respondents at the agreed location and took the role of support person/facilitator. However, it was considered important that this should be someone other than the case worker or foster carer in order to avoid any sense of pressure on the respondent. Earphones were also provided to respect young people's privacy.

DCP's privacy obligations were met by the establishment of a Viewpoint database inside the Australian jurisdiction, with access and permissions to view data being decided by the Department. Additional protection was provided to participating young people through a login system which did not record identifying information on the Viewpoint database. Logins were created by DCP staff according to an agreed format, and a confidential register was created on the departmental network where only departmental staff members were able to match logins to participants' names.

Detailed written procedures were developed to establish the processes to be used for the pilots and to set out the responsibilities of all players: workers, administrative staff, team leaders, care plan chairs and district management teams.

Training sessions were conducted for pilot districts by the Advocate for Children in Care and the Viewpoint Organisation. These were relatively brief and comprised:

- Half day for 'lead users' from the pilot sites. These individuals were to become practice leaders and required a broad understanding of the functionality of the software and the critical case work practice to be embedded around it.
- Two hours for admin staff from both locations.
- Two hours for field staff at each site.



During the pilot period, six-weekly visits were made to each of the sites by the Advocate for Children in Care, who also provided support and advice by phone and email throughout. Helpdesk support was provided toll free by the Viewpoint Organisation.

Findings and discussion

The findings are presented in terms of the three principal research questions or aims, addressed by the pilot study.

Firstly, the study aimed to explore how children and young people's participation in aspects of their Out-of-Home Care planning and review was affected, if at all, by the use of the Viewpoint A-CASI consultation tool, including how effectively it could be established and integrated into practice processes.

Studies in the UK have reported that children and young people enjoyed using the A-CASI system, and felt it helped them to convey their thoughts and feelings in a way they could not do in a face-to-face situation. They also felt empowered by the process and believed their views were respected and taken seriously (Morgan and Fraser, 2009).

In the pilot study, five optional evaluation questions were included at the end of each of the questionnaires, offering children and young people an opportunity to comment on their experiences of the A-CASI programme.

- 70% said that they would like to use Viewpoint again
- 71% said it was easy to use, with a further 23% saying it was 'okay'
- When asked if they liked using Viewpoint, 57% said 'Yes it was good' and a further 33% said it was 'okay'
- Young people were also asked about the importance of the questions to them. In total 96% of the young people identified some questions that were important to them.

In terms of children and young people's individual participation, additional evidence of increased participation in care plan reviews was provided by senior staff with a responsibility for chairing care planning and review processes. One senior officer reported that in her experience young people's participation increased significantly with the use of Viewpoint A-CASI, and commented that she felt much more confident that care plans reflected the real needs and concerns of young people rather than those of the adults in their lives.



It was also identified that individual reports from children and young people provided an unprecedented opportunity to analyse the live and unmediated views, wishes and feelings of young people in supervision. Keen interest was expressed in reports which can be generated to show an individual's responses in previous planning processes in order to help identify where change has or has not been achieved.

Foster carers were also positive about the A-CASI methodology overall, and felt it offered young people new opportunities to contribute to their care plans and to communicate their unique perspectives unmediated by adults.

The pilot site staff members were enthusiastic about adopting the A-CASI methodology as part of their work with individual young people. On a practical level, caseworkers reported that the Viewpoint software was easy to use and that the provision of laptops made it easy to deliver the program to young people in all locations. This is a positive finding for the adoption and wider use of the approach. Wireless network connections were found to be unreliable or slow in certain locations, and it there was a preference for using the offline option, which required very little preparation and follow up.

Overall, it was reported by staff across the pilot sites that the procedures worked well. However, there were some suggested areas for improvement. For example, it was originally proposed that young people should be invited to complete an A-CASI questionnaire two weeks in advance of a care planning forum. This was found to be insufficient and was increased to at least four weeks, to ensure time for the completion of questionnaires and appropriate follow-up discussion with the young person. Experience also showed that it was most valuable to use the A-CASI questionnaires as the starting point in preparing for a care planning process, as the young person's views, concerns and wishes informed the collation of other materials such as education, health and placement reports. These amendments themselves reflect positively on the success of the project and the potential to place children and young people's views at the core of practice and procedures.

From a children's rights perspective, effective participation means not just isolated instances of good practice, but integration into systems and practices (Kirby, Lanyon, Cronin and Sinclair, 2003). Alongside a lack of individual participation, it was also of concern in Western Australia that there was little information about the collective views of children and young people in care. This was seen as a critical deficit for service improvement and policy development, and a lost opportunity for the communication with and empowerment of the children and young people themselves.



The West Australian youth advisory group, Creativ'Voyce, reported that their efforts to represent their peers across the State were frustrated because they had no way of knowing the issues and concerns that confronted them as a group.

The pilot study also found integration into collective practice to be less successful. As

part of the pilot process, district management teams had been asked to introduce a standing item at their regular meetings in which Viewpoint management reports, based on an aggregation of individual responses, would be studied and discussed as a collective feedback tool and used for the purposes of quality improvement and operational planning. Aggregated responses were also to be shared in partnership forums, such as with foster carers and representatives of children and young people in care.

However, it was found that pilot site management teams did not fully integrate the management reports into their core business processes, such as supervision, service monitoring and strategic planning. This mirrors the UK experience, suggesting there are challenges in educating management teams about the potential benefits available to them from easy-to-generate, up-to-date reports providing aggregated data about the views of children and young people across a range of dimensions.

However, one District Director said that the District Management Team and carer representatives had been encouraged by the positive feedback provided by young people and had noted where services needed to improve or change in the future. The Director commented,

‘The unmediated views of young people have become accessible for the first time with the introduction of Viewpoint, and this offered an opportunity to forge a three way partnership involving young people in care, the district and its carers.’

The second aim of the pilot study was to explore how children and young people's relationships with their key workers was affected, if at all, by the use of the Viewpoint A-CASI consultation tool, including key workers' understanding of and responsiveness to the young people in their care.

The evidence from caseworkers involved in this pilot shows that the medium of the computer did provide an effective way of encouraging children and young people to



share concerns, and provided an opportunity for caseworkers to develop a deeper understanding of a young person's life and concerns.

Caseworkers described gaining new insights into young people's views, worries and experiences, even where well-established relationships already existed. They perceived that their relationships with young people had become more meaningful and effective because they were able to engage face-to-face on issues young people had already flagged as important and relevant in their questionnaire responses. They felt that young people gained confidence about speaking up when they saw that their questionnaire responses were acknowledged, explored and valued.

Third, the study aimed to explore what effect, if any, the use of the Viewpoint A-CASI consultation tool had on outcomes for children and young people in Out-of-Home Care.

The pilot study did not have the scope to examine longer-term outcomes for children and young people or the correlation with improved participation. However, numerous examples were given of more open communication and improved relationships. Some of these examples are listed below to illustrate both the ways in which new information or new views of the young people were brought to their caseworkers attention, and how the smaller, daily decisions and issues of day-to-day life in care, identified in research as of critical importance to children and young people, were able to be raised, addressed and resolved through the use of the A-CASI questionnaire consultation. They also demonstrate how caseworkers were provided with opportunities to demonstrate to children and young people that their views were being listened to and responded to:

- One young person aged 12 disclosed in her questionnaire that she had some worries about her health. In subsequent discussion with her worker, she explained that she had felt unable to talk about this before. Sensitive and appropriate follow up was able to be organised.
- A young person of 8 advised in her questionnaire that she was not sure how to get help if she needed it. In exploring this with her afterwards, the worker established that her concern related to getting help if there was a fire. This emerged as a pervasive but previously unexpressed anxiety for the young person concerned, and the issue was easily addressed by the provision of information and a fire drill in the foster placement. The young person later expressed relief that she no longer had to worry about this.



- Another young person aged 10 had previously told his worker he was ok at school and felt comfortable there. In his responses, however, he felt able to admit that he had made no friends and dreaded school days. His worker was able to acknowledge his distress in the follow up discussion, and to help him explore and develop strategies to improve his social experiences at school.
- A worker with a sibling group of three on her caseload discovered that each young person wanted different levels of contact with her: one of the young people said he saw her enough, another said not enough, and the third said too much. She reflected on her learning that each young person is an individual irrespective of their family connections, and that she needed to take this into account when planning her work.
- Another worker learned that a 6 year old boy was feeling inferior because others in his foster placement had more photos of biological family members than he did. In follow up discussion it emerged that this was impacting on his self-esteem. The worker was able to organise more photos and to facilitate visits and other contacts in which family members were encouraged to display their regard and affection. The case work team used this learning to explore the issue with other young people.

Evaluations in the future will examine the impact of the new approach on care plans themselves and the outcomes for children and young people in care, as well as the influence of collective feedback and participation on service and policy development.

Conclusion

The pilot was designed to evaluate the potential for A-CASI methodology, combined with reflective casework practice, to promote the participation of children and young people care at both individual and collective levels.

Other studies have described the benefits of using an A-CASI methodology. For example, an Open University study of the use of A-CASI in care planning for young people in Out-of-Home Care in the UK concluded that,

‘Our recommendation for managers, based on this study, is to give A-CASI serious consideration. It is relatively cheap to deploy and as long as users have a real choice to use it or not, it can be empowering for young people and for staff. A-CASI is not a substitute for a child’s relationship with their social worker, and it should only ever be one method in a varied menu of participation activities, but it is a system that can provide useful structured base-line and



historical data for service delivery.’ (Morgan and Fraser, 2009).

The WA pilot study supports these findings. There are examples of issues and concerns being disclosed by children and young people that caseworkers were previously unaware of, even where well-established relationships already existed. Caseworkers perceived that their relationships with young people had become more meaningful and effective because they were able to engage face-to-face on issues young people had already flagged as important and relevant in their questionnaire responses.

The evidence from this pilot is that the A-CASI methodology and associated reflective casework practice has made a difference. The use of the A-CASI questionnaires has ensured that wishes and feelings of children and young people are sought consistently in a structured and engaging process prior to the formulation of a care plan. Caseworkers have used these responses to help children and young people explore their current experiences, wishes and feelings to contribute to the plans for their care. As case examples have shown, information not previously disclosed to caseworkers has been revealed and can therefore be addressed. This has opened opportunities for more meaningful and trusting relationships in which children and young people can experience a better level of understanding by workers of the problems they and their families have, and where interventions can be targeted to help resolve these. Caseworkers have reported that their relationships with children and young people have been enhanced, and examples were provided to support this.

The process of using A-CASI and attending to the responses using reflective casework practice has been shown to be important. This was also reflected in the Open University study by Morgan and Fraser, which observed that whilst,

‘Viewpoint ACASI could be seen as the antithesis of the way to enhance therapeutic relationships. The enthusiasm from children and young people is symptomatic of more general embracing of opportunities for engaging in relationship based practice both at the level of case planning and also policy development... All good relationships are based on accurate and safe sharing of information.’

The computer-mediated environment provides a method to enhance communication with a young person. It is not an end in itself, it is a process. There is an interaction



between the child or young person and the practitioner, in which they work together to understand the child's world through the process of A-CASI. The indicators, namely their responses to questions, need to be addressed by practitioners, not by adult prescriptions about required actions but by working with children and young people to clarify and develop a shared understanding and an agreed way forward. The process of reflective thinking will provide more understanding for the young person. It enables the young person to become better informed, to clarify what they need to do, to consider actions, and to work out plans. They have a better understanding of their circumstances and options.

Children and young people in the UK have reported that they enjoyed using the A-CASI system, and felt it helped them to convey their thoughts and feelings in a way they could not do in a face-to-face situation. The evidence from this study is that children and young people of all ages are positive about the methodology, but also that the content and lengths of questionnaires must be adjusted to be more relevant to and continue to engage older young people.

However, effective participation in organisations is where children and young people are not only involved in individual decision making about their own lives but also involved collectively in matters that affect them. It represents a combination of an ongoing relationship with their social worker and carer and participation in a wide range of activities.

For managers, aggregated data from Viewpoint A-CASI can help in the adjustment of policies and facilitate dynamic responses to service user input. Service delivery strategies can be developed from the realities of children receiving services in the community or in care of the authority, rather than being responsive to externally prescribed key deliverables. For children and young people, Viewpoint A-CASI can be seen as a more impartial and consistent in transmitting their views and concerns to decision makers something which some were not sure social workers would do.



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