Beyond Care Matters: Future of the care population

working group report

Martin Narey

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Foreword

The Green Paper *Care Matters: Transforming the Lives of Children and Young People in Care* raised the interesting question of whether we should, as a nation, take a view as to the optimal size of the population of children in care. The question may appear simple, but the issues it raised were complex. Questions such as "what should care be for?", "is the system too decentralised?" and "what are the real levers for influencing the population?" generated considerable debate within the Working Group and in the interests of brevity this report gives just a flavour of those discussions in order to prompt a wider national debate about these important questions.

As Chair of the Group, but conscious that I knew much less about the subject than others, my initial assumption had been that we could identify means to effect a significant reduction in the population of children in care. Put bluntly, I assumed that a smaller care population was equated directly with better outcomes for children. I was persuaded that was not the case and that any glib attempts to force down the numbers in care could be damaging for individual children. At worst it could result in children who need to be in care not staying in care or not coming into care at all.

Young people themselves have been very clear in their responses to the Green Paper that they are nervous about the potential implications of a policy aimed at reducing the care population. They urged that decisions about individual cases should continue to be made purely on the basis of the best interests of the children involved. The Group remained very conscious of these concerns, and while we concluded that it could well be possible to achieve a reduction in the numbers in care and an increase in the numbers supported in their families over time, we were clear that this should only be advocated alongside the right support, particularly to struggling families and to potential carers among wider friends and family, to ensure that those remaining outside the care system were kept safe.

It thus became clear to me that a crude numerical target in either direction would serve little useful purpose and could indeed be counterproductive. However, although a small care population does not *necessarily* denote success, I did come to the view that an effective children's services system which manages to support at home those children who can flourish in that environment while quickly and accurately identifying those who need to come into care, is highly likely to be characterised by a relatively small care population. It is for this reason that I hope the thoughts set out in this report – by no means the 'last word' on the topic – can serve as a useful stimulus for further debate across the country on this issue, particularly among those whose job it is to manage the care system on a daily basis.

Martin Narey

1 The Working Group

1.   *Care Matters* sought to stimulate a national debate on the future of the care system, putting forward the hypothesis that the future care population ought to be smaller and younger. Two main assumptions underlay this idea. First, that successful early intervention and prevention strategies would, over time, deliver fewer children needing to be in the care system overall. And second, that the care population would be younger because those needing care would be identified much earlier in their lives, and those older children requiring interventions would be better supported at home. To quote, the Green Paper said that:

> "We need a clear, long-term vision of how our reforms will build a sustained approach to supporting children and families before, during and after spending time in care. We believe that this vision will take us towards a situation in which:
>
> - There are fewer children in the system overall;
>
> - A proportion would continue to spend time in care on a very short-term, voluntary basis as part of supporting children in their families;
>
> - Children who are the subject of care orders will be those who are unlikely to return home and so will be likely to stay for longer, or go on to be adopted;
>
> - There is a continued increase in the use of adoption; and
>
> - The average age of children in care will be younger as the family difficulties which bring in many older children are better addressed.
>
> *(Care Matters, DfES 2006)*

2.   The Future of the Care Population Working Group was established by the Department for Education and Skills (DfES) in November 2006 in order to investigate these questions in more detail.

3.   Martin Narey, Chief Executive of Barnardos, was appointed as chair, with the rest of the Working Group comprising practitioners, academics, key voluntary sector partners and young people's representatives. Full membership was as follows:

Caroline Abrahams	Programme Director for Children, Young People & Families, Local Government Association (LGA)
Graeme Cooke	Research Fellow, Institute for Public Policy Research (IPPR)
Anthony Douglas	Chief Executive, the Children and Family Court Advisory and Support Services (CAFCASS)
Kathy Evans	Assistant Director, Policy, The Children's Society

Elaine Farmer	Professor of Child and Family Studies, University Of Bristol
David Holmes	Chief Executive, British Association for Adoption and Fostering (BAAF)
Martin Narey (Chair)	Chief Executive, Barnardos
John Rowlands	Visiting Fellow, Thomas Coram Research Unit, Institute of Education
Andrew Webb	Corporate Director of Children and Young People, Stockport Metropolitan Borough Council
Maxine Wrigley	National Co-ordinator and Care Leaver, A National Voice

Terms of Reference

4.   The Group was independent of Government, and worked within the following terms of reference:

- To assess the impact on the population of children in care that is likely to result from the proposals in *Care Matters* linked to an assessment of future trends in social exclusion and inequality.

- To assess whether this is the type of population we should aspire to in the best possible care system for children, and what further changes to policy and practice might be needed to reach such a population.

- To underpin the analysis with a quantitative and qualitative assessment of how the population of children in care has and will change over time, relative to those children who will be supported in their families.

- To consider how improvements in early intervention might prevent children entering care at crisis point; and the interaction between early intervention and reports of variation across the country in the threshold for children being brought into care.

- To explore how children can be better supported in their families, reviewing issues such as the potential to improve support for kinship care and how we can support children's birth families to ensure successful returns home from care.

- To report and make recommendations to the Secretary of State for Education and Skills in Spring 2007.

The Report

5.   In the course of its work the Working Group met formally six times over the period November 2006 to April 2007, and was provided with secretariat and research support from the DfES. The Chair also met informally with a number of Directors of Children's Services and led a wider consultation event on the future of the care population at a National Children's Bureau (NCB) conference. In addition the Group was given full access to, and studied carefully, the views of those, including young people, who responded to the formal public consultation process on this issue. Each of these contributions has been instrumental in determining and shaping the recommendations in this report.

2 Historical Context

6.   The Group started by examining the historical and legislative context of the care system in order to understand better the reasons why the size and character of the population has changed over time.

7.   The basis of the current care system is in the 1989 Children Act, which provided two main routes through which children could become 'looked after':

- **The court mandated route**, where a care order is made by the courts under section 31 of the Act if they are satisfied both that a child has suffered or is likely to suffer significant harm and that this harm is attributable to their care not being what one would expect of a reasonable parent, or the child being out of control. This route is primarily about child protection, i.e. preventing children from being harmed. Once a care order is made, parental responsibility is shared between the local authority and the parent.

- **The voluntary route**, where a child is accommodated under section 20 of the 1989 Act with the parent's agreement. There is no court involvement and parental responsibility remains with the parent(s).

8.   However, this distinction did not characterise the system in previous decades. The Children Act 1948 was the first piece of legislation to establish the care of children by local authorities, and led to the creation of specialist children's departments. These departments were subsequently absorbed into the new Social Services Departments which were created under the 1970 Local Authority Social Services Act following the Seebohm Report[1] with the intention of providing a more coordinated service to families. A number of commentators have argued that this structural change diluted the specialism that had built up within children's departments, and contributed to the sense that the care system was subject to 'drift', inertia and ineffectiveness during the 1970s.[2] During this period, the numbers of children in the care system rose, although this was attributable mainly to fewer children entering care but staying for longer.[3]

9.   From the late 1960s to the passage of the Children Act 1989, the grounds for courts committing children to local authority care were successively narrowed, and the emphasis on preventative work – under section 1 of the Children and Young Persons Act 1963, which charged local authorities with reducing children's need for care – was increased. The 1969 Act then introduced an ethos of treating youth offending and sometimes non-attendance at school as a child welfare issue and the courts made many care orders under section 7(7) of that Act which swelled the numbers for more than a decade. Intermediate treatment programmes, run by social

1   Seebohm Report (1968) *Report of the Committee on Local Authority and Allied Personal Social Services*. Cmnd. 3703, London: HMSO.
2   Rowe, J and Lambert, L *Children Who Wait*, Association of British Adoption Agencies, 1973
3   Parker, R *Away from Home – a history of child care* Barnados 1990

services, were introduced to counteract this trend and provided an alternative to removing juvenile offenders from their families. And since the early 1990s, there has been an increasing tendency to make more use of custody for young offenders with the youth justice system developing separately and distinctly from the care system following the Crime and Disorder Act 1998.

10.   Annex B provides a brief synopsis of the principal legislation relating to children in care over the last seventy or so years.

3 Population Trends

11.   Figure 1 (below), represents the trend in the numbers of looked after children over the last 30 years. The numbers in this series are annual snapshots, and show that the numbers of children in care in absolute terms (i.e. taking no account of their relationship to the wider child population) have gradually fallen over the past thirty years. The lowest levels occurred in the mid-90s, since when the trend has begun to rise.

Figure 1   Children looked after at 31 March by year
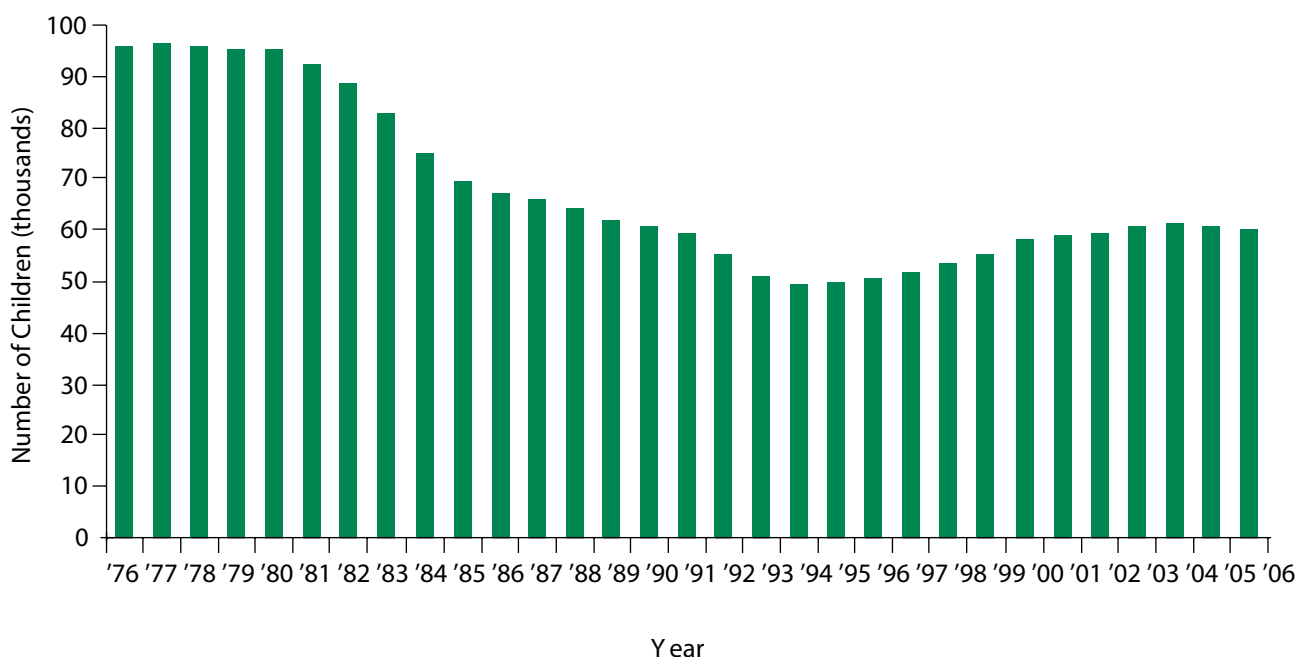
12.   Figure 2 (below), which does take the wider child population into account, shows a similar pattern. Because of administrative, legislative and technical changes over this long period it would be hard to make definitive statements about actual rates but the following does seem clear:

- Children in the late 1970s/early 1980s had a significantly higher chance of being in public care than at any time since.

- The decreasing rates of children in care during the '80s and early '90s were quite dramatic and there is little sign that the 1989 Act made an impact on this trend.

- The rise in the number of children in care from 1994 had tailed off by 2004 and was much lower than the peak reached in 1980.

Figure 2   Rates of children looked after at 31 March
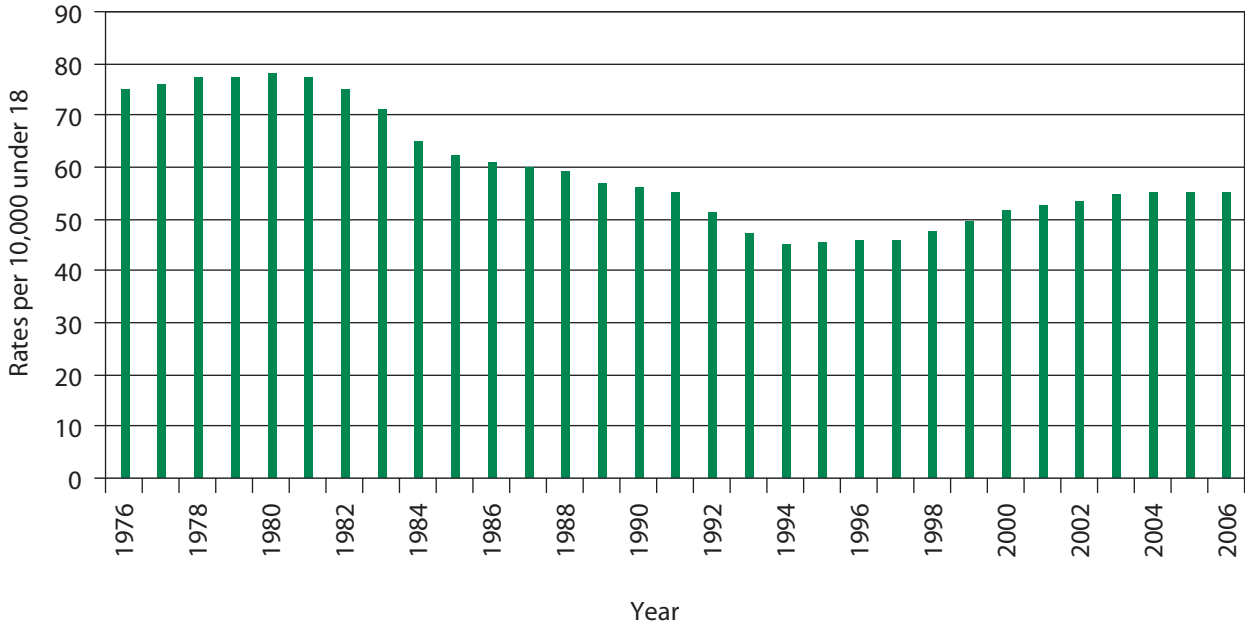
The Flows in and out of Care

13.   Both Figures 1 and 2, however, only look at the 'stock' of children in care and do not shed any light on the flows of children in and out of care. The dynamics of these flows are revealed in Figure 3, which shows that fewer children are entering care now than in 1994 but also that fewer children are leaving care – the recent trend of increasing numbers of children in care since 1994 being due to fewer children entering care but staying longer. This supports the contention that a significant proportion of children entering care have serious and enduring family problems militating against early reunification with their parent/s.

14.   Longer periods in care may also be partly explained by the impact of policy and legislative initiatives such as the Children (Leaving Care) Act 2000, which attempted to ensure that young people were not discharged from care early where that was inappropriate. The difficulty in finding stable placements plus specialist child and adolescent mental health resources for children with challenging behaviour as a result of emotional, psychological and sometimes severe learning difficulties has also unnecessarily lengthened the period some children and young people spend in care.

Figure 3   Children entering and ceasing to be in care 1994-2005
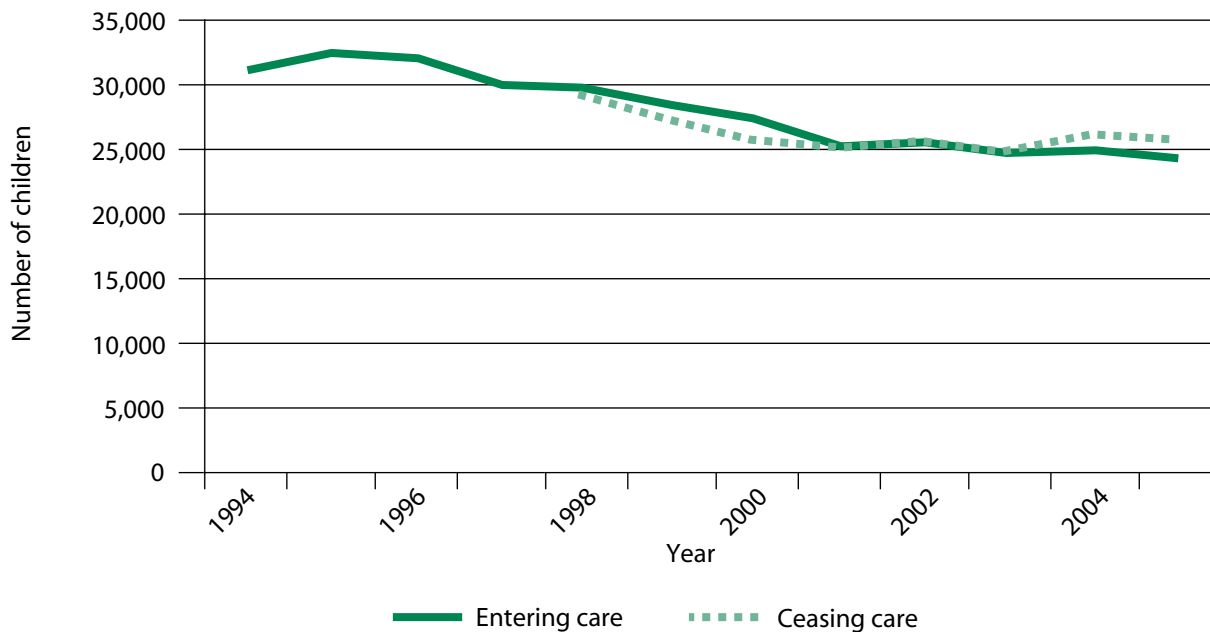
Local Variation

15.   While the figures discussed so far relate to the national picture, it is also clear that local approaches to care vary widely, to the extent that some argue the care system might more realistically be viewed as being not one but 150 different systems. Figure 4 shows that the rates of care per population vary between different local authority areas, and analysis carried out for the Group showed that these differences can be explained only partially by socio-economic factors: areas with very similar characteristics often present very different care patterns. Qualitative research shows that local approaches to family support, to thresholds for beginning care proceedings, to reunification, to family and friends care and to adoption vary widely within and between comparable local authorities.

Figure 4   Variation in the Rate of Looked After Children at March 2006 by Local Authority
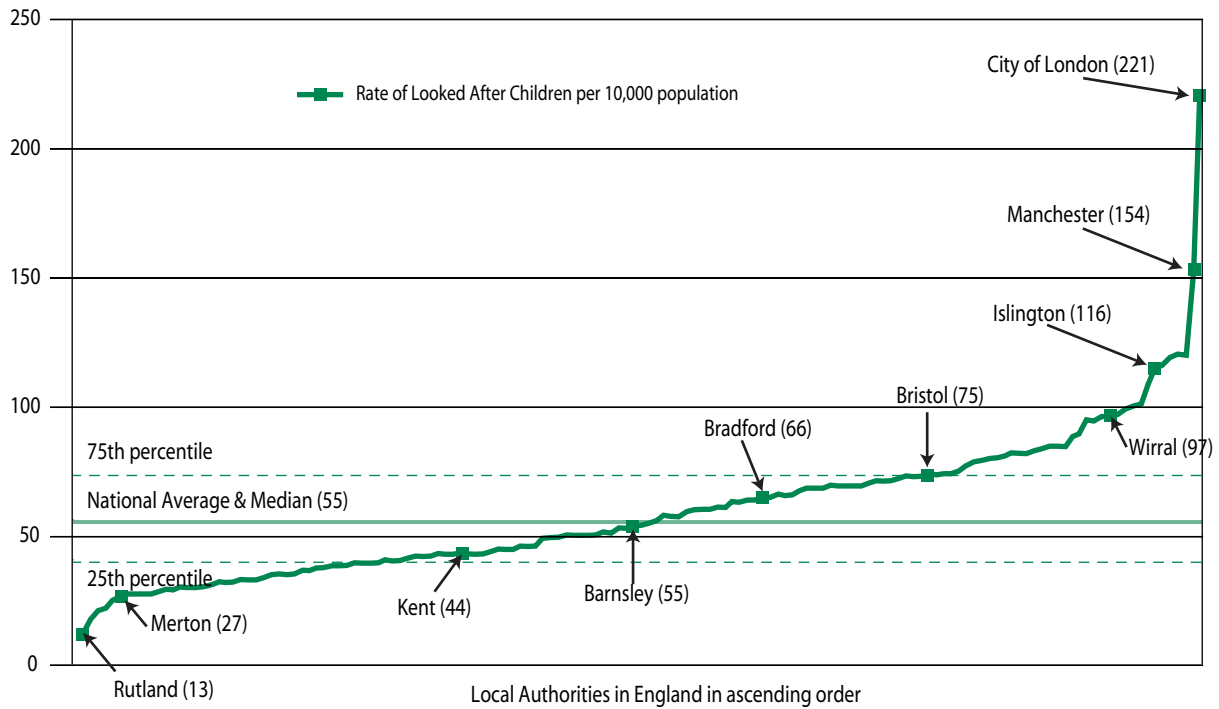
16. It is worth noting that children entering care via the Courts and section 31 have met the threshold of harm criteria (this is disputed in only a minority of cases). This high level of inter-authority variation, therefore, is as likely to mean children who should be in care are being left at home in potentially dangerous situations for far too long, as it is to mean that many children made the subject of Care Orders should have been left at home with more intensive support programmes. Factors explaining inter-authority variation are thought to include a response by a local authority to an external inspection; a change of professional leadership introducing 'regime change' in its approach to child care practices; managerial levels at which child care decisions are taken; a budget crisis leading to greater control of resources, for example on out-of-authority placements; and improved targeted early intervention and prevention services.

17. However, whilst these factors appear plausible, the Group felt that the debate about the future of the care population would benefit greatly from a more sophisticated, evidence-based analysis of the different rates of care across the country as the current situation presents particular challenges to Government in terms of ensuring consistency of practice and standards between authorities. These issues began to be explored in a sample of local authorities through the small "*Trends in Care*" study[4]. However, the Working Group felt strongly that they merited further examination and that if the care system is to be better managed, a deeper understanding of the reasons behind these differences – and an analysis of outcomes related to rates of care – needed to be commissioned as a matter of priority.

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4   Statham J., Candappa M., Simon A., Owen C., (2002),Trends in Care, Institute of Education, London.

Recommendation:

That Children's Services Advisors in Government Offices work with local authorities to investigate the reasons behind variations in the size of the care population between comparable authorities.

International Context

18.   It is worth noting here that internationally, the UK has a comparatively small per capita rate of care. Annex C, an international perspective on the numbers of children in care, shows that, at 55 children per 10,000, England's rate of care is lower than that of most European countries. In fact, our rate of care is approximately half that of Denmark and France. The concepts of care differ markedly between different countries, and it has been suggested that children in care in the UK have needs which are, on average, more complex than those in care in many other European neighbours.[5] The Group however, did not go into great detail on these issues, and was therefore cautious about drawing any fixed conclusions about international comparisons. Though, a rough analysis of these figures made the Group very aware that any attempt to reduce the care population in England would take us even further away from the practice in countries whose outcomes for children in care often tend to be better than our own.

5   Boddy et al, Thomas Coram Research Unit, *Supporting Families of Young People Entering Public Care interim report*, Institute of Education, University of London 2007

4 Routes and Reasons for Coming into Care

Care Status

19.   The increase in the numbers in care over the past decade can almost entirely be explained by the increasing number of children in the system under section 31 court mandated care orders rather than voluntarily agreed arrangements under section 20 (see Figure 5 below). Nationally, children ceasing to be looked after from full care orders have been in care on average 2,414 days or 6.6 years while the figure for voluntarily accommodated children is 425 days. The increase in children on care orders is strongly associated with lengthening durations in care, and it is important therefore to consider the role of the courts in determining the future of the care population (see paragraph 21 below).

Figure 5   Percentage of children in care by legal status
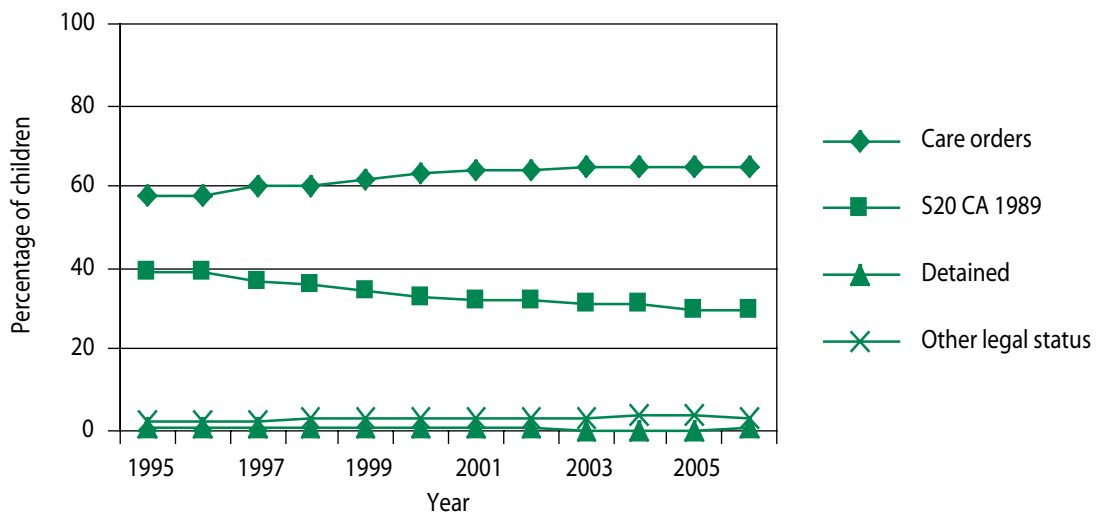
20.   As can also be seen from Figure 5, the proportion of children in care on a voluntary basis has decreased but at 30% in 2006 it remains a very substantial part of the care population (actual numbers have dropped from 19,500 in 1995 to 18,800 in 2006).These figures exclude children for whom there is an agreement with parents or carers for the local authority to arrange short term placements to help support the family. Some local authorities use these agreements a lot, others very little. Over the five years to 2006 the number of children subject to such agreements varied between 12,700 and 11,100. The vast majority were subject to the agreements because of their disability. The reduced figure can also be attributed to an increasing use of voluntary and written agreements between local authorities and parents, to promote safer care of their children. Such written agreements are strong frameworks regularly used within local child protection systems.

The Courts

21.   There are considerable variations at an individual local authority level in the rates (measured in terms of the number of children per 10,000 child population) at which children are the subject of court-mandated care orders, ranging from 12 children to 109 in 2005. This ten-fold variation can partially be explained by social or economic variations between different areas but appear primarily to be a reflection of the differences in local authority practice, rather than differences in judicial practice. Consistently across the country, the courts make care orders in response to local authority applications in more than 90% of cases. In about 70% of cases, the courts make care orders, with other types of orders (residence orders and supervision orders) being made in a further 25% of cases. This suggests that, in those areas where relatively lower rates of children become the subject of court applications for care orders by local authorities, there are some children where the effect of local practice is that court applications are not made but, were they to be made, most of these children would also become the subject of court orders. In some local authority areas, specific initiatives are undertaken to reduce the numbers of children who are the subject of formal court-based interventions. For example, Kent's Kinship Care Procedures (which are highlighted later in section 8) provide support to vulnerable children who might otherwise require an application to the courts for an order.

22.   Similar variations are also found between local authorities, in terms of the rates (per 10,000 child population), at which children are looked after on a voluntary basis (under section 20 of the Children Act 1989). The rate again shows a ten-fold variation, ranging (in 2005) from 7 children to more than 70. These differences also reflect a variety of practice approaches locally, governed by factors such as the level of available family support financial resources, the place that 'accommodation', as a family support service, is seen as having by individual local authorities and the degree to which authorities are willing to enter into voluntary arrangements, rather than by making use of the court application route.

Reasons for being in care

23.   The reasons why children are brought into care are also critical to any analysis of the role and purpose of the care system, and this is an area where the Group identified a clear need for better data. While we know that the majority of children in care (62% in 2004) are there primarily for reasons of abuse or neglect, with a further 10% deemed by social workers to have been living in 'dysfunctional families', current data does not allow a more fine-grained analysis of the picture. Qualitative research[6] has found that the family backgrounds of large numbers of children in care include factors such as parental drug or alcohol addiction, mental illness and domestic violence but the current means of collecting data on children coming into care, recording as it does only the *main* reason for a child entering care, does not allow for a detailed analysis of the complex interplay of these sorts of problems. Although it would overcomplicate the categorisation system to develop labels for every possible combination of factors, there does nonetheless seem to be a pressing need to reconsider the current system to see whether it could support at least some improvement in our knowledge of family circumstances.

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6   See Statham J., Candappa M., Simon A., Owen C., (2002),Trends in Care, Institute of Education, London, pages 1, 25, 29, 36.

Recommendation:

That the Department explores the need to revise and update the statistical categorisation of children in need with a view to better explaining the reasons why children and their families need services and why some of these come into public care.

5 Placements

Foster Care Placements

24.   Figure 6 shows that the increased volume of care over the last ten years has been provided to a significant degree by foster placements. Latest figures show that some 70% of children in care live in foster care. None of the other placement types have made anything approaching the same contribution to meeting the increased demand for care placements over this period.

Figure 6   Numbers of children in care by placement type
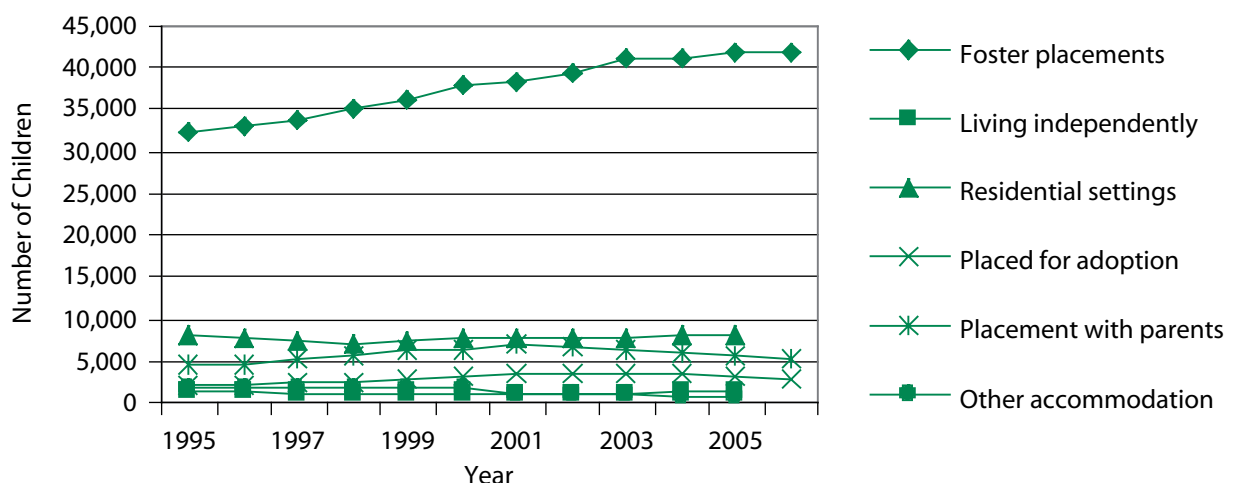
25.   But at the same time our understanding and perception of foster care has changed. Whereas in the past foster care was seen very much as a female-dominated, volunteer "caring" activity, now we understand that effective foster care is much more demanding. Modern foster care is a highly skilled activity that requires highly skilled and trained carers. Social and demographic changes have made us reassess the makeup of the fostering workforce and come to understand that foster carers today require fair levels of remuneration and focused training and support if they are to be assisted in improving outcomes for children in care.

26.   The debate continues to rage about the future of foster care in England. At the present time a key issue is the desirability (or not) of professionalising foster care. What is absolutely clear is that we need to recruit and retain more foster carers with the capacity to care for the complex and often challenging needs of the children in our care system today. At the same time we need to continue to develop and share good and innovative practice in foster carer recruitment, retention, training and support. In recent years this good practice has been developed as much in the independent sector as in the statutory sector but it now needs to be made available to all foster carers.

27.   Figure 6 also shows an interesting practice of placements with parents (i.e. children on care orders but living with their parents). This is commonly used to safeguard some children who return to their parents and is sometimes a useful precursor to the discharge of the care order.

Costs

28.   The increasing volume of care has, of course, been accompanied by increasing overall costs. There has been a 100% real terms increase in total expenditure on children looked after since 1994. In 2000-2001 total gross expenditure on children in care was in the order of £1.3 billion. By 2005-2006 it had risen to over £2 billion[7]. Not only has the expanding volume of care had to be paid for but the scarcity of placements in relation to demand has arguably driven up unit costs. Figure 7[8] below describes how unit costs have risen in relation to the volume of care provided. The drivers for increased cost include the growing numbers of young people needing more expensive care support packages, and the need for higher staff ratios in some specialist residential care homes.

Figure 7   Expenditure on looked after children, numbers of children looked after and number of days of care provided, years ending 31 March 1994 to 2006

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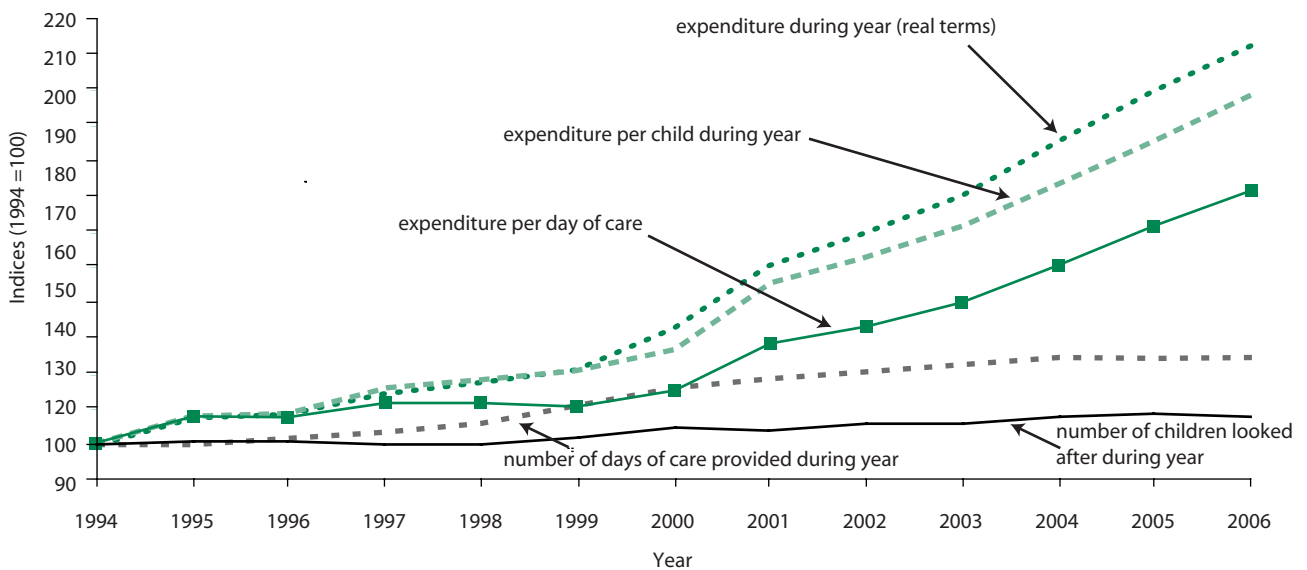
7   Personal Social Services Expenditure and Unit Costs England: 2005–06, the Information Centre, DH, February 2007.
8   A reproduction of Figure 11.1 from the Children Act Report 2004-5
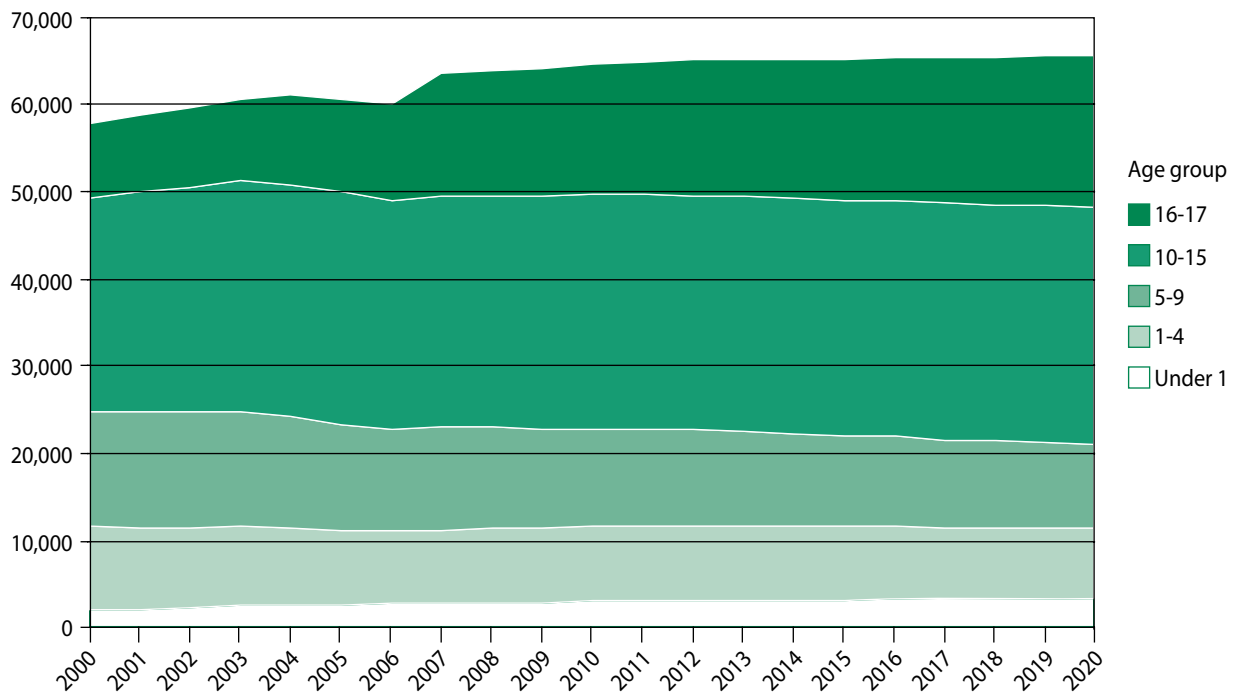
6 Population Projections

29.   The Working Group commissioned a short piece of modelling work to try to project likely future trends in the size of the care population (see Figure 8 below). On the assumption that *Care Matters* would be implemented in full, the table below shows the probable impact of those proposals considered most likely to influence the care population. It also takes into account use of adoption and special guardianship in the future using latest available statistical information (in the case of adoption) to estimate possible future usage of both.

Care Matters Proposal	Number of Looked After Children	
	Increase	**Decrease**
Requirement for local authorities to lodge an outline plan for permanence with the court at the outset of care proceedings.	By **100** in 2007, rising to **500** in 2011 and beyond	
Promoting the use of Family Group Conferencing through a programme of national events and training.		By **30** in 2007, rising to **180** in 2012 and beyond
Assumption that local authorities will consider – in consultation with parents – whether disabled children in 52-week residential placements should have looked after status	By **1,000** for each year between 2007 and 2020.	
The pilot to give young people a veto over any decisions about legally leaving care before they turn 18.	This increases the number of 16 and 17 year olds by **2,300** in 2007, rising to **2,900** in 2020.	
Adoption and Special Guardianship Assumptions		
Assumption that the number of adoptions will decrease from 3,800 in 2006 to 3,000 in 2012 and beyond.	By about **130** for each year between 2007 and 2012, the majority being in the 0-4 age group	
Assumption that the number of Special Guardianship orders will be stable at 150 per year.		By **150** children aged 5–17 for each year between 2007 and 2020.
Net effect: marginal increase in the size of the care population between 2007 and 2020		

Projection for 2007–2020

30.   The overall net effect on the care population of implementing *Care Matters* is therefore estimated to be a marginal increase as shown in Figure 8 below. The detailed assumptions around the modelling behind these projections are set out in Annex D.

Figure 8   Total Number of looked after children by age group: 2000-2020

Note: 2000-2006 figures are final; 2007-2020 figures are projections

31.   Thus the likely impact of *Care Matters* alone looks likely to be a care population composed of fewer young children and more adolescents. This contradicts the suggestion in *Care Matters* that a smaller and younger care population may emerge. This shift is largely due to the impact of the proposals for remaining in care longer and adding disabled children in 52 week placements into the care population, both of which are deliberate – and welcomed – attempts to extend the support and protection offered by the care system to vulnerable groups.

32.   While its express focus was on the levers available to the care system to address the needs of children, the Group was conscious throughout that policies relating directly to children in care can have only a partial effect on the size of the care population. Far more significant may be the impact of inequality and different manifestations of social exclusion on families' capacity to care for children.

33.   However, it is possible to posit in broad terms the impact of the wider Every Child Matters, Sure Start and Social Exclusion Taskforce initiatives on tackling poverty and marginalisation amongst families with complex needs. Much of this work is in its infancy and therefore it is difficult to quantify its likely impact on the care population, but the following general assumptions can be made:

- ECM policies will tend to lead to improvements in early identification and intervention, possibly resulting in a sharp increase initially in the care population which will then plateau and drop as support services improve and children are reunified and remain in their birth families or are adopted.

- Sure Start is providing a range of services to ensure young children and their families are better supported during the early years. It is also encouraging Children's Centres to reach out to the most disadvantaged families and children. The net effect should be to reduce the numbers entering care and the care population overall.

- The Social Exclusion Taskforce's work to tackle marginalisation should over time reduce the care population.

34.   It would be useful for the Department to review the projections provided in Figure 8 in a few years' time once the impact of these wider Government initiatives is more established and quantifiable.

Recommendation:

That the Government regularly reviews the future care population analysis set out above.

7 Differentiating the Population

35.   The Working Group was very aware that children in care are a diverse group with varying needs, and that any comprehensive strategy aimed at influencing the care population must take into account this heterogeneity and develop different responses for different groups. A forthcoming study[9] by Ian Sinclair and colleagues at the University of York provides just such a model of the care system. The study analysed the care pathways of over 7,000 children, looking at their movement into and out of care and their experiences while in care, and concluded that it is possible and indeed helpful to distinguish between several well-defined groups within the population. The specific groups are as follows:

A. **Children who entered the care system aged under-11 and returned home**. If it is safe and in the child's best interests to return home, it is essential that this occurs quickly. After the first six months in care, the chances of a successful return drop rapidly. The role of the system in these cases is therefore to assess realistically what is needed to reunite the child with their parent(s) and to work with the parent(s) to put this in place, while providing a fall-back plan if the required conditions in the plan are not met. It is important therefore that services are focused on maintaining continuity of school and relationships for children where the plan is for them to return home.

B. **Children who entered the care system aged under-11, returned home and subsequently returned to care**. The study estimated that 40% of those entering the care system had been looked after before. Some of these children returned as part of a plan (for example, where care was shared between the parents and the local authority); others returned because of a failed attempt at reunification with their families. This may have occurred more than once. For the first group, the system is providing family support to provide respite to their families, or to support children who have particular needs. For the second group, it is essential that the system works to support the child and ensures that any contingency plan is urgently put into place and where this is not the case, that a further permanency plan is made.

C. **Children who entered the care system aged under-11 and were adopted**. The study showed that adoption becomes increasingly unavailable the older the children are on first admission to care and for those who entered over 5, it is very unlikely to be the plan. Where adoption is the plan, it is important that the system accurately identifies this early, and acts decisively. It is essential that delays continue to be kept to a minimum, and that a suitable range of potential adopters continues to be identified so that whenever adoption is the permanence plan of choice, that plan can be achieved.

9   Ian Sinclair, Claire Baker, Jenny Lee and Ian Gibbs, *The Pursuit of Permanence: A Study of the English Child Care System*; Jessica Kingsley Publisher, October 2007

D. Children who entered the care system aged under-11 and remain in care long term. Children who remain looked after for a year or more have a low chance of leaving care. The only exceptions to this rule were those who entered at a young enough age to be adopted. Others who stayed long-term were typically vulnerable, abused or neglected children for whom return home was thought to be unsafe. A high proportion of this group were children who entered between the ages of five and ten and then graduated into adolescence to be looked after long term. A small but important sub-group was disabled children with a range of complex needs who were particularly likely to remain in long-term care. For this entire group of children – who will not be adopted, and will not be returning home either – the system needs to make proactive long term plans including matching them with a family who will make a long term commitment to them. This points to the need for councils to take decisions about the need for long-term care as early as possible, and to commission sufficient long term foster carers to meet the needs of their population. This is the group of children in care whose outcomes are relatively good if a stable and supportive foster placement can be made sufficiently early, possibly working towards special guardianship or other permanence options if the placement is successful. However, where this is not the case, they may become very vulnerable adolescents.

E. Children who enter care for the first time aged between 11 and 15. Young people aged 11–15 years constitute the largest age group of children in public care in England. In this age group, about 80% of those entering care are placed under Section 20 compared with just over half of younger children. At the same time, relative to other looked after children, this group is more likely to experience three or more placements in a year and to be accommodated in residential provision, rather than in foster care. This suggests that there is a need to consider this age group when support services around care entry are being developed. The outcomes for those entering care in adolescence are poorer than for other groups. Many do not find a secure base either in care or in the community. More effective responses to this group include developing adolescent support teams, to deal with a wide range of health and mental health difficulties, specific programmes to secure adolescents in appropriate educational provision, short term accommodation to deal with an immediate crisis, shared care or treatment foster care. The specific nature of their needs requires a system that is responsive to their age and stage of development. The Working Group was struck that research[10] as well as the views of young people shows that this group receives few services to assist them with their difficulties since family support services are often directed mainly at younger children. More could be done to prevent them entering care, to support them during crises, to assist with reunification and to increase stability for those who do need longer term care.

F. Young people who enter care aged 16 or over. A very small proportion of the sample (around 2%) first entered the care system over the age of 16. Again these young people split into two different groups: nearly half of these were seeking asylum; and the rest had fallen out with their parents, and did not wish to return home but did need to complete their education or otherwise get ready to go out into the adult world. For both these groups, the care system is providing stability to support the transition into adulthood. For those whose family relationships have broken down, the system should be supporting reconciliation where that is a possibility. For the asylum seeking young people, it should also be helping them to plan concurrently for the various possible outcomes of their asylum claims.

10 Elaine Farmer, Wendy Sturgess and Teresa O'Neill *The Reunification of Looked After Children with their Parents: Patterns, Interventions and Outcomes*, Report to the Department for Education and Skills, University of Bristol (forthcoming 2007)

What should be happening for each group?

36.   It was clear from the above analysis that each group needed a very specific response, and that the optimal size of the care population could be determined by the relative size of each group within a local area. For each of these groups of children the Working Group was keen to quantify the proportion of the care population they currently represent, and to indicate whether an effectively functioning care system would see the group increasing or reducing as a proportion of the overall population. This sort of analysis may serve to create a clearer understanding of groups of children in care across authorities and, over time, help to shift resources towards where they are likely to be most effective in terms of improving child outcomes. The table below summarises this analysis. The entries in the right-hand column may benefit from further scrutiny from a wider range of experts.

	Specific Group of Children in Care	Numbers of Children in England 2005–06[11]	Trend if system working effectively
A	Children who entered the care system aged under-11 and returned home	**4,400** (5%) (One period of care returned home)	Better early identification including clear understanding for ensuring child development is progressing within normal limits; better targeted family support, better support for reunification. Policy should aim for this group to be a higher proportion of the care population.
B(i)	Children who entered care system aged under-11, returned home and subsequently returned to care – (planned return to care)	**14,600** (17%) (At least two periods of care, either in care or not at the end of year).	As Group A above. Aim should be to support reunification to reduce re-entry into care
B(ii)	Children who entered care system aged under-11, returned home and subsequently returned to care – (failed reunification)		This group is subject to assessment with focus shifting from family support to permanency planning. The evidence of the failed reunification may be crucial evidence for care proceedings or placement order application.

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11 Please Note:
- Data is taken from the DfES' SSDA903 return, based on children who would have been in the one third sample between 1997-98 and 2002–03.
- Figures exclude children looked after under an agreed series of short term placements.
- Figures cover children who had at least one period of care between 1 April 2005 and 31 March 2006 inclusive.
- Age at start of first period of care calculated manually to "nearest year" rather than age.
- England figures are rounded to the nearest 100 if over 1,000, to the nearest 10 if under 1,000 and suppressed if under-6.

	Specific Group of Children in Care	Numbers of Children in England 2005–06[11]	Trend if system working effectively
C	Children who entered the care system aged under-11 and were adopted	6,500 (8%) (One period of care, by end of year either adopted, placed for adoption, under special guardianship or on a residence order)	Investment in adoption for under-5s is cost and outcome effective. For older children LAs will need to make special efforts to achieve adoption placements. If adoption is unlikely then alternative permanency solutions should also be pursued. Aim should be to maintain the progress made in adoptions from care
D(i)	Children who entered the care system aged under-11 and remain in care long term – (non-disabled entering aged 5–11)	25,300 (30%) (One period of care of at least one year, either in care at end of year or left other than to go home or be adopted).	Strategies should be aimed at minimising uncertainty and drift for this group by early identification and assessment, effective family support, and earliest possible decisions so that appropriate care is provided in order to maximise success of fostering or adoption. Long term foster care, residence orders, special guardianship and other permanence options will all be relevant for this group.
D(ii)	Children who entered the care system aged under-11 and remain in care long term – (disabled)		Aim should be to support within families where that is possible. Shared care, support foster care and other forms of respite are important. Outcomes for this group should be assessed in terms of prevailing quality of life for the child and family.
E	Children who enter care for the first time aged between 11 and 15.	20,600 (24%) (Any number of periods of care, either in care or not at the end of year)	Strategies should aim to reduce the size of this group by earlier intervention and by managing the child's transition into adulthood by making use of other approaches as alternatives to care as it is likely to be better to invest in long term engagement with the child than expensive therapeutic interventions unless there is a clear and compelling medical diagnosis. However, it is important to recognise child protection issues for this group.

	Specific Group of Children in Care	Numbers of Children in England 2005–06[11]	Trend if system working effectively
F(i)	**Young people who enter care aged 16 or over – (asylum seekers)** F(ii) **Young people who enter care aged 16 or over – (fallen out with parents)**	**4,400** (5%) (Any number of periods of care, either in care or not at end of year)	For these groups investment in supporting them into adulthood is likely to deliver good outcomes. Aim of the system should be to respond to needs and to prepare for possible future eventualities depending on the outcome of their asylum claim.
G	**Others: children who entered care system aged under-11 – (unknown group)[12]**	**8,500** (10%) (One period of care of less than one year, either in care at end of year or left other than to go home or be adopted).	This group of children are a priority for careful assessment and family support services. Impossible to generalise.
	TOTAL	**84,300** (100%)	

37.   The Working Group therefore, felt that while the Government might not want to take direct steps to reduce or enlarge the care population in aggregate, it might sensibly seek to change the age profile of the population in such a way that the care system makes an optimum contribution to improving outcomes for children in need. It seems particularly clear that investment in the younger population of children in care offers the highest chance of reducing the care population in the longer term. Local authorities ought therefore to be encouraged not to develop an arbitrary numerical target for their entire care population, but rather to analyse their populations according to the segmentation framework set out above. They ought then to devise strategies to ensure that care is used primarily for those to whom it can add the most value, and that alternative support packages are developed for other groups, particularly adolescents. In turn, central Government ought to monitor changes in the numbers in each care group over time in order to trace changes in the overall population profiles and variation between authorities.

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12 It is too soon to tell which of the other groups these children may enter, includes children in care for under a year to date, those transferred to the care of other LAs, those leaving care for "any other reason" and those who died.

Recommendations:

That the Government works with local authorities to:

a. **analyse current and future trends in the characteristics of their care population according to the segmentation framework described above; and**

b. **identify which groups it can best support in care and which are more appropriately served outside the care system, and plan and commission services accordingly.**

That the Government places an analysis of the national care population according to the segmentation analysis described above at the core of the Annual Ministerial Stocktake proposed in *Care Matters*, and develops mechanisms to ensure that all relevant government departments and the family justice system actively engage in the process.

That the Government considers the best way of supporting local authorities and other key statutory partners to fill the current gap in tailored community support packages for adolescents on the cusp of care.

8 Levers for Change

38.   A successful care system should be one that does all it can to prevent poor outcomes for children, and in the course of its work the Group identified five areas of work which were currently underdeveloped but which could, with sufficient Government attention, make a significant contribution to reducing the care population in the interests of all children. These were: family support, family and friends care, reunification, adoption and special guardianship, and local decision-making.

Family Support

39.   The Working Group perceived that, understandably perhaps, the challenges of improving outcomes for children in care has led to a reduced emphasis on the need to support vulnerable children within their families. In 2005–06 local authorities in England spent a net total of £2.05 billion on looked after children compared with £687 million on family support services[13] – a ratio of 3:1. Local Authorities with generally low care populations such as Merton, Kent, Kirklees, Redbridge and Tower Hamlets have a spending ratio nearer to 2:1, with a greater proportion of their budget dedicated to supporting children within their families. In contrast authorities with higher care populations tend to have a ratio in excess of the national figure of 3:1, in some cases ranging up to 10:1.

"Why do two families get different treatments just because of where they live? If you offer help before a crisis maybe there will be less children in care."

A young care leaver

40.   The Group therefore concluded that a redistribution of investment might, over time, lead to more successful outcomes for children but encountered a paucity of data on the national spread of family support services. There was a sense that investment in, quality of, and expectations for family support varied widely across the country and that there was little high-level consensus on what local authorities ought to be spending, and what on. The Group was told repeatedly that better early family intervention for families whose children are likely to become looked after may not reduce the numbers of children entering care, but properly targeted effective intervention should result in children entering care *earlier*, which would in turn make long term stable care placements and adoption out of care easier for these children. The Group therefore felt that this necessitated a more strategic approach to the delivery of family support. The term "family support" embraces many types of services from irregular monitoring through to highly structured parent training programmes. It is not necessarily the case that more of the same is needed but rather more research is required to discover which types of family support services are effective in terms of child outcomes.

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13 Personal Social Services Expenditure and Unit Costs England: 2005–06, the Information Centre, DH, February 2007.

Recommendation:

That the Government undertakes to carry out and publish a detailed assessment of the range of investment in and efficacy of family support services across the country and uses this to inform future policy development in this area.

Case Study

Cambridgeshire recently piloted a short, intensive, home based, family skills programme called Families First, which aims to prevent unnecessary break up of families in times of crisis. It is based on the premise that with skilled help families can be supported to handle their problems and so avoid the need for their children to be taken into care.

The programme begins with an assessment of family members' strengths and identification, with individuals, of goals they wish to achieve within and beyond the six week intervention period. Practical support is provided by skilled practitioners who work flexibly to enable them to visit families when they most value their support, including evenings and weekends. Families also have an out-of-duty phone number so they can contact for support at anytime. The programme also works in partnership with other agencies to ensure that families have a complete package of support.

The results were promising of the 10 families supported, 15 children who were at risk of being taken into care have remained with their families.

Comments from families have included:

● *"It was the best thing that has happened to me and my family."*

● *"I do not believe these girls would be at home now without the workers help and support."*

Family and Friends Care

41.   What is vital is that when a child is taken into care this is done in a way that is timely for the child. Bringing a child into care is a huge and often traumatic step for them and maintaining links with family and friends can be important in providing continuity and a sense of identity. Therefore, family and friends care should be the first option considered when determining a care placement for a child. As we know from research,[14] children placed with family and friends tend to be in more stable placements than those placed with unrelated foster carers and tend to report higher levels of satisfaction.

"Social services were going to put me in care – it was me and my nan that stopped them … my nan wanted me to live with her and so did I – but no one helped with money and my nan was a pensioner so she was very poor and I had to get a job after school to help my gran get money for food and extra bills. Relatives need support like normal foster carers in the future."

A young person

14 Roskill C (2007 forthcoming) *Wider Family Matters* (Family Rights Group); Doolan et al (2004) *Growing up in the Care of Relatives and Friends* (Family Rights Group); Hunt J (2003) *Family and Friends Care*; Scoping Paper for Dept of Health; Broad, B (ed) (2001) *Kinship Care: the placement of choice for children and young people* (Russell House); Farmer and Moyers (2005) *Children Placed with Family: Placement Patterns and Outcomes*.

42.   It is important therefore, that family and friends carers and the children they look after receive an assessment of their needs and, when needed the necessary financial assistance and access to support services sufficient to make their care of the child successful. Some local authorities have a published policy detailing the support they will make available to family and friends carers (who are often grandparents) of children who might otherwise need to come into care. Different local authorities have approached this in different ways and it would be beneficial if there were mechanisms in place for authorities to exchange information on good practice in assessing and supporting family and friends carers. For example, one way forward might involve local authorities being awarded Beacon status and allocated resources to share their effective practice in promoting family and friends care with others. In addition, it would help if there was an expectation that every authority had a named Senior Manager with responsibility for the development of policy and practice in this area.

43.   There is also evidence from local authorities who have, as part of their overall framework of services, pursued a systematic approach to improving their support for family and friends carers outside of the care system that has led to a reduction in the rates of children entering care. An example of this is the use of Residence Orders, which determine where and whom a child will live with as well as conferring parental responsibility on the holder for the lifetime of the order but the child is not deemed to be in care. Whilst this may be useful in some longer term situations, changes need to be made so that family and friends carers do not carry the court costs, which often leave them in debt, and to ensure that appropriate Residence Order Allowances are paid and that such orders are not made when there are outstanding issues that require social work intervention.

Case Study

Kent has had Kinship Care Procedures which have been in place since November 2003. Their primary aim is to support Kent's policy on permanency by supporting vulnerable children outside of the care system who might otherwise need to be taken into care. They include strict eligibility criteria, guidance on assessment of children and their families' circumstances that is linked to the core assessment framework, child protection procedures and the authority's Family Group Conferencing Service.

Financial support is provided through section 17 grant which is used to supplement other income that carers receive for the child (i.e. income support, child benefit, parental support). This enables those families in the greatest need to receive the most support.

Practical support to carers is provided primarily through contracted local provision which includes information, advice, advocacy and support. Any additional support is provided through Kent's Family Support Services.

These procedures have helped to:

- enable children to acquire a stronger sense of permanency and normalised living than through the care system;

- have had a major contribution to reducing Kent's care population; and

- allow savings of around £280k per year (not including savings on social worker time).

44.   The Working Group was also alerted to the fact that family and friends carers looking to foster children known to them are currently subject to the same stringent assessment and approval processes as all other foster carers. *Care Matters* had already suggested possible revision of the assessment process. While it was beyond the scope of the Group to look into this issue in any detail, the Group felt sufficiently strongly about the possible disincentive which current arrangements may present to potential family and friends carers to ask Government to consider urgently the introduction of a lighter touch approval process.

"My neighbour had a spare room where I had often spent the night when my dad got in late drunk. The neighbours moved house and said I could live with them – it took 7 months of paperwork and I lived in a poor children's home (I was bullied by the kids) … if a child and a family want to live together why does it take so long to arrange?"

A young person

45.   A further specific issue was also raised with the Group, relating to the legality of placing children with family and friends. While local authorities are able to place children with family and friends on an emergency basis provided a brief assessment is done, after six weeks this placement effectively becomes illegal – an 'unapproved placement' – unless a full foster carer approval is undertaken. Fostering assessments, requiring as they do Criminal Records Bureau (CRB) and medical checks, are rarely carried out in less than six weeks and so local authorities are therefore bound to remove children from family placements after six weeks or else act illegally. The Group felt that this issue needed further investigation and that, potentially, it gave further impetus for the need to review the approvals process for family and friends carers.

Recommendations:

That the Government issues statutory guidance requiring all local authorities to develop policies outlining the support they will provide for family and friends carers both within and outside the care system.

That the Government begins to collect data on the numbers of children with family and friends carers who are supported through a variety of routes – broken down by ethnicity – in each local authority.

That the Government includes effective support for family and friends carers in its criteria for the new local authority Beacon Status award in relation to children in care.

That the Government considers introducing a more tailored approvals process for family and friends carers, which incorporates recognised standards for safeguarding children.

Reunification

46.   Reunification is the process of returning a looked after child to live with their family. The research evidence in this area is not very comprehensive, but that which does exist shows that reunification remains a neglected area of practice. This is striking since reunification with their families is the most common outcome for all children who spend time in care.

"When I went back to my family social services just washed their hands of my case – if they had kept in touch they would have realised sooner that things had got worse again at home."

A young person

47.   As the research evidence is fairly thin, little is known about the key factors that can predict whether reunification is likely to be successful or not, or what leads to some children moving in and out of care. A current study by Elaine Farmer, Wendy Sturgess and Teresa O'Neill at the University of Bristol is examining the experiences of 180 looked after children who returned home to their parents in 2001. The research suggests the following:

- those returns which are subject to scrutiny by the courts have higher levels of assessment, oversight and service. In contrast, the reunification of accommodated children, especially adolescents, is associated with less focused planning and insufficient services (for example, family support and mental health services);

- since the concerns that led to the original entry to care had often not been addressed, assessment and decision-making need to focus more explicitly on what needs to change before return is possible, with targets set and monitored, accompanied by services tailored to parents' and children's difficulties both prior to and during the return. The services needed include access to treatment for alcohol and drug misuse, assistance in cases of domestic violence and parental mental ill health, help with behaviour management, direct work with children and young people especially around their behavioural and emotional difficulties, mentoring and practical help;

- more access to treatment for parental substance misuse problems is needed – substance misuse was related to higher levels of maltreatment, poor parenting and domestic violence during return. Practitioners also need more understanding of how to work with substance misusing parents; and

- standards of child care and developmental progress during the return need to be agreed and regularly reviewed with action being taken when children's quality of life at home becomes unsatisfactory or when they oscillate between home and care.

"My mum waited almost 2 years for help with her problems so I 'waited around in care'. She is better now and I am back with her but no one helped me or her much to access services that would have made my time in care shorter."

A young person

Recommendation:

That the Government issues new statutory guidance on the reunification of looked after children.

Adoption and Special Guardianship

48.   Following the Prime Minister's Review of Adoption in 2000 and the setting of adoption targets for local authorities there has been a considerable increase in the use of adoption for children in care. About 1,000 more children were adopted from care in 2005 than in 2000, a 37% increase in just 5 years. The latest 2006 statistics show a slight decrease in the use of adoption (although still a 34% increase over the 2000 baseline) and a striking decrease in the number of children placed for adoption. This may suggest that the recent increase in the use of adoption has peaked.

49.   The Working Group was made aware that some children for whom adoption is the plan never achieve that goal despite the best efforts of local authorities, adoption consortia, the Adoption Register and other family finding services. We know that the likelihood of being placed for adoption continues to be strongly age-dependent and that children who wait longer for adoption include older children, children in sibling groups, children with disabilities and children from black and minority ethnic backgrounds. We know that adoption has good outcomes for children in comparison with other placement options but if we want to achieve the Green Paper's vision of a continued increase in use of adoption then we need to be planning early and proactively for adoption and recruiting adopters who positively want to adopt the children who are waiting. This requires adoption agencies to build on the successes of recent years: a strong focus on timely planning for permanence, targeted recruitment, responsive adoption services; sensitive and thorough assessment and preparation and tailored support before, during and after adoption.

50.   The new legal status of Special Guardianship was introduced by the Adoption and Children Act 2002 as a new permanence option where adoption is not appropriate. A Special Guardianship Order offers legal permanence for a child and their carer without the absolute legal severance that stems from an adoption order. Such an order will have the effect of removing a child from the looked after system. Special Guardianship might be suitable, for example, for children who have strong links with their birth family, children being cared for by their wider family, children in long-term foster care, and children from minority ethnic communities that have religious or cultural difficulties with adoption. However, as yet it is not clear how this would affect the care population in the long term. Special Guardianship benefits from a similar range of support services to those available for adoption support. There is no right to these support services but there is a right to an assessment of support needs.

51.   As Special Guardianship has only been available as a legal order since 30 December 2005, we are only just beginning to understand how it is being used as part of permanence planning for looked after children. It is clear that children who have been in the care system and then become the subject of special guardianship orders are highly likely to have continuing support needs. How those continuing needs are met will be a key test of the effectiveness of special guardianship in improving outcomes for individual children.

Recommendation:

That the Government requires all local authorities to examine and review their current use of adoption and special guardianship in the context of permanence planning for children in care. As part of this review local authorities should consider how their services relating to adoption and special guardianship support their optimal use locally.

Local decision-making

52.   In the course of its work, the Group heard evidence from a number of local authorities which suggested that the level at which decisions are taken within a children's social care department can have strong implications for the size and characteristics of the local care population. In essence, it appeared to the Group that those authorities who had seen a significant reduction in the size of their care populations in recent years had taken a deliberate decision to affect this sort of change. And further, it transpired that most of those authorities credited the decision-making arrangements within their department as the key to such a project. They considered risk-aversion by individual social workers to be a significant driver of the increasing care population, and had sought to counteract this by requiring all decisions about bringing a child into care – or applying for a care order – to be made at a senior level, and often by the Director themselves. While those decisions which affect the child most directly once they are taken into care – for example, the purchasing of small items, the ability to stay overnight at a friend's house etc – are most appropriately taken by the child's individual social worker or the foster carer, the Group did conclude that guidance from the Government about the need for senior oversight of decisions relating to entry into care was urgently needed.

Recommendation:

That the Government considers, on the basis of further research if required, issuing guidance to local authorities on the appropriate form of decision-making in relation to entries into care.

9 Conclusion

53.   The Working Group thus concluded that while a numerical target for reducing the care population would not be in the best interests of children, nonetheless the current system for determining whether or a not a child needed to be in care was inadequate. It is therefore important that the debate about the optimal size of the population continues, in order that those children who could better be supported at home are identified. It is hoped that the range of recommendations in this report, and in particular those relating to the five main gaps in out-of-care services, will be acted upon in order to ensure that those children who are able safely to be supported within their families are offered that opportunity. And the damaging and costly delays often faced by children and young people waiting for decisions can be reduced by better and more responsive systems.

54.   The Group would like to conclude with the following selection of quotes from young people consulted on *Care Matters*, which demonstrate clearly the importance of balancing the desire to remain in their birth families with the need to be supported safely to achieve their potential.

"Children should be with their birth families wherever possible."

"It's not fair for kids to be in care unless they really need help."

"Social services should ask every single person in my family if they could look after me."

"Children could be suffering if left at home."

"Some children could be forced to stay at home when really care is best for them because of targets/statistics."

"The children you don't take into care could be in danger."

Annex A – Summary of Recommendations

1. That Children's Services Advisors in Government Offices work with local authorities to investigate the reasons behind variations in the size of the care population between comparable authorities.

2. That the Department explores the need to revise and update the statistical categorisation of children in need with a view to better explaining the reasons why children and their families need services and why some of these come into public care.

3. That the Government regularly reviews the future care population analysis set out in section 6.

4. That the Government works with Local Authorities to:

- analyse current and future trends in the characteristics of their care population according to the segmentation framework described in section 7; and

- identify which groups it can best support in care and which are more appropriately served outside the care system, and plan and commission services accordingly.

5. That the Government places an analysis of the national care population according to the segmentation analysis described above at the core of the Annual Ministerial Stocktake proposed in *Care Matters*, and develops mechanisms to ensure that all relevant government departments and the Family Justice system actively engage in the process.

6. That the Government considers the best way of supporting local authorities and other key statutory partners to fill the current gap in tailored community support packages for adolescents on the cusp of care.

7. That the Government undertakes to carry out and publish a detailed assessment of the range of investment in and efficacy of family support services across the country and uses this to inform future policy development in this area.

8. That the Government issues statutory guidance requiring all local authorities to develop policies outlining the support they will provide for family and friends carers both within and outside the care system.

9. That the Government begins to collect data on the numbers of children with family and friends carers who are supported through a variety of routes – broken down by ethnicity – in each local authority.

10. That the Government includes effective support for family and friends' carers in its criteria for the new local authority Beacon Status award in relation to children in care.

11.   That the Government considers introducing a more tailored approvals process for family and friends carers, which incorporates recognised standards for safeguarding children.

12.   That the Government issues new statutory guidance on the reunification of looked after children.

13.   That the Government requires all local authorities to examine and review their current use of adoption and special guardianship in the context of permanence planning for children in care. As part of this review local authorities should consider how their services relating to adoption and special guardianship support their optimal use locally.

14.   That the Government considers, on the basis of further research if required, issuing guidance to local authorities on the appropriate form of decision-making in relation to entries into care.

Annex B – Synopsis of Principle Legislation

The following table provides a brief synopsis of principle legislation that has helped to shape our current provision for children in care.

Title of Act	What it addressed primarily
Children and Young Person Act 1933	Prevention of cruelty and the protection of children from moral and physical danger, and the treatment of juvenile offenders. Provisions concerning employment of children remain in force.
Children Act 1948	The care of children by local authorities and the creation of children's departments.
Children and Young Persons Act 1963	Permitting measures to prevent children coming into care or before the court, and treatment of juvenile offenders.
Children and Young Persons Act 1969	Juvenile court proceedings, supervision of offenders, accommodation and services for children in care.
Local Authority Social Services Act 1970	Creation of Social Services Departments and the demise of children's departments. Absorption of approved school system into local authorities.
Children Act 1975	Local authorities required to become adoption agencies, custodianship, and promotion of adoption for children in care.
Adoption Act 1976	Adoption procedures and requirements.
Child Care Act 1980	Amending reform of the care of children by local authorities repealing Children Act 1948.
Children Act 1989	Consolidation and unification of law in courts and local authority services, repealing much earlier legislation. Defines a child in need.
Children (Leaving Care) Act 2000	Extends local authority responsibilities for young people who have been in care.
Adoption and Children Act 2002	Comprehensive reform of all aspects of adoption.
Children Act 2004	Reforms the service delivery structures for children and families.

Annex C – Children in Care: An International Perspective

Children in Care at a Given Date and the Rates in Care per 10,000 Children Under-18*

Country or State (year of data)	(Estimated) 0–17 Population	0–17 in Care Population (USA 0–18)	Rate per 10,000 <18
Japan (2005)	23,046,000	38,203	17
Italy (2003)	10,090,805	38,300	38
USA/ N.Carolina (2005)**	2,153,444	10,354	48
Australia (2005)	4,835,714	23,695	49
New Zealand (2005)	1,005,648	4,962	49
Ireland (2003)	1,015,300	5,060	50
Spain (2004)	7,550,000	38,418	51
UK/England (2005)	11,109,000	60,900	55
USA/Illinois (2005)**	3,249,654	17,985	55
UK/N.Ireland (2005)	451,514	2,531	56
Australia/NSW (2005)	1,591,379	9,230	58
Australia/Queensland (2004)	975,345	5,657	58
USA/Washington (2004)	1,509,000	8,821	58
Sweden (2004)**	1,910,967	12,161	63
Canada/Ontario (2005)**	2,701,825	17,324	64
UK/Scotland (2005)	1,066,646	7,006	66
USA (2005)**	74,000,000	489,003	66
Norway (2004)**	1,174,489	8,037	68
UK/Wales (2005)	615,800	4,380	71
Germany (2004)**	14,828,835	110,206	74
France (2003)**	13,426,557	137,085	102
Denmark (2004)**	1,198,872	12,571	104
Canada/Alberta (2004)	771,316	8,536	111

NOTES TO TABLE

    Please Note: FIGURES FOR THE DIFFERENT COUNTRIES RANGE FROM 2003 TO 2005. Where ever possible 2004 or 2005 data has been used to allow for maximum comparability. For some countries the rates are estimates since the total child population data could be for up to 3 years earlier than the 'in care' data.

*   This Table has been adapted from Thoburn, J (2007), *Globalisation and Child Welfare: Some Lessons from a Cross-national Study of Children in Out-of-Home Care*, Table 1 p.15, Norwich: UEA Social Work Monographs. (See Monograph for sources of data in table)

**   For comparability between countries (because in most countries children leave care on reaching the age of 18) where possible 0–17 figures are used in this table. Young people still in care when aged 18 or over are not included (For Denmark, around 1,500 were aged 18+ (11% of the 'in care' population); for France 17,755 were aged over 18+ (11% of the 'in care' population); for Germany, 42,748 were aged 18+ (28% of the total 'in care' population); for Norway, 1297 (14% of the total in care) were aged 18+; Ontario 1506 who were 18+ (8% of those 'in care'); 10,321 children in care in USA were aged 18+ (2%). For N Carolina 121 were in care aged 18+. Illinois 2044 youth aged 18+ were in care (10% of those 'in care'); for Sweden, 2,765 were aged 18+ (18% of the 'in care' population).

Annex D – Future Projection Modelling Assumptions 2007-2020

1)   The projections for 2007–2020 are based on the stocks of Looked After Children from 2000–2006.

2)   The **average change per year** in the number of Looked After Children between 2000 and 2006 has been calculated for each individual year and legal status broken down by "court order" and "voluntary". ("Court order" includes all full, deemed, and interim care orders, children freed for adoption, children accommodated on remand & children under protection orders). This change has been applied to the stock figures from 2006 onwards to project the stock figures for 2007 to 2020.

3)   For example, the **average change per year** between 2006 and 2000 was +30 for Looked After Children aged under 1 year with a "court order" legal status. Hence, the projected numbers of Looked After Children aged under 1 year with a "court order" legal status increases by **30** for each year.

4)   There has been no allowance made for the flows of Looked After Children in/out of care. Initially, it was attempted to incorporate these flows into the analysis. However, the two sets of numbers (stocks and flows) are not directly comparable and the modelling lead to negative stocks of Looked After Children for some individual years and legal statuses. Therefore, it was felt that modelling based on stocks produces a more realistic estimate of future LAC numbers.

5)   Incorporated into model is the estimated impact of Care Matters, policy changes on the stocks of Looked After Children. These include:

   i)   Requirement for Local Authorities to lodge an outline plan for permanence with the court at the outset of care proceedings. This **increases** the number of Looked After Children by **100** in 2007, rising to **500** in 2011 and beyond.

   ii) Promoting the use of Family Group Conferencing through a programme of national events and training. This **decreases** the number of Looked After Children by **30** in 2007, rising to **180** in 2012 and beyond.

iii) Consulting on whether Local Authorities should be required to consider – in consultation with parents – whether disabled children in 52-week residential placements should have looked after status. The numbers of disabled children in 52-week residential placements with Special Educational Needs boarding in maintained and non-maintained schools are estimated from the "Disabled children in residential placements"[15] report. It is assumed that this number is stable. This **increases** the number of Looked After Children by **1,000** for each year between 2007 and 2020.

iv) The pilot to give young people a veto over any decisions about legally leaving care before they turn 18. The assumption is that the number of 16 and 17 year old Looked After Children by **20%** for each year between 2007 and 2020. This **increases** the number of 16 and 17 year old by 2,300 in 2007, rising to 2,900 in 2020.

v) Assumption that the number of adoptions will decrease from **3,800** in 2006 to **3,000** in 2012 and beyond, based on straight line extrapolation of latest statistics – not the policy objective. This **increases** the number of Looked After Children by about **130** for each year, the majority being in the 0–4 age group.

vi) Assumption that the number of Special Guardianship orders will be stable at **150** per year. This **decreases** the number of Looked After Children aged 5–17 by **150** for each year between 2007 and 2020.

15   Pinney A. *Disabled children in residential placements*, DfES 2005.

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