The Children Act Report 2003

department for
education and skills
creating opportunity, releasing potential, achieving excellence

Contents

Preface

The Children Act Report 2003 reflects a period of significant activity across Government and children's services to improve outcomes for all children and young people and to narrow the gap in outcomes between the most vulnerable children and their peers.

In September 2003, the Government published the Green Paper *Every Child Matters. Every Child Matters* called for radical improvement in opportunities and outcomes for children, to be driven by whole-system change in the delivery of children's services. In particular, it called for:

- Improved outcomes for children and young people, to ensure that all children are healthy, stay safe, enjoy and achieve make a positive contribution and achieve economic well-being;

- A focus on opportunities for all and narrowing gaps;

- Support for parents, carers and families;

- A shift to prevention, early identification and intervention; and

- Integrated and personalised services.

The Green Paper set out a number of legislative commitments that have now been taken forward through the Children Act 2004.

The Children Act 2004 builds on the Children Act 1989 by setting out a new framework of duties and accountabilities to develop high quality services focused around the needs of children. Improved and clarified arrangements for agencies to work together will provide better co-ordinated and more effective support for children. Structural prescriptions will be kept to a minimum, thus allowing local stakeholders to evolve structures that best fit local needs.

The new Children Act provides key underpinning for the reform of children's services, but it is only part of the wide programme of change set out in the Green Paper, which will require sustained partnership working across the piece, both locally and nationally, if improved outcomes are to be secured.

We are working together across Government to develop this programme of change for children. The programme will consist of a national framework for 150 local programmes of change. This report describes progress in one of the critical areas for the programme - the safeguarding of children and the promotion of their welfare.

The format of this year's Children Act Report is again based on the Government Objectives for Children's Social Services. It provides information drawn upon statistical collections, inspection and research. In addition policy developments and publications are also described in each chapter.

Lord Filkin

Chapter 1: Secure Attachment and Stability

Objective: To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood.

INTRODUCTION

1.1 Children need stability in order to enable them to develop attachments. However, some children who are not able to form these attachments in their present living circumstances may need to be moved, which entail difficult judgements for all concerned.

1.2 This chapter focuses on trends in children looked after by local authorities, the stability of their placements, where those placements are found and the contribution of adoption.

Programmes

1.3 The Government announced in 2002 that Local Authorities were to receive a £113 million Choice Protects grant over the subsequent three years, to ensure that all looked after children have equal access to good quality foster placements, regardless of disability and race. The grant comprises £20 million in 2003-04, £33 million in 2004-05 and £60 million in 2005-06. This money has been allocated to local authorities to expand and strengthen their overall fostering services and to improve the quality and choice of placements for looked after children.

1.4 £250,000 was top-sliced to support the implementation of Choice Protects objectives, which included the creation of an adoption and permanence taskforce, regional and voluntary sector projects.

1.5 On 3 July 2003 the Choice Protects Partnership in Placement Forum met for the first time, with an aim to improve the way that placement services for looked after children and children with special educational needs and disabilities placed in residential special schools are planned and commissioned. This will be achieved, in part, by the production of a strategic agreement which will give local authorities guidance about how to do this most effectively. Children will be consulted throughout this process to ensure that the changes set out in the strategic agreement reflect the views and preferences of service users.

1.6 In 2003 the Social Care Institute of Excellence (SCIE) produced a number of reviews regarding effective services for children and families. Two knowledge reviews have been produced: *The Adoption of Looked After Children: a scoping review of research and Innovative, Tried and tested: a review of good practice in fostering.* A position paper has also

been produced entitled *Effectiveness of Childminding Registration and its Implications for Private Fostering*[1]. SCIE's priorities for the next 18 months include fostering, child protection and parenting[2]

RECENT TRENDS IN THE NUMBERS OF CHILDREN LOOKED AFTER BY LOCAL AUTHORITIES
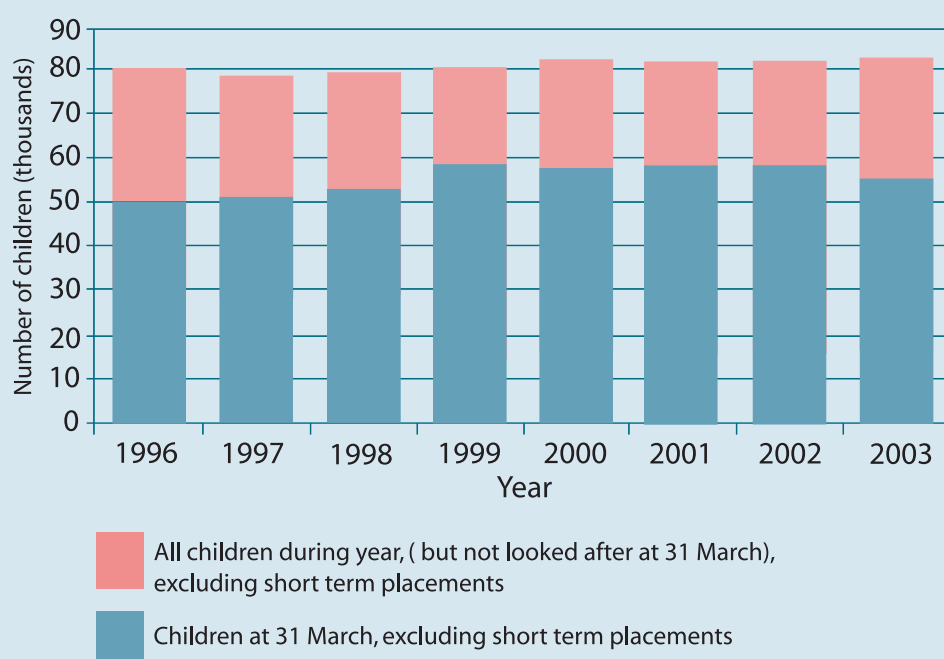
Statistical update

1.7 All the figures presented here exclude children accommodated for an agreed series of short-term placements.

1.8 The estimated number of children looked after at 31 March 2003 was 60,800. This is a 2% increase over the comparable figure for 2001/2002. Compared to the previous year fewer children started to be looked after during 2002/2003 but there was a small decrease in the number leaving care, and an increase in the average length of time children remain looked after.

1.9 The total number of children who were looked after at any time during the year 2002/2003 was 83,200, slightly higher than the previous year (82,100). This has remained fairly constant for the last few years, as Figure 1.1 shows.

Figure 1.1 Number of children looked after at 31 March and during the year, 1996 to 2003

All children during year, (but not looked after at 31 March), excluding short term placements

Children at 31 March, excluding short term placements

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1 See: http://www.scie.org.uk/publications/children.asp

2 See: http://www.scie.org.uk/work/children/index.asp

1.10 The number of children who started to be looked after has fallen over recent years. In 2002/2003 it was 24,100, which is 25% lower than in 1995/1996.

1.11 Of all children looked after at 31 March 2003, 68% were placed with foster carers and 6% were placed for adoption. These figures are equivalent to 75% and 6% respectively, when expressed as a percentage of all children excluding those placed with their parents. These percentages have remained fairly constant for the last three years. The use of foster placements varies between local councils but over half of councils had 70-80 % of looked after children in foster placements (again excluding those placed with their parents).

1.12 The proportion of children aged under ten years who were in foster placements, excluding those placed with parents, was 82%. A further 15% were placed for adoption. This means that only 3% of children under ten looked after, other than those placed with their parents, are in non-family placements. Most councils were close to the national average. About 77% achieved a family placement level of 95% or greater. Councils with lower rates are mainly those which appeared to have small numbers of children, where some skewing of figures may occur.

Placements via agencies

1.13 Many councils have reported that they are increasingly dependent on independent agencies for foster care placements. The statistics distinguish between placements provided by the council itself and placements arranged through an agency, both within and outside of the local authority. Between 2001, when these figures were first available, and 2003 the proportion of placements arranged through an agency compared with other foster placements has risen from 10% to 15%.

Inspection Findings and SSI Monitoring

1.14 Inspection findings have shown that nearly a third of councils have reduced the numbers of children looked after through explicit strategies that include tighter gate keeping, more rigorous reviewing of plans, promotion of adoption, and better assessment work. Over 80% of children looked after at 31 March 2003, excluding those placed with parents, are now placed in foster care placements or are placed for adoption.

1.15 The numbers of children becoming looked after have continued to decline, but those admitted stay longer, so the overall numbers being looked after at any one time have not dropped.

1.16 Councils have reported difficulties in securing and retaining a sufficient number and range of family placements to meet their needs locally. Most now identify this as a key priority area to address as it is clear that this impacts upon placement stability. The difficulty councils experience in recruiting and retaining an adequate range of foster carers includes, specifically, providing appropriate placements for children from mixed

race backgrounds. They often have to look to independent agencies to meet these placement needs, which may well be are geographically distant.

Recent research findings

1.17 The Department of Health commissioned a study which looked in detail at the case files of 42 babies who spent long periods - a year or more - in care or accommodation who become looked after before their first birthday[3]. The study found that almost all were looked after in response to abuse or neglect or parents' drug, alcohol or mental health problems. In many cases, being looked after had provided them with little more stability - though much more safety - than remaining with birth parents might have done. Major causes of delay in achieving permanence were professionals' over-optimistic expectations of parents' capacity to change within the sort of timescale that such young children needed. This was compounded by delays in the court processes, which had a knock-on effect on the number of changes of placement the children experienced and their opportunities for making stable attachments. A number of children were still displaying evidence of insecurity several years after they had been placed permanently.

1.18 Although children may experience significant instability while being looked after, the disadvantages of being looked after away from home may be less than those of remaining in damaging family situations. The Centre for Child and Family Research (CCFR) conducted a study which explored the views of children before, during and after they were placed in care or accommodation. It reported that they had experienced frequent moves between households and schools while living in the community as well as while looked after. Many of the older children were failing educationally and committing offences before they came into the care system: nearly three quarters of them thought that their lives had been improved by being placed away from home[4].

THE STABILITY OF CHILDREN WITHIN THE CARE OF COUNCILS

Frequency of placement change

Statistical update

1.19 A National Priorities Guidance target was set in 1999 to reduce to no more than 16% in all authorities, by 2001, the number of children who have three or more moves in one year. Progress towards this target was measured using the Performance Assessment Framework (PAF) indicator A1.

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3 Ward H., Munro E., Dearden C. and Nicholson D. (2003) *Outcomes for Looked After Children: Life pathways and decision-making for very young children in care or accommodation.* Centre for Child and Family Research, Loughborough University. Contact h.ward@lboro.ac.uk

4 Skuse T. and Ward H. (2003) *Outcomes for looked after children: listening to children's views of care and accommodation.* Centre for Child and Family Research, Loughborough University. Contact h.ward@lboro.ac.uk

1.20 The proportion of all children nationally who had three or more placements in the year ending 31 March 2003 was 15% (compared with 15% in 2002 and 16% in 2001). The figures for individual councils vary widely. As Figure 1.2 shows, there has been a marked increase in the percentage of councils achieving 16% or less. The figures for the years ending 1999/2000, 2000/2001 and 2001/2002 have been revised, following amendments received from councils in 2003 and a change in methodology.

Figure 1.2 Percentage of authorities with 16% of children or less receiving 3 or more placements during the year

Year ending	% of authorities
2000	40.1
2001	46.6
2002	58.5
2003	63.7

Figures for 2000, 2001 and 2002 have been revised, following amendments received from councils and a change in methodology.

Time spent in a single placement

1.21 The long term stability of children looked after is measured by the Performance Assessment Framework (PAF) indicator D35, the percentage of children who had been looked after continuously for at least four years who were currently in a foster placement where they had spent at least 2 years at 31 March. For the last three years this figure has been stable at around 45%.

THE CONTRIBUTION OF ADOPTION

Legislative changes

1.22 The Adoption and Children Act 2002 received Royal Assent on 7 November 2002. The Act overhauls the Adoption Act 1976 and modernises the whole existing legal framework for domestic and inter country adoption

1.23 The Government has already implemented several of the key provisions in the Act, including:

- 1 June 2003 - restrictions on inter-country adoption
- 31 October 2003 - the first phase of the adoption support services for adoptive families
- 1 December 2003 - giving parental responsibility to unmarried fathers who jointly register the birth of their child with the mother

1.24 Several consultations were launched in 2003 concerning some of the provisions in the Act:

- Advocacy Services for Children and Young People (closed 31 December 2003)

  This draft guidance was issued for consultation in October 2003. The purpose of this guidance is to ensure that children and young people are given help, including advocacy services when making or intending to make a complaint.

- The Draft Review of Children's Cases (Amendment) (England) Regulations 2004 (closed 31 December 2003)

  The consultation about regulations was launched in October 2003 and aim to update the Review of Children's Cases Regulations 1991 by introducing the role of the Independent Reviewing Officer (IRO) on a statutory basis, to monitor the local authority's review of looked after children's cases.

Statistical update

1.25 The total number of looked after children adopted has risen from 2,200 in 1998/1999 to 3,500 in 2002/2003, which as a proportion of all adoptions represents a rise from 51% to 71%. Figure 1.3 indicates that the upturn in the total number of adoptions in recent years is a direct result of the increase in the number of adoptions from care.

Figure 1.3: Children adopted from care, and all adoptions[5], years ending 31 March 1977 - 2003, England
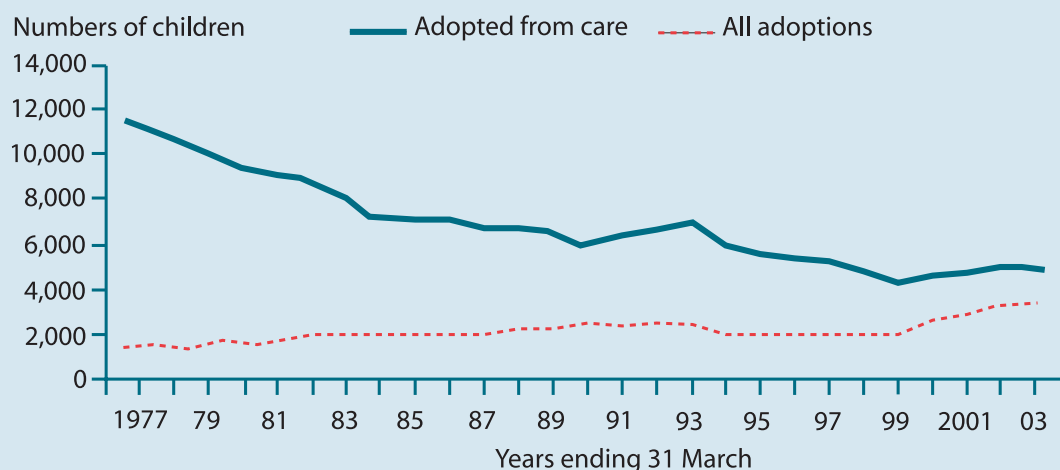
Source: Office for National Statistics

1.26 The Government has set targets to increase the number of adoptions, without reducing the quality and stability of the placement, included in Improvement, Expansion and Reform: The Next Three Years Priorities and Planning Framework 2003-2006:

Maintain current levels of adoption placement stability (as measured by the proportion of placements for adoption ending with the making of an adoption order) so that quality is not compromised whilst increasing the use of adoption as follows;

By 2004-05 increase by 40% the number of looked after children who are adopted, and aim to exceed this by achieving, if possible, a 50% increase by 2006, up from 2700 in 1999-00. All councils will bring their practice up to the current level of the best performers (band 4 or 5 on PSS PAF indicator C23);

By 2004-05 increase to 95% the proportion of looked after children placed for adoption within 12 months of the decision that adoption is in the child's best interests, up from 81% in 2000-01, and maintain this level (95%) up to 2006, by locally applying the time-scales in the National Adoption Standards, taking account of the individual child's needs.

1.27 Figures for the year ending 31 March 2003 show a 4% increase on the number of adoptions in 2001/02 and a 30% increase on the number in 1999/2000.

1.28 Figure 1.4 sets out an extrapolation which traces the progress to date towards the achievement of the target to increase the number of looked after children who are adopted.

Figure 1.4: Looked after childen adopted during the years ending 31 March 1999 to 2003
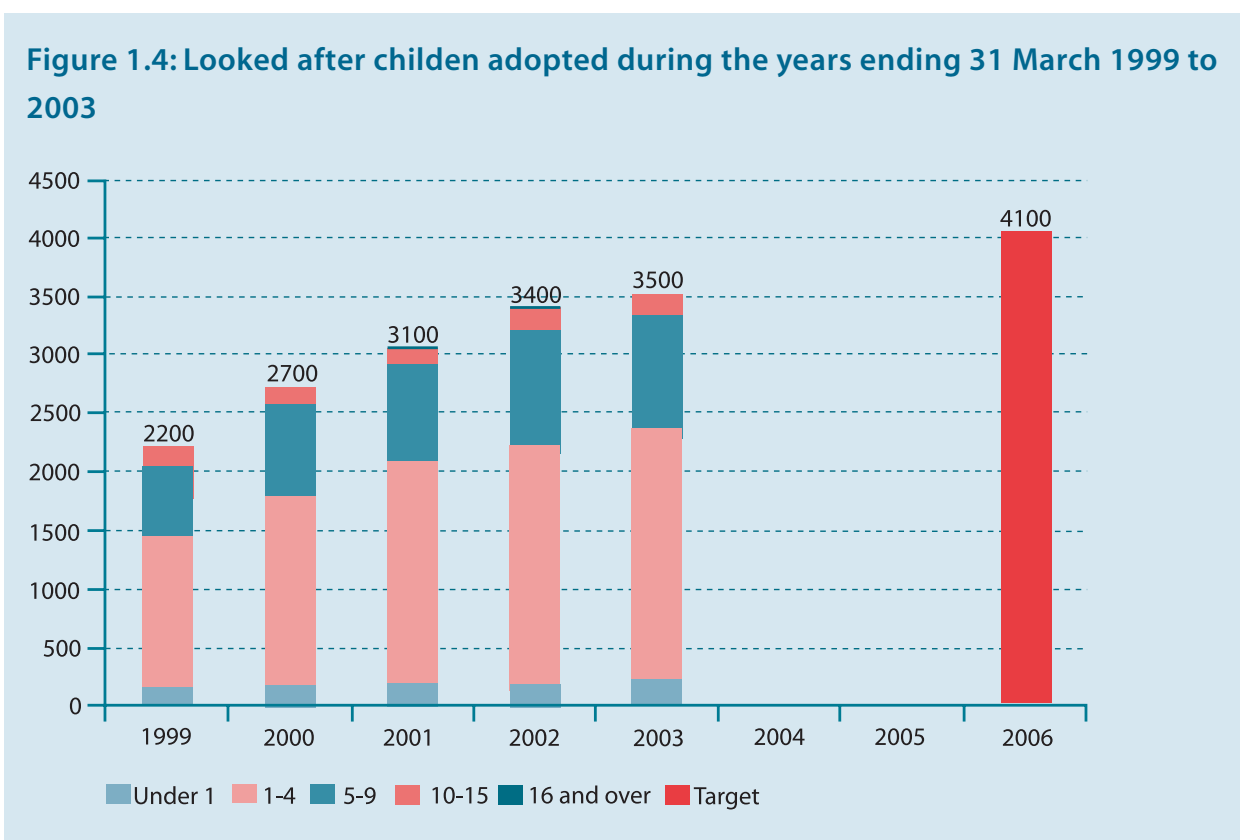
1.29 Figure 1.5 shows the average length of time of each stage of the adoption process for looked after children adopted during the year ending 31 March 2003. They are presented here broken down between the key stages in the process.

Age at start of last period of care	Average time between entry into care and date of best interest decision	Average time between date of best interest decision and matching of child and adopters	Average time between date of matching and date placed for adoption	Average time between date placed for adoption and date child adopted	Average time between entry into care and adoption
Under 1	280	150	30	330	790
1	460	240	40	410	1150
2	480	260	40	460	1240
3	500	280	60	440	1280
4	470	300	50	480	1300
5	600	310	50	460	1420
6	610	270	60	360	1300
7 and over	700	220	30	440	1390
All ages	380	200	40	380	1000

Figure 1.5 Looked after children adopted during the year ending 31 March 2003: Average time in days between the different stages of the adoption process by age at start of period of care

Recent research findings

1.30 Similar findings of social workers trying too long to keep children with their birth families were reported in a study commissioned by the Department of Health, tracking the care careers of 130 children, for whom a decision had been made in the 1990s that adoption was in their best interests.[6] Delays in removing children from home were identified for over three quarters of the children, with more than half of this attributable to social work practice and the rest to the impact of legal delays. This study also looked at the support offered to the families who had eventually adopted these children or were fostering them on a long-term basis. Most had received some specialist support to

6 Selwyn J., Sturgess W., Quinton D. and Baxter C. (2003) *Costs and outcomes of non-infant adoptions. Hadley Centre for Adoption and Foster Care Studies, University of Bristol.* Contact j.selwyn@bristol.ac.uk

address their child's educational, physical or mental health needs, but described this as having been 'too little, too late'. Many adopters felt abandoned by agencies once the Adoption Order had been made, and a quarter said they were in debt as a consequence of trying to meet the child's needs. The role of fathers in supporting adoption and helping to provide children with stability and continuity seemed to be under-estimated by agencies.

1.31 Significant improvements in the consistency and availability of adoption support services should now be evident as services have developed in line with the 2003 Regulations, supported by the intorduction of a new ring-fenced grant, the Adoption Support and Special GuardianshipSupport Grant (worth £23 million in 2004-05).

1.32 Information is available about the ethnicity of children adopted from care but because numbers are small it has been necessary simply to compare white children with all other ethnic identities. 13% of looked after children who were adopted in 2003 were from ethnic groups other than white. This compares with about 19% of all children looked after.

1.33 The following figure 1.6 shows that the process from best interest decision to adoption takes longer for older children and for each age group it takes longer for ethnic minority children than for white children.

Figure 1.6: Average time between best interest decision and adoption, for adoptions of looked after children during the year ending 31 March 2002
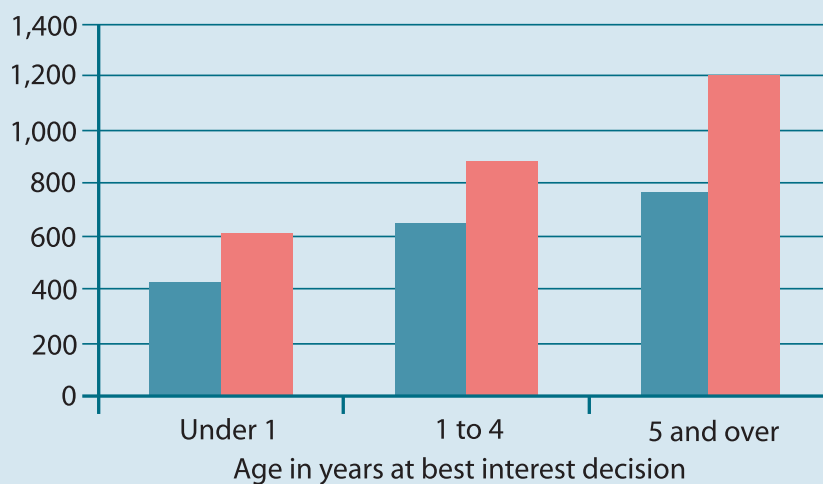
1.34 Children looked after statistics show that of the 6,900 looked after children adopted in the two year period, 2002 and 2003, 16% were adopted by their previous foster carers. For white children, the proportion is 14%. For children from other ethnic groups the proportion is 17%.

Chapter 2: Protection from Harm

Objective: To ensure that children are protected from emotional, physical, sexual abuse and neglect (significant harm).

INTRODUCTION

2.1 The publication of the Victoria Climbie Inquiry report[7] by Lord Laming in January 2003 and of the Joint Chief Inspectors' Report on Safeguarding Children entitled *Keeping Children Safe*, published in October 2002, provided two of the major catalysts for the changes that are to take place in services for children. *The Every Child Matters*[8] Green Paper outlined the Government's vision for reforming and strengthening services for children, young people and their families. Important parts of these reforms will improve the arrangements to safeguard and promote the welfare of all children

BASIC INFORMATION ON CHILDREN ON CHILD PROTECTION REGISTERS

2.2 The only information available about the trends in the extent to which children suffer harm are the annual statistics of the numbers of children whose names are placed on child protection registers. The figures reflect decisions made and are not a direct measure of actual harm. However, more information about the social care processes that support child protection is now available. This includes information on referrals of children in need that is reported in chapter 3 and information about assessments discussed in chapter 7. It is now possible to report on child protection enquiries in the context of the total demands for children's services faced by Councils with Social Services Responsibilities (CSSRs).

Publications

2.3 On 19th May 2003, the Government launched a clear and concise booklet for practitioners who have concerns about the welfare of children. *What To Do If You're Worried A Child Is Being Abused* was published jointly by the Department of Health, the Home Office, the Department for Education and Skills, the Department for Culture, Media and Sport, the Office of the Deputy Prime Minister and the Lord Chancellor's Department. It is aimed at all practitioners who come into contact with children, parents and/or families in the course of their work.

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7 Victoria Climbie Inquiry: *Report of an inquiry by Lord Laming* (Department of Health and Home Office). January 2003, Command Paper 5730
8 Department for Education and Skills: *Every Child Matters,* London 2003
http://www.dfes.gov.uk/everychildmatters/downloads.cfm

Statistical update

2.4 There has been a marked decrease in the number of children whose names are on child protection registers. Between 31 March 1999 and 31 March 2003 the number of children on child protection registers fell from 31,900 to 26,600.

Re-registration rates - children placed on child protection registers more than once

2.5 The proportion of all registrations that were re-registrations has fallen dramatically from 20% during the year ending 31 March 1998 to 13% by 31 March 2003, which is in part a direct result of more accurate reporting.

Duration of period spent by children and young people on child protection registers

2.6 Another significant issue is the time children's names remain on registers. The chart below compares five years from 1999 to 2003 and shows a significant decline in the numbers of children remaining on the register for over two years.

Figure 2.1 Duration of children, in percentage terms, on child protection registers during the years ending 31 March 1999 to 2003

Length of time on the register

1999   2001   2003
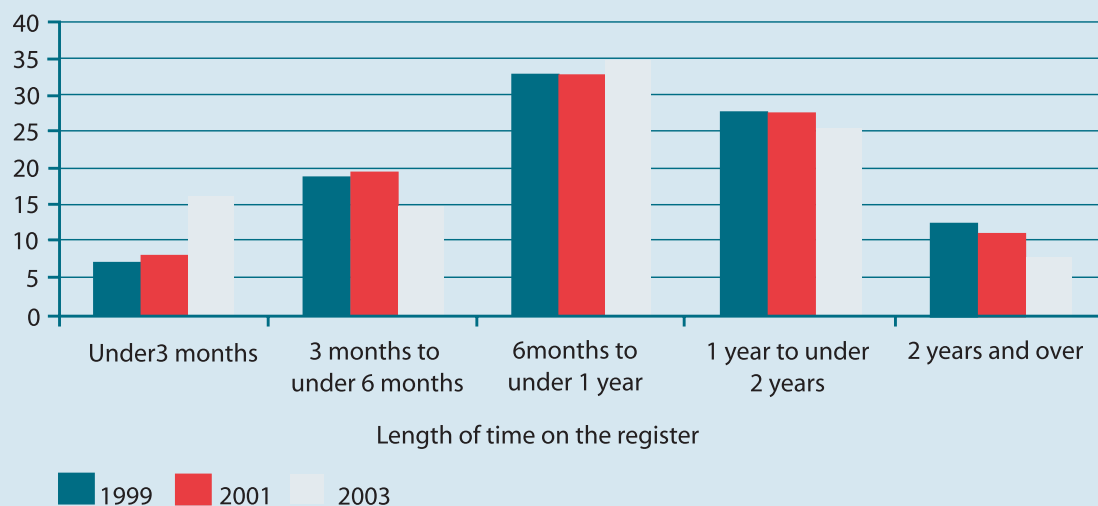
Child protection (section 47) enquiries and initial child protection conferences

2.7 Councils with Social Services Responsibilities (CSSRs) are required to conduct enquiries when they receive information that a child is suffering, or is likely to suffer, significant harm. During the year ending 31 March 2003 councils conducted 65,000 such enquiries. These led to 37,400 initial child protection conferences, in which several agencies assemble to decide whether the child is at continuing risk of significant harm and, if so, to agree a plan to protect the child.

2.8 CSSRs regard child protection work as being of high priority. But section 47 enquiries are just a small part of the demands upon them, as illustrated in figure 2.2.

Figure 2.2: Estimated activity levels in different stages of the referral and assessment procedure, year ending 31 March 2003, England
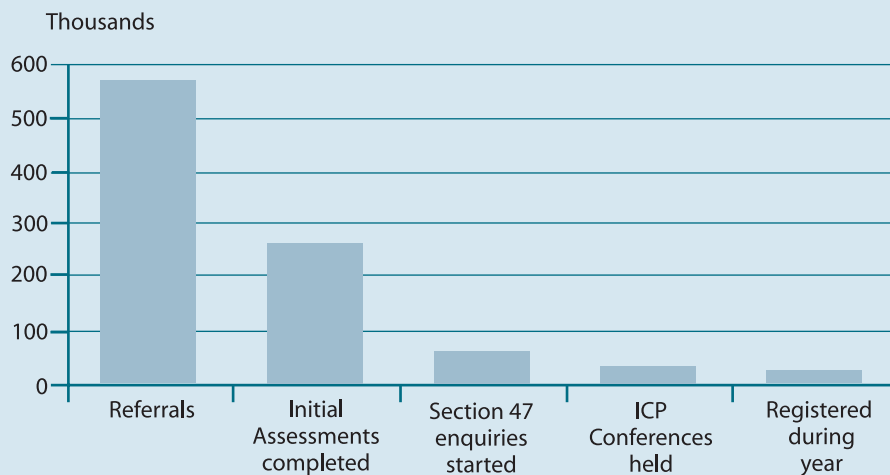
Inspection Findings and SSI Monitoring

2.9 Following Lord Laming's report into the circumstances surrounding the death of Victoria Climbie, the Social Services Inspectorate required councils to audit their child protection services.

2.10 The inspection reports indicated that, within a few authorities, a major reduction in the numbers of children on the child protection register had been achieved as part of a deliberate policy initiative. The approach has been planned with other agencies, with a commitment to maintain high levels of monitoring and reviewing of cases where there are welfare concerns, without the formality of child protection registration. Family support services have been provided and maintained for these families and partner agencies have been confident in the support and monitoring process. Rigorous monitoring on a multi-agency basis has been maintained. This is an important demonstration of the way in which a clear strategy, well planned in partnership with other agencies, can be implemented effectively to reduce the volume of statutory child protection work whilst maintaining standards and quality, with good support to families and rigorous monitoring.

2.11 The performance indicator on the percentage of child protection cases which should have been reviewed during 2002-2003 that were reviewed showed that the figures had improved further since 1999-2000 (81%) to 97%.

2.12 Family support services have been provided and maintained for these families, and partner agencies have been confident in the support and monitoring. Rigorous monitoring on a multi-agency basis has been maintained.

Recent research findings

2.13 The Thomas Coram Research Unit (TCRU) conducted a review of the literature and data on the commercial sexual exploitation of children and young people focused on three main areas: abuse through prostitution, abuse through pornography, and trafficking of children and young people[9]. Most of the identified information concerned prostitution and highlighted a range of vulnerability factors and the processes used to engage young people in prostitution. The review found that although comprehensive support services were provided in some places, provision was very patchy and few such services had been evaluated in terms of outcomes for users.

2.14 Little information was available on the scale of child pornography or the trafficking of children to and through the UK for the purposes of commercial sexual exploitation, and there has been limited research to date on boys and young men who are sexually exploited. The review notes the importance of developing appropriate strategies for working with different age groups, and recognises the complexities of working with older children (particularly those aged 16 and over). It notes the potential of the Sexual Offences Act 2003 for safeguarding children against commercial sexual exploitation and for providing better data and monitoring of progress.

9 Chase E. and Statham J. (2004) *The commercial sexual exploitation of children and young people: an overview of key literature and data.* www.dfes.gov.uk/acpc/docs/tcrureview.doc

Chapter 3: Life Chances of Children in Need

Objective: To ensure that children in need gain maximum life chance benefits from educational opportunities, health care and social care.

INTRODUCTION

3.1 Part 3 of the Children Act defines "children in need" as children who are unlikely to achieve or maintain a reasonable standard of health and development, if they are disabled or if their health or development is likely to be significantly impaired, without the provision of services by a local authority (Section 17 (10)).

3.2 The Children in Need Census is now well established as a routine collection of data on the reasons why children need social services, the volume and type of activity provided and the costs. The 2003 Census identified 388,200 children in need who are in receipt of services, comparable to the previous Census figure of 371,000.

3.3 The Hillingdon Judgment clarified the support that Social Services should be providing for unaccompanied asylum seeking children. The Judgment did not change existing law but clarified it, and was in line with advice provided in the Local Authority Circular 2003 (13) and the Children (Leaving Care) Act 2000. There is still an expectation that every young person, including unaccompanied children, should receive a thorough assessment of their needs, in accordance with the *Framework for Assessment of Children in Need and Their Families* (2000), and that appropriate support is provided based on this assessment.

Publications

3.4 DfES commissioned research from the Mental Health Foundation on *Effective joint working between Child and Adolescent Mental Health Services and Schools* by Bridget Pettitt, published in April 2003. The aim of the report is to help practitioners from both health and education services working with children to explore joint working between schools and CAMHS and identify ways in which it could be improved.

Statistical update

3.5 In the year ending 31 March 2003 Councils with Social Services Responsibilities (CSSRs) across England received a total of 572,700 referrals or requests for services to be provided. This is in addition to children already in receipt of services. These figures exclude initial contacts dealt with by providing information or advice. A total of 22 per cent of referrals were for children who had previously been referred to the same authority within the previous twelve months.

3.6 The Children in Need Census provides an estimate of 1.9 hours as being the average amount of time given to each new case dealt with on a referral basis. For children who became looked after as result of the referral an average of 3 hours of front line work during the week was entailed.

Recent research findings

3.7 Research commissioned by the Department for Education and Skills (DfES) and the Mental Health Foundation[10] explored joint working between schools and Child and Adolescent Mental Health Services (CAMHS) in England and identified ways in which this might improve. Information was collected from a literature review, a survey of all English CAMHS (55% response rate) and four case studies. Most CAMHS who responded to the survey did work with schools (although only 40% with early years settings) and they reported that this had a positive impact on children, staff and relationships between parents and schools. It was also felt to improve access to children whom they would not normally reach and increase their ability to identify children's problems earlier. However, the research also identified some barriers to joint working between schools and CAMHS which included the time-consuming nature of joint working, management difficulties, duplication of work and the difficulty of sharing information between agencies.

3.8 The majority of family services are aimed at families with younger children, but a study, commissioned by the Department of Health, of adolescent support teams demonstrated the need for a range of family support services to be available for troubled young people and their families[11]. The young people who were referred to these services had a very high level of need and problems that were often deep-seated and long-term, yet they only received help when they and their families reached a crisis point. The researchers concluded that the provision of support at an earlier stage, involving health, mental health, education and youth work services as well as voluntary agencies offering parenting skills groups or volunteer befriending services, might have prevented the escalation of difficulties for some or even many of these young people. Specialist services such as adolescent support teams needed to form part of a continuum of support services for young people in need and their families.

3.9 The ability of good quality early years education to improve long-term outcomes for disadvantaged children is reinforced by the findings of the first large-scale study in the UK[12]. This followed over 3,000 three- and four-year-olds receiving different types of provision (local authority day nurseries, integrated centres, playgroups, private day

10 Pettitt B. (2003) Effective joint working between CAMHS and schools. DfES Research Report 412. www.dfes.gov.uk/research/

11 Biehal N., Weatherly H. and Byford S. (2004) *The costs and effectiveness of adolescent support teams.* Social Work Research and Development Unit, University of York. Contact nb6@york.ac.uk

12 Sylva K., Melhuish E., Sammons P., Siraj-Blatchford I., Taggart B. and Elliot K. (2003) The Effective Provision of Pre-school Education (EPPE) Project: Findings from the pre-school period. London: Institute of Education.

nurseries, maintained nursery schools and classes) and found that good quality preschool experience, compared to none, enhanced children's intellectual and social/behavioural development at the time they started school. Integrated centres providing a range of support to both children and parents were particularly effective for disadvantaged children, and children did better in settings where there was a mixture of children from different backgrounds, rather than in settings containing mostly disadvantaged groups.

Ethnicity of children in need

3.10 The same ethnic categories (those used in the 2001 National Population Census) were used in the three Children in Need (CiN) censuses. The distribution of Children in Need by ethnicity was similar in each. As before, Local Authorities have been able to classify, in terms of ethnicity, approximately 90% of their Children in Need. The 2003 CiN census recorded that around 20% of Children in Need were of known ethnic identity other than white.

3.11 Comparing the ethnic distribution of the Children in Need population with data from the 2001 National Population Census on the ethnic distribution of children aged under 18 illustrates that children of black or mixed ethnic identity are over represented within the Children in Need population. In contrast, children of Asian ethnic identities are under-represented.

3.12 In addition, the Census also identified the ethnic distribution served during the survey week, broken down by age (see figure 3.1). The percentage of children with ethnic identities of 'other' or 'not stated' are over represented in the under one age group - 11% and 12% respectively, compared to 6% of all Children in Need. Within each ethnic category, the highest proportion of children receiving services aged 18+ is found within the ethnic category black - 9% of children within this ethnic category are aged 18+ compared to 5% overall.

Figure 3.1 Ethnic distribution of children served during the survey week, broken down by age
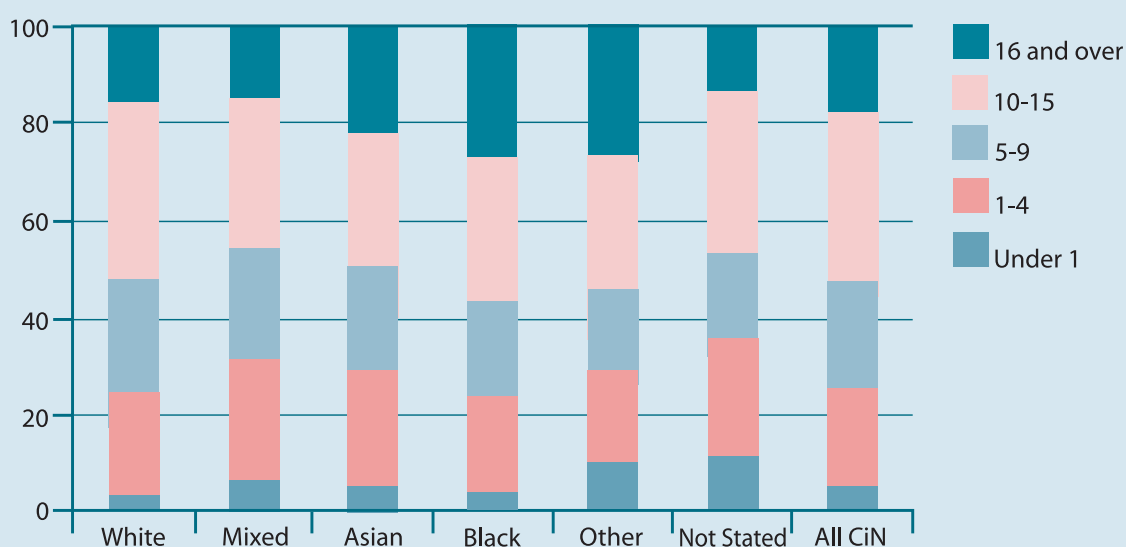
Inspection Findings and SSI Monitoring

3.13 The inspection reports outlined wide variations in the numbers of unaccompanied asylum seeking children and young people to which different councils are responding.

3.14 Where councils have experience of significant numbers, and have responded by establishing specialist services, these provide a good service for most of these children and young people. It is authorities with limited experience who have greater difficulty in responding appropriately. There is also now a wide range of specialist services to provide appropriate family placements for most of these children and young people, which councils are able to access.

Chapter 4: Life Chances of Children Looked After

Objective: To ensure that children looked after gain maximum life chance benefits from educational opportunities, health care and social care.

INTRODUCTION

4.1 There are now four years of OC1 data available from the OC1 statistical collection, relating to the educational attainment of young people leaving care, and four years of OC2 data, which captures a wider range of outcomes for children and young people who have been looked after continuously for a year or more.

Narrowing the gap in educational attainment and participation

4.2 Educational attainment is generally accepted as being an important indicator of children's life chances. Research has shown that, on average, looked after children do less well in school than other children. Figure 4.1 shows the trends over the last 4 years for children leaving care aged 16 and over, compared with all pupils. These figures show a large difference between the performance of looked after children and the attainment of all pupils.

4.3 However, when we compare the latest figures for the educational attainment of care leavers with the baseline, derived from the then available research, of 75% of children leaving care without any qualifications, we can see that real progress has been made over the last few years, as nearly half of care leavers aged 16 or over now attain one or more GCSE qualification.

Figure 4.1 Educational attainment of care leavers and all pupils

Indicator definition	1999-2000	2000-2001	2001-2002	2002-2003
Percentage of children leaving care aged 16 or over with at least one GCSE A* - G or equivalent[1]	34%	40%	44%	47%
Percentage of all pupils with at least one GCSE A* - G or equivalent [2]	97%	97%	97%	97%
Percentage of children leaving care aged 16 or over with at least five GCSEs grade A* - C[1]	5%	5%	6%	6%
Percentage of all pupils with at least one GCSE A* - C[2]	37%	38%	38%	38%

1 Excludes children who left care before they had the opportunity to sit their exams
2 Pupils of all ages are included as are all school types (including academies for 2003)

4.4 The PSA target for the educational attainment of children looked after, set by the Spending Review 2002 for the period 2003-6 and subsequently revised by the Social Exclusion Unit, focussed on engagement in education as well as attainment and introduces a new focus on earlier attainment[13].

4.5 The latest data that provide the base line for these targets show that for children who had been looked after continuously for at least 12 months at 30 September 2003:

- The proportion aged 11 and obtaining level 4 in KS2 English and maths was 49% of the proportion for all children.

- Of those who were in year 11, 43% did not sit a GCSE/GNVQ examination

- 9% of those in year 11 gained 5 GCSE (or equivalent) passes at grade A*-C (compared to 53% of all children)

4.6 Other key findings for the year ending 30 September 2003 were:

- Of the 44,900 children who had been looked after continuously for at least 12 months, 35,100 were of school age. Of these, 27% had statements of special educational needs (SEN) (compared with 3% nationally)

- 12% missed at least 25 days school for whatever reason (there is no comparative figure for all children)

- 1.1 % received a permanent exclusion (compared to 0.1% nationally)

- In school year 11, 53% obtained at least one GCSE or GNVQ (compared with 95% of all children)

- On average, 53% of those looked after children in the appropriate age group achieved level 2 at Key Stage 1, 42% level 4 at Key Stage 2, and 23% level 5 at Key Stage 3 (compared with 85%, 78% and 69% respectively for all children).

4.7 These findings are all similar compared to the figures for the year ending 30 September 2002. This again illustrates the challenge inherent in improving the life chances of children whose needs are such that they become looked after by local authorities.

4.8 In 2001, the Social Exclusion Unit (SEU) began to develop recommendations on how best to raise the educational attainment of children in care. This resulted in a report published by the SEU in 2003, entitled A Better Education for Children in Care[14] . The report examined the barriers that prevent children in care achieving their educational potential and highlighted specific areas of action to improve their life chances. The report outlined the following key changes:

13 Department for Education & Skills Departmental Report 2004, Stationery Office, London April 2004
http://www.dfes.gov.uk/deptreport2004/
14 See: http://www.socialexclusion.gov.uk/
publications.asp?keywords=a+Better+Education+for+Children+in+Care+

- greater stability - so that children in care do not have to move home or school so often
- less time out of school - longer in education
- help with schoolwork
- more help from home to support schoolwork
- improved health and wellbeing

Health outcomes

4.9 The OC2 return provides figures that measure the extent to which the health of looked after children is being monitored, by looking at whether dental and health assessments are up to date, which are combined into a single indicator for the Performance Assessment Framework (PAF). The latest data show that for children who had been looked after continuously for at least 12 months at 30 September 2003, 75% had an annual health assessment and had their teeth checked by a dentist during that period. This compares with 72% in the previous year.

4.10 New Guidance on the Health of Children Looked After was issued in 2002. The guidance describes the importance of health assessments as a key means by which health needs can be properly identified and appropriate interventions provided. The guidance also emphasises the need for holistic assessments which include physical and emotional health, oral and dental care and immunisations.

4.11 Promoting the health of looked after children is a multi-agency responsibility. Many authorities are forming Healthy Care partnerships, or multi-agency partnerships whose aim is to implement the Healthy Care programme. This programme aims to create an environment which will improve looked after children's health and well-being.

Offending outcomes

4.12 Through the OC2 return, we have data on the number of looked after children who have been in trouble with the law. The data show that, of the 29,100 children looked after aged 10 or over, 2,800 had reeived final warnings or had been convicted during the year ending 30 September 2003. That is just under 10% of looked after children falling within this age group. This compares with nearly 11 % for the year ending 30 September 2000. In the general population, 3.3% of all children in this age group offend during the course of a year. This means that the looked after children are 3 times more likely to have received a final warning or conviction during the course of a year, when compared with their peers.

4.13 This seems unacceptably high, but over 90% of children looked after for over a year have not offended in the last year. This is in spite of the fact that many of these children will been exposed to risk factors for developing offending behaviour. And for some, their offending behaviour would have contributed to them having become looked after.

4.14 Narrowing the gap in offending between looked after children and their peers is part the Government's objective to enhance the life chances for looked after children. There is a PSA target to reduce, by 2004, the gap in offending rates between children looked after and all children. The target is to reduce the percentage of looked after children with a final warning/conviction to 7.2% by 2004

Inspection Findings and SSI Monitoring

4.15 Councils are aware of the poor educational performance of children in public care, further highlighted by the Government setting targets for improvement. Councils are experiencing difficulty in meeting these targets and their own targets for these children and young people. In part this is understandable, given the background, school history and education experiences of this group of children. No council achieved the target of 75% of children leaving care having at least one GCSE grade A-C. More have seen a decrease on this indicator than an increase.

4.16 Performance in relation to unauthorised absences from school has deteriorated in most councils and nationally, and half of all councils have seen an increase in the number of children excluded from school. Councils are making good progress in providing computer access for children looked after, and 80% of councils have provided access for more than half of children.

4.17 Councils who performed better have good schemes to provide support to young people leaving care, by establishing specialist teams, who ensure access to accommodation, support in finding employment, and to provide accessible support throughout the week and weekends. However, the target of ensuring that 75% of children leaving care are in employment, education or training is proving very difficult to attain, and nearly half of all councils are below 50% on this measure.

Recent research findings

4.18 Two studies were conducted by the National Foundation for Educational Research (NFER) which examined the education of children in public care. The first collected information about the achievement at key stage 4 of nearly 400 young people who were looked after in summer 2001[15]. A quarter of the sample was not entered for any GCSEs, and data about GCSE entry was missing for a further third of the young people. A number of school factors were identified that were linked to positive outcomes for young people in care at key stage 4, including stable tutoring, mechanisms for the identification of individuals' needs and progress, and a wide range of accessible formal and informal support.

15 Fletcher-Campbell F. and Archer T. (2003) *The achievement at key stage four of young people in public care.* DfES Research Report 434. www.dfes.gov.uk/research

4.19 The second NFER study reviewed the literature on the role of the school in supporting the education of children in public care and looked at examples of good practice[16]. A key message was that schools which had well-developed structures to meet the needs of all pupils (such as good mechanisms for monitoring progress, support for additional educational, language and emotional needs, and anti-bullying strategies) had to do little extra to meet the specific needs of looked after children. Designated teachers performed a useful role in maintaining an overview of the progress of pupils in public care and ensuring their needs were prioritised.

4.20 Although the educational achievement of looked after children compares poorly with that of their peers, this may be at least partly explained by their, often poor, educational experiences prior to entry to care or accommodation.[17]

4.21 Young people in care are particularly vulnerable to early pregnancy and parenthood. A study by the TCRU[18] explored the reasons for this and the support available to mother, father and child. Contrary to the views of professionals, the young people interviewed often saw becoming a parent as a positive event which provided a focus in their lives. Their previous experiences strongly influenced how they viewed and accessed services. Those who had experienced being rejected and let down, both before and while in care, were wary of asking for and accepting support, especially from social workers. Child protection assessment procedures generated a great deal of fear and confusion, and at times created a barrier to young people accessing the support they needed for both themselves and their child. The research highlighted the importance of clear policies in this area, and of consistent and holistic support which is sensitive to previous experiences.

16 Fletcher-Campbell F. and Archer T. and Tomlinson K. (2003) The role of the school in supporting the education of children in public care. DfES Research Report 498. www.dfes.gov.uk/research
17 Skuse T. and Ward H. (2003) *Outcomes for looked after children: listening to children's views of care and accommodation.* Centre for Child and Family Research, Loughborough University. Contact 'h.ward@lboro.ac.uk
18 Chase E., Knight A., Warwick I. and Aggleton P. (2003) *Pregnancy among young people in and leaving local authority care: determinants and support for the mother, father and child.* Thomas Coram Research Unit, Institute of Education, University of London. Email e.chase@ioe.ac.uk

Chapter 5: Life Chances of Care Leavers

Objective: To ensure that young people leaving care, as they enter adulthood are not isolated and participate socially and economically as citizens.

INTRODUCTION

5.1 The Government has made a commitment to improving the life chances of care leavers in recent years through the Quality Protects programme and the implementation of the Children (Leaving Care) Act 2000.

Statistical update

5.2 One of the concerns about children leaving care is that they do so prematurely. Previous Children Act Reports found that children looked after aged 15 or older were staying looked after for longer. Figure 5.1 below indicates this trend and shows that it is continuing, highlighting that this part of leaving care policy is driving the figures in the desired direction.

Figure 5.1 Children who ceased to be looked after aged 15 and over during the years ending 31 March 1999 to 2003 by age on ceasing

	Numbers					Percentages				
	1999	2000	2001	2002	2003	1999	2000	2001	2002	2003
Total	**9,700**	**9,700**	**9,200**	**8,900**	**8,600**	**100**	**100**	**100**	**100**	**100**
Age on ceasing										
15	2,600	2,500	2,300	2,200	2,000	27	26	25	25	23
16	3,300	3,000	2,400	2,100	2,000	34	31	26	24	23
17	1,400	1,300	1,200	1,300	1,300	14	13	15	15	15
18th birthday	2,300	2,900	3,100	3,200	3,200	24	30	34	36	37
Older than 18th birthday	70	60	80	30	80	1	1	1	0	1

EDUCATION, TRAINING AND EMPLOYMENT OUTCOMES FOR CARE LEAVERS

Statistical update

5.3 Details on 19 year old former looked after children who were looked after on 1 April in their 17th year have been collected since 1 April 2001 via the OC3 statistical return. The information collected relates to their accommodation and activity on their 19th birthday and help measure the impact of the drive to enhance the support into adulthood of young people in care through the Quality Protects Programme and the implementation of the Children (Leaving Care) Act 2000.

5.4 Research shows that care leavers experience high levels of unemployment and are at risk of social exclusion. Based on that research the Government has set a Public Service Agreement target to improve the level of education, training and employment outcomes for care leavers aged 19, so that levels for this group are at least 75% of those achieved by all young people in the same area by 2004.

5.5 For the year ending 31 March 2003, 17% of councils reported that the level of education, employment and training amongst young people aged 19 who were formerly looked after was at least 75% of those achieved by all young people in the same area. This has risen from 13% of councils in 2001-02.

5.6 In 2002-03 councils were in touch with 4,000 (80%) of the 4,900 19 year old young people looked after on 1 April 2000. Figure 5.2 shows the percentage of former care leavers by activity. 49% of the former care leavers were in education, training or employment. This compares to 86% of all young people aged 19 in the population as a whole.

Figure 5.2 Percentage of care leavers at age 19, by activity, year ending 31 March 2003

Not inTouch 20%

Other 31%

Education 21%

In Training or Employment 28%
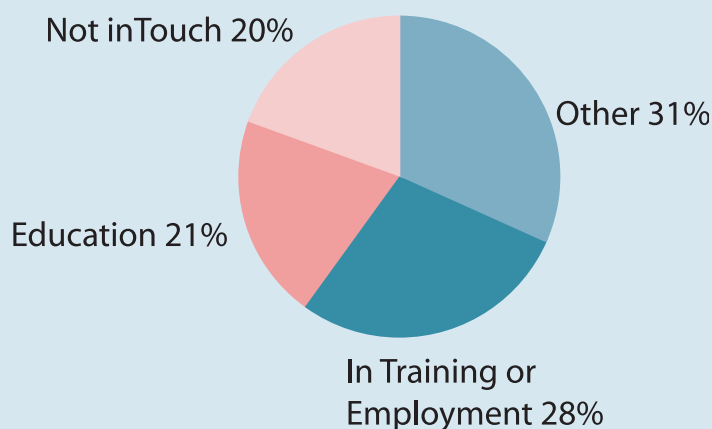
5.7 Independent living, the largest category of placement for former care leavers, accounted for 37% of the cohort. Supported accommodation, which accounted for 15%, was the second highest category. 120 young people were in custody, the vast majority of whom were male.

Inspection Findings and SSI Monitoring

5.8 All the better performing councils have good schemes to provide support to young people leaving care. They have specialist teams, who ensure access to accommodation, support in finding employment, and provide accessible support throughout the week and weekends. However, the target of ensuring that 75% of children leaving care are in employment, education or training is proving very difficult to attain, and nearly half of all councils are below 50% on this measure.

Recent research findings

5.9 The Social Work Research and Development Unit, which conducted a study[19] of over 100 young people leaving care after the implementation of the Children (Leaving Care) Act 2000, found that the requirements of the Act were broadly welcomed by young people and their leaving care workers. The changes were viewed as bringing about more streamlined referral and assessment procedures, a more immediate response to needs and more extensive support. The new financial arrangements, including incentive schemes, were generally seen as working well. The researchers explored outcomes by interviewing young people two or three months after leaving care and again nine or ten months later. They found that educational attainment was quite poor (over half left school with no qualifications at all). Although participation in post-16 education was rising, there was a high drop out rate. Housing emerged as a critical area for leaving care services and one in which positive post-care intervention can make a significant difference. Health remained an area of weakness in overall leaving care strategies but some developments were taking place, such as collaboration with health professionals and recruitment of mental health clinicians. Access to mental health services was a universal concern.

5.10 The TCRU conducted a study on leaving care services and the importance it may have in supporting young care leavers who are, or are about to become, parents. The teenage pregnancy study[20] noted that young parents valued the holistic and consistent nature of support from leaving care workers, and often compared this favourably to the more sporadic support they received from overloaded social workers. However, there was considerable variation in the availability of such leaving care services across the country.

19 Dixon J., Wade J. and Weatherley H. (2004) *Young people leaving care: a study of outcomes and costs.* Social Work Research and Development Unit, University of York. Contact jw35@york.ac.uk
20 Chase E., Knight A., Warwick I. and Aggleton P. (2003) *Pregnancy among young people in and leaving local authority care: determinants and support for the mother, father and child*. Thomas Coram Research Unit, Institute of Education, University of London. Email e.chase@ioe.ac.uk

Chapter 6: Services for Disabled Children and their Families

Objective: To ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community where their assessed needs are adequately met and reviewed.

INTRODUCTION

6.1 The policy innovations described in Chapter 1 of this report apply to all children including, of course, disabled children. The prime source of information about services to disabled children under the Children Act 1989 is the Children in Need Census. Synopses of analysis about disabled children in general, disability and ethnicity, and autistic children are given below.

Publications

6.2 Following changes introduced by the Health and Social Care Act 2001 new guidance was published in September 2003. This guidance applies to families with disabled children, disabled 16 and 17 year olds as well as other client groups. It makes mandatory, in certain circumstances, the offer of direct payments to families as an alternative to receiving services. In March 2003, the Council for Disabled Children and the Department of Health jointly produced *A Parents' Guide to Direct Payments.*

6.3 In May 2003, the Disabled Children in Residential Placements report was produced by the Department of Health (DH) and Department for Education and Skills (DfES)[21]. The report draws together available information about the numbers, circumstances and outcomes of disabled children in residential placements provided by Social Services, Education and Health. It was produced in response the commitment set out in the *Valuing People: A New Strategy for Learning Disability for the 21st Century* published in 2001, that the DH and DfES will work together to:

- Find out more about the numbers, characteristics and outcomes relating to these children;

- Develop arrangements which will create better linkages between children living in residential placements and their families, and ensure they are properly supported and protected by key agencies.

6.4 The Council for Disabled Children produced the Analysis of the Quality Protects 2002 Management Action Plans: Services for Disabled Children and their Families, in January 2003. This report was the last in the series and contains brief descriptions of projects which are developing better ways of meeting the needs of disabled children, such as:

- the introduction of direct payments schemes

- strengthening inter-agency collaboration

- serving black and ethnic minority communities

Statistical update

6.5 55,800 disabled children were identified in the Children in Need Census for 2003, of whom 11% received short breaks. Just under half of the disabled children, who were supported in their homes and not using short breaks, had been seen by one or more services during the Census week.

6.6 The key messages from the Census are as follows:

- 64% of disabled children in need are boys, compared with 55% of non-disabled children;

- disabled children tend to be a little older than the average for children in need. 80% are over 5, compared with 69% of non-disabled children;

- a higher than average proportion of Asian children in need are disabled (21%) while among Afro-Caribbean and mixed race children the proportion of disabled children is lower than average;

- only 2% of disabled children in need are on child protection registers, compared with 8% of all other children in need.

Disability and ethnicity

6.7 The discussion in chapter 3 on the ethnicity of children in need suggested that the distinctive pattern of service usage by children of South Asian origin might be related to their being a high proportion of such children needing services by virtue of disability. An analysis of three combined years of children who started to be looked after in the year show that 4% of Asian children started to be looked after due to child's disability compared to 3% for white children, the next largest group. At 31 March 2003, 42% of Asian children looked after with primary reason as child's disability were in children's homes, compared with 38% for mixed, 31% for black, 24% for white and 14% for other ethnic groups.

Autistic children

6.8 The 2003 Census contained, for the first time, a question identifying autistic children. Authorities were asked to identify any child known to them who had been diagnosed autistic by a qualified medical practitioner. Here, 'autism' encompasses children on the spectrum ranging from those with classical autism to milder forms of the disorder.

6.9 Children with autism who received a service form a small subgroup of the Children in Need population (see figure 6.1). While the analysis of this data on children with autism is still tentative it does however give an idea of the numbers/amounts involved. 5,300 autistic children received a service during the Census week in 2003. The Census recorded nearly four times as many autistic boys receiving a service during the survey week than autistic girls (this finding is predicable - in line with what is known about prevalence).

Figure 6.1 Autistic children receiving a service based on a sample week in February 2003, by sex

England   Numbers and Percentages

	Children looked after	Children supported in families or independently	Total children in need	Gender split
	Number	Number	Number	%
Total children in need receiving services in week	62,300	164,400	226,700	
Boys	35,200	91,800	27,100	56
Girls	27,100	72,600	99,700	44
Of which autistic children in need	1,800	3,400	5,300	
Boys	1,500	2,700	4,200	79
Girls	370	710	1,100	21
%of autistic children in need	3	2	2	

These figures are estimates based upon the actual figures from 146 Local Authorities
Figures may not add due to rounding

Inspection Findings and SSI Monitoring

6.10 There is a wide range between authorities in the numbers of disabled children receiving services: it ranges from 0 to 94 per 10,000 children. Such variations cannot be explained by the prevalence of disability, and indicates a huge variation in the availability of services. Inspection findings found that better performing councils have good arrangements for pooled budgets for at least some services, such as those for disabled children.

6.11Few authorities have established schemes for making direct payments to young people with a disability.

6.12 Some authorities are still reporting difficulties in the arrangements for young disabled people to transfer into adult services. This is hard to justify, given that future needs are almost always known well in advance, and there is ample opportunity for advance planning and preparation for transfers to be well planned and co-ordinated.

Recent research findings

6.13 A project by the Audit Commission reviewed services for disabled children and their families in England and Wales. It revealed evidence of a lottery of provision, dependent on where families lived and how hard they pushed for services. There were examples of good, innovative practice and individuals who championed services for disabled children, but the review concluded that too often families were frustrated and confused by the maze of service providers; had long waits for information, equipment and treatment; and received services that were 'too little, too late'. The Commission identified the critical components of effective services for disabled children, and developed a set of tools to support improvement at all levels including a handbook for local operational staff and fact sheets for parents and carers.[22]

6.14 The Social Policy Research Unit (SPRU) conducted a survey of care coordination services for disabled children across the UK. This highlighted a similar lack of coordination between services providing for disabled children. Less than a quarter of local authorities responding to the survey at the end of 2002 had a care coordination service, and most of these schemes had temporary funding with only nine receiving permanent funding. However, fifty local authorities reported plans to develop a care coordination scheme within the next year.[23]

22 Audit Commission (2003) *Services for disabled children: a review of services for disabled children and their families.* www.audit-commission.gov.uk/disabledchildren/

23 Greco V., Sloper P. and Barton K. (2003) *Care co-ordination and key worker services for disabled children in the UK.* Social Policy Research Unit, University of York. www.york.ac.uk/inst/spru/pubs/rworks/jan2004-1.pdf

Chapter 7: Assessment and Decision Making

Objective: To ensure that referral and assessment procedures discriminate effectively between different types and levels of need and produce timely service responses.

INTRODUCTION

7.1 The Children Act 1989 places a duty on every local authority:

- to safeguard and promote the welfare of children within their area who are in need; and

- so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs (Section 17 (1)).

7.2 Assessing whether a child is in need and identifying the nature of those needs requires a systematic approach which uses the same framework for gathering and analysing information about all children and their families, but discriminates effectively between different types and levels of need. The Assessment Framework can be represented in the form of pyramid, with the child's welfare at the centre as shown in figure 7.1. The diagram emphasises that all assessment activity and subsequent planning and provision of services must focus on ensuring that the child's welfare is safeguarded and promoted.

Figure 7.1 The Assessment Framework[24]
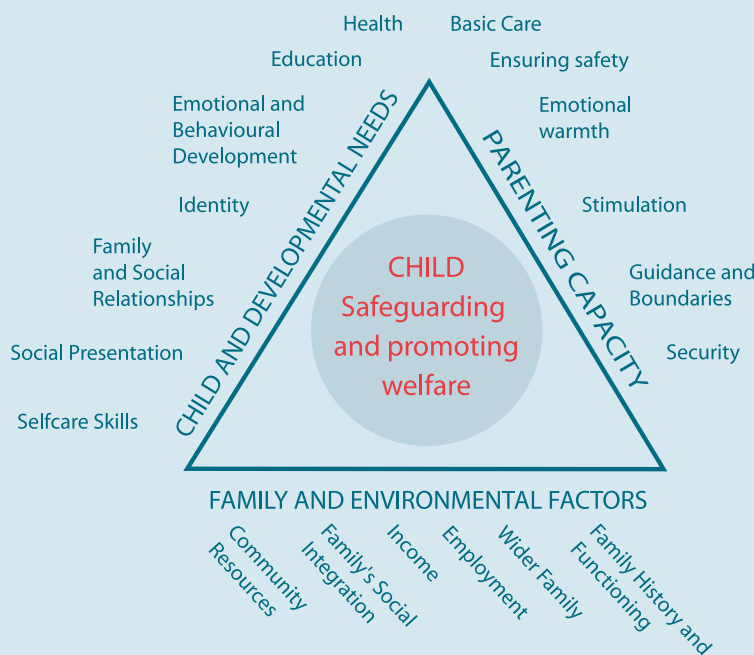
24 Department of Health *Framework for the Assessment of Children in Need and their Families*, London, The Stationery Office, 2000, pg17

Numbers of assessments carried out

Statistical update

7.3 263,900 initial assessments of children's needs were completed during the year ending 31 March 2003[25]. Nationally, 46% of referrals received an initial assessment. Referrals that received an initial assessment ranged from 100% in some councils down to 9% in others. This variation does not follow any obvious pattern by region or type, which appears to reflect councils' policy stances and the extent of implementation of the *Framework for the Assessment of Children in Need and their Families.*

7.4 Guidance requires that an initial assessment is carried out within seven working days of a referral or when new information came to light about a current case. In the year ending 31 March 2003, 57% of initial assessments on referrals were completed within seven days of the date of referral, an increase of 3% from 2002.

7.5 Core assessments are conducted in circumstances where a child's needs must be comprehensively understood, for example, when a child may be suffering or have suffered significant harm or is to become looked after by the local authority. In the year ending 31 March 2003, 55,700 core assessments were conducted which is a rate of 50 per 10,000 children under 18 years of age. Again there is marked variation between councils in the rates of core assessment. This appears to reflect different policies and practices rather than underlying levels of need.

7.6 Nationally 56% of core assessments are reported to have been completed within the required timescale.

Inspection Findings and SSI Monitoring

7.7 Many councils have introduced centralised units within social services to receive and respond to initial referrals. In most cases, these arrangements were judged to be working well, providing a more consistent response and better allocation of work.

7.8 Some authorities have deployed unqualified staff to receive the initial referrals and initial contacts. Some are working well, though the arrangements have caused concern. It is clear that if unqualified staff are used, they need to be carefully trained and supervised, and need close monitoring and management to ensure that standards are high, and that other agencies and social workers retain confidence in their work.

7.9 The SSI inspection of children's services found that in many local authorities, there remains concern about how well the Assessment Framework has been introduced, and there were serious concerns about the quality of assessments in some cases examined in

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25 National Statistics *Referrals, Assessments and Children and Young People on Child Protection Registers: Year ending 31 March 2003,* London, The Stationery Office, 2004

most local authorities. The most common concern was that assessment work was not consistently of a high standard and reliable. Many acknowledge that this is now a priority that needs to be addressed. In terms of the timescales for assessments, there is wide variation: a fifth of councils achieve 70% of initial assessments within 7 days, whilst a further fifth only achieve 20-30%.

Recent research findings

7.10 A pilot study funded by the Treasury was set up to assess the development of a multi-agency approach to assessment, which will underpin the Integrated Children's System, found that implementation across social services departments in both England and Wales was proving to be more complex and difficult than expected.[26] This was partly because the new system will need to cover all areas of children's services provision, and it requires changes in both practice and in the use of electronic information systems. However, there was a strong sense of inter-agency cooperation in each of the pilot authorities. Some difficulties had been encountered in sharing information about children between agencies, as has been reported in other studies.[27]

7.11 A joint study conducted by the Centre for Child and Family Research (CCFR) and TCRU examined information outputs. A key requirement for effective assessment and decision making is good quality information about children's needs and the services they receive. Managers and practitioners need to be able to extract information from their computer and information systems that will help them provide children and their families with a good service. Research into the 'core reporting requirements' for children's social services[28] found that the information systems in use in most local authorities were designed more for recording information than for retrieving and using it, especially in daily practice. This severely limited their usefulness and reduced the quality of the data they contained. The study provided a framework for classifying outputs from information systems and suggested what information local authorities need to be able to retrieve, and in what form, in order to plan, operate and manage their services for children more effectively.

26 Cleaver H. et al. (2003) *A pilot study to assess the development of a multi-agency and integrated approach to the delivery of services to children and their families: Progress Report. Royal Holloway College, University of London; Loughborough University; Open University and University of Wales, Cardiff.* Contact Hedy Cleaver: hedy@vsboats.com

27 Ward H., Elson L., Soper J. and Olsen R. (2003) *Costs and consequences of different types of childcare provision.* Final Report to the Department of Health. Contact Harriet Ward: h.ward@lboro.ac.uk

28 Gatehouse M., Statham J. and Ward H. (2004) *Information outputs for children's social services.* Centre for Child and Family Research, Loughborough University. Download from: www.dfes.gov.uk/qualityprotects/pdfs/outputs.pdf

Chapter 8: Participation

Objective: To actively involve users and carers in planning services and in tailoring individual packages of care; and to ensure effective mechanisms are in place to handle complaints.

INTRODUCTION

8.1 In 2002, the Department for Education and Skills published *Listening to Learn*, an action plan to involve children and young people. The plan set out what the Department wanted to achieve over the years to 2006. In May 2003, the first progress report was published, summarising the Government's progress against that vision and initial plans[29].

8.2 In August 2003, DfES commissioned the National Youth Agency to produce two guides entitled *Involving Children and Young People - An introduction and Involving Children and Young People - Where to find out more.* Both guides aimed to help those with a responsibility for promoting children and young people's involvement, whether at policy development and strategic level or at delivery level, to identify the resources that can best help them to do so.

Recent research findings

8.3 Two studies were commissioned by the Government to inform the development of participatory practice in children's services. The first provided a snapshot of the 'participation landscape' in summer 2003, drawing on the limited amount of existing research supplemented by a review of policy documents and discussions with key stakeholders[30]. It identified eight key aspects of a participation infrastructure that need to be in place for good practice to be developed and sustained: policy, budgets, champions, structures, specialist staff, training, guidance and monitoring. Structures and practice tended to be more developed in the voluntary than the statutory sector. Although there had been significant developments over recent years in the adoption of policies supporting children's participation, less had been achieved in embedding this commitment in everyday practice. In Wales, the Welsh Assembly Government had been influential in encouraging a more integrated development of policies on children and young people's participation.

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29 http://www.dfes.gov.uk/listeningtolearn/
30 Cutler D. and Taylor A. (2003) *Expanding and sustaining involvement: a snapshot of participation infrastructure for young people living in England.* A report of the Carnegie Young People Initiative, commissioned by the Children and Young People's Unit, DfES. www.carnegietrust.org.uk

8.4 The second study developed a database of nearly 150 organisations that had involved children and young people, covering a range of agencies, sectors and ages of children. Most participation was locally based and in small organisations or agencies, and was more likely to involve youth work or community regeneration than other areas, such as youth offending and the courts. Most participation focused on service delivery or development, with less attention given to policy or strategy development. Case studies of 29 organisations that had involved children and young people were used to develop a handbook to help organisations to move towards a more participatory culture[31].

31 Kirby P., Lanyon C., Cronin K. and Sinclair R. (2003) *Building a culture of participation: involving young people in policy, service planning, delivery and evaluation.* Research report. www.cypu.gov.uk/corporate/ participation/docs/buipartresearch.pdf

Chapter 9: Effective Regulation

Objective: To ensure that through regulatory powers and duties children in regulated services are protected from harm and poor care standards.

INTRODUCTION

9.1 In 2003, the National Care Standards Commission (NCSC) produced four reports on children's views which addressed complaints procedures, the role of the inspectors, health care and the Children's Green Paper[32]. These were the first set of statutory reports drawn up by the Children's Rights Director, a role established through the Care Standards Act (2000), to "ascertain the views of children about regulated services provided to them" and to "report such views to the Commission"[33].

9.2 Key provisions in the Adoption and Children Act 2002, relating to inter-country adoption, were implemented in summer 2003. From 1 June 2003, anyone in England and Wales who wants to adopt a child from overseas has to undergo the same procedure as they would if they were to adopt a child domestically, regardless of the country from which they wish to adopt or the nature of their relationship to the child.

9.3 The first phase of the framework for adoption support services came into force on 31 October 2003. The commencement of these provisions meets the Government's commitment to improve services and increase the support available to adoptive families, strengthening the stability and success of adoptive relationships.

9.4 The Independent Review Mechanism came into operation on 30 April 2004. It gives a prospective adopter the right to apply to an independent body for a review of his or her case if the adoption agency does not propose to approve him or her as suitable to be an adoptive parent.

9.5 The remaining adoption provisions in the 2002 Act have been grouped into five consultation packages of regulations and guidance, to be issued periodically from late summer 2003. Adequate time for preparation and training will be allowed between the completion of the regulations and guidance and implementation of the 2002 Act.

Statistical update

9.6 National Minimum Standards for adoption came into force on 30 April 2003 and apply to voluntary adoption agencies and local authority adoption services. Responsibility for the inspection and registration of voluntary adoption agencies in England transferred

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32 See: http://www.csci.org.uk/publications/childrens_rights_director_reports/
33 Statutory Instrument 2002 No.1250, The National Care Standards Commission (Children's Rights Director) Regulations 2002, HMSO 2002 http://www.legislation.hmso.gov.uk/si/si2002/20021250.htm

from that date to the National Care Standards Commission from the Secretary of State for Health. Local authority adoption services had previously been inspected as part of local authority children's services but from 30 April 2003 the NCSC began inspecting them as a separate entity. NCSC inspects all voluntary adoption agencies' and local authorities' adoption services once every three years.

Recent research findings

9.7 A study conducted by the Centre for Child and family Research (CCFR) focussed on the questions about the approval and training of foster carers, looking at the histories of young children who remained a long time in local authority care[34]. Different standards of approval appeared to apply to the assessment of kinship carers, foster carers and adopters. Some of the babies spent a large part of their lives with foster carers who were then rejected as potential adopters because they were unable to meet the stricter standards required for permanent placements.

34 Ward H., Munro E., Dearden C. and Nicholson D. (2003) *Outcomes for Looked After Children: Life pathways and decision-making for very young children in care or accommodation.* Centre for Child and Family Research, Loughborough University. Contact h.ward@lboro.ac.uk

Chapter 10: Skills, Training and Qualifications

Objective: To ensure that social care workers are appropriately skilled, trained and qualified, and to promote the uptake of training at all levels.

INTRODUCTION

10.1 In 2003 the Health and Social Care (Community Health and Standards) Act 2003 created the Commission for Social Care Inspection (CSCI), a single, independent inspectorate for social care in England. CSCI incorporates the work formerly done by:

- The Social Services Inspectorate (SSI)

- SSI/Audit Commission Joint Review Team

- The National Care Standards Commission (NCSC)

10.2 The Commission has a much wider remit than its predecessor organisations and its creation represents a significant milestone for social care. Bringing together the inspection, regulation and review of all social care services into one organisation allows for a more rational and integrated system.

Statistical update

10.3 The Workforce Intelligence Project Steering Group, led by TOPSS (England) (the Training Organisation for the Personal Social Services), has been set up to gather social care workforce data across the public, private & voluntary sectors. The aim is to create a national data warehouse to hold data on the social care workforce. Work is in progress within the Commission for Social Care Inspection. In due course, it is hoped to secure a clear picture of the levels of qualification and training in each of the care groups.

10.4 For the first time, information was collected on the number of staff holding management qualifications, broken down by job function. The data is based on responses from 84 social service departments and have been grossed to the equivalent of a 100% response. In total, 12,976 staff (4.7% of all SSD staff) held management qualifications at 30th September 2003. Overall, the most commonly held qualification was NVQ Assessor, accounting for more than two-fifths of the total.

10.5 The Social Services Workforce Survey (2003) reported, in relation to qualifications of children's social care workers:

- Between 2001 and 2003 the total number of field social workers (adult and child) undertaking studies more than tripled from 567 to 1,951. This includes secondments as well as bursaries and sponsorships.

- Between 2001 and 2003 the total number of field social workers qualifying in a Diploma of Social Work more than tripled from 166 to 545.

10.6 The General Social Care Council has reported that, in September 2003, 2,411 students registered for the new Social Work degree. However, despite these increases, the figure is clearly not enough to meet the current demand for children's social care workers. The highest vacancy rates were for care staff in children's homes, at 12.5%. 77% of managers reported that the single most common issue affecting recruitment for children's social care workers was the lack of suitably qualified applicants[35].

10.7 A third of the social service departments recruited children's social workers from other countries. Two-fifths of social service departments had improved pay for this job group, but this was less common for other jobs. Other measures listed by authorities included competency-based job descriptions, career pathways, the payment of 'bounties' to existing staff, young apprenticeships, student placements, trainee social workers and bursary schemes.

Inspection Findings and SSI Monitoring

10.8 Inspection reports showed that recruitment and retention of social work staff remains a major concern for many councils. Retention of children's social workers is an important issue faced by all social services. Around 65% of all local authorities reported retention difficulties for children's social workers, in particular for the year up to September 2003. This compares with under 30% for social workers in other services. Vacancies in social worker posts have increased over the past year. 20% of councils report that they have met less than 80% of their requirements for qualified and skilled social workers, and two councils were as low as 50%. Even for those who reported that they have 100% of the staff suitably skilled and qualified, for many, staff turnover meant that they are rarely all in post. The key reasons stated behind recruitment problems in children's social work was pay and the nature of the work involved.

Recent research findings

10.9 Two research studies reporting in 2003 provided information on the training and experience of workers in residential children's homes, and a third considered remuneration and performance in foster care.

10.10 A postal survey of staff working in residential childcare in England found that around three quarters were satisfied with their jobs and reported that morale was 'okay' or high. The single most important factor said to promote morale was good teamwork; with clear guidance, supportive management style, support from colleagues, access to

training and recognition of good quality work also mentioned. Over half of managers of these homes nevertheless reported difficulties in recruiting and retaining workers, and overall levels of training and qualification were not high: over a third of staff held no formal relevant qualification.[36]

10.11 A more extensive study of leadership and resources in children's homes, commissioned by the Department of Health[37], demonstrated that effective leadership could have an impact on outcomes for children, as well as on staff morale. Residents in homes where the manager was assessed as having clear strategies for promoting education and good behavior were more likely to do well on a wide range of outcomes. Staff in such homes were also more positive about the regime and its leadership. Managers with these 'effective' strategies were more likely to have a clear managerial position, for example having clear roles and a permanent post, and were more likely to be assessed as having an influence over their team and its practice.

10.12 The Department of Health also commissioned a major study of foster carers[38] which found that only five of the 16 local authorities had a clear training strategy for foster carers, compared to four of the five independent fostering agencies (IFAs). Although the majority of carers attended training events, and roughly two-thirds rated them positively, experienced carers often regarded training as repetitive and not sufficiently 'stretching'. Adequate support was even more important to foster carers than payment levels: only a minority would favour higher payment if it meant less support. Again, support in IFAs was more highly regarded than support in local authorities. Feeling supported by the fostering agency was found to be part of virtuous circles linked to participation in support groups, training, social events and a culture in which carers felt valued and listened to.

36 Mainey A. (2003) *Better than you think: staff morale, qualifications and retention in residential child care.* London: National Children's Bureau

37 Hicks L., Gibbs I., Byford S. and Weatherly H. *Leadership and resources in children's homes.*'Final Report to the Department of Health. Contact Leslie Hicks slh8@york.ac.uk

38 Kirton D., Beecham J. and Ogilvie K. (2003) *Remuneration and performance in foster care.* University of Kent at Canterbury. Contact d.kirton@ukc.ac.uk

Chapter 11: Resource Planning

Objective: To maximise the benefits to service users from the resources available, and to demonstrate the effectiveness and value for money of the care and support provided, and to allow for choice and different responses for different needs and circumstances.

INTRODUCTION

11.1 Understanding how resources are deployed to best effect in children's social care is not a simple matter. Measuring results is complicated because results can seldom be attributed to few, let alone a single, cause. Inputs are hard to quantify because of the scope for varied interpretations of need and service categories and different local accounting practices.

Volume of care and costs

Statistical update

11.2 The greatest pressure on the resources of Council with Social Services Responsibilities (CSSRs) in the provision of children's services is the volume of care provided to looked after children. In Children Act Reports we have traced the national impact of this pressure in terms of volume and costs trends.

11.3 In a typical week in February 2003, the CSSRs provided services to around 226,700 children (about 2% of the 0-17 general population). Of these, 62,300 (27%) were looked after children. However, in terms of cost, around 61% of the money spent by CSSRs in this week was spent on looked after children. To put this another way, while CSSRs provided services to over 2.5 times more other children in need than looked after children, they spent over 1.5 times more on looked after children. Breaking this down to a cost per child level shows that a looked after child costs (on average) over four times as much to provide services to than other children in need.

11.4 One of the reasons that costs for children looked after are higher than those for other children in need is that CSSRs have to pay for accommodation for the majority of looked after children. Numbers of children starting to be looked after per year have fallen from 28,400 in 1998-99 to 24,100 in 2002-03. However, the proportion of children starting to be looked after under full or interim care orders increased from 15% in 1998-99 to 20% in 2002-03. This is significant in terms of cost because the average length of care for children who ceased to be looked after in 2003 with a full care order legal status was around 2,180 days - ie just under 6 years. By contrast, the average length of care for children looked after under voluntary agreements is just over a year. The effect of this has impacted on the total number of children looked after which has steadily increased since 1994.

11.5 The reason that children and young people receive services is recorded in the form of need codes. Examination of these data show that children looked after are most likely to be in need because of abuse or neglect (55%), followed by disability (12%), and family dysfunction (10%). Likewise, other children in need are most likely to be in need because of abuse and neglect (27%), but also family dysfunction (13%), family in acute stress (12%) and again child's disability (12%).

11.6 The average cost per child by reason for being in need code shows that some needs have much higher average costs than others. For example, the average cost per week per looked after child in need because of socially unacceptable behaviour is £1,150. This compares to an average cost for each looked after child of £585.

11.7 The figure below traces five variables:

- number of children looked after at any time in the course of the year;

- volume of care provided expressed as the number of child days of care provided;

- total expenditure on children looked after;

- expenditure per child during the year;

- expenditure per child day of care.

Figure 11.1 Expenditure on looked after children, numbers of children looked after and number of days of care provided, years ending 31 March 1994 to 2003
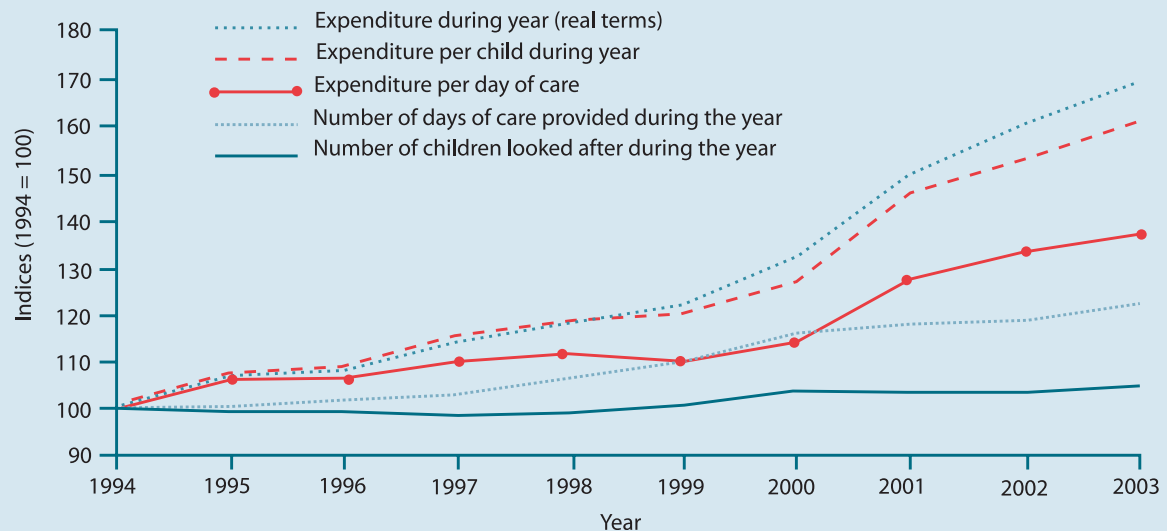
11.8 These trends continue to be consistent with the interpretation that cost pressures are mainly the consequence of the average child needing to be looked after for longer and hence forcing up the volume of care provided by councils. The cost per day of care has increased by 38% in real terms since 1994. However, there is a suggestion of possible unit cost inflation in the upturn in the expenditure per child per day between 2000 and 2003.

Time spent working on behalf of children

11.9 Findings based on cleaned data from the CiN Census 2003 suggest that workers spent around 36% of their time in activities that could not be attributed to children (non-child time). This is very similar to the figure from the 2001 census (38%). The amount of non-child time varies between different types of worker - for example, team leaders spent 44% of their time working directly on behalf of children, while social workers spent 67% of their time working with children.

Statistical data about the workforce

11.10 Between 2002 and 2003 the number of whole time equivalent staff directly employed by councils in social services jobs rose by 1%. However, of these, the number working in children's social services fell from 40,500 to 38,795. This represents approximately 18% of all social services staff directly employed in September 2003.

Inspection Findings and SSI Monitoring

11.11 The inspection reports highlighted that the majority of councils budgets continue to be set on an historic basis, and often are adjusted to adapt to pressures during the year. Budget setting based on strategic objectives is rare, but some authorities are making good progress.

11.12 There remains a wide variation in the resources committed to services for children and families compared with government allocations for these services the Formula Spending Share (FSS). The majority of councils are spending around 10% more on these services than their FSS, but the range is wide, with some spending nearly 50% above, and a few spending significantly below their allocation. The evidence is that this does have a significant impact, with higher spending authorities generally being better placed to develop preventative services, and less likely to experience major budget difficulties.

Recent research findings

11.13 The Centre for Child and Family Research (CCFR) conducted a study exploring similarities and differences in the needs, costs and experiences of nearly 500 children looked after by six local authorities identified factors that cause costs to vary.[39] These included the level at which decisions about placement are made, the threshold for accessing resources, whether it is an in-house or agency placement and the characteristics and needs of the child. This information has been used by the researchers to develop a computer based decision analysis model, which will allow agencies to

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39 Ward H., Elson L., Soper J. and Olsen R. (2003) *Costs and consequences of different types of childcare provision.* Final Report to the Department of Health. Contact Harriet Ward: h.ward@lboro.ac.uk

estimate the probable costs over a specific time period and the likely outcomes for children in different types of placement. The study demonstrated the importance of adopting a systems approach to evaluating services: expenditure on family support is likely to increase if numbers of looked after children are reduced. It also suggests that for some children, postponing service provision could be a false economy, since children who remain too long without adequate support are likely to eventually require more costly services and placements.

11.14 The high cost of not meeting children's needs was also demonstrated in a study of what happened to children who had been approved for adoption in the 1990s[40]. Children who were still not in a stable placement at the time of the follow-up (on average 7 years after placement, when children were aged between 7 and 21) cost seven times more than those who had been adopted, and spending on their care by the local authority was expected to continue and increase.

11.15 A third study, commissioned by the Department of Health, evaluated the outcomes and costs of therapeutic family support services (such as counselling, play therapy, parenting skills groups and family therapy) provided to 'high risk' families with a 'child in need' aged twelve or under[41]. Most parents and carers were positive about the services they received and found them helpful, but the analysis was unable to demonstrate any relationship between the costs of services and improved outcomes for children and families six months later. This was partly because such family support interventions were only a very small part of the total services which the families received, accounting for just 3% of the total cost for voluntary sector clients and 10% for social services clients.

40 Selwyn J., Sturgess W., Quinton D. and Baxter C. (2003) *Costs and outcomes of non-infant adoptions.* Hadley Centre for Adoption and Foster Care Studies, University of Bristol. Contact j.selwyn@bristol.ac.uk
41 Carpenter J., Tidmarsh J., Slade J. and Schneider J. (2003) *Outcomes and costs of therapeutic family support services for vulnerable families with young children.* Centre for Applied Social Studies, University of Durham. Contact j.s.w.carpenter@durham.ac.uk

Chapter 12: Court Activity

INTRODUCTION

12.1 A range of court orders are available under the Children Act 1989. These can either be under 'private' or 'public' law proceedings. Private law proceedings involve individuals who are seeking to make arrangements for children in which councils are not directly involved. In public law, the local authority usually commences the proceedings, in particular, in cases where there are issues of child protection.

Private law

Statistical update

12.2 The following table updates the figures for the number of orders made under each of the options available in section 8 of the Children Act 1989.

Figure 12.1: Numbers of Private Law Orders made in 2003 and 2002		
Type of Order	2002	2003
Residence	30006	31966
Contact	61356	67184
Prohibited Steps	8889	9487
Specific Issues	2940	3142
Family Assistance Orders	1299	1279

Public law

12.3 The following table updates the numbers of orders made in public law proceedings in the main orders available.

Figure 12.2: Numbers of Public Law Orders made in 2003 and 2002		
Type of Order	2002	2003
Emergency Protection Orders	1728	2061
Prohibited Steps	243	223
Secure Accommodation	526	641
Residence	2453	2866
Specific Issue	173	103
Care	6335	7387
Supervision	1538	2383
Contact	2725	2027

CAFCASS

12.4 The Children and Family Court Advisory and Support Service (CAFCASS), established in April 2001 to provide services that support vulnerable children in family court proceedings, continued to work to create a cohesive and effective national service during 2003.

12.5 The key challenge to the service, in partnership with the courts, is to reduce delays and to provide a consistent high quality service nationally.

12.6 Key developments during the year include:

- The Constitutional Affairs Select Committee enquiry into CAFCASS and the subsequent publication of its report;

- The introduction of the Protocol for Judicial Case Management in Public Law Children Act Cases; and

- Agreement, subject to parliamentary approval, to devolve CAFCASS Cymru to the National Assembly for Wales.

Child contact centres

12.7 Child contact centres play a vital role in facilitating contact, in particular in those cases where safeguarding a child from harm is an issue. This role has been recognised by their inclusion in the guidance issued for Local Strategic Partnerships.

12.8 Local child contact centre services have developed rapidly in recent years, benefiting in particular from a £3.5million joint DFES/Sure Start investment for the period April 2003 to March 2006. This funding has enabled the development of 14 new supervised contact centres, specifically aimed at filling the gaps in provision identified in 2002 by a mapping exercise carried out by the Lord Chancellor's Department (LCD) .

12.9 In May 2003 the LCD's Child Contact Centre Working Group launched national definitions for supported and supervised contact. The new definitions will help to ensure that children and their families are referred to contact centres that are best placed to meet their needs.