

**GLOBALISATION AND CHILD WELFARE: SOME
LESSONS FROM A CROSS-NATIONAL STUDY OF
CHILDREN IN OUT-OF-HOME CARE**

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I. INTRODUCTION

Globalisation is (appropriately) having an impact on child welfare policies as well as on related policy areas such as anti-poverty strategies. National and local government agencies are using research and practitioner and policy maker exchanges to learn from other countries in order to improve outcomes for vulnerable children and families.

Social work programmes at Masters and Doctoral levels are establishing collaborative links and exchange schemes between academics, researchers and social work managers in countries with diverse needs and populations. But there are also pitfalls associated with incorporating research findings and practice interventions from one country into the policy and practice of another. Alongside peer-reviewed research, routinely-collected administrative data can provide necessary context for these cross-national debates and initiatives. But even with these large data sets, inappropriate comparisons between apparently successful interventions in different countries can lead to misleading conclusions and inappropriate policy changes. (Even within countries, measuring 'success' of the interventions that aim to contribute to a good outcome for children entering care is complex, let alone the totality of the experience. Bullock et al (2006), Maluccio, Ainsworth and Thoburn (2000), Sellick, Thoburn and Philpot (2004) and several of the authors in Vecciato, Maluccio and Canali (eds) (2002) explore this question of outcomes and the different ways of measuring them.

The research on which this Monograph is based aimed to build awareness of similarities and differences between children in need of child welfare services in apparently similar countries, and in different states within the same country. The study focused on 'post-industrial' societies with broadly similar economies and

developed, though differing, child welfare systems. In discussions with policy makers, data analysts and researchers in these countries, possible explanations for these differences were identified.

The focus on children in ‘out-of-home care’ was selected as this stage in the process of helping and protecting vulnerable children was considered most likely to provide broadly comparable national or state level data. Most states collect data on children referred for a child welfare service, but the definition of such children (and therefore the numbers and rates of children referred) are extremely variable, depending as they do on widely differing legislative provisions and attitudes to the provision of public social services. In most European countries the emphasis, as in the four UK nations, is on child and family welfare. The threshold for receipt of a service is based on a definition of a vulnerable child who may suffer impairment to health or development without the provision of a service to the child, parents or carers (for example, as defined by the ‘in need’ definition in Section 17 of the England and Wales Children Act 1989). In contrast, in some countries, including the USA and some states in Australia and Canada, the emphasis is on investigating allegations of abuse or neglect, and providing a judicially mandated child protection service. In some of these countries, a broader family support service is provided, mainly by the independent child welfare sector supported by state subsidy, but data on children in receipt of these services are often not included within the public child welfare statistics. Rates of referral for a service are therefore likely to be more variable than rates of entry to public out-of-home care, since no country separates a child from the family of origin for other than short periods unless it is believed necessary to do so in the interest of the child.

Although apparently straightforward, even the ‘out-of-home care’ definition proved complex, and these complexities will be described in more detail when differences between the states are discussed. In England, Wales and Northern Ireland, since the England and Wales Children Act 1989 and the Northern Ireland Children Order 1995 were implemented, the term ‘in care’ has been replaced in official publications by the term ‘looked after’ to include all children in public out-of-home care (both those ‘accommodated’ at the request of the parent (Children Act 1989, Section 20) and those subject to a ‘care order’ (Section 31)). It is interesting to note, though, that the Green Paper on children in public care (HMG 2006) reverts to the terminology of ‘in care’. In Scotland, the term ‘supervision requirement’ is used for those supervised at home as well as in out-of-home care, and ‘under supervision requirements with a condition of residence’ or ‘in placement at the request of a parent’ (Children (Scotland) Act 1995) were the ‘thresholds’ for inclusion in this study. Similarly, in some other European countries ‘in care’ can include children living at home (as with the Italian ‘in carico’ meaning receiving a service concerned with the care of the child whether at home or away) and here ‘in placement’ or ‘in placement outside the family’ have to be used. In most countries, the majority of children entering public out-of-home care in a given year do so at the request of a parent under provisions that are more or less voluntary. As in the UK, those entering care via the courts tend to stay longer and to comprise a larger proportion of those in care at any point in time. In the USA and Canada most children coming into care do so under a court order, although in some states small numbers may be in care for very short periods by voluntary agreement.

The methodology for the study built on a completed project involving the reanalysis of data on children looked after in 24 English local authorities (Dickens et al, 2005; Schofield et al, 2005). Some preliminary work on USA statistics was undertaken under the auspices of an International Fellowship at the University of Chicago Chapin Hall Research Centre and the project was discussed with child welfare research colleagues from several countries. The countries (states) included were: Australia (New South Wales and Queensland), Denmark, France, Germany, Ireland, Italy, Japan, New Zealand, Norway, Spain, Sweden, UK (England, Northern Ireland, Scotland, Wales) and the USA (Illinois, North Carolina, Washington). These represent a range of different approaches to child welfare in three continents. Academic colleagues in these countries provided relevant references and web addresses, information on their child welfare contexts and systems, and, in most cases, introductions to policy makers and data analysts in these countries. Preparatory work was undertaken using internet sites, and published data, and research reports. However, in most cases it proved necessary to visit the countries to seek clarification on points of interpretation¹.

In this Monograph, a brief commentary on the nature of the data is followed by an account of the use made of out-of-home care in the countries studied. This is followed by a more detailed account on the four UK nations. The concluding chapter discusses the impact of the differences identified. This is followed by a discussion of the impact these contextual and policy differences may have on the rates in out-of-home care in apparently similar countries, and how these differences may impact on

¹ For Denmark, Germany, Ontario and Spain no visit to the country/ province was made and data were collected from the internet and links with academic colleagues.

outcomes for the young people. It must be stressed at this stage that this is not an in-depth analysis of the child welfare systems in these countries, nor does it seek to compare in any depth the systems for providing out-of-home care. The journal *International Social Work* is a rich source of information on the growing number of comparative child welfare studies, as are the overviews of comparative empirical research of Shardlow and Cooper (2000) and Shardlow and Walliss (2003) and the chapters on foster care in 10 countries in Colton and Williams (2006). The focus here is on the data and the contextual factors that may be contributing to similarities and differences.

II OVERVIEW OF THE COLLECTION OF ADMINISTRATIVE DATA

The extent of routine collection of data on children in care varies considerably between the countries in the sample. In England, Wales and Northern Ireland; Denmark; Japan; New Zealand; Norway; Sweden and the USA, there was a government-mandated requirement for all child welfare agencies to provide, for each child entering publicly-funded out-of-home care, information on a small number of key variables that could be readily analysed using statistical packages. This happened both in countries where child welfare services are provided on a national or State basis (as, for example, with New Zealand or Washington State in USA) or is delegated to quite small (sometimes very small) local communities (as with Japan, Sweden and North Carolina in the USA). Sweden, which had a large amount of delegation to sometimes very small communities has a particularly well developed system requiring all authorities to submit data annually using a standardised data collection schedule. In some countries (Australia, Canada, France, Italy) data were available for inclusion in this project at the State / local level, but could not be reliably aggregated to provide a national picture because different legislation and data collection protocols meant that data were supplied only in aggregate form, and often not using the same counting protocols. For countries with federal constitutions (Australia, Canada and the USA) data for this study were analysed for a sample of States: and UK data are analysed separately for England, Northern Ireland Scotland and Wales. In some countries (for example, Italy) data on children in residential care and in foster care were compiled separately and could not be aggregated because of

double counting resulting from movement between the two settings. For Italy, a very detailed, though now somewhat dated, national survey was available and research studies supplemented the administrative data for other countries included in the sample.

In all the countries and states/provinces included in the study, the importance of the collection of reliable administrative data was recognised. Child welfare agencies at federal and state level in those countries with less well developed data collection systems were seeking ways to improve the availability and reliability of their statistics. However, it is in those countries with a strong performance measurement culture, often linked with financial measures used as either ‘carrots’ or ‘sticks’ to reward or sanction ‘over’ or ‘under’ performing agencies, that the collection of data to operate these systems is most fully developed. In the USA, the 1997 Adoption and Safe Families Act requires states to provide the data on a series of performance measures based around ‘permanence’ policies (defined as seeking to minimise the length of a child’s stay in care by reunification with the parents, placement for adoption, or exit from care through guardianship orders made to kin or other foster carers) (Barth, 1999). In the four nations of the UK (especially in England) a performance culture which rewards successful permanence measures (including, as in the USA, the early exit of children from care through reunification, special guardianship or adoption, but also including the achieving of placement stability for those in care) is also associated with a robust data collection system (DfES and National Statistics, 2006; see also Dickens et al 2005, and Schofield et al 2005). Australia and New Zealand also use administrative data to enhance the monitoring of performance measures, including the absence of re-abuse in care, the placement of

children wherever possible with families of a similar heritage, and stability in foster family or kinship placements. Neither of these countries uses adoption without parental consent as a route out of care for other than a very small number of children, and legal guardianship or stability in long-term foster care are the preferred routes to permanence. Japan, Denmark, Norway and Sweden also have well-developed data collection systems, but these are linked more to the provision of data for policy formation and service planning purposes and the performance measurement culture is less in evidence. In Sweden, there is a long tradition of using a child's unique identifier (allocated at birth or on entry into the country as an immigrant) to provide social statistics on each cohort of children as they move into and through their adult lives. This allows for the provision of long term outcome data for children entering care as can be seen from the article by Hjern, Vinnerljung and Lindblad (2004) on suicide rates in adoptees and amongst those admitted to care as young children. Cohort studies in the USA specifically on children in care are starting to provide similar longitudinal data and in some states this can be linked with general child population data (Barth et al, 2005; Courtney et al, 2005; Northwest Foster Care Alumni Study, 2005; Wulczyn et al, 2003).

All countries that have a state supported system of public out-of-home care require the collection of data for purposes of financial accountability, so that local authorities or independent sector agencies actually providing the service can be reimbursed, and this is at the moment the main reason for the collection of data in most countries. In the absence of a performance target culture of accountability, Italy France and Ireland are more relaxed about the provision of data. Denmark, Norway and Sweden have strong research traditions and data collection is valued as an aid to policy making and

to knowledge based practice. In Italy and France, commissioned research, rather than the routine collection of administrative data, is the main source of information for planning purposes (Dumaret et al, 1997; Frechon, 2001; Innocenti, 1999).

Another important question concerns how administrative data collection systems fit with the collection of case management data. It clearly makes sense (in terms of saving caseworker time in form completion) to combine the collection of administrative data and case management data. However, this is less easily said than done, since the purposes and requirements of appropriate systems are different. In England and Wales, the separating out in the 1990s of the system for the collection of administrative data from case management data has ensured the provision of robust information on key variables at a national level, whereas the attempt to combine the two systems (and conflicts about what might constitute a minimum data set on each child and family) have delayed the process in some other countries. With improvement in information technology, it should become possible to have systems which fulfil the needs of a robust minimum data set on all children entering care for planning and monitoring purposes, cost data for financial accountability purposes, and the collection of case management data within the same system, provided that each child has an agreed identifier used by all parts of the child welfare system. Some large child welfare agencies in the NGO sector such as the Casey Foundation (Northwest Alumni Study, 2005) have achieved this, and some USA states in collaboration with Schools of Social Work are close to or have managed to develop such systems (University of North Carolina, 2006; Wulczyn et al, 2003). But discussions in other countries indicate that ‘the best’ can be ‘the enemy of the good’ and the collection of robust data that can be aggregated at a national level are being held up by

disagreements between case managers and national planners about what the mandatory fields for data entry should be. With social workers in statutory child care agencies in all countries having high caseloads, a system that has more fields to be completed than absolutely necessary for the provision of high quality planning data can (and does) result in non-compliance, or in variables with too much missing data to be useful. The Looking After Children data system developed in England but also used in Canada and Australia and some other countries started as a system for measuring outcomes but has developed in a way that works best as a case management system (Bailey et al, 2002).

When trying to make sense of data on out-of-home care (whether for children, disabled people, or frail older people) it is importance to differentiate between three sets of data:

- Those actually in care on a given date each year (referred to as an ‘in care’, ‘snapshot’ or ‘stock’ population);
- Those who enter care at any time during a twelve month period (an ‘entrants’ or ‘flow’ population);
- Those who experience the in-care service during the year (a combination of the first two, but also including those in care at the start of the year but who left during the year, but avoiding ‘double-counting’).

To illustrate the importance of clarity about these different data sets, for the UK the rate of entrants to care in 2004-5 was 23 per 10,000; the rate in care on 31 March 2005 was 60 per 10,000 and the rate in care at any time in the year was 76 per 10,000.

Table 1 Children in out-of-home care at a given date and rates in care per 10,000 children under 18*

COUNTRY/STATE (year of data)	(Estimated) 0-17 POPULATION	0-17 IN CARE POPULATION	RATE PER 10,000 <18**
Australia (2005)	4,803,218	23,695	49
Australia/NSW (2005)	1,591,813	9,230	58
Australia/Qnsland (2005)	969,553	6,657	58
Canada/Alberta (2004)	771,316	8,536	111
Canada/ Ontario (2005)	2,701,825	17,324	64
Denmark (2005)	1,210,566	12,408	102
France (2003)	13,426,557	137,085	102
Germany (2004)	14,828,835	110,206	74
Ireland (2003)	1,015,300	5,060	50
Italy (2003)	10,090,805	38,300	38
Japan (2005)	23,046,000	38,203	17
New Zealand (2005)	1,005,648	4,962	49
Norway (2004)	1,174,489	8,037	68
Spain (2004)	7,550,000	38,418	51
Sweden (2004)	1,910,967	12,161	63
UK/England (2005)	11,109,000	60,900	55
UK/N.Ireland (2005)	451,514	2,531	56
UK/Scotland (2005)	1,066,646	7,006	66
UK/Wales (2005)	615,800	4,380	71
USA (2005)	74,000,000	489,003	66
USA/Illinois (2005)	3,249,654	17,985	55
USA/ NCarolina (2005)	2,153,444	10,354	48
USA/Washington (2004)	1,509,000	8,821	58

* See detailed notes on sources and other contextual comments in Appendix 1.

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

Data on the first were available from all countries and States (table 1). These data can provide important information for those planning the service for the current 'in care' population. However, they are less useful as a background to the formulation of plans

for the future, since many of the children will have come into care several years earlier when policies and circumstances may have been very different.

Table 2 Children 0-17, entrants into care in a given year, and rates per 10,000 under 18 (dates are for the 12 months preceding the date in table 1)

COUNTRY/STATE	CHN 0-17 IN POPULATION	ENTRANTS INTO CARE	RATE PER 10,000 <18
Australia	4,803,218	12,531	26
Australia/NSW	1,591,379	3,105	20
Australia/Qnsland	969,553	3,198	33
Denmark *	1,210,566	3,578	30
Germany **	14,828,835	44,780**	30**
Japan	23,046,000	12,807	6
New Zealand	1,005,648	2,441	24
Norway *	1,174,489	1,506	13
Spain	7,550,000	13,305	18
Sweden *	1,910,967	6,115	32
UK/England	11,109,000	24,500	23
UK/N.Ireland	451,514	935	21
UK/Scotland	1,066,646	2,525	24
UK/Wales	662,389	1,709	27
USA	74,000,000	311,000	42
USA/Illinois	3,249,654	5,385	16
USA/N Carolina	2,153,444	5,996	28
USA/Washington State	1,513,360	7,846	52

* For purposes of comparability, the figures in this table are for those aged 0-17 on entering care. In Denmark young people can enter care up to the age of 23. 489 were over the age of 18 at entry. Around 130 young people in Norway entered care when over the age of 18. The upper age for entry into care in Sweden is 20 and for leaving care is 22. Consequently the actual number entering care in 2004 was 7,194 (including 1,079 who were aged 18 plus). A small number of children enter care in France and USA when aged 18+.

** This total includes those who entered more than once during the year, so the rate is likely to be lower than that shown. It is possible that this also applies to other countries that do not use a 'child as unit of return' reporting system. Additionally, there were 2402 placements of young adults entering care during 2004.

More useful for understanding current policies and the way in which the placement service is used in different countries are the data on children entering care over a recent 12 month period (table 2). However these data were not so readily available. Even less available were data on the total number experiencing an out-of-home

service in a given year, which can give a more accurate idea of the number of children whose lives are impacted on by this service. Tables 1 and 2 give the data on numbers and rates per 10,000 children aged 0-17 in care at any one time and those entering care in a given year (chosen as the most recent year when numbers in care/ entering care and reliable child population estimates were available). The column on total child population demonstrates the wide variations in population size between the countries included in this study. Denmark, New Zealand and the Republic of Ireland, with child populations of just over a million, are facing very different policy and service management issues than the USA with 23 million, and with some States having much larger populations than some nations.

The relationship between these two data sets is interesting and is influenced by the length of time in care. When comparisons are made between interventions and outcomes across national boundaries, it is important to look at short and long stay children separately as the sort of services that are needed, both to prevent unnecessary admission and to provide appropriate services to child, parents and carers when in care, will be different. Length of stay is influenced by the age on coming into care (those who enter when older by definition have fewer years left to stay in care, even if they remain until adulthood) and also by placement policies for children in care and the legal and policy context with respect to exits from care.

III EXPLANATIONS FOR DIFFERENCES BETWEEN COUNTRIES AND BETWEEN STATES WITHIN COUNTRIES

Societal norms, social policies and national income

It can be hypothesised that rates in care and the profiles of those entering care are likely to be influenced by cultural norms and attitudes towards the family, and the pace of change in family and social life. Japan, a country with a strong family tradition, low divorce rate, a low rate of single parent families and, until recently, high stability in employment and low rates of unemployment, provides the clearest illustration of this. Similar factors also are likely to explain to some extent the comparatively low rate of care entrants in Italy and Spain. Attitudes towards the family, possibly influenced by religious beliefs, also have an impact on the willingness of states to become involved in decisions about parenting and family life, and particularly the willingness or otherwise to use court or administrative powers to take children into care, keep them in care, or place them for adoption against the wishes of parents.

For this group of 'rich' countries, the wealth of the country appeared to have little impact on in care rates. The USA, Sweden and Norway, each with high incomes per head of population, have widely differing rates entering care (40 per 10,000, 32 per 10,000 and 13 per 10,000 respectively). (It should be stressed, though, that very different considerations apply with countries with very low incomes and insufficient resources to provide out-of-home care and other child welfare services for those who need them).

In contrast, detailed discussions with researchers and child welfare managers indicated that the profiles of those entering care and lengths of stay in care appeared to be influenced by political ideologies. Specifically, decisions on the resources to be devoted both to general health and child welfare services such as income maintenance, housing support, day care and to more targeted anti-poverty and family support strategies impacted on the reasons why children entered care. For example, expenditure on child and family health and community services in Japan and Scandinavian countries contributed to a low rate of young children entering care for reasons of neglect.

Age at entering care

As well as impacting on the statistics, the age profile of children entering care will make a difference to placement policies. Table 3a shows that there are big differences between countries in terms of whether the out-of-home care service is essentially serving young children or teenagers, or has a broader age mix.

It can be seen from this table that a major focus for the out-of-home care service in the USA, Japan and Australia is children under the age of five, and that there is a similar, though less marked pattern for England. However, within this young age group there are differences with respect to the very youngest (those leaving parental care when under the age of 12 months). A high proportion of those coming into care in England and Wales (16% and 20% respectively) is less than a year old. In this respect one can see big differences within the USA, with almost a quarter of all the children coming into care in Illinois, but only 16% in North Carolina, being under the

age of 12 months. In Japan, 49% of those coming into care were under the age of five, but only 7% were under the age of 12 months. Australia, Germany, Italy, Japan, New Zealand and Northern Ireland have fairly large proportions of care entrants in the five to nine age group. At the other end of the age spectrum, the out-of-home care service in Germany, Norway and Sweden, and to a slightly less extent Ireland and New Zealand, have as a major focus a service to adolescents. In contrast to New Zealand, which has a not dissimilar population and set of child welfare issues, teenagers in Australia make up a much smaller proportion of those entering care.

Table 3a Age at entry to out-of-home care

COUNTRY/ STATE	0-4 (<12 mths in brackets)	5-9	10-15	16-17	18+
Australia	38% (13%)	27%	27%	8%	
Australia/NSW	39% (14%)	26%	28%	7%	
Australia/Qnsland	41% (15%)	27%	26%	6%	
Canada*	27% (0-3)	12% (4-7)	20% (8-11)	42% (12-15)	
Canada/Alberta**	34% (15%)	20%	35%	12%	
Denmark	12% (5%)	12%	31% (10-14)	41% (15-17)	4%
Germany	15% (0-5) (4%)	28% (6-11)	23% (12-14)	28%	5%
Italy (foster care)	34% (13%)	37%	29% (10-17)		
Italy (res. care)	30% (0-5)	20% (6-11)		20% (12-17)	
Japan	49% (7%)	28%	20%	3%	
New Zealand	34% (14%)	19%	47% were	Aged 10-17	
Norway	23% (0-5)	18% (6-12)		51% (13-17)	8%
Sweden	12% (0-3)	15% (4-9)	24%	34%	15%
UK/England	35% (17%)	18%	40%	7%	
UK/N.Ireland	27% (11%)	31%	36%	7%	
UK/Wales	38% (20%)	19%	40%	2%	
USA	38% (15%)	20%	23%	20%	
USA/Illinois	54% (0-5) (24%)	21% (6-10)	20% (11-15)	5% (16-18)	0.1%
USA/N Carolina	43% (0-4) (17%)	21% (5-9)	23% (10-14)	13% (15-17)	
USA/Washington State	43% (0-5)	20% (6-11)	27% (12-15)	10% (16+)	< 1%

* Figures from 2001 Incidence Study, Child protection cases only

** These figures only concern children who had Permanent Guardianship Orders granted in March 2004.

Within this ten plus age group, only in Norway and Sweden of the countries studied is a substantial proportion of those starting to receive an out-of-home care service in the 15 plus age bracket. In England more than in other countries the service is focused on children aged 10 to 14 (47% of those coming into care).

Table 3b Age groups of children and young people in care on a specified date

COUNTRY/ STATE	0-4	5-9	10-15	16-17	18+
Australia	24%	31%	32% (10-14)	13%(15-17)	
Australia/NSW	20%	34%	34% (10-14)	11%(15-17)	
Australia/ Queensland	30%	30%	29% (10-14)	12%(15-17)	
Canada/Alberta	19%	24%	34% (10-14)	22%(15-17)	
Canada/ Ontario	21% (0-5)	31% (6-12)		40%(13-17)	8%
Denmark	6%	16%	43%	25%	10%
France	16% (0-5)	22% (6-10)	32% (11-15)	16%	14%
Germany*	8% (0-5)	23% (6-11)	19% (12-14)	25%(15-17)	25%
Ireland	20% (0-5)	35% (6-12)	10% (13-14)	20%(15-16)	15%(17-18)
Italy (foster care)	12%	31%	53% (10-17)		4%
Italy (res. Care)	12% (0-5)	40%(6-11)		44%(12-17)	
New Zealand	22%	27%	41% (10-15)	8% (16+)	
Norway	12% (0-5)	31% (6-12)		43%(13-17)	14%
Sweden	6% (0-3)	16% (4-9)	28% (10-14)	32%(15-17)	18%
UK/England	19%	20%	44%	18%	
UK/N.Ireland	16%	34% (5-11)	32% (12-15)	17%	
UK/Scotland**	18%	35% (5-11)	35% (12-15)	12%	
UK/Wales	22%	24%	42%	12%	
USA	28% (0-5)	20%(6-10)	24% (11-15)	24%(16-18)	5% (19+)
USA/Illinois	28% (0-5)	21% (6-10)	24% (11-15)	17%(16-18)	8%(19+)
USA/N Carolina***	32% (0-5)	24% (6-10)	29% (11-15)	12%(16-18)	<1%(19+)
USA/Washington State***	41%(0-5)	27% (6-10)	24% (11-15)	11%(16-18)	<1%(19+)

* In Germany young adults can remain within the care system until the age of 27

** This low proportion of older children is influenced by the fact that 151 children who entered care through the courts for reasons of delinquency are not included in the care and protection statistics, even though the service is provided by the same service.

*** Data from AFCARS for 2002..

Table 3b gives the data on age groups for children in care on a specified date and includes those who remain in care when over 18 in those states where legislation

allows for this. The differences remain but have less to tell us about current policies as the ‘in care’ data is influenced by past policies and trends. A larger proportion in the older age groups in this table may indicate that more young people enter care when older, or that children entering care when younger remain longer than in some other countries.

Table 4 Main reason for entering care or being in care for those countries/States for which data were available (percentages for those in care at a given date in brackets)*

COUNTRY/ STATE	Abuse/ neglect (in care in brackets)	Parental disabil. /illness (in care)	Disabil./other probs of child (in care)	Abandoned / no parent (in care)	Relationship/ other family probs including addictions (in care)
Australia/NSW	42%	8%			43%
Denmark**	6%	6%	56%	5%	27%
Ireland***	(31%)	(1%)	(3%)		(65%)
Japan	20%	16%	3%	25%	35%
Sweden	Abuse included in fam. probs.		Approx 50%		Approx 50% family probs.
UK/England	48% (62%)	8% (6%)	9% (7%)	11% (8%)	24% (17%)
UK/Wales	48% (68%)	8%	10%		28% (13%)
USA****	>90%				
USA/Illinois****	>90%				
USA/N Carolina****	>90%				
USA/Washing-ton State	Approx 66%		Approx 16%		Approx 16%

* These data were not available for all countries and were reported differently for others, sometimes with only ‘main reason’ given and sometimes reported on an ‘any which apply’ basis.

** The way in which these data were reported in Denmark changed in 2006 (see detailed Denmark report on Monograph website)

*** No detailed national data available. These percentages are for Mid-Western Health Board.

**** Because almost all children in USA enter care through the courts (where some form of parental maltreatment or failure to protect has to be evidenced) detailed information on others reasons for entry are not usually available.

Table 4 gives information on the main reasons for entering care for those countries for which these data could be obtained. Whilst in the USA around 66% do so mainly for reasons of abuse or neglect, this applied to only 20% in Japan where relationship problems were the reason most frequently given. Where data are available both on reasons for entering care and reasons for being in care on a given date, it can be seen that those entering care for reasons of abuse or neglect remain longer and therefore form a larger proportion of the 'stock' population. The table also shows that illness or disability of a parent, and disability of the child figure more highly in some countries. It should be noted here that a factor explaining some of the difference between countries (though not a large contributor) is whether there is a separate system (and separate statistics) for providing out-of-home care services for children with disabilities, including learning disabilities, and those with mental health problems or emotional and behavioural difficulties. In most countries, other than short stays in acute health service facilities, those needing longer periods away from home are included in the 'in care' statistics. In England, Northern Ireland, Scotland and Wales those becoming looked after for agreed period of respite are omitted from the main set of statistics, whereas in other countries they are included amongst care entrants. This will make little difference to the 'stock' population as not many will actually be in care on the 'census' date, but will explain, for example, some difference between rates of entry if those entering care for reasons of respite (often disabled children) are included in the main statistics. For England, if those who started to be looked after as a part of a series of short term placements are included, the rate entering care during a year goes up from 23 per 10,000 under 18 to 32 per 10,000. Japan is the only country amongst those in the study in which actual abandonment or parents' unwillingness to provide care for a child still figure to any notable extent as reasons for entry to care

(although this has to be seen in the context of much lower absolute numbers entering care).

Ethnicity as an influence on rates in out-of-home care

The question of the over-representation of some ethnic groups within in-care populations has been a subject for concern in several countries (see Thoburn, Chand and Procter, 2005; Kierwen and Herbert 2000). This clearly overlaps with an association found by many researchers between poverty and material and environmental deprivation and the need for out-of-home care. There is strong evidence from many countries that members of some minority ethnic groups are more likely than majority populations to be in poverty, compounded by low quality housing and insecure tenure, and to live in debilitating and often dangerous environments where often racial discrimination and racist abuse add to the stresses of family life. Such differences are compounded in some countries by a history, especially amongst indigenous groups, of abuse of alcohol and drugs. Because there are big differences in the ethnic composition of different States within countries, it may not be immediately obvious that the ethnic diversity of a country is impacting on the rate of children either entering or being in care in that country. Closer scrutiny of the administrative data of those countries which monitor data on race and ethnicity shows that two groups are particularly likely to be over-represented in care, and that they are more likely than children from majority communities to be in care as a result of court intervention. In the USA, it is African American and native American children who enter care in greater numbers than their presence in the population would predict, and in England it is children of African Caribbean, and mixed African Caribbean and white heritage. Some other, more recent immigrant groups, such as Hispanics in the

USA and black Africans in the UK are also slightly over-represented. In the countries in this study for which data are available, children of East and South Asian heritage are under-represented amongst those in care. Dickens et al (2005) and Thoburn et al (2005) provide fuller discussions on this point with respect to the statistics for England and show that urban areas with large numbers of children of South Asian heritage have lower rates of children in care than would be expected given the extent of housing deprivation and low income in those areas.

A particular issue highlighted by a cross-national study of this nature, is the over-representation amongst those in care of indigenous children. In Australia, where children of Aboriginal or Torres Straits heritage comprise only 4% of the nought to 17 population, their over-representation in care and amongst those coming into care does not clearly show up in the 'in care' or entry into care rates. However, when looked at as a separate group, the in care rate for Aboriginal children is 264 per 10,000 whilst that for the non-Aboriginal population is only 39 per 10,000. In New Zealand, Maori children (a larger proportion of the country's child population than is the case for Aboriginal children in Australia) are also over represented in care but to a lesser extent than in Australia (24% of the child population and 35% of those in care are of Maori heritage). The same over-representation is to be found for Native American and Native Canadian children, though for some USA States the data on this are not so clear because some children in the care of the tribal authorities are not included in the national statistics (Government Accountability Office, 2006).

Legislation on entry and exit from care and placement policies

Length of time in care, ages of children in care and therefore rates in care on a given date are influenced by legal routes into and out of care. Data on length of time in care are collected differently in different countries which makes comparisons difficult (table 5 illustrates this point although differences in the way data are collected make comparisons difficult). To give an idea of the variation, the average length of time spent in care by children who left foster care in Germany was four years, compared with less than 12 months as the average for children leaving care in Sweden, 2.1 years in England and 1.8 years in the USA. However, the ‘average’ does not convey the complexity of the very wide range.

Table 5 Length of time in care*

COUNTRY/ STATE	Average (sometimes median) time in care of those leaving care	% in care who have spent longer periods in care
Australia		48%: <2 yrs; 26%: 5+ yrs
Australia/NSW		35%: 5+yrs
Austr/Qnsland		28%: 2+yrs; 10%: 5+yrs
Denmark	3.4 years	66%: 2+yrs; 37%: 5+yrs
France (Paris only)		3%:10+yrs
Germany (foster children)	4 years	
Ireland**		44%: 5+yrs
Italy (foster care only)		57%: 2+yrs: 25%: 6+yrs
New Zealand	2.8 yrs	46%: 2+yrs
Sweden	9mths vol care: 17mths compulsory care	
UK/England	2.1 yrs	33%: 4+yrs
UK N.Ireland		51%: 3+ yrs
USA	1.8yrs	30%: 2+ yrs
USA/Illinois	3.1yrs*	
USA/N Carolina	14 mths	
USA/Washing- ton State	< 6 months	

*In countries/ states where young people can remain in care beyond the age of 18 the average length of time in care is likely to be longer. The average figure conceals wide variations with those (the minority in all countries) leaving care at 17+ having longer stays. In Denmark, for example, the average length of stay of those leaving care between the ages of 0 and 17 was 2.3 years but for those aged 18+ it was 4.3 years and 30% of the care leavers in this age group had spend 5 or more years in care. 48% of those 18+ in care had spend 5+ years in care.

** No national data available. These percentages are for Mid-Western Health Board

Broadly, countries that have gone down the route of controlling welfare spending by introducing performance targets- principally Canada, the UK nations and the USA, and to a lesser extent, Australia and New Zealand, tend to see coming into care and remaining in care as something to be avoided. In these countries the out-of-home care system is closely linked with the systems for intervening when children are maltreated or abused by parents. In other countries, notably Denmark, France, Germany, Ireland, Italy, Norway, Spain and Sweden, whilst the child welfare system is concerned to prevent maltreatment and the need for out-of-home care, placement away from home is seen as a necessary part of their family support and child mental health systems. In most of the countries studied, some of the children in out-of-home care are there with the consent (sometimes reluctant) of parents. However, the use of out-of-home care as a family support measure is comparatively unusual in the USA and data on the small proportion of 'voluntary admissions' are not routinely provided. In contrast, in Japan (over 90%) and Sweden (around 85%) of those who enter care do so under arrangements agreed with parents and/or the young people themselves (see table 6).

These policy and legislative differences probably cancel each other out in terms of rates (a partial explanation for the broadly similar rates in care in the majority of the countries studied) but show up in the differences in the characteristics of the in-care populations. Countries and states with more universal policies are likely to have fewer children coming into care because of poverty and deprivation-related factors.

However, those states with a more positive view of out-of-home care as part of the family support and mental health services are likely to have lower thresholds for entry into care, thus admitting more children at an earlier stage in problem development and

contributing to higher rates in care. The UK (and especially England under New Labour policies) falls between these two. On the one hand, financial and housing support is still provided as of right to most low income families (which should reduce the need for entry into care) and there is a strong performance climate giving a message that admission to care should be avoided if at all possible.

Table 6 Legal status of children entering care (and in care) on a specified date

COUNTRY/STATE	Parental request or with parental agreement ('in care' in brackets)	Court/ committee decision ('in care' in brackets)	Criminal justice order
Australia/NSW	(14%)	(86%)	
Australia/Qnsland	(11%)	(89%)	
Canada*	48%	52%	
Canada/Alberta	(11%)	(89%)	
Denmark	92% (91%)	8% (9%)	
France	Approx 33% (13%)	Approx 66% (87%)	'in care' but data collected separately
Germany (res care)	(85%)	(15%)	
Germany(foster care)	(70%)	(30%)	
Ireland**	(36%)	(64%)	
Italy	(25%)	(75%)	
Japan	> 90% (>90%)	<10% (<10%)	
Norway	(31%)	(68%)	
Spain***	76%	24%	
Sweden	85% (66%)	15% (34%)	
UK/England	67% (31%)	33% (69%)	(<1%)
UK/N.Ireland	70%	30%	
UK/Scotland	44% (18%)	56% (78%)	(4%)
UK/Wales	67%	33%	
USA	<5%	>95%	
USA/Illinois	<5%	>95%	
USA/N Carolina	<5%	>95%	
USA/Washington State	<5%	>95%	

* Data from 2001 Child Maltreatment Incidence Study.

** No national data available. These proportions are for Mid-Western Health Board

*** Only children coming into foster care are included in these percentages.

This does not, however, explain why so many of those entering care are under the age of one. It may be that targeted family support services for young families beginning to experience difficulties are less available than in other European countries, or it may be that the UK has a less ‘pro-family’ approach to child protection and is therefore more willing to intervene compulsorily to remove young children.

A further ‘policy/ideology’ factor influencing rates of entry into care in the younger age group, and the age profile of longer stayers is related to policies on exits from care, and particularly the use of adoption as a route out of care. In Canada, the UK and the USA, legislation encourages the termination of parental rights within fairly short time scales in order to make it possible for children to be adopted without parental consent Table 6 shows that only in Canada, the UK nations and the USA were children placed to any noticeable extent with adopters (5% of the care population in England and USA)². Consequently, those entering care when young are more likely to exit care either through reunification or adoption within fairly short time scales than is the case in other countries. Although fewer children in Germany, Norway or Sweden enter care when young, those that do are more likely to spend longer or remain until adulthood and beyond in care, thus increasing the ‘in care at any one time’ (snapshot) rates and proportions of older children. Although adoption from care is strongly encouraged by Canadian legislation and policy, there is also a strong policy directive towards respecting the heritage and customs of First Nation

² Some children in the other countries may be adopted by foster parents with whom they have lived for some time and have put down roots, usually with the consent of birth parents but in some countries there is provision for foster carers to adopt without the consent of birth relatives if there is evidence that the child wishes this or that it is necessary to secure the child’s wellbeing. In some countries, for example Japan and to a smaller extent England, infants voluntarily placed for adoption enter care briefly before being adopted and are included in the statistics but their numbers are small. Provision for monitoring the pre-adoption placements of children from overseas in all the countries studied is outside the in-country ‘care’ system and statistics.

children. As explained by Kinjerski and Herbert, (2000) this has meant that native Canadian children are more likely to remain in foster care with families of the same tribal background and is one explanation for the high 'in care' rates in Alberta where 8% of the child population, but 54% of the 'in care' population are of native Canadian heritage. Similar considerations apply in Australia and to a lesser extent in England where children of African Caribbean heritage are less likely to leave care through adoption and more likely to be in long-term foster care with African Caribbean substitute parents as a placement of choice (Thoburn et al, 2000).

At the other end of the age spectrum, a different policy comes into play. The willingness of the state to provide support for families seeking assistance with troublesome and challenging behaviour or mental health problems of older children, especially of adolescents, and the views of the place of out-of-home care as part of a child welfare or therapeutic approach to such children, have an important impact on rates in care. But even more important are the respective roles of child welfare interventions and the criminal justice/ custodial systems in providing out-of-home placements for children and young people who commit offences. In Sweden, for example, fewer than 100 young people are in custody at any one time, and the remaining offenders needing out-of-home care will be included within the child welfare system (and thus in the 'in care' statistics). In Australia, England and the USA, separate juvenile justice systems mean that most young offenders who can not be retained within the community will be placed in custody and thus are not included in the 'in care' statistics, unless they happened to be in care at the time of the offence. If the 6,000 or so young people who enter youth custody in the UK each year were included, the rate entering out-of-home care would go up from 23 per 10,000 to 27

per 10,000. In some States in the USA the courts are more willing than is the case in England to come to the assistance of parents and adolescents struggling with mental health or behaviour or addiction problems and admit teenagers (including some at risk of committing offences) to care. Since the 1989 England and Wales Children Act removed offending as grounds for a care order, the child welfare services have moved

Table 7 Placements of children in care at a given date*

COUNTRY/ STATE	Kinship care	Un-related foster family care	Group care	With adopters	Placed with parents	Other (eg independent living and custody**
Australia	40%	54%	4%	-		1%
Australia/NSW	57%	39%	3%			5%
Australia/ Queensland	27%	72%	1%			
Canada/Alberta	8%	66%	15%	3%	3%	5%
Denmark	***	48%	41%			11%
France	7%	46%	40%			7%
Germany****	9%	38%	54%			
Ireland	***	84%	9%	<1%	<1%	6%
Italy	26%	24%	50%	-	-	
Japan	0.6%	7%	92%	-	-	
New Zealand	35%	40%				25%*****
Norway	17%	61%	19%	-	-	3%
Spain	***	62%	38%			
Sweden	12%	65%	21%	-	1%	
UK/England	18%	47%	13%	5%	10%	
UK/N.Ireland	*****	57%	13%	*****	27%	
UK/Scotland *****	21%	52%	23%	2%	-	
UK/Wales	20%	53%	5%	5%	14%	
USA	23%	46%	19%	5%	4%	
USA/Illinois	38%	51%	12%			
USA/N Carolina	23%	46%	14%	4%	7%	
USA/Washing ton State	35%	54%	6%	1%		

* To facilitate comparisons, where possible only those in care aged 0-17 are included in the percentages in this table.

** 'other' placements – include boarding schools (though sometimes these are in the 'group care' category), independent living, detention/prison, hospital, or are missing. For some countries those in 'other' placements are left out of the total from which % is calculated.

*** Some of those in 'foster family care' may be in kin foster care placements

****Includes 3% in 'intensive socio-educational individual care'

***** In New Zealand some children are placed by independent sector agencies- some in group care and some in foster care

*****In the Northern Ireland foster care percentage includes children placed in kinship foster care. 27% of the total are recorded as 'placed with family'. These will include some placed with birth parents and others with parental responsibility and some placed with a prospective adoptive family but not yet adopted.

***** These are children living with relatives or friends under supervision requirements. Not all of these will be registered as kin foster carers of a child in 'out-of-home care'. There are no children 'looked after' but coded as under supervision requirements at home with parents.

away from providing accommodation via the 'looked after' system to teenagers other than those who enter care when younger. Table 7 shows that there are big differences with respect to the proportion of children in care on a given date being placed with kinship foster carers, foster carers not previously known to them, and in some form of group care. The striking contrast is between Australia with only 4% in group care and 40% in kinship care, and Japan, Germany and Denmark with (respectively) 92%, 54% and 52% in group care. (Not all countries differentiate between children placed with 'kinship' foster carers and those placed with foster carers recruited by the local authorities). It has been argued that a shortage of foster carers and a lack of group care places results in fewer children entering the care system. The fairly low rate in Australia when compared to the mainland Europe countries with higher proportions in group care may provide some support for this hypothesis, but Italy has a low rate in care and quite a high usage of group care.

IV THE UK NATIONS IN MORE DETAIL

Child welfare services (including out-of-home care services) for the four UK nations are primarily the responsibility of local authorities or (in Northern Ireland) social care sections of Health Boards and Trusts. The primary legislation for England and Wales is the England and Wales Children Act 1989, and the Northern Ireland Children Order 1995 makes very similar provisions. In England, Northern Ireland and Wales the terms used are ‘looked after’ for any child in the care of a local authority, ‘in care’ for a child placed in care following a court order, and ‘accommodated’ for a child whose parents have agreed to their child being looked after and who retain full parental responsibility. However Scottish legislation is substantially different, as explained below. In the four parts of the UK the way in which the services are provided and the governance arrangements differ.

England

In England, the responsible national government department is the Department for Education and Skills (DfES) which initiates legislation, sets standards and provides guidance, including on how statistical returns are to be made. Since 2005, the local authority education and children’s social services have been combined under a single Children’s Services Directorate, which operates alongside a separate department delivering adult social care services.

Each child who enters out-of-home care has a unique identifier which is used to collect basic data at local level and is forwarded in anonymised format to central government for data ‘cleaning’ and analysis at the national and local levels. Basic data on entrants to the care system each year, and on a ‘snapshot’ of children ‘looked after’ at 31 March each year, are published annually. Data are also presented in terms of children ‘looked after’ at any stage during the year.

From 1998-2003 there were two data sets:

- ‘CLA 100’ provided basic data on numbers of looked after children from data provided by local authorities to Department of Health in aggregate form;
- ‘SSDA 903’ (based on the child as unit of return) has provided child level information on a one third sample between 1997/98 and 2002/3. Since 2003/04 (and prior to 1997/8) the SSDA 903 returns have provided basic child level data on a 100% sample of children looked after by local authorities in England.

URL <http://www.dfes.gov.uk/rsgateway/DB/VOL/v000454/finalvolume1.pdf>

2005 volume at: <http://www.dfes.gov.uk/rsgateway/DB/VOL/v000646/vweb01-2006.pdf>

Data are available on age at any point that the child is looked after, and on sex, ethnicity, legal status on starting to be looked after, and on 31 March of the year in question; main reason for starting to be looked after (pre-coded list); duration of stay in public care; destination on ceasing to be looked after. The annual data collection process allows for change over time data with respect to placement change (and number of moves) and change of legal status. Data are provided annually on young

people leaving care, including those leaving care via adoption; on the educational attainment of those who leave care after the age of 16 at the time they leave care and as they reach the age of 19; on unaccompanied asylum seeking children in public care and on children who are provided with a series of short term periods of care under a particular agreement to provide respite or as part of a family support package of services. .

▪ Estimated number of children aged 0-17 in England 31 March 2005	11,109,000
▪ Estimated number of children aged 0-17 looked after on 31 March 2005	60,900
▪ Rate per 10,000 children aged 0-17 looked after on 31 March 2005 (excluding 11,400 children who at some time in the year were looked after for a series of short term (respite) placements (78% of whom had disability as the main reason for needing out-of-home care). These can not be added to the 'stock' total or rate as only a small proportion of them will be looked after on the 'census' date).	55
▪ Estimated number of children looked after at any stage during 2004-5 (includes children looked after on a series of short term placements).	84,600
▪ Rate per 10,000 looked after at any time during 2004-5	76
▪ Estimated number of children starting to be looked after 2004-5 (excluding series of short term placements)	24,500
▪ Rate of children starting to be looked after 2004-5 (If the 11,400 'series of short term placements are included, the total is 36,400 and the rate is 32 per 10,000)	23

Main reasons for entering out-of-home care

Children start to be looked after in public out of home care for five broad reasons, often in combination:

- Abuse or neglect by a parent or carer (48% of those entering, but 62% of those in care as these children tend to stay longer);
- A range of personal, practical and/or relationship problems in the family (24% of entrants to care and 17% of those in care);
- Incapacity or disability of parent/s (including mental ill-health or problems resulting from addictions) (8% of children entering care);
- Child has no parent/ is abandoned or parent requesting child be placed for adoption (11% of entrants and 8% of those in care on a given date since this group includes those who leave care fairly quickly through adoption);
- Disabilities or behaviour difficulties of the child (9% of care entrants. Children with disabilities and mental health problems are greatly over-represented amongst those in out-of-home care - most of the 46% who are 10 or older when starting to be looked after have physical, learning or behavioural difficulties, or are beyond parental control, often in combination with maltreatment or family problems).

These data are provided as 'main reason only' and this information is not collected on an 'any that apply' basis. Thus they under-represent the extent to which disabilities or other problems of children or parents contribute to the need for out-of-home care.

Which children living away from home are included in these statistics

Children can start to be looked after at any time before their 18th birthday but in practice few 17 year olds start to be looked after. Just over a third of those starting to be looked after in 2004-5 (excluding short-term placements) were under 5 (including 16% who were under 12 months) and 46% were aged 10 plus. A large number of the

children who enter care in England (42% of entrants) are in the 10 to 14 age group. The low rate of entrants to care over the age of 15 appears to confirm the comments by professionals, interviewed for an NSPCC (2003) review of the working of the Children Act 1989, that adolescents have not been well served by the way in which the legislation has been implemented. In particular the duty, placed on local authorities by Section 17 (4) of the Act, to provide accommodation for those over the age of 16 whose welfare would be 'seriously prejudiced' if accommodation were not provided, appears not to have been widely implemented. Whilst in some authorities strenuous efforts are made to provide alternatives so that entry into care is not necessary, evidence was presented to the NSPCC inquiry that some authorities fail to do so in order to keep costs down and meet government targets to reduce 'in care' numbers.

Because of the cumulative impact of length of stay, the age pattern differs for a snapshot sample. Only around 19% of children looked after at 31 March 2005 were aged 0-4: 22% were aged 5 to 9 and 59% were aged 10 or over (16% being 16 or over). A policy change brought in by the England and Wales Children (Leaving Care) Act 2000 has led to local authorities encouraging young people to remain looked after until the age of 18 and this has led to a higher proportion of those 'in care' being aged 16 and 17. In contrast to some of the countries in this study, all young people formally leave care on or before their 18th birthday. However, government proposals (DfES 2006) are under discussion for young people who wish to do so to remain 'in care' until the age of 21.

- Around 70%-75% of children starting to be looked after will have exited within 3 years but around a third of those looked after on 31 March each year will have been looked after for four years or more.
- Most children in out-of-home care arranged by public authorities are included in these statistics including:
 - Children placed for adoption but not yet adopted (around 6% of the total looked after population at any one time);
 - Children cared for in voluntary or private sector resources as well as those provided by the statutory sector, if these are funded by the statutory sector. (Children in privately arranged foster family or group care are not included.);
 - Children on care orders but placed at home with parents (at around 10% of all 'looked after' children this is a higher proportion than in most other countries where they would not be included in the 'in care' figures other than for a very short period;
 - Most unaccompanied asylum seekers who are identified as needing a care and accommodation service when under 16 and some applying for asylum when aged 16 and 17. Once having entered care, these young people tend to remain looked after till the age of 18;
 - Children who are looked after because of a court order and also children accommodated at the request of parents for short or longer periods as part of a family support service. In 2004-5, 67% of those entering out-of-home placement did so under voluntary arrangements. The proportion of those in out-of-home care who were accommodated under voluntary arrangements in March 2005 was 33%;

- Most children with disabilities, including those with emotional and behavioural difficulties, who are living in public out-of-home care are included in the 'in care' statistics, though a small number of children with severe mental health problems or complex and/or severe physical disabilities – fewer than 3000 in 2003- had spent 6 months or more in health service facilities. (A small proportion of these will be included in the 'looked after' statistics as well as health service statistics). A larger number (around 9500 in 2003) of children mainly with emotional and behavioural difficulties but some with complex or severe physical impairments are placed by education authorities in specialist boarding schools. As with the health statistics, there is some overlap with the 'in care' statistics. Some are also provided with short term respite care by health authorities and therefore not recorded in the 'looked after' statistics. (Making a 'guestimate' for double counting of 1000, including these children would give a 'snapshot' estimate of 72,600 children in public out-of home care in England – a rate of 68 per 10,000 children under 18.)

Not included in the in care statistics are most of those (around 3,000 at any one time - mainly over 14) who are in custody after conviction for an offence (these are to be found in the Youth Justice Board statistics- though some already 'looked after' remain in the 'looked after' statistics and there is some double counting). However, some of the young people who commit serious offences are 'looked after' in secure accommodation provided by the local authority, as are some remanded to care or accommodated under bail requirements.

Placements

Around 65% of those looked after (snapshot sample) in March 2005 were in foster family care (75% if those placed with parents are excluded from the total for the purposes of this calculation). The foster care sample includes children placed in foster care with 'relatives or friends' – about 18% of all those in foster care and 12% of all those looked after- a proportion that is growing but is still lower than in some other countries.

Only around 13% were in residential settings, including those 'looked after' children in secure accommodation and in boarding education. 10% were still subject to care orders but living with a parent and 5% were placed with prospective adopters.

Disabled children and those with emotional and behavioural difficulties and unaccompanied asylum seekers are over-represented amongst those in residential care.

Northern Ireland

The primary legislation for children in out-of-home care in Northern Ireland is the Northern Ireland Children Order (1995). It has many similarities with the England and Wales Children Act 1989 including the use of the terminology of 'looked after' and 'accommodated'; and 'significant harm or 'likely significant harm' as the threshold for the making of a care order. However, the responsibility for the detailed arrangements for the provision of services to children who need out-of-home care and the collection of administrative data is devolved to the Northern Ireland Department of Health, Social Services and Public Safety and to four Health and Social Services

Boards and eleven Health and Social Services Trusts. The main reasons for starting to be looked after, and the sorts of children included in the statistics are as for England. Northern Ireland has a less ethnically diverse child population than England, but the sectarianism (around Protestant and Roman Catholic religious affiliations) is still an important factor when considering child placement policy.

Estimated number of children aged 0-17 in N Ireland- 2004	437,484
Number of children aged 0-17 looked after on 31 March 2005	2,531
Rate per 10,000 children aged 0-17 looked after on 31 March 2005 (excluding series of short term placements)	58
Number of admissions to being looked after 2004-5 (excluding 'series of short term placements') (NB. when comparing with other data it should be noted that these are ' <i>admissions</i> ' and not ' <i>children</i> '. The number of children will be slightly lower as some will have been admitted more than once)	935
Rate of children starting to be looked after 2004-5 (if 983 children having 'respite' included: 42 per 10,000)	around 20-21

Main reasons for entering out-of-home care

The main reasons for children starting to be looked after in 2004-5 were:

- Abuse or neglect;
- Family in acute stress;
- Family dysfunction;
- Parental illness/disability;
- Socially unacceptable behaviour of child;
- Disability of child.

The proportions in each group are not given in the statistical returns.

Characteristics of children looked after and entering care

- 70% of admissions to care in 2004-5 were under voluntary arrangements and 31% of children looked after on 31 March 2005 were accommodated under voluntary arrangements.
- 16% of those looked after were aged 0 to 4 and 34% were aged 5 to 11; 32% were aged 12 to 15 and 17% were aged 16 to 17. 11% of admissions into care were of children under the age of 1; 16% were in the 0 to 4 age group; 31% were aged 5 to 9; 36% were in the 12 to 15 age group and 7% were aged 16 or 17.

Length of stay and placements

21% of those looked after in March 2005 had been looked after for less than 12 months and a further 28 % between 1 and 3 years. Just over half had been looked after for 3 years or more (18% for 3 to 5 years; 20% for 5 to 10 years and 13% for 10+ years). 16% of the 895 discharges in 2004-5 were of children aged 18, indicating that a substantial proportion of those who remain looked after for more than 3 years spend a considerable proportion of their 'growing up' time in care.

57% of children looked after in 2005 were placed with foster parents and 13% in residential care. 674 (27% of the total) are recorded as 'placed with family'. These will include some placed with birth parents and others with parental responsibility and some placed with a prospective adoptive family but not yet adopted.

Scotland

The primary legislation for children in out-of-home care in Scotland is the Children (Scotland) Act 1995. This provides for children to be 'accommodated' at the request of their parents (including, as in the other nations of the UK, for them to be provided with a series of short term placements as part of a package of family support measures). In most cases when an element of compulsion is needed, the decisions are made by a Children's Hearing. The terminology of 'significant harm' or 'likely significant harm' as the threshold for compulsory intervention is similar to that for the other UK countries. In the majority of cases an order with requirements for supervision at home is made and the Hearing may also make a 'parental responsibilities order'. The term 'supervision requirement with condition of residence' is used rather than 'care order'. These orders are made when a period of living away from home is required and also for reasons of immediate protection. A young person may also be detained pending the investigation of or following conviction for an offence. Services for young offenders, including those who may need an out-of-home placement, are more closely linked with other child welfare interventions in Scotland than in England, Northern Ireland and Wales. In most cases it is the Hearing that decides on the intervention once guilt has been established. In many respects the way the data are provided, and the underpinning rationale for the services, have more in common with the other European countries than with the other UK nations. The statistics include all children in respect of whom a Children's Hearing has made an order for an element of compulsory supervision, irrespective of whether the child remains with the parents or is looked after away from home. The Scottish Executive is the legislative body and is responsible for providing and quality assuring the services, and the collection of statistics. Statistics are not always

comparable with the other UK nations, since some of the analysis is undertaken for all children subject to supervision requirements, and not available specifically for children in out-of-home care. In particular, when analysed for gender, age, ethnicity, and reasons for being 'looked after', data for entrants into care are not routinely provided separately from those supervised at home.

To date, data are provided by each of the 32 local authorities in aggregated format and there is no 'child as unit of return' reporting on a Scotland wide basis (see The Scottish Executive *Children Looked After* Statistics published annually <http://www.scotland.gov.uk/Topics/Statistics/16135/4401>).

Estimated number of children aged 0-17 in Scotland- 2005	1,066,646
Number of children aged 0-17 in out-of-home care on 31 March 2005. (This figure includes children on supervision orders living with relatives or friends, not all of whom will be formally approved as foster parents and financially supported by the authority. It excludes 2,003 having a series of short term placements- a number which, contrary to that in other parts of the UK, has gone up in recent years, though it went down in 2004 and 2005).	7,006
Rate per 10,000 children aged 0-17 looked after on 31 March 2005 (excluding 'series of short term placements')	66
Number of children starting to be looked after 2004-5 (excluding 'series of short term placements' and those under supervision requirements at home)	2,525
Rate of children starting to be looked after 2004-5 (if 'series of short term placements' are included rate is 42 per 10,000)	24

Characteristics of children in out-of-home placement

Data on the proportions of children entering care for different reasons are not available specifically for those in out-of-home placement. The data for all children in respect of whom a supervision order is made (and therefore omitting those accommodated but including those supervised whilst remaining with parents) indicate that the reasons are similar to those that apply in other parts of the UK. However the Scottish 'hearing' system also considers the welfare needs of young people committing offences and a larger proportion of care entrants in Scotland than in other parts of the UK were admitted after being found guilty of an offence.

- In addition to the 2,003 children provided with a series of short term placements as part of a family support package, 1,111 (44%) of the children who entered out-of-home placement during the year were 'accommodated' at their parents' or their own request. As noted with other countries, because those accommodated tend to stay less long, the proportion 'accommodated' of those in placement on 31 March 2005 was lower (1,283 or 18%). 4% entered care following the making of a criminal justice order.

- As with other parts of the UK, numbers entering out-of-home care have been going down in recent year, but numbers in placement on a given date have been going up. The explanation appears to be that children are staying away from home for longer, and this is probably linked to a higher incidence of child maltreatment as the main reason for children starting to be looked after.

- In 2004, 13% of the children looked after (as broadly defined to include those with supervision requirements at home) had a disability- the largest category being ‘emotional and behaviour difficulties’ (7% of the total). Most disabled children who need to be in out-of-home care for any period of time (leaving aside short periods in hospital for treatment) will be included in the ‘out-of-home care’ statistics, although, as in the other UK nations, there is some use of boarding education by education authorities and directly by parents for children with disabilities or challenging behaviour.

- As noted earlier, unlike other parts of the UK, the majority of young offenders placed away from home are included within the welfare system and in these statistics. In March 2005, 257 young people were in placement under a warrant (pending court appearance) and 15 under a Criminal Court provision. Other offenders will have been included within the generally available foster care or residential provisions. This is a partial explanation for the higher rate in out-of-home care than for England and Northern Ireland, although there are no children ‘placed at home with parents’ in Scotland (they are placed at home under supervision requirements and not therefore included in the ‘out-of-home care’ analysis). This has the result of slightly lowering the rate when compared to the other UK countries.

Placements

24% of those in out-of-home placement in March 2005 (snapshot sample excluding those on a series of short term placements) were placed with relatives or friends; 50% were with foster carers and just over 2% were placed with prospective adopters.

A larger proportion of children in out-of-home placement in Scotland than is the case in the other parts of the UK, is placed in some form of group care (22% in March 2005 including 9% of the total in out-of-home care who were in a residential school). A partial explanation of this is that, as explained above, more young offenders are included within the statistics.

Wales

The primary legislation for children in out-of-home care in Wales is the England and Wales Children Act 1989. The terminology of 'looked after' and 'accommodated' and 'significant harm' or 'likely significant harm' as the threshold for the making of a care order is similar. The Adoption and Children Act 2002 also applies to Wales. However, the responsibility for the detailed arrangements for the provision of services to children who need out-of-home care and the collection of administrative data is devolved from the UK Parliament to the Welsh Assembly. Some of the provisions in the Children Act 2004, particularly with respect to detailed arrangements for governance and the requirement to combine personal social services for children and education services under a single Director of Children's Services do not apply to Wales. Children's and adult social services are still delivered locally by 22 local councils to both adults and children in need of such services. The main reasons for starting to be looked after, and the sorts of children included in the statistics are as for England.

Estimated number of children aged 0-17 in Wales- 2004	615,800
Number of children aged 0-17 looked after on 31 March 2005 (excluding 288 having a series of short term placements).	4,380
Rate per 10,000 children aged 0-17 looked after on 31 March 2005 (excluding 'series of short-term placements')	70
Rate per 10,000 looked after at any time during 2004-5	93
Number of children starting to be looked after 2004-5 ('series of short term placements' not included)	1,709
Rate of children starting to be looked after 2004-5 (if 'series of short term placements' included rate is 32 per 10,000)	27

Reasons for children entering out-of-home care

Unlike the position in England, numbers starting to be looked after have increased along with numbers looked after at the year end. However this increase levelled off in 2004-5.

The main reasons for children starting to be looked after in 2004-5 were:

Abuse or neglect	48%
Family in acute stress	17%
Family dysfunction	11%
Parental illness/disability	8%
Socially unacceptable behaviour of child	8%
Disability of child	2%

The main reason for one in ten starting to be looked after was a difficulty or problem of the child or young person (disability, 2%; and socially unacceptable behaviour - including the 28% who started to be looked after because of youth justice concerns- 8%). For those actually in care on 31 March 2005 (comprising more of the long-stayers) the main reason for starting to be looked after was abuse or neglect (68%). The proportions looked after because of acute family stress and socially unacceptable behaviour of the child were much lower than for the 'entry' group at 10% and 3% respectively, indicating that those starting to be looked after for these reasons remain less long in care. This is congruent with the fact that these were most likely to start to be looked after under voluntary arrangements.

Characteristics of children looked after and entering care

- 67% of those who started to be looked after in the year 2004-5 were accommodated under voluntary arrangements, with 32% coming into care through a court order. (This was especially the case for care entrants aged 10 and over, 76% of whom left home through voluntary arrangements. In contrast, the proportion of under 12 month old children leaving home through voluntary arrangements was 51%.) Of those actually in care on 31 March 2005, 26% were accommodated under voluntary arrangements and 72% were in care under a court order.
- Of the children experiencing a series of short term placements, 63% were disabled children (including some with severe emotional and behaviour difficulties) and the 'respite' was, in the other 27% of cases, provided to relieve family stress or to provide a break for disabled parents.

- 20% of those starting to be looked after in 2004-2005 were under the age of 12 months; 18% were aged 1 to 4; 19% were aged 5 to 9; 40% were aged 10 to 15 and 2% were aged 16 or 17. 22% of those looked after on 31 March 2005 were aged 0 to 4; 24% were aged 5 to 9; 42% were aged 10 to 15 and 12% were aged 16 or over.

Placements

As with other parts of the UK, a not insignificant proportion of children ‘in care’ (14% of those ‘looked after’ in Wales in March 2004) are placed at home with parents. Since ‘placement with parents’ is an unusual placement status outside the UK, to understand the percentages in different placement types it makes some sense to exclude these 596 children when making comparisons across national boundaries outside the UK.

Around 73% of those looked after (snapshot sample excluding those on a series of short term placements) are in foster family care (84% if those placed with parents are excluded from the total for the purposes of this calculation). The foster care sample includes children placed in foster care with ‘relatives or friends’ – almost 20% of those in foster care were placed as foster children with relatives or friends. Around 5% are placed with prospective adopters.

Only 5% were in residential care on 31 March 2005. However, when the 631 having a series of short term placements are considered (63% of whom were disabled children), 29% were placed in a residential setting and 62% in foster care. Around 1% of the looked after children were living independently.

Of the 1,629 who left care in 2004-5, 15% were adopted (21% of these were adopted by their current foster carers) and 57% returned to the birth parents. A majority of the remaining 467 (29%) will have 'aged out of care' (the term 'care-leavers' is often used). 397 of them were aged 16 or over.

Some comments on the characteristics of children in out-of-home care in the UK, and the possible impact on outcomes of this profile of children

It is important to note when comparing UK statistics with those of other countries that the children accommodated for a series of short term placements are (for sound statistical reasons) generally left out of the data. Since the same children will be 'in (usually short term) care' in some other countries, it might be appropriate to note that the 'in care' and 'entrants' rates would be higher if they were included. (The difference for the 'stock' rates would not be large since only a small proportion of them will be in care on the 'census' date). Table 8 shows that the four UK countries use this provision to different extents. In particular, Wales, which has the largest proportion starting to be looked after under voluntary agreements, has the lowest rate in the four nations accommodated under the 'series of short term placement' provisions. Northern Ireland and Scotland, which have the lowest entrants rate if series of short term placements are left out, have the highest rates if they are included. The data on Scotland are less comparable than those for the other three UK nations since some children at home under a 'parental responsibility order' may be 'looked after' and placed at home in the other parts of the UK. Also, it is not clear whether 'looked after and placed with kin' are exactly comparable with those 'under supervision requirements' and placed with relatives and friends in Scotland.

Table 8 Proportion of voluntary admissions and use of ‘series of short term placements’ powers (UK countries)

	Rate per 10,000 entering out of home care in 2004-5	Rate per 10,000 children receiving ‘respite’ care during the year	Proportion of entrants through accommodation	Rate of entrants per 10,000 children in population if ‘series of short term placements included (all entrants)	Rate looked after
England	23	10	67	32	55
Northern Ireland	21*	22	70	42*	56
Scotland	24	19	44	42	66
Wales	27	5	67	32	70

*This may be very slightly inflated since it is ‘admissions’ rather than ‘children’ and some will be counted twice.

Most children in publicly provided or funded out-of-home care are included in the statistics. However, when comparing outcomes with those for other countries the following should be born in mind:

- The ‘rate’ for looked after children is higher than it would be in some countries because of the inclusion of children placed at home with parents;
- In some countries a larger proportion of placements of vulnerable children with kin are arranged within the care system and in other countries very few are within the care system;
- The comparatively large proportion in UK nations who start to be looked after between the ages of 10 and 14 (young people for whom it is more difficult to achieve a good outcome) will have a negative impact on ‘success’ rates- although this is even more the case, for example, in Sweden;

- England (with other UK nations, Canada and the USA) uses adoption as a route out of care to a much greater extent than do other countries in Europe, Australia and New Zealand. The children who leave care through adoption are the youngest children- those likely, in countries that use foster care rather than adoption, to weight the statistics towards more successful outcomes. Although, at around 6% in any year, the numbers of young UK children leaving care for adoption are low, over time, in countries such as Norway, the additional numbers of children entering care when young and remaining for many years may be expected to have a positive impact on ‘success’ rates. On the other hand, those countries who take into care a larger proportion of older, already troubled or delinquent young people, might be expected to have a larger proportion with poor outcomes, at least if measured by educational achievement or criminality.

V CONCLUSION: THE IMPACT OF DIFFERING CONTEXTS ON OUTCOMES FOR CHILDREN

It would come as no surprise, given these differences in policies and in the characteristics of children entering public out-of-home care, if there were clear differences in reported outcomes for different countries. However, despite an increasing number of research studies, the data on outcomes are not robust and the different methodologies and outcome measures used make comparisons within countries difficult, and even more-so between countries. In some countries (increasingly in those such as the USA and UK that have ‘performance target’ cultures (see Tilbury, 2004)) service outcome or ‘output’ measures tend to be used as proxy measures for child wellbeing outcomes. USA monitoring data for example collects information on exits from care and particularly sees an early exit from care as a ‘good’ outcome. The ‘gold-standard’ in terms of child young person outcomes is well-being as a young adult. There is a growing number of ‘leaving care’ studies that follow young people through into adult life (see, for example, Courtney, 2005; Stein, 2003) but these have mostly focussed on young people still in care as teenagers. They miss out, therefore, those children who have been successfully placed back home, with relatives or with adopters at younger ages. Not surprisingly, because they include more young people whose ‘care carers’ have been less stable or who entered care when older with more serious problems, these studies tend to include a fairly large proportion with less positive outcomes. Bullock et al (2006) have reviewed the international literature on outcomes for children in care, and conclude that, if all care entrants are included, around 80% have averagely positive long-term outcomes, and

that an even higher proportion do as well or better on a range of outcome measures than similar children living in disadvantaged communities who did not enter care. Some outcome and output measures conflict with each other, as for example with the USA finding that children in kinship foster placements tend to do better on most output/ outcome measures (eg placement stability) than those in non-relative foster homes but score badly on the 'permanence' measure because they tend to stay longer in care since many kinship carers consider that legal adoption is not necessary or not appropriate.

Given this range of different ways of measuring outcomes, no attempt is made here to compare the 'success rates' of children in care in the different countries studied. However it is possible to use the data to reflect on how the differences in contexts and policies might impact on outcomes. All studies that have related outcomes to age at entering care have concluded that younger care entrants do better on average than those who enter care when older. One would expect, therefore, better child well-being outcomes for those countries (including Australia, Japan, USA) who have larger proportions of care entrants in the 0-4 age group. However, if, as in the UK and USA, most of these children leave care through adoption and are 'lost' to the samples of children whose outcomes are included, the outcomes for those leaving care at 18 are likely to be less positive than for those countries where similar children grow up in stable foster care and are included in the care-leaver statistics. Related to this, countries that have confidence in the value of an out-of-home care service, and have lower thresholds for children entering care, are providing care for youngsters who are, on average, less troubled. Being less troubled, they present fewer challenges to those caring for them and are therefore less likely to have multiple placements, another

variable associated with poor outcomes. In Norway, for example, although only a quarter of entrants to care are under the age of four, when these children do remain for more than a very temporary stay, they tend to remain in stable foster family placements until their early twenties. One would expect more of these care leavers to achieve well in their education and other aspects of young adult life than is the case in countries such as Sweden and Canada when more enter care when older with problems already established, or the UK and the USA when the youngest leave care early through adoption. Having been maltreated is another variable that has been associated in several research studies with less positive outcomes (see for example, Fratter et al, 1991). Those countries that use the care system as a part of family support services and have higher proportions entering care for reasons other than maltreatment might be expected to have more positive outcomes, but only if they provide positive care and stability during the care experience.

Implications of these data for policy formation and practice interventions

An understanding of context, and especially of the characteristics of children within the care system, is essential to policy makers seeking to learn from other countries about how best to provide placement and therapy services, especially for the 20 per cent or so of the children in care who are most troubled. A country such as Sweden that provides fairly short term care for troubled teenagers entering care from the parental home is likely to find helpful the multi-systemic treatment foster care model developed in Oregon USA (Chamberlain, 2001) that provides a network of support workers and therapists to work intensively with the young people, short term carers and parents to whom the young person will be returning. Countries that have a high threshold for entry into care and provide long term foster family care to a sizeable

group of troubled children (the UK nations, for example) will be looking for ways of supporting foster families to ensure that a child remains a part of their family into adult life, even when the going gets tough. Models of long term support for all members of the foster family, with periods of higher intensity therapy and educational support, will be what they are looking for. They will also be interested in models of facilitating positive links with family members that the child is not actually living with (Cleaver, 2000; Maluccio, Pine and Tracy, 2002). Countries that provide short or long term shared care arrangements (possibly with a lower threshold for entry into care) or receive children into care in response to a temporary crisis (Denmark, Japan New Zealand and Norway might be examples) will be interested in models of placement practice and support that encourage birth relatives and foster carers or residential care staff to work together towards reunification of the child or long term positive relationships that allow the child to maintain a sense of belonging in two families (Aldgate and Bradley, 1999; Beek and Schofield, 2004) . Of course, each country will have some need for all of these approaches, but the emphasis and balance between approaches will differ.

It is the author's contention that the collection of robust administrative data on all children receiving child welfare services, whether because of the need for family support or because of child protection concerns, is an essential ingredient for the formulation of policies towards vulnerable children and their families. This is especially so for those who need out-of-home care, arguably the most vulnerable of the vulnerable. Knowing which sorts of children are coming into care, whether in terms of the area they live in, their ethnicity or their age group, should have an impact on the characteristics of their family support and child placement services. It may be

as important for an English city with large Indian and Pakistani communities who are ‘under-represented’ in their in care statistics to ask if its child welfare services are failing to recognise when children from these communities need out-of-home care, as it is to do something positive to support in the community African Caribbean families whose children are over-represented amongst those who enter and stay long in care. Age data are also important in understanding what sort of services are needed by those actually in care at any point in time. To give Australia as an example, with 51% of its children in care being under the age of 10, Australia needs to give high priority to the development of policies that secure stable family life for the children in this age group. It will need a combination of services to return these children safely home alongside policies to ensure that adoptive or long term foster families or kinship carers are committed to providing loving care to adulthood and beyond. In contrast, Germany, Norway and Sweden with over a third of children entering care as teenagers, will be looking for robust policies and effective interventions to improve the behaviours of teenagers and provide support and advice to their families so that they can return home as soon as possible. However, in their search for ‘answers’ to the particular challenges of the majority groups in their care, states have to take steps to ensure that they also have strategies for meeting the needs of smaller groups. Sweden needs to provide stability and a sense of permanence to the small group of children entering care when young who can not return home, and Australia and the USA will need therapeutic care and ‘wrap around’ family support services for the minority who enter care as teenagers as well as seeking permanent families for the larger numbers who enter care when under the age of five.

In short all states need a range of child placement policies, although the balance between policies and services will differ depending on the characteristics of those entering care and their family circumstances. In their search across national boundaries for a country with apparently successful strategies and interventions, policy makers need to take note of the administrative data on large populations in that country, as well as the research and the evaluations on the specific intervention they are interested in. This will help them to select the services that may be most appropriate to their own country and less susceptible to those who, in the increasingly global marketplace for child welfare interventions, come with the enthusiasm of the pioneer or with a well-honed sales pitch.

APPENDIX: NOTES TO TABLES AND DATA SOURCES

Please note that the individual 'country' reports will be placed on the UEA website: www.uea.ac.uk/swk

It is important to read the notes that accompany these tables to avoid reaching over-simplified conclusions about the differences between countries and States. There are big differences between countries in terms of the data available. Data were available for Table 1 (children in care on a specified date) for all the countries and states. Data were less readily available on children entering care over a specified 12 month period (not available for Canada (Alberta and Ontario), France, Italy and Ireland). Analyses of the characteristics of children and placements are sometimes provided for 'in care' populations, sometimes for 'care entrants', and less often for both. Only a small number provide statistics on those who have spent time in care at any time during the year. Where available these data have been included in the individual country reports but are not used in this Monograph.

Where possible a 2004 or 2005 data collection period has been used to allow for maximum comparability. For some countries the rates are estimates since the total child population data could be for up to 3 years earlier than the 'in care' data. Where possible, child population figures have been up-dated using data provided by the national statistics offices.

Country and State profiles summarising the data obtained from these sources can be found on www.uea.ac.uk/swk (Follow links to 'In care around the world data').

AUSTRALIA

The Australian Institute of Health and Welfare (AIHW) compiles national statistics from aggregated data supplied by the States but these may not be entirely reliable as different data collection conventions are used. The AIHW is working with the States to provide a child reporting system with the child as unit of return. Main sources are: Australian Institute of Health and Welfare (AIHW) (2006) *Child Protection Australia* <http://www.aihw.gov.au/publications/cws/cpa04-05/cpa03-04-c04.pdf>. These data have been obtained for New South Wales and Queensland by personal communications with child welfare staff and access to State websites. Data also obtained from Taplin, S., 2005, 'Trends in numbers of children and young people in out-of-home care in NSW' Queensland Government, 2004, NSW Centre for Parenting and Research. and 'Child Protection Queensland: 2005 Child Protection System. 'Baseline' Performance Report'.

CANADA

Canada has a Federal system of government and each state has child welfare legislative powers. These statistics are compiled from aggregate data submitted by the provinces. There may be some double counting and different legislation leads to different data collection conventions. The Canadian Federal government is in the process of updating its statistics. Federal/ Provincial Working Group on Child and

Family Services Information (2005) *Child and Family Services Statistical Report 1998-9 to 2000-2001*

<http://www11.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/statistics/2004-002599/page00.sht>.

Some data have been obtained from *Canadian Incidence Study of Reported Child Abuse and Neglect*. URL http://www.phac-aspc.gc.ca/cm-vee/csca-ecve/toc_e.html The data on the Province of Alberta has been supplemented by data provided by the Child and Family Services Branch of Alberta Children's Services. Some data also obtained from the Alberta Government website:

<http://www.child.gov.ab.ca/whatwedo/childwelfare/page.cfm?pg=index>

The out-of-home care services are provided by the Ontario Association of Children's Aid Societies. Data were obtained from the website

<http://www.oacas.org/resources/CASFactsAp04Mar05English.pdf> This may be an over-estimate of the rate in care.

DENMARK

Children can enter care and remain in care up to the age of 23. For Tables 1 and 2, only those aged 0-17 have been included. Data sources: Register data for individuals from Statistics Denmark. A record is made every time a child enters care, or the care decision is changed, either by a change in parental agreement or administrative decision, or by a change in placement. Further questions can be put to Tine Egelund (te@sfi.dk) or Mette Lausten (mel@sfi.dk), Danish National Centre for Social Research, Copenhagen.

FRANCE

These are totals from the aggregated statistics provided by the different local authorities. Data are collected separately for children who come into care for different reasons (through the 'administrative protection' and 'judicial protection' systems) and since these are not 'child as unit of return' statistics there may be some double counting. The *Direction de la recherche, des études, de l'évaluation et des statistiques* (DREES) URL.

<http://www.sante.gouv.fr/drees/seriestat/pdf/seriestat72.pdf>)

collects national level data on children in need of protective and family support services including children in out of home care. Data collected by the *departements* are also supplied to the *Observatoire National de l'Action Sociale Décentralisée* (ODAS) <http://www.odas.net/> but this data set only includes children referred because of child protection concerns. The Centre Nationale de Formation et d'Etudes sur la Protection Judiciaires de la Jeunesse (CNFE-PJJ) also commissions research and the Justice Ministry (PJJ) also publishes data on populations served by the Justice Ministry. Although sited within the same Ministry and often using the same placements, data on young offenders are collected separately and have not been included within these tables. The Observatoire National de l'Enfance en Danger (ONED)- website www.oned.gouv.fr was established in 2004 and is in the process of establishing data bases to aid planning, in scientific partnership with the Institute National d'Etudes Demographiques (INED) (website <http://www.ined.fr/>).

GERMANY

Statistics on children in out-of-home care in Germany are provided (alongside data on other child welfare interventions, including adoption) under the Child and Youth Services Act 1991. The statistics in these tables are from: Statistisches Bundesamt 2005, eigene Berechnungen. Summary statistics are available in English at: <http://www.destatis.de/basis/e/solei/soleitab33.htm> The legislation also provides for assistance, including the provision of residential care (away from the family home) to young adults (aged 18-26).

IRELAND

Family support, child protection and out-of-home care services for children in the Republic of Ireland come under the auspices of the Department of Health and Children (DoHC), and are provided by 8 geographically based Health Boards. Data are collected by each Board, and national level data is confined to the numbers in care on 31 December each year (with data on asylum seeking children included but separately recorded). The URL is http://www.dohc.ie/statistics/health_statistics/ Data were also taken from the Annual Report of the Social Services Inspectorate for 2004- URL www.issi.ie To illustrate placement policies, data for some tables are from the Mid-Western Board's 'Review of Childcare and Family support Services 2004'.

ITALY

These figures are taken from a survey of children in care conducted between 1998 and 2003 and routinely collected data with the child as unit of return are not collected at national level. In Italy, responsibility for children in out-of-home care is shared between the Regions, *Provincia* (usually large cities and surrounding areas) and Municipalities '*Comuni*', with the national government setting the legislative framework and broad policy direction. The Italian government commissions the *Istituto degle Innocenti*, a not-for-profit research Institute based in Florence (Website: www.minori.it) to collect national level statistics on children. The Institute produces annual reports on children in Italy, including data on children in out-of-home care. However data are only supplied from the municipalities and regions as aggregated data the data can not be further analysed at national level. Some types of data are collected separately for children in residential care and those in foster care and there may be double counting if these are added together.

JAPAN

At national level, child welfare services are the responsibility of the Ministry of Health, Welfare and Labour. Services for children who may be in need of protection, including those who come into care, are provided at prefecture level by 'Child Guidance Centres' which have similar functions to the local authority child protection services in the other countries surveyed for this report. The Ministry requires the Child Guidance Centres to report on cases of child maltreatment and other children to whom they provide services on an annual basis. These reports include data on children in out-of-home care. A recent white paper on protective services (summarised in English) provides the annual statistical URL

<http://www.mhlw.go.jp/english/index.html> These and other relevant data are analysed by the Japan Child and Family Research Institute: URL <http://www.aiiku.or.jp>

NEW ZEALAND

Child welfare services (including services for out of home care) are the responsibility of Child Youth and Family, a service of the Ministry of Social Development. General support services for families are provided by other departments of the Ministry. Statistics are collected by the Child Youth and Family Services and an Annual Report (Department of Child Youth and Family Services, 2005, 'Annual Report for the Year Ending 30 June 2004'). This includes national level data on notifications of children who may have been maltreated, referrals for child protection and other family services 'to restore or improve wellbeing' (p 5); referrals from the police about young offenders; and information on children in care. Since 2000, there is a unique child identifier case recording system for collecting data on a national basis. Basic data on children in out-of-home care are published annually, subdivided into those in 'care and protection' placements and young people in care because they have been convicted of an offence. The figures in these tables refer to those in public out-of-home placements for reasons of care and protection.

NORWAY

National level data on children receiving a child welfare service, including children in out-of-home care, are collected and published annually in Norwegian and English versions by the Division for Social Welfare Statistics of *Statistisk sentralbyrå* (URLs http://www.ssb.no/barneverng_en/ and (for an explanation of the data collection system) http://www.ssb.no/english/subjects/03/03/10/barneverng_en/about.html) The child is the unit of return and data are sent annually by the municipalities to the Statistics Department. Data are provided on children who enter out-of-home care each year and on a 'snapshot' of children in care at the end of each year.

SPAIN

Statistics on children in out-of-home care in Spain are published by the Ministry of Social Affairs URL www.mtas.es. Data on children entering care and in care are provided annually by the Direccion General De Las Familias Y La Infancia in *Estadistica Basica de Proteccion a la Infancia* URL (<http://www.mtas.es/SGAS/FamiliaInfanc/infancia/DatosEstadis/boletin.pdf>)

SWEDEN

Child welfare services (including services for out of home care) in Sweden are the responsibility of the 290 municipalities, although the special residential provisions for adolescents with a high level of problems are administered centrally. Statistics on children in public out-of-home care are published annually. What follows is based on *Barn och unga- isatser ar 2004*, published in August 2005 by Socialstyrelsen. (An English translation of table headings and summary in English is provided.) URL <http://www.sos.se/Socialtj/Stati/RegSoc.htm> Basic data on entrants to the care system each year and on a 'snapshot' of children 'looked after at 1 November each

year are published annually. Data are also presented in terms of children ‘looked after’ at any stage during the year.

UK

Child welfare services (including services for out of home care) in all countries in the UK are primarily the responsibility of local authorities or (in Northern Ireland) social care sections of Health Trusts. The data in the tables for England, Northern Ireland, Scotland and Wales exclude ‘series of short term placements’ (agreed respite in same placements -11,400 in England; 2201 in Scotland; 288 in Wales; 983 in N Ireland. For Scotland these include children under supervision requirements who are living with relatives).

In **England** the Department for Education and Skills (DfES) publishes annually a commentary and statistics on children in care from ‘minimum data set’ returns made by each local authority (the ‘SSDA 903 returns’), based on a unique identifier for each child ever placed in local authority care. The URL for the 2005 data is <http://www.dfes.gov.uk/rsgateway/DB/VOL/v000646/vweb01-2006.pdf>

In **Northern Ireland** child placement legislation is similar to England and Wales. . However, the responsibility for the detailed arrangements for the provision of services to children who need out-of-home care and the collection of administrative data is devolved to the Northern Ireland Department of Health, Social Services and Public Safety and to four Health and Social Services Boards and eleven Health and Social Services Trusts. The URL is www.dhsspsni.gov.uk

In **Scotland** the legislation differs substantially from the other the other UK nations and there is less of a distinction between those children supervised at home and those in out-of-home care. The Scottish Executive is the legislative body responsible for providing and quality assuring the services, and the collection of statistics. Statistics are not always comparable with those in other parts of the UK, and some of the analysis is undertaken for all children subject to supervision requirements, and not available specifically for children in out-of-home care. In particular, when analysed for gender, age, ethnicity, reasons for being ‘looked after’, data for entrants and for those in out-of-home care on a particular date are not routinely provided separately from those supervised at home. To date, data are provided by each of the 32 local authorities in aggregated format and there is not unique identifier reporting on a Scotland wide basis (see The Scottish Executive *Children Looked After* Statistics published annually <http://www.scotland.gov.uk/Topics/Statistics/16135/4401>)

In **Wales** legislative provisions for children in out-of-home placement are the same as for England. However, the responsibility for the detailed arrangements for the provision of services to children who need out-of-home care and the collection of administrative data is devolved from the UK parliament to the Welsh Assembly. The report ‘Adoptions, Outcomes and Placements for Children Looked After by Local Authorities’ is published annually URL <http://www.wales.gov.uk/statistics>

USA

The USA has a federal system of government, in which social services (including child welfare) legislation and service provision is delegated to the State governments. The term 'in foster care' is that in most common usage for children in out-of-home care. This term includes children in all placement types. The term 'foster family care' is used for family placements. Federal statistics are prepared on behalf of the US Department of Health and Human Services, Administration for Children and Families (www.acf.hhs.gov/programs/cb) by the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data on the individual States is available at <http://nccanch.acf.hhs.gov/programs/cb/pubs/cwo02.pdf>. Data have also been obtained from the Child Welfare League of America National Data Analysis System website <http://ndas/cwla.org>. These statistics are prepared from child as unit of return data submitted (electronically using a standard format) twice a year by the 52 State child welfare services.

Out of home care in **Illinois** is the overall responsibility of the Illinois Department of Child and Family Services URL home page <http://www.state.il.us/DCFS/index.shtml> Chapin Hall, University of Chicago <http://www.chapinhall.org> provides detailed analysis of longitudinal data on behalf of the Department. Aspects of service provision are delegated to 102 counties, of very different sizes (numbers in care vary from 2 to over 5,000).

In **North Carolina** child welfare services are provided at County level, with broad policy, monitoring and quality oversight from the State. There are 100 counties with child populations ranging between over 200,000 and a few thousand. Data on children in receipt of child welfare services as well as more general data on families in receipt of financial support are provided by the state government to the University of North Carolina (UNC) for further analysis as well as being reported to AFCARS for purposes of monitoring at the Federal level. The data for this section is from AFCARS and the UNC website: <http://ssw.unc.edu/cw>

Child welfare services in **Washington State** are provided at state level through six regional directorates. There are also tribal child welfare agencies providing out-of-home care for Native Canadian children. Data for this section are mainly from AFCARS and have been updated from *Children's Administration Performance Report 2005* Washington State Department of Social and Health Services, 2006)

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