Achieving Safety, Stability and Belonging for Children in Out-of-Home Care: The Search for 'What Works' across National Boundaries

JUNE THOBURN

Abstract

Findings from a study of administrative data on children in formal out of home care in different jurisdictions in 14 countries are combined with an overview of the state of knowledge on outcomes for children in care, paying particular attention to children's needs for a sense of belonging and family membership. The paper argues for the routine collection of robust administrative data on child welfare populations to complement summative (what works?) and formative (why does it work and with whom?) research studies. It concludes that, while much is to be gained by learning from apparently successful policies and interventions in other jurisdictions, care has to be taken to ascertain that there is sufficient congruence between the welfare systems and routinely provided services, and the characteristics of the children served, in the 'originating' and 'importing' states.

Key Words: out-of-home care, cross-national study, globalization

Introduction

This paper takes as its starting point the conclusions of child development theorists, working across continents, that children have a better chance of growing up as competent and emotionally stable adults if they experience both a sense of belonging and family membership, and a sense of connectedness to their biographical and cultural heritage. Being protected from maltreatment and other forms of harm, and being brought up in a stable environment in which they can plan for the future, contribute to the development of resilience, self-esteem and satisfying relationships as children and as adults. These conclusions, though interpreted differently in different cultures, are enshrined in the principles of the *UN Convention on the Rights of the Child (*United Nations, 1989). The paper draws on a study of administrative data on children in out-of-home care in 21 jurisdictions in 14 countries to explore, in broad terms, how child welfare policy makers and practitioners use their out-of-home care services in order to seek to make these principles a reality for children who need to spend time in the care of state agencies (Thoburn, 2008). It is also influenced by collaborative work that led to the publication of an edited collection of seminal English language articles on child welfare (Courtney and Thoburn, 2009) and on an overview of the international research on outcomes for children in care (Bullock et al., 2006). The international administrative data study grew out of a project to compare

the differing rates and profiles of children entering care in 24 English local authorities (National Statistics and DCSF, 2008; Dickens et al., 2007; Schofield et al., 2007).

A further influence on the approach taken in this paper is my interest in the development of child welfare practice and policy in the UK (Thoburn, 1999) and similarities and differences in post-war European 'welfare state' based jurisdictions (Thoburn, 2009); and in the increasing emphasis across jurisdictions on child placement as a response to child maltreatment (Gilbert et al., 2008; Thoburn, 2008). At the time when the data were being collected for the cross-national report, government departments in England were exploring child welfare practices in other countries, and some are referred to in the white papers *Care Matters* (DfES 2006) as pointing to promising interventions that might be incorporated into practice in England.[1] The emphasis is, however, very much on 'practice' and 'interventions'. This paper will argue that to make wise choices about the lessons we can learn from child welfare professionals and researchers in different jurisdictions, we have to understand how and why services in different countries developed the way they did. Are the history, culture and political ideologies that have shaped child placement policies and practices in these countries broadly congruent with our own? And if they are not, does that matter when we consider how we might import interventions that appear promising in other countries to the child placement services in our own country?

Because it relies on secondary data collected for administrative purposes, and not on original research, this overview of child placement concentrates on those countries from which reasonably robust administrative data are available. In effect this has meant that the countries are broadly similar in the resources they have available to spend on child welfare services. A note is needed at this stage therefore that there are limitations in the extent to which the issues discussed in this paper can be related to child placement policies and services in 'emerging' nations as well as in the most impoverished countries of the world. There is not only a 'global market' in research and consultancy on child welfare interventions and practices, but also a global 'market' in children themselves which impacts differently on the child placement services in 'developed' countries. The movement of (mainly) infants across the globe to meet the needs of the involuntarily childless is less of an issue in some countries (including the UK) than in some others where international adoption is more prominent. The arrival in a country of unaccompanied asylum-seeking young people, and the trafficking of children for purposes of financial or sexual exploitation, also impact differently in different countries. It is important to record the work of UNICEF and the *Better Care Network* (2009) in calling attention to the need for all signatories to the *UN Convention on the Rights of the Child* to collect robust administrative data on the especially vulnerable group who need out-of-home care, including the publication of guidelines on how to do so.

Amongst English-speaking nations, perhaps the most obvious example of cross-national influence is the incorporation into UK child welfare policy from the 1980s onwards of 'permanence policies' developed in the USA in the 1970s.[2] Although there have been inter-country differences in the way 'permanence' has been understood, these ideas have been influential also in some States in Australia, and in Norway and Portugal, but less so in France, Germany, Dutch/Flemish speaking countries and most of Scandinavia. At the other end of the age range, multi-systemic treatment foster care, developed in Oregon (Chamberlain and Smith, 2005) is now being piloted in the UK and in Sweden.

As an example of child placement policies and methods moving in the other direction, Family Group Conferences or Family Group Meetings (as a way of involving the extended family in decision making about vulnerable children in care or on the fringes of care) have found their way from the Maori-influenced policy in New Zealand to Australia, Canada, the UK, the USA, Sweden and Japan (see for example Marsh and Peel, 1999; Connolly, 2006; Vesneski, 2009). Other more practice oriented examples are the Looked after Children recording and monitoring

system adapted from its development in the UK for use in Sweden, Australia, and Canada (for example Kufeldt et al., 2003, Scott and Hill, 2004; Fernandez, 1999).

To understand why interventions and policies developed in some countries are more readily 'adopted' in some, though not all, broadly similar jurisdictions, it is appropriate to first explore differences in history, culture and political philosophy which impact differently on the rates and profiles of children in care, over and above the obvious impact of shared language leading to publications being more easily accessible.

Differences in Rates in Care and Entering Care

Table 1

Numbers and rates of children in formal care and entering care in different jurisdictions

Country/state (year of data)	(estimated) 0-17 population	0-17 in care population	Rate in care per 10,000 < 18 **	Rate entering per anum per 10,000 < 18
Australia (2005)	4,803,218	23,695	49	26
Australia/NSW (2005)	1,591,813	9,230	58	20
Australia/Qnsland (2005)	969,553	6,657	58	33
Canada/Alberta (2004)	771,316	8,536	111	N/A
Canada/Ontario (2005)	2,701,825	17,324	64	N/A
Denmark (2005)	1,210,566	12,408	102	30
France (2003)	13,426,557	137,085	102	N/A
Germany (2005)	14,828,835	112,170	76	23
Ireland (2003)	1,015,300	5,060	50	N/A
Italy (2003)	10,090,805	38,300	38	N/A
Japan (2005)	23,046,000	38,203	17	6
New Zealand (2005)	1,005,648	4,962	49	24
Norway (2004)	1,174,489	8,037	68	13
Spain (2004)	7,550,000	38,418	51	18
Sweden (2004)	1,910,967	12,161	63	32
UK/England (2005)	11,109,000	60,900	55	23
UK/N. Ireland (2005)	451,514	2,531	56	21
UK/Scotland (2005)	1,066,646	7,006	66	24
UK/Wales (2005)	615,800	4,380	71	27
USA (2005)	74,000,000	489,003	66	42
USA/Illinois (2005)	3,249,654	17,985	55	16
USA/N. Carolina (2005)	2,153,444	10,354	48	28
USA/Washington (2004)	1,509,000	8,821	58	32

* See detailed notes on sources and other contextual comments in Thoburn (2008)

** 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).

When considering the variables which may impact on the characteristics of children in care and on the services provided to them and to their families and carers, the most obvious difference is size of the child population. Providing a coherent child welfare system in a country with a numerically small population may be more straightforward, but there are fewer economies of scale to be had, and it may be less possible to meet the full range of complex needs. Table 1[3] shows that numbers in the under 18 population in the 23 countries or provinces/states I studied varied between less than half a million in Northern Ireland and around a million in Denmark, the Republic of Ireland, New Zealand and Norway to around 11 million in England, nearly 15 million in Germany, 23 million in Japan and 74 million in the USA. In Australia, Canada, and the USA individual States/Provinces operate their own child welfare laws and systems (with a greater degree of federal oversight in the USA than in Australia and Canada). With over 3 million children, Illinois has a larger child population than Sweden.

However, actual size of child population can not explain different rates in care in apparently similar countries. Table 1 shows differences in rates in care (the 'stock' population) and rates entering care (the 'flow' statistics). To understand differences between countries a more helpful picture is presented by a study of rates entering care during a recent 12 month period (the 'flow' data in table 1). This is because rates in care on a given date are influenced by the length of time children stay in care, and the related question of their ages when entering care. Somewhat surprisingly, a sizeable minority of national governments did not (in 2004- 05) collect and analyse data on children entering care each year. This appeared to be related to whether they had a 'child as unit of return with a unique identifier' system (as with the English annual '903' returns to DCSF (National Statistics and DCSF, 2008) and the USA NSCAW data (Department of Health and Human Services, 2006) or merely collected data from their different administrative divisions in aggregated form (as was the case with Federal data for Australia and Canada). When rates entering care are considered, the USA (in the middle range for those actually in care) has the highest rate of entrants to care in a 12 month period (42 per 10,000) compared with Japan (6 per 10,000). Norway, with a higher 'in care' rate (68 per 10,000) than the USA has the opposite pattern, with the lowest care entrants rate (13 per 10,000) after Japan. For every child entering care in a given 12 month period in Norway there are 5 children in care on a given date, whereas in the USA the ratio is one child entering to two children in care. This is largely because, for reasons discussed below, children entering care in the USA (and especially those entering care when young) remain, on average, for shorter periods than is the case for similar children in most other jurisdictions.

Differences in Context and History that may Impact on Rates in Care

The most obvious starting point when seeking to explain different rates in care, is to consider whether there are marked differences in child poverty and other aspects of child and family deprivation and disadvantage. Despite the far greater scale of child welfare need in poor countries, their rates in care remain comparatively low because they can not afford anything other than the most rudimentary care system. In rich countries, political decisions about taxation and public expenditure on universal services can be predicted to have an impact, alongside the actual extent of deprivation. However, that deprivation on its own can not explain differences in rates in care as is demonstrated by Table 1. France, with a high rate in care (102 per 10,000 children under 18), is not very different in terms of deprivation than Italy or Japan, with very low rates in care of 38 and 17 per 10,000 respectively. Alberta (one of the wealthiest States in my sample) had a much higher rate in care (111 per 10,000 were in care in 2004) than the USA state of Washington (also very rich and not dissimilar socio-economically) with 58 per 10,000 in care.

In short, explanations for the differences shown in table 1 are likely to involve several variables interacting with each other in different ways.

Deprivation alone, therefore, does not explain these inter-country differences, any more than it fully explains differences in administrative districts within countries (Dickens et al.,. 2007). Turning to possible socio-cultural, historical and political explanations, there are differences between nations in the emphasis placed on the respective roles of the family and the state, and specifically in the willingness or otherwise to legislate for the State to take a more interventionist role in family life. Japan, with a comparatively low rate of births outside marriage, has a strong extended family tradition that is breaking down less quickly than in other countries. Similar considerations also applied in Italy and Spain until recently. Although this is changing with high rates of immigration and the slackening of the influence of the Roman Catholic Church, these countries have traditionally had strong pro-family policies. This partially explains why child placement policies and practice in the Republic of Ireland have more in common with mainland European countries than they have with their neighbours in the other four UK nations, which have legislated for a stronger role for the state. However, it does not explain why rates in care for two countries with strong pro-family and Roman Catholic traditions have such dissimilar rates in care (102 per 10,000 in France and 32 per 10,000 in Italy).

The other set of influences combines political ideologies around the appropriate size and place of publicly-provided social welfare, with social work 'practice wisdom' about the place and value of child placement within child welfare services.

Here, the USA (and to a lesser extent most Canadian States) are more 'out on a limb' in most of the jurisdictions in my study, at least at some stage, had their own version of a 'welfare state'. The legacy across Europe of the inter-war depression, followed by the hardships and sacrifices of war, though expressed differently in different countries, led to a dominant policy of rights to services for those who fell on hard times, or were at vulnerable stages of their lives. The emphasis was on rights to financial assistance and public services for those in need, going alongside the citizenship duties of collectively rebuilding fragmented societies. Thus, in post-war Western Europe, and also in Japan, the out-of-home placement services developed as a response to poverty, homelessness, deprivation, unwanted pregnancy and other forms of family stress. In the UK, the language of the 1948 Children Act was that the majority of the children placed away from home were 'received' into care at the request of their parents. Whilst protecting children from neglect and abuse was a part of those services (some children in the UK were 'taken into care' on 'fit person orders' by the courts) this was a less significant role for the child placement services than that of helping families under stress or children going through difficult periods and needing therapeutic help not available in the family home.

However, there were differences in the 'shape' of the services in post-war Europe, with the UK placement service, alongside other aspects of social work, leaning more to the psycho-social or psychoanalytic tradition of the USA. In Europe, alongside the psycho-analytic and rights-based approach, services developed an emphasis on behavioural or socio-educative theories and methods. The professionals variously known as *educateurs specialisés*, *educatore* and *social pedagogues*, who play a major role in caring for children, especially those in group care, in most mainland European countries, do not exist in Anglophone countries (Petrie et al., 2006; Grietens et al., 2007; Thoburn, 2009).

More recently in most of the Anglophone counties, where neo-liberal policies have become dominant, there has been a growing belief that the use of state welfare services should be avoided if at all possible. This is strongest in the USA with 'welfare dependency' tending to be seen as a sign of inadequate parenting, a prevailing ideology which may contribute to the high rates of especially young children entering care for reasons of neglect. In Australia, Canada and the UK

nations as well as the USA, efforts to reduce the numbers in care also result from a lack of confidence that being in care can have a positive impact on children's lives.[4] In all these countries a target culture has grown up as a way of justifying state spending on welfare, with reduction in numbers in care being seen as an outcome indicator for state welfare agencies (Tilbury, 2004). France, Denmark, Germany and Sweden are perhaps the clearest examples in my cross national study of countries that consider that placement in care has a positive part to play within their child welfare and family support systems.

One likely contributor to differences in rates in care is therefore that, in different jurisdictions, different choices are made about the balance between family support services aimed at keeping children out of care and services for children in care. Different decisions are then taken, for different groups of children, about the 'thresholds' of need or risk before entry into care is sanctioned. Broadly, the Nordic and other Western European countries and New Zealand tend to frame their approach as one of helping families to overcome difficulties- broadly a child welfare or 'family support' approach- whilst in most jurisdictions in Australia, Canada and the USA, the lens is a child protection one. (In these countries 'mandatory reporting' of child maltreatment is the norm. The term 'report' (of maltreatment) tends to be used rather than 'referral', and requests for entry to care by parents and young people themselves are not encouraged.) Policy in the UK comes somewhere between the two. The underlying philosophy articulated in legislation and guidance is one of child welfare and family support, but once a child enters care, placement practice tends to switch towards the North American model, especially with respect to permanence policies.

A further example of the impact of historical context on child placement legislation and processes and on the sorts of children entering public care is relevant especially to Canada, New Zealand and Australia. The colonial history of collective mistreatment of indigenous peoples in these countries, and especially the forcible removal of children to be 'socialised as white' in institutions and foster or adoptive families, has impacted on the way 'permanence policies' have been taken on board in those countries. Because indigenous children are greatly over-represented amongst those in care (Tilbury and Thoburn, 2008), a policy of adoption without parental consent has been regarded as politically unacceptable. Consequently, policy makers in these countries are developing other routes to legal permanence (such as legal guardianship) which do not involve the permanent legal severance of children from their kin, culture and heritage. In the USA, the emphasis on legal adoption as a route out of care has meant (since the implementation of *The Adoption and Safe Families Act* in 1998) leaving care through legal adoption is prioritised over having the opportunity to retain kinship and cultural links (Lu et al., 2004; Wulczyn, Hislop and Chen, 2005). This 'indigenous effect' is therefore less marked that in the other countries with high rates of indigenous children entering care. A part of the explanation for the difference noted earlier in rates in care in Washington and in Alberta is likely to be that more indigenous children remain in long term foster care in Alberta, whereas in Washington, some of these children will have left care through adoption. For the UK also, the legacy of the 'coloniser' has had an impact, in that the legal requirement to seek to place children with families of a similar ethnicity and culture has resulted in some children of minority heritage being placed in 'permanent foster care' with families of a similar ethnic and cultural background rather than being placed trans-racially for adoption (Thoburn et al., 2000; Lowe and Murch, 2002; Selwyn et al., 2008).

Reasons for Entering Care and Legal Status

These socio-political variables can be seen in the legislative provisions that underpin the out-of-home care services (Table 2). In most USA jurisdictions, around 95% of children who enter care

do so via a court order, whilst the proportions in Denmark and Japan are around 10% entering through a court order. In this respect the UK nations are less like the USA and more like the Scandinavian countries (in England, around 65% enter care with the agreement of parents, or without their active opposition. However, if we consider proportions in care with parental agreement on a given data, the UK nations are closer to the USA, as courts and welfare agencies are more willing to intervene to secure parental rights in respect of those who stay longer (only 31% of those in public care in 2005 were accommodated under voluntary agreements compared with around 75% in Germany and over 80% in Denmark in voluntary care.) France is more like England in that only around 13% are in 'voluntary care'.[5] Another important difference impacting on rates in care in England, Northern Ireland and Wales is that some children remain legally 'in care' but are placed at home with a parent (and therefore remain in the statistics – around 10% of those in care at any one time in England and almost a quarter in N Ireland). This rarely occurs in other countries (rarely more than 3% and as a very short-term measure used as part of a reunification plan).

Table 2
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/Queensland		(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 (Trocme et al., 2003).
** No national data available. These proportions are for Mid-Western Health Board
*** Only children coming into foster care are included in these percentages.

Table 3
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 disability /illness (in care)	Disability/other problemss of child (in care)	Abandoned / no parent (in care)	Relationship/ other family problems 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 family 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%

* 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 other reasons for entry are not available.

Table 3 gives the main reasons for entering care in the 23 jurisdictions for which these data were available. In the USA as a whole, child maltreatment (in more than 90% of cases) was the main reason. In Washington State problems or disabilities of the children (16%) and relationship problems (16%) were recorded as the main reasons alongside 66% where abuse or neglect was cited as the main reason. In contrast, in all other jurisdictions for which the main reason for entry was recorded, abuse or neglect were the main reason in less than 50% of cases, and in Denmark in only 6% of cases (with more than 50% entering care in the main because of problems or disabilities of the children). The different rates for children actually in care for those countries where both 'stock' and 'flow' data are available indicate that in some countries short term care is used as a temporary measure to help families, whereas children who enter care because of abuse or neglect remain longer. (In England, 62% of those in care on a given date entered care principally because of abuse or neglect, whereas only 48% or entrants in a given year did so principally for these reasons.) However, these administrative statistics may make differences between countries appear greater than they are, because of different conventions for recording reasons for entry, accentuated by differences in legislation. Almost all children entering public care in the USA do so via court order, and in order to prove the need for an order, evidence has to be presented of parental failure. In the USA, a twelve year old assessed as needing a group care placement because of aggressive or otherwise challenging behaviour would only enter care if the court judged that a parent had failed him or her (even if the parent were requesting care) and would thus be recorded as entering care because of abuse or neglect, whereas a similar child in most other jurisdictions would enter care on a voluntary basis and be recorded as entering because of problems of the child. Differences may also be more apparent than real because few countries record 'any reason for entry that applies', rather than only 'main reason for entry'. In Denmark, 5825 child characteristics or problems and 4155 parent or family home characteristics or problems were recorded with respect to 2560 children entered care in 2006. Most frequently mentioned were 'general behaviour problems (with

respect to 56% of care entrants; severe disharmony in the home (38%) and difficulties at school (35%). 'Severe neglect' was mentioned in 12% of cases and 'violence or threats of violence against the child' in 10% of cases. (Egelund and Lausten, personal communication)

Empirical studies that record all reasons for entry show fewer differences between countries, with problems of the children and relationship difficulties mentioned alongside maltreatment or neglect. In other words, though an incident of maltreatment may precipitate entry to care, the reason for most (especially for children past infancy) is likely to be a complex mixture of children's problems and parental practical, personal and relationship problems.

Characteristics of Children in Care in Different Jurisdictions

Table 4

Age at entry to out-of-home care (for those jurisdictions for which data were available)

Country/state	0-4 (< 12 months in brackets)		5-9	10-15	16-17	18+
Australia	38%	(13%)	27%	27%	8%	
Australia/NSW	39%	(14%)	26%	28%	7%	
Australia/Queensland	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	!5% (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 (Trocme et al., 2003)

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

Although school age children and teenagers are also subjected to maltreatment, the state is most likely to take protective action with respect to allegations of the abuse or neglect of young children. It is therefore not surprising that there is a correlation between legal status and reasons for entering care, and the ages of children entering care. Because the child welfare 'care systems' are

used in some countries for vulnerable young people in late adolescence, table 4 (giving age at entry) includes those entering care when aged 18 or over. Interpreting these data is problematic as different countries used different age bands for the collection of administrative data). However, the table shows that the Angophone nations had higher proportions of entrants who came into care when under the age of 12 months, and also (with Japan and Italy) for pre-school children.

In the Nordic countries, higher proportions enter care as teenagers. One explanation for this is that, in these countries, juvenile offenders who need to be placed away from home are more likely to be retained within the child welfare systems (and statistics) whereas similar youth in the UK and USA would be in custodial establishments and recorded within the youth justice statistics.

If we consider the profiles of children in care on a given date, age differences are less marked, as length of time in care and discharge rates impact on these data differently in different countries. Some jurisdictions report length of stay data on all those who leave care in a given year; others report on length of time from entry to leaving and others on length of time in care of the current in care population. This makes it difficult to compare length of stay for different countries. However, an idea can be gained of differences by comparing the rates of entry and rates in care, as there will be a greater difference between these two for jurisdictions in which children, on average, stay longer.

The larger proportion of children in the youngest age groups entering care in the USA, and therefore potentially staying longer, does not have the predicted impact on the 'stock' rate because these young children are more likely than in other countries to leave care quickly via reunification or adoption (Wulczyn, 2004). A child entering care at the age of six months in the USA who can not return quickly and safely home is likely to leave care via adoption. Similar considerations apply in Canada and the UK nations where adoption without parental consent more often results in a comparatively speedy exit from care for very young children. In contrast, a similar child in mainland European countries, Australia, New Zealand or Japan, may remain within the statistics for 15 or more years. In the far smaller proportion of cases involving adoption from care in these countries, this is likely to be adoption by foster carers with whom the child has been living for several years.

Discussion: The Potential Impact of these Data on Placement Policies and on Outcomes

The differences in child welfare policies, and particularly the confidence or otherwise in the ability of out-of-home care to have a positive impact on children's lives impact on placement policies, on the way outcomes are measured, and on the time frames for measuring outcomes.

The 5% of children in care likely to leave care quickly via adoption in the USA and the UK (table 5) are mostly in the youngest age groups. Similar children in Spain or Norway may return safely home, or leave care via legal guardianship being taken over by a relative, but more will remain in care until they reach adulthood. Since these children (who are most likely to remain with the same foster family) will be within the 'leaving care' cohorts whose well-being is evaluated, one might anticipate more positive overall outcomes from these countries than is the case in the UK and the USA where these 'easier to parent' children are adopted and lost to the sample.

Another placement variable which may impact on the overall outcomes of care systems is the way in which kinship foster care is used. In some countries (for example Sweden, and increasingly the UK) children cared for by members of the extended family are provided with financial and prac-

tical help and casework services outside the formal system. In others, similar children will enter care as a result of poverty (for example, in the USA, the inability of parents to provide appropriate housing or health care); or children who have lived with relatives for some time (as in Spain) may be received into care because the material circumstances of the relatives with whom they may have lived for some time deteriorate (del Valle et al., 2008). Since there is some evidence that, on average, children placed in kinship care, particularly those placed when young, do better than those in stranger foster care or group care, this may contribute to better overall outcomes in Spain or the USA than in Sweden where fewer young children are brought up in kinship foster care.

Table 5
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 (e.g. independent living and custody**
Australia	40%	39%	5%	–		16%
Australia/NSW	57%	41%	3%			
Australia/Queensland	27%	72%	1%			
Canada/Alberta	8%	66%	15%	3%	3%	5%
Denmark	***	48%	52%			
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 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.

The age of children entering care as well as historical and societal attitudes to the use of institutional or family care also impact on the differential use of group care.
Table 5 shows the pattern of placements. Japan is the only country in my study with a sizeable proportion of its under fives placed in group care settings. Whilst in Denmark and Germany almost half of the children in care at any one time are in group care placements, this has to be seen in the context of 85% of those in care in Denmark being over the age of seven, and almost 70% in Germany being aged 12 or over. France, Italy and Spain also make greater used of group care placements than Anglophone countries. The evidence on outcomes of longer term placements in group care settings is not clear, but accounts from some smaller scale studies suggest that in countries which make greater use of group care or residential education, higher rates of stability and good educational outcomes and family connectedness are achieved for larger proportions of young people leaving care (Chakrabati and Hill, 2000; Little Kohm and Thompson, 2004; del Valle et al., 2008; Stein and Munro, 2008). Here again, an understanding of context is essential before cross national comparisons are made, since higher thresholds for teenagers entering care, and the use of residential care only when other options have failed, impacts on the characteristics of the young people whose outcomes are being evaluated in Australia, the UK or the USA. The development of the social pedagogues in Europe as a skilled group care workforce is another contextual factor which may impact on outcomes in these countries (Grietens et al., 2007; Petrie et al., 2006: Tillard and Rurka, 2009).

These observations can only be offered as hypotheses, since robust comparative outcome studies on large populations of children entering care, and following them through into adulthood, do not exist. A first step in that direction will be to agree a set of outcome measures which can be adapted for use across national boundaries, a task already started on by UNICEF. However, administrative data from most countries merely provides service output data. Did the child leave care through adoption or guardianship? Was the child successfully reunified with a birth parent? Some provide information on educational performance, employment, criminality or mental health status such as addictions. Despite the evidence on stability and a sense of belonging with which I opened this paper, as yet, no national statistics report on whether a young person formally 'ageing out' of care has 'put down roots' in a substitute family, or maintained meaningful links with the birth family. Of course, this is a complex task, but it can be achieved, through a combination of administrative data on large numbers and smaller scale research studies on sub-samples (see for example, Cashmore and Paxman, 2006). In this way quantitative data on living arrangements at the time of leaving care, and standardised measures on mental health, educational achievement and other aspects of wellbeing can be supplement by qualitative data on family connectedness and relationships. Examples of such studies are in the edited books of Stein and Munro, (2008); Schofield and Simmonds (2009) and Fernandez and Barth (in press). These data also need to be collected on children who enter care and exit via reunification, guardianship or adoption as well as on those who remain long term in kinship and non-kin foster family and group care.

Conclusion

The overarching conclusion I draw from these studies is that there is no 'right' or 'wrong' rate of children in care, since outcomes depend on the services available both to those remaining with or returning to their families, and on the aims and quality of the care given and of the placement service. Targets to keep children out of care, or reduce numbers in care, if rigidly applied, can result in children remaining for too long in adverse home circumstances, or returning home too quickly and being re-abused or returned to care (Wulczyn, 2004; Sinclair et al., 2007). They can also result in perverse incentives. The adoption targets in England, for example, did result

in more children leaving care through adoption, but also resulted in some members of sibling groups becoming highly distressed when permanently separated and losing contact with much loved brothers or sisters because it was easier to find an adoptive placement for the youngest.

Reference has been made in this paper to the gaps in our knowledge on long term outcomes of the different placement options for the different groups of children entering care. There is still a long way to go in reaching agreement across national boundaries on the outcome and output measures to be used, and the appropriate time to measure outcomes. However, there is much to be gained from using administrative data and the growing number of sound process and outcome studies to learn from colleagues at home and abroad about what appears to be working in different jurisdictions for these most vulnerable children. At the same time those who develop and evaluate new services and interventions have to be upfront with policy makers and managers that the accumulated research and secondary data analyses do not yet come near to satisfying their demands for unequivocal messages about 'what works'. Those looking across national boundaries for promising interventions need to be alerted to the fact that the profiles of children in different countries and the contexts in which services are provided may differ. Interventions achieving good outcomes in one country may, or may not, be relevant to another. If a preliminary review of context and in care populations in the two countries indicates that the intervention or service looks promising, there will usually be a need to make adaptations, which must then be carefully recorded and evaluated before services are rolled out for the general population of children in care in the 'importer' jurisdiction.

Notes

1. The four UK nations are increasingly going their different ways in terms of child placement policy and practice and data are reported separately for England, Northern Ireland, Scotland and Wales. In this article the term 'UK' is used when differences between the UK nations are slight, and the separate nations are referred to as appropriate. If not otherwise stated, statistics refer to England only.
2. That is, the emphasis on achieving stability and lifelong family membership for children entering care, preferably by stable and safe return to the birth parents, but through legal adoption (if necessary without parental consent) if return home within a fairly short time scale proved not to be possible.
3. Unless otherwise stated administrative data in tables and referred to in text are from Thoburn, 2008 from which details on sources are available. http://www.uea.ac.uk/polopoly_fs/1.103398!globalisation%201108.pdf accessed 2/04/09.
4. Whilst there is evidence from outcome studies that some young people leaving care do have very poor outcomes, as several authors have pointed out, there is some misunderstanding, especially amongst politicians and service commissioners, of the data. This results from the prominence given to retrospective studies of vulnerable adult populations, in which children entering care past infancy because of their complex needs and challenging behaviour tend to be over-represented. There is still a paucity of robust prospective studies following cohorts of the full range of care entrants through into adult life (Bullock et al., 2006; Stein and Munro, 2008, Fernandez and Barth, in press).
5. It is important to note that in England, Northern Ireland and Wales children entering care 'under a series of short term placements' are not included in the 'in care' statistics. If they were, the rates in care and especially the rates entering care would be higher (a rate of 32 per 10,000 for England if included compared with 23 if omitted) and a higher proportion would be placed under voluntary arrangements.

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Author note

Dr June Thoburn
Emeritus Professor of Social Work
School of Social Work and Psychology
Elizabeth Fry Building
University of East Anglia
Norwich
NR4 7TJ England