

Book Chapter in: Chase, E., Simon, A., and Jackson, S. (eds.) (2006) *In Care and After: a Positive Perspective*. London: Routledge.

CHAPTER THREE

OUTCOMES FOR CHILDREN IN PUBLIC CARE: WHAT DO WE KNOW?

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In 1998, the government White Paper *Modernising Social Services* (Department of Health 1998c) shifted the focus away from who was providing welfare services towards closer scrutiny of the quality of those services. In order to encourage a more rigorous approach to the management of social services departments, the Personal Social Services Performance Assessment Framework (Department of Health 1999a), commonly known as the PAF, was launched.

The PAF sets targets for 'improving the life chances of children in care' and measures the levels of education, training and employment outcomes of children in and leaving care. While statistics on children in care had been routinely collected for over thirty years, the idea of using them in a planned way as a tool to bring about improvements in services and outcomes was new. Thus, the PAF transformed the way in which statistics were collected and placed greater importance on using statistics to measure outcomes. Joint DfEE/DH Guidance on *The Education of Children and Young People in Public Care* (2000) stressed the importance of data as a necessary and powerful tool for improving services and outcomes.

Increasingly, comparative targets have been set to measure outcomes for children in and leaving public care against those of all children in the population. For instance, in

the light of a series of publications drawing attention to the persistently low achievement of children in the care population (Fletcher-Campbell 1997; Borland et al., 1998; Goddard, 2000; Jackson, 2001), in 2003, the government for England announced a target to ‘substantially narrow the gap between the educational attainment and participation of children in care and that of their peers by 2006’ (Social Exclusion Unit 2003: 71).

One consequence of these reforms is that statistics are now routinely collected and published on a number of significant outcomes for children in public care, such as their educational attainment, their health and whether or not they have committed criminal offences. This chapter presents an overview of what is known statistically about such outcomes and highlights some of the inadequacies of the available information. By ‘outcome’ we mean a measure of the quality in people’s lives after they have entered or left care. These include factors such as school performance, quality of health status and the likelihood of being homeless or in prison. Where appropriate, these outcomes are compared with the outcomes for all children and young people, although it should be noted that even where there are evident differences in outcomes, these are not necessarily a consequence of the care experience since we cannot know with any certainty what would have been the outcomes for children and young people had they not been taken into care.

Here, emphasis is first placed on data that can be obtained from routine statistical collections in England on children in and leaving care and the reforms that have taken place in recent years, including the introduction of outcome measures. The chapter then explores what is known from other sources such as findings from focused

research studies. Finally, the limitations of both small-scale research and of large-scale statistical returns, in providing an accurate and complete national picture of the circumstances of young people within the care population, are discussed.

PERFORMANCE MEASUREMENT

Public Service Agreements (PSAs) were introduced following the 1998 government Comprehensive Spending Review (CSR) and set out, for the first time, clear public targets to show what departments aimed to achieve in terms of public service improvements. The 2000 CSR further developed the concept of PSAs, making the targets more clearly focused on key governmental priorities and outcomes. At the same time, to complement the *Quality Protects* initiative¹, the government undertook a significant review of social care, publishing the White Paper referred to earlier and, as part of this agenda, introduced wide-ranging performance measures for social services departments (Department of Health 1998c).

In February 1999, a consultation exercise produced a list of fifty indicators that made up the Performance Assessment Framework. Four of these are recognised as national strategic objectives: the CF/A1 measure of the stability of placements for children and young people in care; the CF/A2 measure of educational qualifications of children looked after; the CF/A3 measure of re-registrations on the child protection register and the CF/A4 measure of employment, education and training for care leavers (Department of Health 1999a). Apart from the benefits they brought to achieving national targets, the PAF indicators were also designed to enable local authorities to

¹ <http://www.dfes.gov.uk/qualityprotects/>

benchmark themselves against other authorities and help them to identify areas for local improvement. Taken together, the performance assessment arrangements were intended to enhance the provision of care and support to vulnerable people requiring social services (Department of Health 2003).

PERFORMANCE TARGETS

The annual Autumn Performance Reports provide an overview of progress towards meeting the relevant performance targets. An understanding of these targets is important for recognising the basis of the outcome measures for children and young people in and leaving care.

For care leavers, essentially only one main PSA target was set, ‘improving the level of education, training and employment outcomes for care leavers aged 19 so that levels of this group are at least 75 per cent of those achieved by all young people in the same area by 2004’ (DfES 2003a: 13).

For young people in care, several targets were established. In terms of education, the PSA aimed to:

- Improve ‘outcomes for 11-year olds in English and Maths so that they are at least 60 per cent as good as those of their peers’ (DfES 2003a: 13)
- Increase the proportions of those leaving care aged 16 who get qualifications equivalent to five GCSEs graded A*-C by 15 per cent by 2001
- Increase the proportion of those leaving care aged 16 with at least one GCSE equivalent qualification graded A*-G by 50 per cent by 2001

- Increase the proportion of those leaving care aged 16 with at least one GCSE equivalent qualification graded A*-G by 75 per cent by 2003
- Reduce ‘the proportion that become disengaged from education is reduced so that no more than 10 per cent reach school leaving age without having sat a GCSE equivalent exam’ (DfES 2003a: 13).

In terms of youth offending, the PSA target was defined as ‘narrowing the gap between the proportions of children in care and their peers who are cautioned or convicted’ (DfES 2003a: 13), requiring a reduction of 3.6 percentage points from the September 2000 baseline by 2004 (DfES 2003a: 14).

One further PSA target relevant to this discussion is the reduction of the under 18 conception rate among all young women in the local authority by 50 per cent by 2010 (DfES 2003a: 14), a joint target with the Department of Health.

OUTCOME DATA COLLECTION IN ENGLAND

In response to the Utting Report of 1997, the government set forth its National Objectives for Children’s Social Services (Department of Health 1998f) and issued guidance in the form of *Quality Protects* (DH 1998d). This set out eleven key objectives, three of which were directly relevant to outcome assessment. Although linked to the PSA targets, the Quality Protects objectives were set out separately from those targets. The three most relevant objectives were to:

- Ensure that children in need gain maximum life chance benefits from educational opportunities

- Ensure that children looked after gain maximum life chance benefits from educational opportunities, health care and social care
- Ensure that young people leaving care, as they enter adulthood, are not isolated and participate socially and economically as citizens.

A pilot exercise was conducted in 1998 by the English Department of Health in order to identify the most useful and reliable indicators of outcomes for children and young people in care. Subsequently, these indicators were sent to all 150 local authorities in England with a requirement for them to make their first statistical returns for these outcomes for 1999. Although *Quality Protects* has been superseded by *Choice Protects*², the set of indicators, known as the OC2 collection (DfES 2004b), has remained a routine requirement for local authorities. Local authority returns are compiled to form an annual national report that is available to the public. The OC2 collection includes a number of measures relating to educational attainment and school attendance, juvenile offending rates, and a series of indicators monitoring the health care received by children and young people in care.

In parallel with these outcome indicators, a new child-based collection, the OC1 collection, was set up in 1999 to collect data on the educational qualifications of young people leaving care aged 16 and over. This was in order to provide new statistical information for one of the Department of Health's key targets for children's social services. The collection was also designed to enable educational outcome data to be linked with other data on the care histories of children, and to permit the Department of Health to conduct further analysis of these data. In the same year, a

² <http://www.dfes.gov.uk/choiceprotects/>

new collection, the OC3 collection (DfES 2003b), began to gather data on young people with respect to their latest period of care, the date they ceased to be looked after and whether they were in education, training or employment on their 19th birthday.³

These collections were in addition to the pre-existing SSDA903 return (a child-level return) routinely made by local authorities to provide a national annual picture of the numbers of children in care and leaving care; the numbers of children in care being accommodated in different settings; the legal status of children; and the reasons why they are taken into care. In 1998, major changes were introduced to this collection in order to streamline and speed-up the process of data collection and dissemination. From the year ending 31 March 1998, authorities were asked to complete a new aggregate statistical return (the CLA100) to provide basic headline data for rapid publication.

The SSDA903 provides a detailed annual analysis of the looked after population, which is used with the total figures provided on the CLA100 to estimate the full national picture. These annual returns have been regularly collected over many years for monitoring purposes. Such data has also been used for example, to inform the performance assessment frameworks, aimed at improving the life chances of children in care and after care.

³ http://www.dfes.gov.uk/cgi-bin/rsgateway/search.pl?cat=8&subcat=8_1&q1=Search.

NUMBERS OF CHILDREN IN CARE AND LEAVING CARE

Statistics on the numbers of children and young people in care (called ‘children looked after’) in England have been collected and published by the Department of Health at least since the Children and Young Persons Act, 1969. Similar arrangements have been in place for the Welsh Office, the Scottish Office and the Northern Ireland Office. It is therefore possible to examine change in the numbers of children and young people in care over a long period of time.

Figures for 2003 are shown in Table 3.1, compiled from data published by the Department for Education and Skills for England, the Scottish Parliament, the Welsh Assembly and the Department of Health, Social Services and Public Safety in Northern Ireland. The table shows the numbers of children looked after, numbers starting to be looked after, and numbers ceasing to be looked after. Across the UK, in 2003, there were almost 79,000 children looked after. This number has increased fairly steadily since the mid 1990s while the numbers starting to be looked after over the same period have been falling. At the same time, the numbers ceasing to be looked after have been falling more rapidly, so that there is a continuing slow growth in the total number of children looked after (Statham et al., 2002).

Table 3.1 here

OUTCOMES FOR CHILDREN IN CARE AND AFTER: WHAT IS KNOWN?

There are two major difficulties in attempting to present any comprehensive national picture of what is known statistically about the outcomes for children in and after care. Firstly, an analysis of national data for children and young people in care is problematic because the constituent parts of the United Kingdom do not co-ordinate their data collections. Sometimes different data are collected and published, making it difficult to draw general conclusions about the UK as a whole. Although some comparable data are also published for Scotland, Wales and Northern Ireland, only statistics for England will be presented here. Secondly, there are only statistical data on some of the possible outcomes for children in and leaving care. Since 2004 statistical returns for 'outcomes' for children and young people in care in England are collected by the DfES. These cover academic performance, employment and training, youth offending and some health-related outcomes. All other knowledge on outcomes for young people in and leaving care, is derived from other non-statistical, small-scale research studies.

Outcomes covered by the statistical collections

Education

The OC2 return brings together data on the educational attainment of children and young people in care at Key Stages 1, 2, and 3 and for GCSEs. These key stages are approximately equivalent to the ages of 7, 11, 14 and 16. Results for Key Stages 1, 2, and 3 for 2003 are shown in Table 3.2.

From the returns shown for 2003 it is clear that older children and young people in care performed worse than younger children. At Key Stage 1, around half of children were performing at the expected level for their age, this dropped to about a third at Key Stage 2, and a quarter at Key Stage 3. Since the care population is constantly changing, with new children and young people entering care and others leaving care, this data does not indicate a deterioration in the performance of any individual child since the children taking the three tests are different. Most of the children who were in care at Key Stage 1 will have left care before they are assessed again at Key Stage 2 or 3, and will be replaced by other children.

The relatively poor achievement of children and young people in care compared to all children, even at Key Stage 1, is striking. For all children, scores for older children were worse than those for younger children. However, the difference was much smaller for all children and young people than for those in care. For all children, over 80 per cent were performing at the expected level for their age at the Key Stage 1 assessment; this fell to just under 80 per cent at Key Stage 2 and 70 per cent at Key Stage 3. For children in care the corresponding figures were over 50 per cent, over 40 per cent, with a fall to around 25 per cent at Key Stage 3. Even allowing for inaccuracies in these percentages since three assessments are involved at each age and not all children took all tests, there are conspicuous differences between the two groups.

Table 3.2 here

Most children took GCSE (General Certificate of Secondary Education) or GNVQ (General National Vocational Qualification) examinations in Year 11, at around the age of 16. Table 3.3 shows that only just over half of young people in care sat these examinations at that time.

Table 3.3 here

Overall performance for young people in care was also markedly below that for all children. Just over half of young people in care achieved at least one pass at any grade. Since many children sat no examinations, this means that nearly all the young people in care who sat the exam gained at least one pass. However, applying stricter criteria gives a worse picture. Taking five GCSE passes at any grade, the middle criterion for overall performance, this was achieved by just over a third of young people in care but by 89 per cent of all children. Yet, it is the strictest criterion, 5 passes at grades A*-C, that highlights the greatest discrepancies. In 2003, this level was achieved by just 8.7 per cent of young people in care but by more than half of all children.

The Quality Protects Indicator 8 is defined as the proportion of young people in care obtaining at least 5 GCSEs at grades A*-C during the most recent school year, as a ratio of the proportion of all children in the local authority achieving these standards. In 2003 this indicator was 0.16. While the achievement of young people in care has improved slightly since the figures started to be collected in 2000, so too has the achievement of all children, thus little actual progress has been made in terms of reducing the gap in performance between those in care and the general population.

Data on the educational qualifications of all care leavers aged 16 and over are also collected by local authorities. Results for 2003 are detailed in Table 3.4 which shows that more than half left care with no qualifications.

Table 3.4 here

Employment

Another important outcome concerns the education and employment status of young people immediately after finishing Year 11. Data on education and employment are collected on the forms OC2 for children in care and OC3 for care leavers.

Form OC2 includes the employment and education status on 30 September for all young people in care who had been in year 11 in the previous school year (i.e. who could legally have left full-time education). One of the aims of *Quality Protects* was to reduce the number of young people in this group who are 'Not in Education, Employment or Training' (NEET). These are shown as 'unemployed' in Table 3.5. Fifty-seven per cent of children who were looked after in Year 11 were in full-time education on 30 September (2003). This is less than the 72 per cent for all children, but it still represents more than half of young people in full-time education beyond the compulsory school-leaving age. Adding in part-time education, training and employment with training indicates that 71 per cent of young people who had been looked after received some form of education or training: this is lower than the 92 per cent for all children, but is still a positive achievement. On the more negative side, 23

per cent of young people who had been looked after were unemployed, compared to seven per cent of all young people.

Table 3.5 here

Local authorities are expected to maintain contact with care leavers and to collect some further outcome data from them on their 19th birthday. Form OC3 collects data about activity on their 19th birthday for those who were looked after at age 16. The results for 2003 are shown in Table 3.6. By age 19, almost half of those who had been in care when they were 16 were known to be in education, employment or training and a third were not in education, employment or training (NEET). However, these figures need to be treated with caution since 19 per cent of care leavers were not in touch with the local authority. The percentage of young people who had been looked after and were not in education, employment or training could, therefore, be as high as 50 per cent.

Table 3.6 here

Offending

Information on whether or not young people commit criminal offences is only currently collected for those young people in care, and not for care leavers. The same is true of the small-scale research studies, which also seem to present data only about those in care. Such studies commonly report that contact with the police for children

in care is three times that of other children in similar age groups who are not in care (e.g. Jackson et al. 2000, Courtney et al. 2001).

The OC2 form collects information on the number of young people in care aged 10 or over (and looked after for at least twelve months) who were convicted or subject to a final warning or reprimand during the year. In 2003, this amounted to 9.5 per cent of the relevant group, as shown in Table 3.7. This was nearly three times the rate for all children (so is very similar to the information gleaned from the small scale research studies), and does not indicate a positive outcome.

Table 3.7 here

Hobcraft (1998) does, however, offer some additional information about what happens to young people who have been in care but subsequently leave care, in terms of offending. He reported that when looked after children are followed up some time after leaving care, they are more likely to have had further contact with the police or probation services than other young people who have not had an episode in care, and this likelihood is three to four times higher for males than females. Commonly, studies on crime that present data on children in care or who have left care draw on samples from the prison population rather than samples from the care population. Therefore, we only know about those young people who have committed a crime and have been convicted of that crime and who also happen to have had an episode in care. This means we do not have information about those who have had an episode in care but who do not go on to commit a crime. Such studies report high figures of between 25 per cent and 50 per cent, which equates to around twelve to twenty-five

times that of the general population (Jackson et al., 2002). Such sampling biases may mean that these figures are inaccurate.

Health

A limited number of health outcomes for children in care are routinely collected through the annual medical assessment, to which children entering care have been subjected since 1948. Data on these annual medical assessments are also collected on the OC2 form, so they only apply to children and young people looked after for at least twelve months. There are three indicators collected for all children and young people in care: the number with immunisations up to date, the number who had their teeth checked by a dentist during the year, and the number who had an annual health check. For children aged five or under, there is a further indicator: the number whose developmental assessments were up to date. The results for 2003 for all these indicators are shown in Table 3.8.

Table 3.8 here

These figures indicate that a high proportion of looked after children and young people have had health checks, but there are no available comparable data for all children. For instance, the PAF indicator C19 is the percentage that both had their teeth checked and a health assessment in the past year: for 2003 this was 75.2 per cent. A case-controlled study of looked after children in Wales found that children living at home were much more likely to be taken for regular dental check-ups, twice as likely to return for follow-up treatment and twice as likely to have orthodontic

treatment (Jackson et al, 2000). The indicators for health care have been showing consistent improvements since data on them were first collected in 2000. It is unfortunate, however, that data on a wider range of health indicators are not as yet routinely collected, including information on mental health and wellbeing and pregnancy and parenthood.

Independent living

The OC3 form also collects information about the living arrangements of care leavers on their 19th birthday. While not strictly an outcome in itself, the type and quality of accommodation is likely to greatly influence young people's lives. As can be seen in Table 3.9, 11 per cent were living with parents or relatives, 15 per cent were in supported accommodation and 4 per cent in a community home, with 37 per cent living independently. 19 per cent of young people who were looked after were no longer in touch with their local authority, hence their accommodation status is unknown. There are no comparable data for all children from these statistical collections.

Table 3.9 here

Outcomes reported from other research studies

Official statistical collections are constraining in that they contain information about a very limited range of outcomes and are largely restricted to providing information about short-term rather than longer-term outcomes. For instance, in terms of health

outcomes, whilst we can find information about the numbers of children and young people *in care* who have been inoculated, there is nothing in the statistical returns to provide important information on other aspects of health such as mental health. For young people leaving care, there is a complete absence of health outcome measures.

Neither do the outcome statistical returns cover important indicators of social exclusion such as the numbers of rough sleepers and the numbers of young people in prison, although some figures on conviction rates can be derived from the Home Office collections. Consequently, to date, published studies remain the only way of seeing how looked after young people and care leavers fair on a range of important outcomes compared with other children and young people. Although such studies have limitations, since findings are often small-scale and spread over time, they are still valid since they persistently highlight the same issues for children in care and care leavers.

While annual health assessments have a very narrow conceptualisation of health and wellbeing, small scale studies have provided unique information about the types of health issues affecting children in and leaving care including some lifestyle measures on drug and alcohol use. For instance, Broad (1999a) reported that 48 per cent (23) of a sample of 33 care leavers in one research project had long term illnesses or conditions such as asthma, and eczema, 81 per cent drank alcohol (26 per cent heavily) and two-thirds of the young people interviewed reported that they had used drugs. Similarly a Department of Health study (1997) also reported that young people in care were more likely to become involved in substance misuse than young people in general. A study comparing looked after children with a matched sample of

children living with their own families found that those in care were seven times more likely to have used illegal drugs and over a quarter of those under sixteen were regular smokers compared with none of the sample not in care (Williams et al., 2001).

Numerous other studies have shown that looked after children and young people experience significant disadvantages with respect to their health (Saunders & Broad, 1997; Utting, 1997; House of Commons Health Committee, 1998; Skuse & Ward, 1999; Wylor, 2000)

Several small-scale studies have also provided important information, albeit limited, on the lives of disabled young people who comprise an estimated 25 per cent of young people in care (Department of Health 1999b). This is a somewhat misleading figure since it includes a large number who have been assessed as having emotional and/or behavioural difficulties as well as those with learning disabilities.

Nevertheless, these young people form a distinct sub-group of young people in and leaving care and are likely to experience very different outcomes to their peers without disabilities (Rabiee et al., 2001). Yet, to date there are no routine statistics on such outcomes for young disabled people either in or leaving care.

Through research conducted into the transitions to adulthood for young disabled people in care in England and Wales, Priestly et al. (2003) estimated that on average 11 young people would leave care in any given local authority each year. The study interviewed a sample of these young people and revealed that in terms of educational attainment, although most expressed an interest in further education they felt they had been prevented from accessing appropriate education and training due to disabling

barriers. In terms of their health, many reported frequent contact with medical practitioners and some had very significant and complex health needs.

There are no national figures about the nature or extent of mental health problems of children in care or leaving care and there have been very few UK studies looking specifically at the type and prevalence of mental health problems they face (Richardson, 2002; Broad, 2005). However, there are a number of small-scale studies that are indicative of these outcomes and it is widely documented that children in and leaving care are more likely to have mental health problems than the general population of the same age (Utting 1997; Arcelus *et al.*, 1999; Buchanan, 1999; Richardson & Joughin, 2000; Williams *et al.* 2001). Similarly, Mount *et al.* (2004) found that carers perceived that 70 per cent of young people in their care had a significant mental health need. High rates of conduct disorder have also been reported among looked after young people (Ward & Skuse, 2001) as well as a high prevalence of self-harming and risk taking behaviour, including suicide attempts, inappropriate sexual behaviour and involvement in prostitution (Richardson & Joughin, 2000; Ward & Skuse, 2001). Saunders and Broad (1997) reported that 17 per cent of a sample of forty-eight care leavers (mostly female) experienced long- term mental illnesses including depression, eating disorders and phobias.

Several studies have reported an incidence of early pregnancy and parenthood among young people in and leaving care up to three times the rate for the general 16-18 year old population (e.g. Garnett 1992; Hobcraft 1998). Garnett (1992) reported that between 12.5 per cent and 25 per cent of young women were pregnant or already parents by the time they left care. Some studies claim that the likelihood of early

pregnancy is even greater. Sinclair and Gibbs (1996) for example reported that female care leavers were eight times more likely to be pregnant by the age of 19 compared to young women not in care, while the Department of Health (1999b) suggested that between 25 and 30 per cent of young women leaving care are teenage parents. However, the report by the Social Exclusion Unit, *A Better Education for Children in Care* (2003), suggests that compared with other young people, those who have been in care are two and a half times more likely to be teenage parents. It should be borne in mind that all of these figures are derived from relatively small scale studies from which broader extrapolations have been made. At the time of writing there are no data routinely collected by local authorities on the numbers of young people in their care who become pregnant or parents, although there are plans to begin collating such information in the near future. Chapter 6 reports findings from a study conducted by the Thomas Coram Research Unit on teenage pregnancy and parenthood among young women and men in and leaving care. It highlights the lack of available data and includes an overview of what is known of the extent to which care leavers are likely to become fathers in their teenage years.

Estimates of the proportions of young people leaving care who experience homelessness are also reliant on small-scale studies. Various studies point out that young people more often than not leave care at a younger age than young people who leave home (Biehal *et al*, 1995; Stein & Rees 2002; Stein 2002). Indeed, Jackson *et al*. (2000) suggest that on average young people leave care three to five years earlier than the age at which young people typically leave their family home. One study found that one in ten young people in care had already experienced living independently before the official school leaving age (Jackson and Sachdev 2001). Stephens (2002)

reported that 30 per cent of young single homeless people had been in care and 20 per cent of care leavers experienced some form of homelessness within two years of leaving care. This figure is supported by the homelessness charity Centrepoint (2004) who reported that 21 per cent of the homeless people they assist had experienced a period of being in care. Many care leavers who are provided with local authority accommodation have been found to be living in unsatisfactory, temporary and/or social housing (Warren and McAndrew 1997; Quinton and Rutter 1988; Randall 1988; Broad 1994).

Somewhat more information on the employment outcomes for young care leavers is available from small scale studies compared to statistical returns, although these are still limited and somewhat dated. Indeed, Jackson et al. (2002) point to the evidence by Quinton and Rutter (1988), which suggested that care leavers looking for employment (either full-time or part-time) were more likely to go into low-paid semi-skilled or unskilled work, than those who have never been in care; and to the work of Cheung and Heath (1994), which indicated that employment outcomes were far worse for those who entered the care system before age 11, who did not leave the system until after they were 11-years-old and who spent much longer in the system (on average 9 years). Slightly more recent studies such as Biehal et al. (1995) and Sinclair and Gibbs (1996), indicated that unemployment figures for those leaving care during the mid-90s ranged most commonly between 40 and 50 per cent.

Related to outcomes of unemployment and employment, but not covered by the statistical collections, is the outcome of claiming social security benefits. Hobcraft (1998) found that those who had ever been in care or fostered were 1.69 times more

likely to receive any state benefits than those who had been brought up with their biological parents (Hobcraft 1998: table 14). However, as Jackson et al. (2002) point out, there is overall a 'paucity of research pertaining to the long-term benefit-claiming status outcomes of looked-after children' (p. 66). Yet, it is not inevitable that children in or leaving care will remain so disadvantaged compared to all children and young people. Jackson et al. (2002) describe a US intervention programme to help aid independent living. This study suggested that after 4-5 years of aid through this programme, only 6 per cent of their sample of young people leaving care were claiming benefits, which compared very favourably to the general population figure of 5 per cent.

PROGRESS IN MEETING THE PSA TARGETS

As well as setting out the targets for children in care and after, the DfES *Autumn Performance Report* provides an overview of the progress that has been made throughout the previous year in achieving the PAF for children's social services (DfES 2003a). It therefore provides an illustration of the sorts of changes that have taken place over time in relation to the PSA targets and which, if any, of the targets are showing positive signs of improvement.

The Autumn Performance Report 2003 reported that, although there was an upward trend in the average performance of 19 year-old care leavers, the target remained 'challenging' (DfES 2003a:13). Examination of the figures shows that overall there have been some increases in the average performance of 19 year-old care leavers over time. For example, in 2002, care leavers aged 19 enjoyed outcomes for education, training and employment comparable to 53 per cent of the achievement of all

children. By the end of 2003, they had seen improvements in outcomes for education, training and employment comparable to 57 per cent of all children. However, this is some way short of the PSA target of 75 per cent of all children. Indeed, in 2003, ‘only 17 per cent of local authorities achieved this target compared with 13 per cent in 2002’ (DfES 2003a: 13).

Young people in care have also seen improvements in their educational outcomes. The *Autumn Performance Report 2003* revealed that young people in care aged 11 achieved as well academically (in terms of English and Maths results) as all children. The report also showed that the proportion of young people in care qualifying with GCSE results (young people in care aged 16 achieving five or more ‘good’ GCSEs) was steadily improving.

The *Autumn Performance Report 2003* also discussed the progress that had been made with regard to reducing the proportion of looked after children committing criminal offences. Importantly, the proportion of looked after children convicted or cautioned in the previous year had fallen significantly since 2000, while the proportion of all young people convicted or cautioned had remained broadly the same (DfES 2003a). While the gap between the proportion of young people in care convicted or cautioned and the proportion of their peers convicted or cautioned had fallen from 7.2 per cent in 2000, to 6.1 per cent in 2002, this reduction of 1.1 per cent is significantly lower than the 3.6 percentage point reduction that was aimed for (DfES 2003a: 14)

Finally, the *Autumn Performance Report 2003* reported on the target to reduce the under-18 conception rate. This report revealed that the 'latest data for 2001 showed a 10 per cent reduction in the under-18 conception rate for all young women from the baseline year of 1998' (DfES 2003a: 14), still some way off the target of a reduction of 50 per cent by 2010. However, as mentioned earlier, there are no separate data available on the conception rates for young people in and leaving care.

CONCLUSIONS

Recent reforms that have taken place in the collection of statistics by Government have to some extent increased the quality and quantity of outcome data being routinely collected nationally about children in care and care leavers. However, there remain a few notable shortcomings to this data.

Firstly, this data is available only for England, not elsewhere in Britain. Secondly, the data are for short time-periods only - they provide snapshots about young people for single years, and as the tables on education, employment and training show, the data only provide information about what outcomes occur immediately after year 11 or immediately after a care leaver's 19th birthday.

Although the data do supply useful information about outcomes for children and young people in care from local authority returns published regularly by the DfES, they clearly have limitations. Some issues, such as mental health and wellbeing, are not covered at all and others not in sufficient detail. Furthermore, the data are all

cross-sectional snapshots whereas longitudinal data would provide a much more informative overview of outcomes. There remain major gaps in information on the extent to which young people in and leaving care are likely to offend, use drugs, become homeless, claim benefits, become young parents or experience mental health or general health problems.

While the SSDA903 form collects data on individual children, until 2003/4 data from successive years were not brought together. Consequently it has not been possible to link data on children between years. However, since 2003/04 SSDA903 data are collected as a longitudinal dataset for all children in care, so that eventually it will be possible to look more closely at the life course of children and young people in care. This said, there are two limitations to these data. First of all, because of considerations of confidentiality and data protection, it may not be possible to gain access to the longitudinal dataset. Secondly, data collected on other forms will not be part of the longitudinal dataset. Despite these limitations, if the longitudinal SSDA903 data can also be linked to school performance data from the DfES Pupil Level Annual Schools Census (PLASC), it will be possible to get a more rounded picture of the outcomes for children and young people in care.

We have seen that where outcome figures are unavailable for care leavers and young people in care from the current statistical data, important small-scale research studies provide vital qualitative information about some or all of these outcomes. However, as with the statistical collections, these too have their limitations. For instance, the young people reported about in these studies may not always be representative of young people in and leaving care as a whole and studies may fail to include those who

are most vulnerable and marginalised. Also, research often focuses on a ‘problem’ group - for example, we may know the percentage of young people with a statement of Special Educational Need (SEN) and who have been in care, or the percentage of young people who are homeless and have been in care, but we do not have comparative data for those without such problems. These issues are very much part of the research process and are important to understand when designing and conducting research with children and young people in or leaving care. The logistical and practical challenges of such research along with the complexities of promoting young people’s participation are discussed in more detail throughout Chapter 10.

Overall, it can be said that the information base for young people in and leaving care is improving. Reforms have developed statistical collections and more data than ever before are now routinely available. The transfer of responsibility for children’s services from the DH to the DfES offers the potential for a more ‘joined up’ approach to data collection between education and care, such as the possibility of linking children’s care records with their education records. These steps are all moves in the right direction and as such should be applauded. Yet, given what we aim to achieve in this book, the greatest dearth of information relates not so much to where young people are disadvantaged and failed by services, but where they experience outcomes that are at the least comparable with their peers who are not within the care population. Available data rarely indicate where things are working well or where young people have flourished or excelled, information which would help guide further exploration into the factors that promote these more positive outcomes. Ironically, statistical returns, for the most part, measure reductions in inadequacies rather than actual progress. It is perhaps to this gap in information that policy makers and statisticians need to turn their attention.

Table 3.1 Children looked after by local authorities, year ending 31 March 2003

		England	Wales	Scotland	Northern Ireland
Looked after at 31 March	Number	60,800	4,219	11,388	2,446
	<i>Per 10,000</i>	55	49		
Looked after at any time in year	Number	83,200			
	<i>Per 10,000</i>	75			
Started to be looked after	Number	24,100	1,651	4,513	1,152
Ceased to be looked after	Number	24,000		4,034	1,068
Ceased aged 16+	Number	6,500	327		

Source: DfES (2004a): Forms CLA100 and SSDA903; Local Government Data Unit – Wales (2004): Form SDSA903; Scottish Executive (2003); Department of Health, Social Services and Public Safety (2003): Forms LA1, LA6 and LA8

Table 3.2 Eligibility and performance of looked after children in Key Stage tasks and tests, school year ending 30 September 2003

	Looked after children		All children
	Number	Percentage	Percentage
YEAR 2			
Number eligible to sit Key Stage 1 tasks and tests	1,900	...	...
Number who obtained at least level 2* in the following tasks:			
Reading task/test	970	50.8	84
Writing task	930	48.5	81
Mathematics test	1,200	61.0	90
YEAR 6			
Number eligible to sit Key Stage 2 tasks and tests	3,000	...	...
Number who obtained at least level 4* in the following tasks:			
English	1,100	37.1	75
Mathematics	1,000	34.8	73
Science	1,600	52.9	87
YEAR 9			
Number eligible to sit Key Stage 3 tasks and tests	3,800	...	...
Number who obtained at least level 5* in the following tasks:			
English	850	22.3	69
Mathematics	890	23.3	71
Science	890	23.2	68

* Target level for age group

Source: DfES (2004b) Table B: Form OC2

Table 3.3 GCSE performance or equivalents of looked after children in Year 11, school year ending 30 September 2002

	Looked after children		All children
	Number	<i>Percentage</i>	<i>Percentage</i>
Number in year 11	4,200	...	...
Number who sat at least one GCSE or GNVQ	2,600	56.8	...
Number who obtained at least:			
1 GCSE at grade A* to G or GNVQ	2,400	52.9	95
5 GCSEs at grade A* to G	1,700	36.8	89
5 GCSEs at grade A* to C	400	8.7	53

Source: DfES (2004b) Table C: Form OC2

Table 3.4 Children who ceased to be looked after during the year ending 31 March 2003 aged 16 or over, by level of qualification received

	Looked after children	
	Number	Percentage
Number of care leavers	6,400	...
Number who obtained at least:		
1 GCSE at grade A* to G or GNVQ	2,800	44
5 GCSEs at grade A* to G	1,800	28
5 GCSEs at grade A* to C	370	6
No GCSEs or GNVQs	3,600	56
No qualifications	3,400	54

Source: DfES (2003b) Table 4: Form OC1

Table 3.5 Education and employment status at 30 September 2003 of looked after children in Year 11 in 2002/2003 school year

	Total number of children in Year 11	Position at 30 September 2003 as a percentage of the total					
		Full-time education	Full-time training	Full-time employment with planned training	Full-time employment with no planned training	Part-time employment, education or training	Unemployed
Looked after children	4,600	57	8	3	3	6	23
All children	608,800	72	7	5	3	1	7

Source: DfES (2004b) Table D: Form OC2

Table 3.6 Activity on 19th birthday of care leavers who were looked after on 1 April 2000 aged 16 and over, by activity

	All care leavers aged 16 and over	Council in touch with young person			Not in touch	
		In education, training or employment	Of which			
			In education	In training or employment		
Number	4,900	2,400	1,000	1,400	1,600	940
Percentage	100	49	21	28	32	19

Source: DfES (2003b) Table 7: Form OC3

Table 3.7 Offending by looked after children aged 10 or older and looked after for at least twelve months, twelve months ending 30 September 2003

	Looked after children		All children
	Number	<i>Percentage</i>	<i>Percentage</i>
Number of children aged 10 or older looked after for at least twelve months	29,100	...	...
Number convicted or subject to a final warning or reprimand during the year	2,800	9.5	3.3

Source: DfES (2004b) Table E: Form OC2

Table 3.8 Health care of looked after children looked after for at least one year, twelve months ending 30 September 2002

	Number	<i>Percentage</i>
number of children looked after for at least one year	44,900	...
of these:	32,300	71.9
number whose immunisations were up to date		
number who had their teeth checked by a dentist	33,800	75.3
number who had their annual health assessment	33,700	75.0
number of children aged 5 or younger at 30 September	7,100	...
of these:	5,700	80.7
number whose development assessments were up to date		

Source: DfES (2004b) Table F: Form OC2

Table 3.9 Accommodation on 19th birthday of care leavers who were looked after on 1 April 2000 aged 16 and over, by accommodation

	Number	<i>Percentage</i>
All young people	4,900	100
Council in touch with young person:		
With parents or relatives	530	11
Community home	200	4
Supported accommodation	710	15
Lodgings	270	6
Independent living	1,800	37
Other	300	6
In custody	120	2
Not in touch	940	19

Source: DfES (2003b) Table 8: Form OC3