

# SUPPORTING CHILDREN AND FAMILIES RETURNING HOME FROM CARE

## COUNTING THE COSTS

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# Introduction

In early 2014, NSPCC commissioned the Centre for Child and Family Research (CCFR) at Loughborough University to provide evidence to inform debates about the cost effectiveness and potential long term savings, or costs avoided, of providing appropriate assessment, support and services to families on return home from care (reunification). The aim of the work was to estimate the costs to the public purse if services to support successful reunification are provided to all children and families following a care episode, based on their assessed needs, and to compare these costs with the costs associated with re-entry to care. This report explains the context for focusing on reunification practice, describes the methodology and provides the evidence base used to estimate the costs.

## Headline finding

A substantial amount of money is spent each year as a consequence of failed reunifications, which result in children re-entering care. These costs are particularly significant when compared with the lower cost of improving support to meet the needs of children and families when children return home from care.

The total estimated current cost for all failed reunifications is **£300 million a year**.

In contrast, it is estimated that the annual cost of providing support and services to meet the needs of **all** children and families returning home from care is **£56 million**.

# Rationale behind this report

## High rates of reunification breakdown

Returning home to a parent or relative is the most common outcome for children in care. In 2012–13, 35% of all children who ceased to be looked after returned home (Department for Education, 2013a).

However, various research studies have shown high rates of further maltreatment following a child's return home, with many children subsequently being taken back into care. The rates of children who returned home and then re-entered care vary between the studies, from 37% (Sinclair et al., 2005) to 65% (Farmer and Lutman, 2012). Data from the Department for Education showed that of the 10,270 children who went home in England in 2006–07, 30% had returned to care in the five years to March 2012 (Department for Education, 2013b).

The different rates of children re-entering care reported in the studies can be explained by the differences in the populations examined, and the length of time that children's outcomes were followed after a return home. Studies with longer follow up periods reported higher rates of return breakdown and re-entry to care.

This report uses the breakdown rate of 47%, reported by Farmer and colleagues in 2011. Their study had a two year follow up, representing a mid-point in the studies undertaken (follow up in the reunification studies ranges from six months to five years). The 47% rate of reunification breakdown also represents the middle of the range in the various reunification studies.

For the sake of simplicity, this report only estimates the costs of children re-entering care once. However, it is important to recognise that a significant number of children oscillate between home and care. In Farmer and colleagues' 2011 study, a third of the children experienced two or more failed returns. This is strongly associated with poor outcomes for the child (Farmer et al., 2011; see also Wade et al., 2011) and also represents significantly higher costs. The estimated cost of failed reunifications outlined in this report is likely to be an underestimation.

In addition, it is important to recognise that re-entry to care is not the only indicator of a poor quality return home. Farmer and colleagues' 2011 study highlighted that almost a third of the children who remained at home had poor quality experiences. This underlines the need for proactive case management, provision of services and ongoing support following a child's return home from care.

This report acknowledges that re-entering care will be in the individual child's best interests if they are not safe and well cared for at home. However, the underpinning rationale behind this report is that children should only return home from care in the first instance once it is safe to do so. The instability of children going into care, returning home, and then re-entering care has negative consequences for children. Evidence from research highlights the need for robust assessments to decide whether or not return home would be in a child's best interests and proactive case management and support services for those who do return (Farmer et al., 2011; Wade et al., 2011).

## Why do so many reunifications break down?

Existing research indicates a range of factors that explain the high rates of reunification breakdown. Deficits in social care case management and a lack of support for children and families to address their issues have been highlighted as significant drivers for reunification breakdown. Studies emphasise reactive, rather than proactive, case management, lack of or poor quality assessments on whether or not the child should return home, and a lack of planning, monitoring and review. Research by Wade and colleagues showed that purposeful social work planning which included children and birth families, and allowed children to go home slowly, over a longer period of time resulted in more successful returns home (Wade et al., 2011).

The problems experienced by children and families coming into care include substance misuse and parental and child mental health problems. However, research shows that returns home broke down when children and families were not given the support they needed to overcome these problems. Research carried out by Farmer and colleagues found that 82% of children went home to parents with a history of domestic violence, alcohol or drugs misuse or exposure to inappropriate sexual activity; whilst three-fifths (60%) went to a parent with mental health problems. Poor parenting was found to be the greatest predictor of child maltreatment after return. Furthermore, the study found that whilst almost half (46%) of the mothers and a fifth (17%) of the fathers to whom children returned were known to have alcohol or drug problems, only 5% received treatment to help them address their substance misuse (Farmer and Parker, 1991; Farmer et al., 2010; Farmer et al., 2011; Farmer and Lutman, 2012; Farmer and Wijedasa, 2012).

## Provision of social care support and specialist services *could* reduce reunification breakdown rates

The conclusions in this report are based on the assumption that the improved provision of both social care support and appropriate services for children and families could result in a reduction of the reunification breakdown rate. As such, packages of additional support and services that could be provided to children and families on return home to achieve this have been costed.

Assumptions about which services to include, the proportion of families that may need them and the intensity of the provision have been made based on the messages from research, including the studies outlined above. Evidence has also been drawn from Davies and Ward (2012) and Thoburn et al. (2012).

This report outlines the estimated costs of supporting all children and families who return home from care. Some of the social care support and services detailed in this report will already be provided by local authorities and *will not* represent additional spend for authorities. There are however substantial variations between authorities in terms of types and levels of social care support and services provided, so the degree of overestimation of the additional cost of these services will vary accordingly.

## Evidence behind the support packages

Based on the messages from research about the need for proactive case management, this report assumes that *all* children and families returning home from care should receive some ongoing social care support. The costs have been estimated on the basis that all families are supported as open Child in Need cases.

The population of children returning home has been divided into three categories of need: high, medium and low. These descriptors of high, medium and low needs reflect the risk assessment classifications developed by Ward and colleagues (Ward et al., 2012).<sup>1</sup>

The assumptions about the proportion of families with high, medium, and low needs are adapted from Farmer and colleagues' categorisation of the outcomes of returns home. Farmer et al.'s 2011 study concluded that 28% of returns were good quality, 14% borderline, 49% poor quality and 9% were not clear. It is assumed that the poor quality returns represent high need, the borderline medium need, and the good quality returns low need. The 9% where the quality of returns is unclear has been apportioned equally across the three categories. Hence, it has been assumed that 53% of reunification cases have high support needs, 16% have medium support needs and 31% have low support needs.

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1 The Risk Assessment framework has subsequently been used by the NSPCC Taking Care service which is currently being delivered and evaluated in partnership with nine Local Authorities. Taking Care is a reunification assessment, decision-making, planning and review service.

The costs include the provision of parenting support, adult mental health, drug and alcohol and CAMHS services for those with medium and high needs. The proportion of families in each category receiving specific interventions, and the intensity of the interventions, are based on the research evidence (Wade et al., 2011; Farmer et al., 2011, Meltzer et al., 2003). Explanation of the packages of support for families with high, medium and low levels of need is provided below. Further details are provided in Table 1.

## Support provided to families on return home with different levels of need

### HIGH NEEDS

#### Social care support:

It is assumed that children and families with high needs would receive on-going support as an open Child in Need case for 12 months after returning home. This reflects the research evidence outlined above about the need for proactive case management, with ongoing support and monitoring.

This comprises 6 months at a high level (8 hours 15 minutes social worker time plus 50 minutes team manager per month); 3 months at medium level (5 hours and 45 minutes social worker time plus 50 minutes team manager per month); and 3 months at a low level (2 hours and 35 minutes social worker time plus 50 minutes team manager per month). These activity figures are taken from Holmes and McDermid (2012).

#### Services:

Based on Farmer et al.'s evidence (2011), 60% of parents receive adult mental health services, fortnightly, for one year and 50% of parents receive drug and alcohol services, fortnightly, for one year.

80% of parents receive parenting support, weekly, for one year. The parenting support is based on the support offered by a children's centre or similar, or by a family support worker. Costs are taken from Curtis (2013).

More intensive parenting support programmes have not been included in these packages of support as it has been assumed that these services (if required) would have been provided prior to the child returning home.

The costs are estimated on the assumption that 45% of children will receive CAMHS services, fortnightly, for one year (Meltzer et al., 2003).

## MEDIUM NEEDS

### **Social care support:**

The costs are estimated on the assumption that children and families with medium needs will receive ongoing support for the family as an open Child in Need case for 9 months; 6 months at medium level followed by 3 months at low level (see figures above).

### **Services:**

The costs are estimated on the assumption that 80% of parents receive parenting support, fortnightly, for one year (Farmer et al., 2011). 45% of children receive CAMHS services, monthly, for one year (Meltzer et al., 2003).

## LOW NEEDS

### **Social care support:**

The costs are estimated on the assumption that children and families with low needs will receive ongoing support as an open Child in Need case for 6 months at a low level (see figures above).

Additional service costs have not been included for cases assessed as having lower levels of needs: it has been assumed that any services to meet the needs of the families would have been provided prior to the child returning home and as part of routine service provision.

# Findings

The cost estimations in this report highlight the potential longer term cost savings *if* local authorities provide packages of support and services that meet the needs of families *and consequently* the number of children returning back into care is reduced. There are compelling reasons to suggest that adequate support and services should be provided on return home from care – both in terms of positive outcomes for children and prudent use of public resources. However, research shows that this support is often currently not provided.

The total estimated current cost for all failed reunifications is **£300 million a year**.

In contrast, it is estimated that the annual cost of providing support and services to meet the needs of **all** children and families returning home from care is **£56 million**.<sup>2</sup>

This equates to a current average annual cost for each child that returns back into care from home of **£61,614**, compared with an average annual cost of supporting a child to return home of just over **£5,627**. These support costs range from around £13,000 to support a family with high needs for a year and just under £3,000 to support a family with a low level of need. Detail of how these costs were calculated is provided below.

## The breakeven point

Due to the substantially higher costs of a care placement compared to the cost of supporting a child and their family at home, the provision of support for children following reunification becomes cost effective if it results in a reduction in the number of failed reunifications.

The data show that if **19% more** reunifications in England (**900 children nationally**) were successful in a year, this would equate to a national breakeven point as a result of the costs avoided from these children no longer needing to re-enter care.

This is the equivalent of the reunification breakdown rate reducing from 47% to 38% within a year.

The breakeven point has been estimated on the basis that the number of children returning to care is reduced from 4,738 to 3,838 (a reduction of 19%). The potential cost saving, or cost avoided, of **not** providing looked after children services (£61,614 multiplied by 900 children) at this point equates to the additional costs incurred by providing support and services to **all** children returning home.

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<sup>2</sup> This estimate is based on the provision of ongoing support and services to all children and their families, according to needs, that returned home in the 2012–13 financial year (n=10,080).

If the cost is considered over a **three year** budgetary cycle then the number of additional successful reunifications needed is reduced to **6%**

This means that if nationally **300 more children per year** remain safely at home, the potential costs avoided would equal the expenditure incurred to provide reunification support and services to all families. This is the equivalent of the average reunification breakdown rate reducing from **47% to 44%** over this three year period.

# Estimating the costs

## Background

Since 2000, CCFR has been carrying out a series of research studies and evaluations to explore the relationship between costs and outcomes of services provided to vulnerable children and their families (cf. Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012)<sup>3</sup>. The initial research focused on looked after children and the methodology has since been extended to include children in need, disabled children in receipt of short break services and families supported under Common Assessment Framework arrangements.

The programme of research utilises a ‘bottom-up’ approach (Beecham, 2000) to costing services. Essentially all the costs are built up from an individual child or family level, based on all the support and services that an individual or family receives. The approach identifies the personnel associated with each support activity or service and estimates the time they spend on it. These amounts of time are costed using appropriate hourly rates. The method therefore links amounts of time spent to data concerning salaries, administrative and management overheads and other expenditure. The costs of management and capital overheads are based on those outlined in an annual compendium of Health and Social Care unit costs (Curtis, 2013).

This methodology allows for the development of a detailed and transparent picture of costs of providing a service, and of the elements that are necessary to support service delivery. This method facilitates comparisons of costs and allows for exploration of variations in costs according to the needs of children, placement type, decision-making processes and approaches to service delivery. Furthermore, the unit costing methodology is process driven, so includes all the social care activity to support vulnerable children and families as well as the cost of placements and/or services.

## Unit costs used in the cost estimations

There are three types of costs that have been included in the estimations: the cost of re-entry to care and subsequent placement in care; the cost of Children in Need support to children and families when a child returns home; and the cost of providing additional support services for children and families following reunification.

The costs incurred for children returning to care include social work, decision making, placement and legal costs. They have been taken from Ward, Holmes and Soper (2008) and have been inflated to current prices.

The costs associated with on-going Children in Need support, monitoring and review have been taken from CCFR research (Holmes and McDermid, 2012).

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3 Further information about the costs and outcomes research programme is available at [www.lboro.ac.uk/research/ccfr](http://www.lboro.ac.uk/research/ccfr) and [www.ccfcs.org.uk](http://www.ccfcs.org.uk). The research has been used to inform national and international policy and practice, including for example statutory guidance (Department for Children, Schools and Families, 2010) and has provided evidence for Comprehensive Spending Reviews.

Costs are calculated for the services provided to the children and families in addition to the on-going case support and monitoring. The service costs have been taken from existing published costs; the source of these is detailed in Table 1. Total costs are calculated by multiplying the activity data by the unit cost per hour for the relevant type of personnel. The unit costs per hour have been taken from the PSSRU annual compendium of unit costs (Curtis, 2013) to ensure that the overall cost estimations are based on the most up to date published information about salaries and overheads.

Table 1: Costs of support and services used in the cost estimations

Activity or service	Description	Activity data (time)	Unit cost (£)	Source
SUPPORT – On-going support (per month) (HIGH NEEDS)	Activity to provide on-going support to the child and their family (by an allocated case worker as an open Child in Need case)	8 hrs 15 mins social worker PLUS 50 mins team manager	370	Holmes and McDermid (2012)
SUPPORT – On-going support (per month) (MEDIUM NEEDS)	Activity to provide on-going support to the child and their family (by an allocated case worker as an open Child in Need case)	5 hrs 45 mins social worker PLUS 50 mins team manager	270	Holmes and McDermid (2012)
SUPPORT – On-going support (per month) (LOW NEEDS)	Activity to provide on-going support to the child and their family (by an allocated case worker as an open Child in Need case)	2 hrs 35 mins social worker PLUS 50 mins team manager	143	Holmes and McDermid (2012)
SUPPORT – Review and care planning	Activity to provide on-going support to the child and their family (by an allocated case worker as an open Child in Need case)	7 hrs and 40 mins social worker PLUS 30 mins admin	320	Holmes and McDermid (2012)
SUPPORT – Return to care	Activity by children’s social care personnel to decide the child needs to return to care and find the first placement	Breakdown of time use is detailed in Ward, Holmes and Soper (2008)	990	Ward, Holmes and Soper (2008)
SUPPORT – LAC Annual foster care	All social care activity to support the placement for one year including care plans and reviews. Also includes placement fees/allowances	Breakdown of time use is detailed in Ward, Holmes and Soper (2008)	45,982	Ward, Holmes and Soper (2008)
SUPPORT – LAC Annual residential	All social care activity to support the placement for one year including care plans and reviews. Also includes fees	Breakdown of time use is detailed in Ward, Holmes and Soper (2008)	140,814	Ward, Holmes and Soper (2008)
SUPPORT – LAC Annual with parents	All social care activity to support the placement for one year including care plans and reviews	Breakdown of time use is detailed in Ward, Holmes and Soper (2008)	14,304	Ward, Holmes and Soper (2008)
SUPPORT – LAC Annual placed for adoption	All social care activity to support the placement for one year including care plans and reviews	Breakdown of time use is detailed in Selwyn et al. (2006)	45,982	Selwyn et al. (2006)
SUPPORT – LAC Placement change	Activity by children’s social care personnel to find a new placement	Breakdown of time use is detailed in Ward, Holmes and Soper (2008)	626	Ward, Holmes and Soper (2008)
SUPPORT – LAC Care order	Activity by children’s social care personnel to obtain a Section 31 care order	Breakdown of time use is detailed in Ward, Holmes and Soper (2008)	4,262	Ward, Holmes and Soper (2008)

Activity or service	Description	Activity data (time)	Unit cost (£)	Source
SERVICE – Parenting programme (HIGH NEEDS)	Based on support being offered in a children’s centre or similar by a family support worker (per hour)		30	Curtis (2013) Schema 11.4
SERVICE – Adult mental health (HIGH NEEDS)	Cost per session of support by adult mental health team		63	Curtis (2013) Schema 2.8
SERVICE – Drug and alcohol services (HIGH NEEDS)	Cost of service provided by drug and alcohol service (per session)		119	Curtis (2013) Schema 3.3
SERVICE – CAMHS (HIGH NEEDS)	Cost of hourly session		115	Curtis (2013) Schema 12.7
SERVICE – Parenting programme (MEDIUM NEEDS)	Based on support being offered in a children’s centre or similar by a family support worker (per hour)		30	Curtis (2013) Schema 11.4
SERVICE – CAMHS (MEDIUM NEEDS)	Cost of hourly session		115	Curtis (2013) Schema 12.7

The national costs outlined in this report are estimated using a number of data items from the SSSA 903 national statistical collection for looked after children (Department for Education, 2013a). The statistics for year ending 31 March 2013 were published in late 2013 and are used in this report.

Table 2 sets out the data on the number of reunifications, placement type, out of area placements and placement stability. Data on the number of reunifications are used to estimate the cost of support for children returning home. Data on placement type, out of area placement and placement instability are used to estimate an average placement cost for children returning to care following reunification breakdown.

Table 2: SSSA 903 data items utilised in the national cost estimations

Data item	Data item category	n or %
Children who ceased being looked after (LAD2)	Returned home to live with parents or relatives	10,080
Legal status (LAA2)	Children looked after by legal status (full care order)	42%
Type of placement (LAA3)	Foster care	75%
Type of placement (LAA3)	Placed for adoption	5%
Type of placement (LAA3)	Placed with parents	5%
Type of placement (LAA3)	Residential	15%
Placement provider (LAA7)	Local authority	60%
Placement provider (LAA7)	Voluntary or Independent sector	40%
Placement in or out of authority (LAA9)	In authority	59%
Placement in or out of authority (LAA9)	Out of authority	41%
Placement stability <sup>4</sup>	Children with 3 or more placements	11%

4 The percentage of children with three or more placements has been taken from the DfE Improving Permanence Data Pack (2013b). Use has also been made of the data detailing the percentage of children with 4 or 5 placements (3%) and those children who experienced between 6 and 9 placements (1%). These placement changes have been costed as part of the overall national costs for children re-entering care.

As outlined above, three packages of support (high, medium and low) and the proportion of children and families receiving them have been developed based on research evidence about the needs, and using the risk assessment classifications developed by Ward and colleagues. It has been estimated that 53% of the children returning home (5,342) will require a high level of support, 16% (1,613) will have medium levels of need, and 31% (3,125) will have low levels of need.

Table 3 outlines all of the assumptions associated with costing this additional service provision. It sets out both the average cost per case and the overall national cost estimate (for one year). This national cost is estimated by multiplying the cost per case (for each type of case) by the number of children requiring each level of support.

To estimate the potential cost savings, or costs avoided, of providing effective reunification support, we need to understand the total current cost of children re-entering care following a failed reunification and re-entry to care. The different elements of these costs including the average cost per case, and based on the total cost of 47% (n=4,738) of children re-entering care are shown in Table 4.

Table 3: Assumptions made in the estimations and costs of providing both support and services on return home

<b>Assumption</b>	<b>Evidence and background</b>	<b>'n' used in the estimations</b>	
53% Children receive HIGH NEED services	Farmer et al. (2011)	5,342	
16% Children receive MEDIUM NEED services	Farmer et al. (2011)	1,613	
31% Children receive LOW NEED services	Farmer et al. (2011)	3,125	
<b>SERVICES</b>		<b>(£ per case)</b>	<b>(Total £ per needs group)</b>
HIGH NEEDS: Adult mental health (60% cases) Drug and Alcohol services (50% of cases) Parenting support (80% of cases) CAMHS (45% of cases)	Range of sources including Farmer et al. (2011) for support to parents. CAMHS figure based on Meltzer et al. (2003)	9,282	27,507,899
HIGH NEEDS (FREQUENCY): Adult mental health (FORTNIGHTLY) Drug/Alcohol services (FORTNIGHTLY) Parenting support (WEEKLY) CAMHS (FORTNIGHTLY)			
MEDIUM NEEDS: Parenting support (80% of cases) CAMHS (45% of cases)	Range of sources including Farmer et al. (2011) for support to parents. CAMHS figure based on Meltzer et al. (2003)	1,605	1,486,783
MEDIUM NEEDS FREQUENCY: Parenting support (FORTNIGHTLY) CAMHS (MONTHLY)			
<b>SUPPORT</b>		<b>(£ per case)</b>	<b>(Total £ per needs group)</b>
HIGH NEEDS: (12 months in total) 6 MONTHS HIGH LEVEL 3 MONTHS MEDIUM LEVEL 3 MONTHS LOW LEVEL		3,783	20,212,299
MEDIUM NEEDS: (9 months in total) 6 MONTHS MEDIUM LEVEL 3 MONTHS LOW LEVEL		2,372	3,825,768
LOW NEEDS: 6 MONTHS LOW LEVEL		1,181	3,689,074
<b>TOTAL COSTS FOR SUPPORT AND SERVICES</b>			<b>56,721,822</b>
<b>AVERAGE COST PER CASE</b>		<b>5,627</b>	

Table 4: Estimated costs for re-entry to care

<b>Activity</b>	<b>(Average £ per case)</b>	<b>(Total £)</b>
Decide child needs to return to care and find placement	990	4,691,108
Support foster care placement (including fees/allowance) for one year	45,982	163,381,797
Support residential care placement (including fees) for one year	140,814	100,067,887
Support placements with parents for one year	14,304	3,388,292
Support children placed for adoption for one year	45,982	10,892,120
Placement change	626	1,002,896
Legal costs to children's services departments	4,262	8,480,494
<b>AVERAGE COST PER CASE</b>		<b>61,614</b>
<b>TOTAL COSTS FOR RETURN TO CARE FOR ONE YEAR</b>		<b>291,904,593</b>

# Making use of the costs

The cost estimations in this report are based on national figures for the number of children returning home from care (DfE, 2013b). The numbers of children returning home and those re-entering care vary greatly between local authority areas. There will also be variations between authorities in terms of the needs of the families they are supporting. As such, these estimations will be different at a local level.

The costs and methods outlined in this paper can be customised by local authorities for local area strategic planning of support and services for children and families across children and adults social care and health. Customisable spreadsheets will be available to local authorities to enable them to replicate the cost estimations for their local area, using local data. If you would like to access the spreadsheets please contact either CCFR or NSPCC.

## Next steps

As outlined in the introduction, this small scale project was commissioned to inform debates about the potential long term cost savings, or costs avoided, of providing appropriate assessment, support and services to families on return home (reunification). There are obvious limitations, for example the exclusion of the costs incurred by other agencies to support vulnerable children and their families on reunification. It is also acknowledged that some of the assumptions and categorisations will mask some of the complexities of individual cases and the costs associated with supporting these families.

As stated throughout this report, it is not envisaged that all of the estimated costs associated with supporting families on return home from care necessarily represent *additional* expenditure because some of the support and services will already be in place. However, research does indicate that much of this support is currently not provided and that there is substantial variation between local authorities.

It is anticipated that the costs of re-entry to care, following a failed reunification, are likely to be an underestimate because they do not capture the costs associated with looking after children with particularly complex needs that require specialist placements.

These limitations and caveats aside it is anticipated that the information contained within this report will instigate debate about the importance of providing appropriate support and services to families on return home from care.

## Contact details for more information

If you would like to find out more about or make use of the cost estimations outlined in this paper please contact:

Centre for Child and Family Research  
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or

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