

Understanding care pathways and placement stability for babies in Wales.

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This summary highlights the main findings of a report that provides new evidence about entry routes to care, pathways through care, and placement outcomes for the very youngest children in the care system in Wales. It is the seventh in the Born into Care series.

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Introduction

This is the summary of a full report that provides new evidence about entry routes to care, pathways through care, and placement outcomes for the very youngest children in the care system in Wales.¹ The report is the seventh in the *Born into Care* series,² and the first to use data collected by local authorities on all children in care to understand the care experiences and outcomes for babies under a year old.³

To date, the *Born into Care* research has focused on data about babies coming into care via care proceedings under s.31 of the Children Act 1989, captured within Cafcass and Cafcass Cymru data.⁴ This has not included babies entering care with parental agreement. The use of data collected by local authorities in this study has ensured that all babies entering care are included. The study identifies four main pathways through care for these babies.

A note on terminology and the data

In this summary we refer to children under a year old as babies. Babies under 2 weeks old are referred to as newborn babies.

The study relates to babies first entering care between April 2003 and March 2021 (6,333 children). A shorter time frame, between April 2003 and March 2019, allowed for a 2-year follow up on all the babies first entering care in this period under voluntary arrangements or an interim care order (5,077).

- 1 The full report is available from: https://popdatasci.swan.ac.uk/wp-content/uploads/2023/11/Infant_care_pathways_final-report.pdf
- 2 Previous reports in the series are: Broadhurst et al. 2018; Alrouh et al. 2019; Griffiths et al. 2020a; Griffiths et al. 2020b; Pattinson et al. 2021; and Doeblér et al. 2021.
- 3 This data forms Welsh Government's Children Looked After (CLA) Census (Allnatt et al. 2022).
- 4 Cafcass and Cafcass Cymru are the Children and Family Court Advisory and Support Service in England and Wales respectively and their role in care proceedings is to make sure that local authority arrangements and decisions for and about children protect them, promote their welfare and are in their best interests.

Care entry: the legal context in Wales

In Wales, as in England, there are two primary routes into the care system – care proceedings and voluntary arrangements.

Care proceedings

When a child is identified as having suffered, or is at risk of suffering, significant harm at the hands of a parent or caregiver, the local authority may issue care proceedings under s.31 of the Children Act 1989, and the child may become the subject of a care order at the final legal hearing. A care order places a child in the care of a designated local authority, with parental responsibility being shared between the parents and the local authority. Children subject to a care order may be placed with an unrelated foster carer, with wider family, in residential care, with potential adoptive parents, or may remain in (or return to) the parents' home. At the beginning of proceedings, the court can consider whether to make an interim care order, which places the child temporarily under the care or supervision of the local authority while care proceedings are ongoing.

Voluntary accommodation

Children can also enter the care system on a voluntary basis, whereby, in Wales, the local authority accommodates the child under s.76 of the Social Services and Wellbeing (Wales) Act 2014 (SSWWA 2014). This section of the 2014 Act places a duty on local authorities to provide accommodation to children who have no one to look after them, or where their carer is prevented from providing them with suitable accommodation or care. Local authorities cannot provide accommodation under s.76 if a person with parental responsibility objects to the provision of accommodation. Until the implementation of the SSWWA 2014 in 2016, the relevant legislation was s.20 of the Children Act 1989. The Supreme Court of England and Wales looked in detail at the use of s.20 of the Children Act 1989 in *Williams and another (Appellants) v London Borough of Hackney* [2018] UKSC 37. One of the key points from this case was that, under this section, parents delegate their parental responsibility to the local authority. The best way of ensuring it is a voluntary delegation is to give parents full information about their rights. This arrangement does not involve the courts. The local authority does not acquire parental responsibility, and any person with parental responsibility may remove a child accommodated under s.76/20 at any time.

Data and limitations

The study considered all babies under a year old who entered care for the first time between 1 April 2003 and 31 March 2021 – a total of 6,333 children.

A shorter timeframe (1 April 2003 to 31 March 2019) was chosen to allow for a 2-year follow-up window for babies who first entered care during this period under an interim care order or voluntary arrangements (5,077 babies). This allowed the researchers to determine whether children who initially entered care under s.76 voluntary arrangements subsequently became the subject of a full or interim care order or a placement order, and to examine outcomes for children two years later, including placement types or reasons for leaving care, and whether children re-entered care after exiting, by initial legal status.

The study used anonymised, population-level and individual-level administrative children looked after (CLA) data collected by local authorities, maintained by Welsh Government, and held in the SAIL Databank (Ford et al. 2009; Lyons et al. 2009). The CLA data was linked to the Welsh Index of Multiple Deprivation 2019 dataset (Welsh Government 2019) to determine the deprivation level for each baby included in the study.

Relevant information included: the child's week of birth, gender, ethnicity, and lower layer super output area (LSOA) on entry to care; start and end dates of each episode of care; legal status; category of need; reason the episode started and finished; placement type; and local authority.⁵

Despite the strengths of the study, the authors note the following limitations.

- Studies based on administrative data are necessarily limited by the scope and quality of available data, which is collected primarily for organisational rather than research purposes.
- When entering data for the CLA return, social workers are required to choose only one 'category of need' code from a list that best describes the reason for the child entering care – this code remains the same for each episode of care that the child may experience. In addition, this is a subjective judgement, and there are potential overlaps between the different categories. The categories relevant to this report are: abuse or neglect; family in acute stress; absent parenting; child or parental disability or illness; and family dysfunction.

5 LSOAs are geographic units designed for the reporting of small area statistics. They must have a minimum population size of 1,000, and a mean population size close to 1,600. There are 1,909 LSOAs in Wales. For more information, see: <https://www.gov.wales/sites/default/files/statistics-and-research/2020-02/welsh-index-multiple-deprivation-2019-technical-report.pdf>

Key findings

The number of babies entering care has increased across Wales, although there are significant regional variations

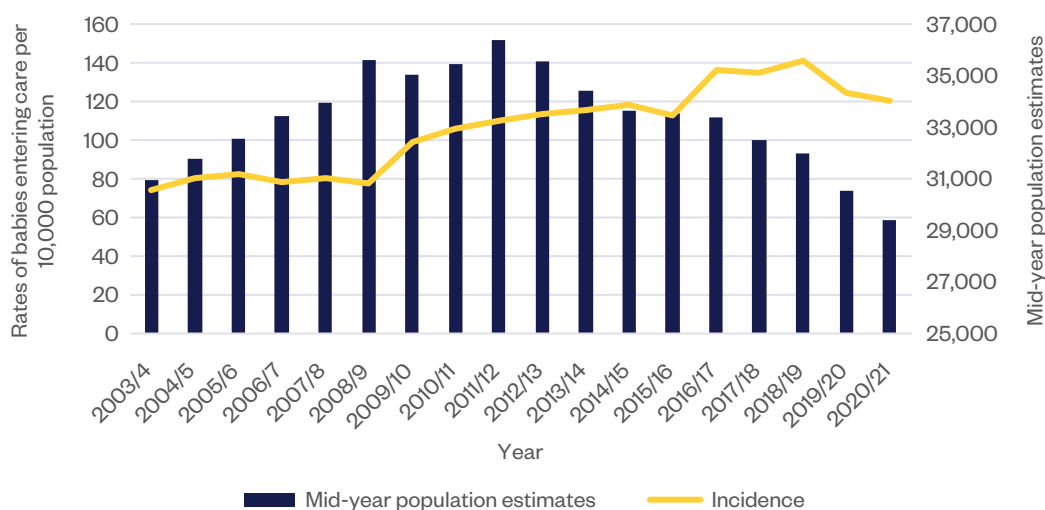
Between 1 April 2003 and 31 March 2021 in Wales, 6,333 babies entered care for the first time. Of these babies, 45% (2,879) were under 4 weeks old. Over one third (38%, 2,430) were newborn babies.

In 2020/21, 353 babies entered care for the first time – an increase of 54% since 2003/4, when 230 babies entered care for the first time. The number of babies entering care in the intervening years fluctuated. For example, 347 babies entered care in 2009/10 compared with 276 in the previous year, rising to 451 in 2018/19 before dropping off again in 2019/20 and 2020/21.

While the number of babies under a year old in the population has been declining in Wales since 2012, the number entering care over time has increased.

The highest recorded incidence of babies entering care for the first time in Wales over the study period was in 2018/19, where 141 babies per 10,000 in the population entered care.⁶ By 2020/21 the incidence rate had declined slightly to 120 per 10,000, up from 74 per 10,000 in 2003/4.

Figure 1: Incidence rates – babies entering care for the first time per 10,000 babies in the general population



⁶ Incidence rates provide a clearer picture of the likelihood of babies in the general population entering care and are expressed as the number of babies entering care per 10,000 babies in the general population.

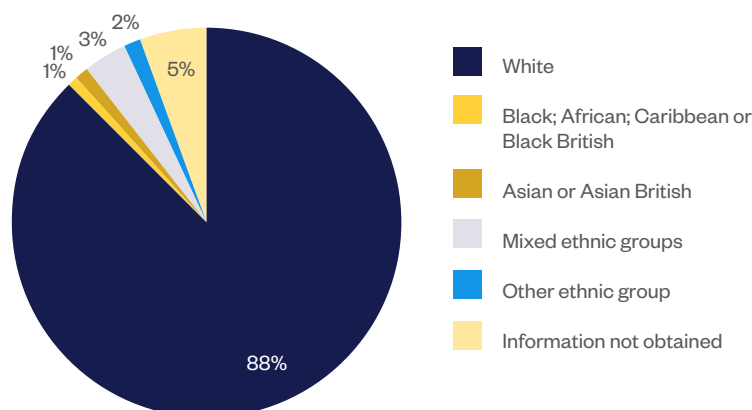
There was considerable variation in the incidence rates of babies entering care for the first time between the 22 local authorities in Wales, with 7 local authorities having higher than average incidence rates, and 9 local authorities having lower than average incidence rates. There is a link with area deprivation, with the proportion of babies entering care increasing with greater levels of deprivation, although this finding needs to be treated with caution as data on deprivation was missing for 20% of the sample.⁷

Within the three designated family judge (DFJ) areas, there was little variation in incidence rates between local authorities in North Wales, some variation between local authorities in Cardiff and South East Wales, and considerable variation between local authorities in Swansea and South West Wales.

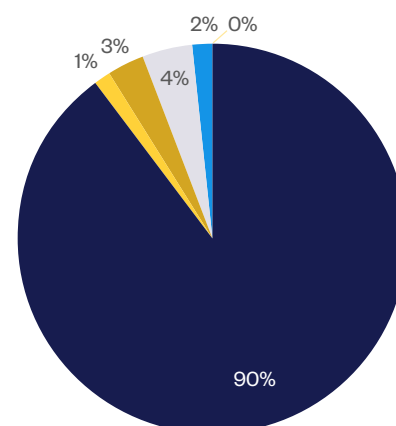
The ethnicity of babies entering care appears to be similar to the ethnic composition of all babies in Wales, although this should be interpreted with caution as information on ethnicity was not obtained for 5% of our sample. Of the babies entering care, 88% were White, 3% were of Mixed or multiple ethnicity, 2% were described as 'Other ethnic group', 1% were Asian or Asian British, and 1% were Black, African, Caribbean or Black British.⁸

Figure 2: Ethnicity of babies entering care for the first time

Ethnicity of babies entering care, 2003/4–2020/21



ONS ethnicity figures, babies, 2021

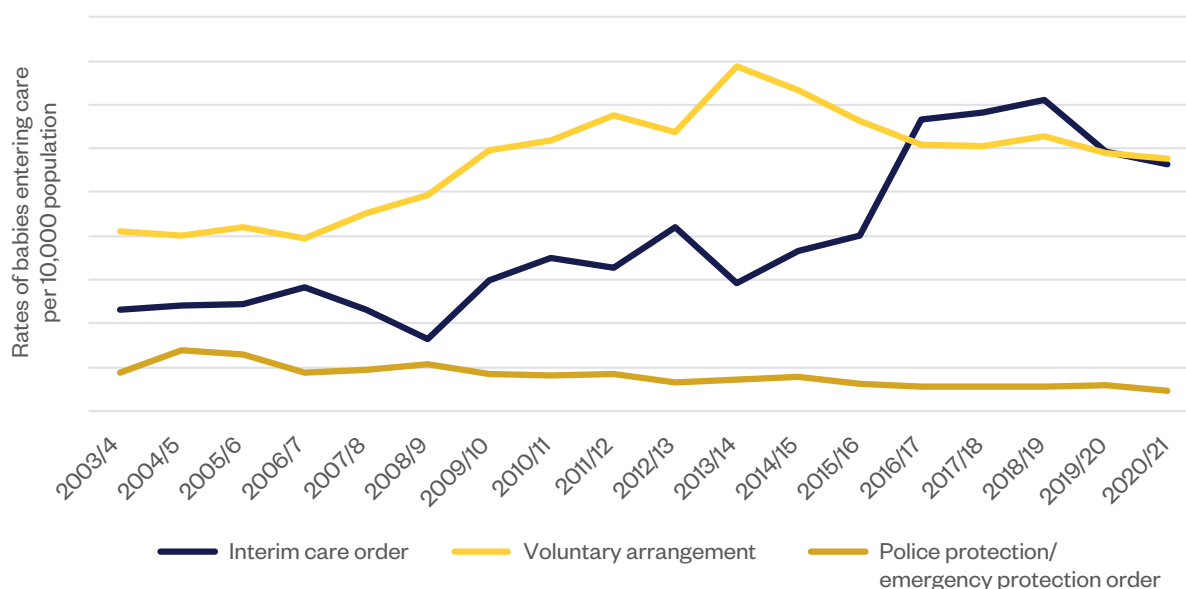


- 7 The Welsh Index of Multiple Deprivation 2019 (Welsh Government 2019) dataset, based around postcodes, was linked to the children looked after data to assist in understanding the impact of deprivation. However, there is data missing here because information about the home postcode is not always recorded in the children looked after data.
- 8 The authors used the same five high-level ethnic group categories as the Office for National Statistics in the 2011 census.

Over half the babies in this study entered care for the first time under a voluntary arrangement

Over half (54%) of the babies in the study entered care for the first time under s.76 voluntary arrangements, while just over a third (37%) entered under an interim care order. Between 2003/4 and 2016/17, a greater proportion of babies entered care under voluntary arrangements each year. The trend was then reversed. By 2020/21 about the same proportion of babies entered care for the first time by an interim care order as under a voluntary arrangement.

Figure 3: Incidence rates – number of babies entering care for the first time per 10,000 babies in the general population, by legal status



In rare situations, children can be removed from their parents by an emergency protection order or taken into police protection. Children may also be provided with s.76 accommodation in the form of a short break or respite care. Over the study period, 5% of babies were removed and taken into police protection, 3% were removed under an emergency protection order, and less than 1% entered under s.76 for a short break.

There is much more variation between local authorities in the use of voluntary arrangements than interim care orders. Variation in the use of voluntary and

compulsory routes to care appears to be a matter of local cultural preference, but the reasons for these differences warrant further investigation. Most local authorities had higher incidence rates of babies entering care under voluntary arrangements than under an interim care order. However, areas with the highest incidence rates of babies entering care overall also had the highest use of voluntary arrangements – and these areas were also among the poorest areas in Wales. Since 2014/15, the direction of travel overall is towards interim care orders as the means of entry to care.

When looking at incidence rates by DFJ area, it is noticeable that North Wales is the only area where there is a higher incidence of babies entering care under interim care orders than under voluntary arrangements. In addition, there is a considerably lower incidence of babies entering care under voluntary arrangements in North Wales than in Cardiff and South East Wales, and Swansea and South West Wales.

In most cases in this study, the reason for a child's entry to care was abuse or neglect.⁹ However, a smaller proportion of babies who entered care under voluntary arrangements (70%) were described as entering care for this reason than babies entering via care proceedings, police protection, or emergency protection orders (79%).

Overall, the findings suggest that local authorities vary in respect of which entry routes to care they favour, rather than differences reflecting underlying need or risk.

9 Local authorities choose one category that is most relevant to a child's circumstances from a category of need codes at the child's initial entry to care. Those most relevant to this study were: abuse or neglect; family in acute stress; absent parenting; child or parental disability or illness; and family dysfunction.

Most voluntary arrangements become compulsory arrangements within two years

Between 2003/4 and 2018/19 (rather than 2021), 5,077 babies entered care via s.76 or an interim care order, with 3,094 (61%) entering via s.76 and 1,983 via an interim care order. Of the babies who first entered care under s.76 in this period, two thirds (63%) subsequently became the subject of a compulsory order within 2 years of entering care. Looking at newborns separately, the proportion first entering care under voluntary arrangements who became the subject of compulsory action within 2 years, was slightly higher, at 70%. Often this happened very quickly: in 43% of cases interim care orders were made within four weeks, and this increased to 53% for newborn babies. Overall, it appears that newborns who enter care for the first time by way of voluntary arrangements are more likely to become subject to compulsory action than older babies. In addition, for this age group, care proceedings are issued more quickly and conclude more quickly from interim care order to care or placement order.

There was considerable variation between local authorities in terms of both the proportion of babies who subsequently became subject to a compulsory order, and the length of time it took, but there was no clear relationship between these two variables within local authorities.

Over time, far more babies entering care under voluntary arrangements have become subject to an interim care order and a full care/placement order, and the time taken for these orders to be made has decreased.

In the group that did not become subject to compulsory action, there were more babies in care because of child or parental disability, absent parenting, or acute stress within the family. However, voluntary arrangements were still being used for babies who were in care because of concerns about abuse and neglect; over half (57%) of babies who did not become the subject of compulsory action entered care because of concerns about abuse or neglect. So, local authorities appear to be managing risk through voluntary relationships with parents, which do not ultimately escalate to compulsory action.

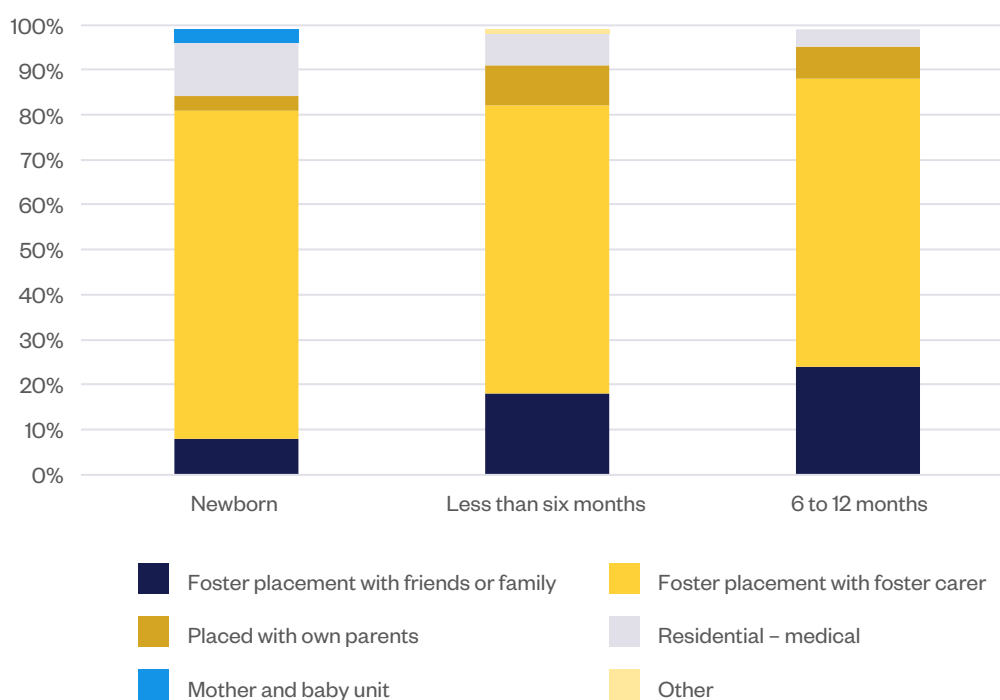
Route of entry into care appears to influence the placement outcome

Initial placements on entry to care for 5,077 babies who entered care between 2003 and 2019 varied between newborn and older babies.

A greater proportion of newborn babies were initially placed with unrelated foster carers, in a mother and baby unit, or in a residential medical setting, whereas a greater proportion of older babies were placed in family or friends foster care or with their parents.

Only around a quarter of babies placed with their own parents or with kin were newborn babies. So immediate separation from parents and kin is the outcome for most newborn babies (73%), whatever the route into care.

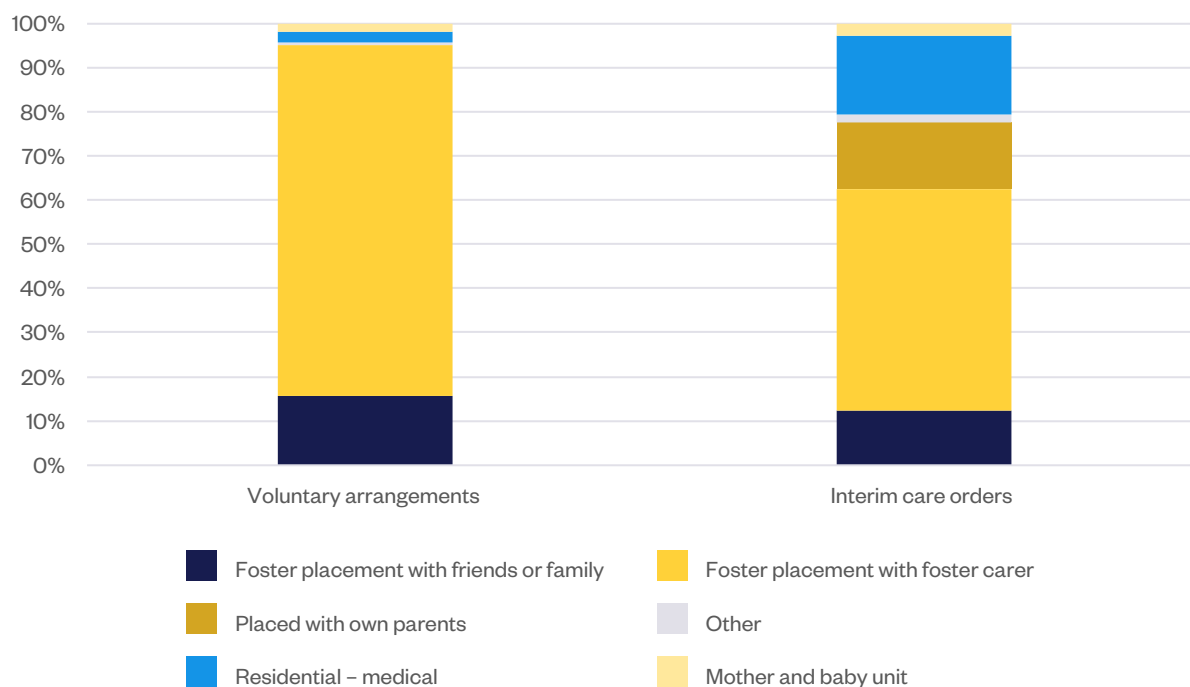
Figure 4: Placement types for babies on entry to care by age¹⁰



Most babies (85%) entering care under an interim care order are not placed with their own parents. Most babies entering care under voluntary arrangements are placed with unrelated foster carers, with only 16% placed with kin.

¹⁰ Due to small numbers and statistical disclosure reasons, some placement types by age category have been masked and therefore percentages may not equal 100%. This includes 'other' placements and placements in a mother and baby unit.

Figure 5: Placement types for babies on entry to care by legal status¹¹

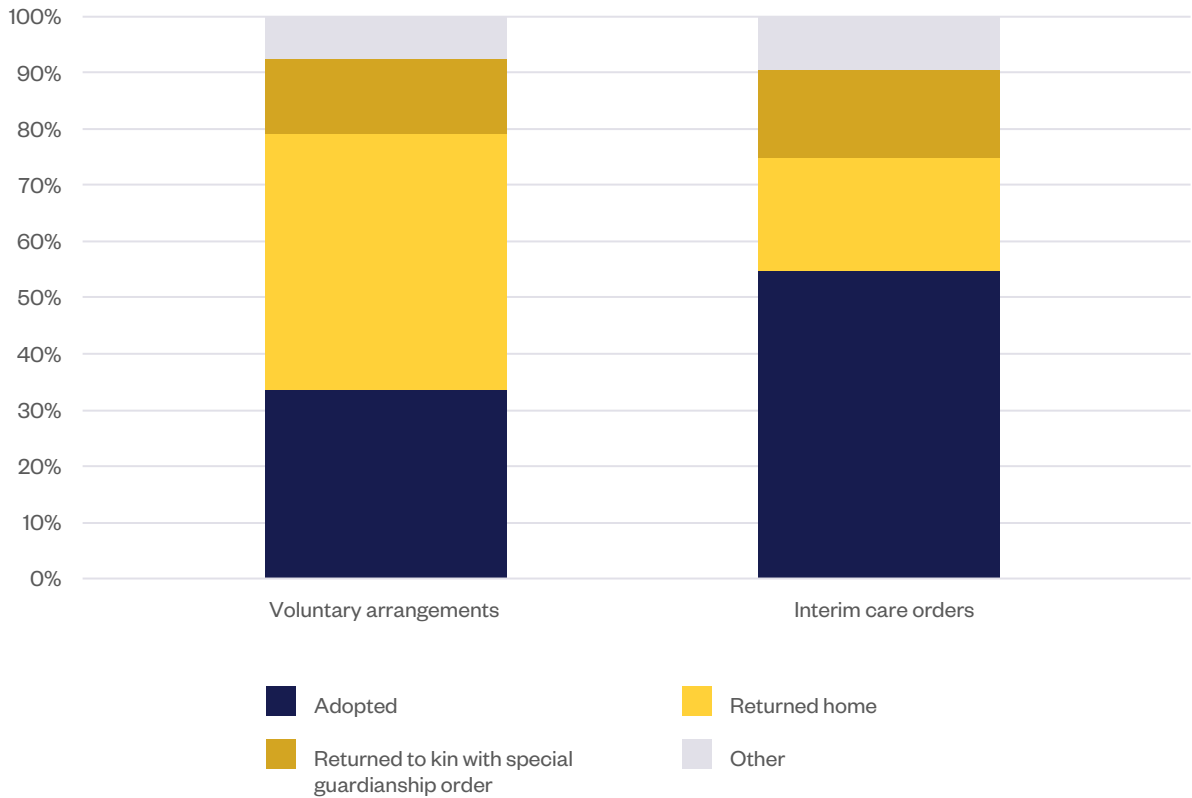


Of the babies who first entered care between 2003 and 2019, 64% of those who had entered care under s.76 and 43% of those who had entered care under an interim care order had left within 2 years. Of those who left, over half (59%) of those who had entered care under s.76 had either returned home to their parents or returned to kin with a special guardianship order, compared to 36% of babies who had entered care under an interim care order. In contrast, over half (55%) of babies who entered care under an interim care order were adopted compared with just under 34% of those who had entered via s.76.

Thus, route of entry to care appears to be associated with the final permanency outcome for babies, with greater family preservation (with parents or kin) for those who initially entered care on a voluntary basis.

¹¹ Babies with 'other' placements include those placed for adoption, those placed in homes and hostels or residential care homes, those who were absent from care for more than 24 hours, and those with placements not listed. Without clerical review of cases, it is not possible to provide any further detail.

Figure 6: Reasons for leaving care for babies who had left care within two years of their first entry, by legal status on initial entry to care¹²



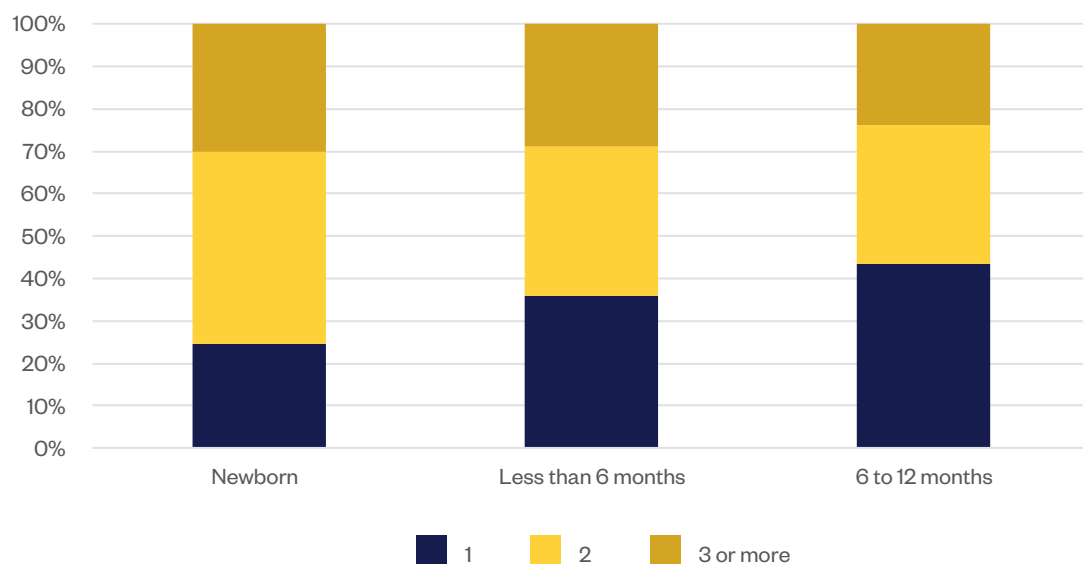
Over one third of babies entering care under s.76 (37%), did not become the subject of compulsory action, and 94% of those babies had left care at 2-year follow-up, with the majority (74%) returning home to their parents. Of the 6% of this group who were still in care at the 2-year follow-up, most were placed in foster care.

12 The 'other' category includes a small proportion of infants who died or whose care was taken over by another local authority, and a larger proportion who left care for any other reason not specified.

Babies are experiencing a significant amount of instability

A significant proportion (some 30%) of newborns and babies aged less than 6 months, experienced 3 or more placements within the 2-year follow-up window. Newborns were likely to experience more placements than those who entered care when they were 6 to 12 months old. Babies who entered care under voluntary arrangements experienced fewer placements than those who entered care under an interim care order.

Figure 7: Number of placements within two years of entering care, by age group on initial entry to care



A small number (9%) of babies left care within the 2-year follow up window and returned to care within the same window. Most babies who left and returned to care within 2 years had initially entered care under s.76 and also returned to care under s.76. Further follow-up and analysis of this small but vulnerable number of babies will be important, to shed light on their longer-term pathways and permanency outcomes.

Based on these findings, it is babies who first enter care on a voluntary basis who record the lowest number of placement moves. Conversely, for babies who first enter care via a compulsory route, over 30% recorded 3 or more placements. While it is worth noting that some moves are planned for positive reasons, it is the very youngest babies subject to care proceedings – newborns – who record the highest rates of placement instability.

As has been previously argued, it is newborn babies who are the most likely to be subject to emergency or hasty decision making (Pattinson et al. 2021; Broadhurst et al. 2022) – and this may explain the number of moves in care. These findings reinforce the need for investment in the Welsh Early Permanence Framework, which aims to reduce the number of placements a child experiences and help them to achieve stability as soon as possible following removal from their family.¹³

13 For further details on the framework, see: <https://www.adoptcymru.com/welsh-early-permanence-framework>

Conclusions

The study identified four main pathways for babies entering care under voluntary arrangements or an interim care order

1. **Babies that enter care with the voluntary agreement of parents under s.76, and remain subject to voluntary accommodation as a family support service.**

These babies – 37% of those who entered under voluntary arrangements – did not progress to care proceedings. Rather it appears that local authorities are offering voluntary accommodation as a family support service, in keeping with the objectives of Part III of the Children Act, 1989.

At 2-year follow-up, 94% of these children had left care, with three quarters returning home to their parents.

Findings firmly evidence the importance of s.76, as an option for local authorities and families to work together on a voluntary basis where additional help is needed, including out-of-home care, for the very youngest babies.

2. **Babies that enter care with the voluntary agreement of parents, but then become subject to care proceedings, typically within around 4 weeks.**

Almost two thirds (63%) of babies initially subject to s.76 arrangements subsequently became the subject of care proceedings. This is a sizeable proportion and, given that the median time to conversion was only 4.5 weeks, this suggests that for these babies, s.76 appears to be a ‘holding’ position, en route to care proceedings.

Over time, the period between an initial voluntary agreement and care proceedings has reduced – which indicates that local authorities are heeding advice from the judiciary that they should not delay issuing care proceedings where the child’s welfare requires compulsory intervention.

3. Babies that enter care via care proceedings and are placed in out-of-home care.

Most babies who enter care via care proceedings are initially placed in out-of-home care. At 2-year follow-up, only 34% of babies who had entered care via care proceedings had returned home to parents or kin, or were placed at home, and 43% had either been adopted or were placed for adoption.

Overall, babies entering care via an interim care order are less likely to return home to parents or kin compared to those who enter via voluntary arrangements.

4. Babies that enter care via care proceedings but are placed with parents.

The issue of whether babies involved in care proceedings should be placed with their parents under a care order, has been subject to considerable debate, but empirical evidence has been wanting.

In this study, we found that 15% of babies who first entered care under an interim care order were initially placed with their parents. At follow-up, of those who had entered care via an interim care order and who were still in care (934), a third (297, 32%) were placed with their parents – which may indicate that this route supports family preservation, although further work is required to track this specific group of babies and verify this hypothesis.

Babies who first enter care via care proceedings, and who are not placed with their parents, have a greater chance of being permanently separated from their birth parents and extended families than babies who first enter care via voluntary arrangements

However, a 'neat' split between voluntary and compulsory intervention is not evident – rather, there is movement between the two and, furthermore, evidence of care proceedings used as a mechanism to support and preserve 'placement' with parents.

The variation between local authorities warrants further analysis

Adaptations in practice might be considered a positive response to the combination of factors that must be managed at a local level, including need, resources and preferences of local adjudicators (the judges). However, it is clear that mode of entry to care does matter – along with initial placement.

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Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

Family Justice Data Partnership

The Family Justice Data Partnership is a collaboration between Lancaster University and Swansea University, with Cafcass and Cafcass Cymru as integral stakeholders. It is funded by Nuffield Family Justice Observatory.

SAIL Databank

Cafcass [England] and Cafcass Cymru data used in this study is available from the Secure Anonymised Information Linkage (SAIL) Databank at Swansea University, Swansea, UK, which is part of the national e-health records research infrastructure for Wales. All proposals to use this data are subject to review and approval by the SAIL Information Governance Review Panel (IGRP). When access has been granted, it is gained through a privacy-protecting safe-haven and remote access system, referred to as the SAIL Gateway. Anyone wishing to access data should follow the application process guidelines available at: www.saildatabank.com/application-process



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