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Born into care: Understanding care pathways and placement stability for infants in Wales

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About this report

This report aims to shed light on care pathways and placement stability for infants in Wales, using data from the Children Looked After census collected by Welsh Government. The report is divided into two parts, the first of which focuses on infant entry to care and the second, which focuses on pathways and placement outcomes. A standalone summary of this report is available from: www.nuffieldfjo.org.uk. This is the seventh report in the *Born into care* series, and follows:

- Broadhurst, K. et al. (2018). *Born into care: Newborns in care proceedings in England*. London: Nuffield Family Justice Observatory.
- Alrouh, B. et al. (2019). *Born into care: Newborns and infants in care proceedings in Wales*. London: Nuffield Family Justice Observatory.
- Griffiths, L.J. et al. (2020). *Born into care: One thousand mothers in care proceedings in Wales*. London: Nuffield Family Justice Observatory.
- Griffiths, L.J. et al. (2020). *Born into care: One thousand mothers in care proceedings in Wales*. A focus on maternal mental health. London: Nuffield Family Justice Observatory.
- Pattinson, B. et al. (2021). *Newborn Babies in urgent care proceedings in England and Wales*. London: Nuffield family Justice Observatory.
- Doebler, S. et al. (2021). *Born into care: unpacking the impact of area-level deprivation in Wales*. Lancaster: Centre for Child and Family Justice Research (CFJ), Lancaster University.

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Family Justice Data Partnership

All authors are members of the Family Justice Data Partnership, a collaboration between Lancaster University (Centre for Child and Family Justice Research) and Swansea University (Population Data Science), with Cafcass and Cafcass Cymru as integral stakeholders. The Family Justice Data Partnership receives funding from the Nuffield Family Justice Observatory (NFJO), who funded this specific piece of work. The views expressed in this report are those of the authors and not necessarily those of the NFJO.

The Population Data Science is based in the Faculty of Medicine, Health and Life Science, Swansea University. It's vision is to harness and promote trans-disciplinary, data-driven approaches for the development of policy-relevant research to improve the health and well-being of people in Wales and beyond.

The Centre for Child and Family Justice Research is co-hosted by the departments of Law and Sociology at Lancaster University. The overarching aim of the Centre is to inform and improve justice for children, youth and families. Interdisciplinary programmes of research span family, criminal justice and social care. The Centre offers specialist expertise in quantitative social science and has pioneered the use of large-scale justice focused datasets catalysing measurable change in policy and justice systems.

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SAIL Databank

The data used in this study are 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

Partners



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Executive summary

This report 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. The study is based on the total population of infants entering care in Wales over an 18-year period, and is the first in the UK to examine both entry to care and *change of legal status* beyond initial entry to care.

Data source

This study used anonymised, population - and individual-level administrative Children Looked After (CLA) data collected by local authorities and maintained by Welsh Government. The CLA data was linked to the Welsh Index of Multiple Deprivation 2019 (WIMD 2019) dataset, to determine the deprivation level for each infant included in the study.

Study population

The study considered all infants less than 1 year of age who entered care for the first time between **1 April 2003 and 31 March 2021** ($N = 6,333$ infants, of which 2,430 were babies less than 2 weeks old, called newborns in this report). This provided an observational window of 18 years (2003/4 to 2020/21). This sample was used to quantify frequencies and calculate incidence rates for all infants entering care for the first time over time. A shorter timeframe of 16 years, between **1 April 2003 and 31 March 2019**, was chosen to allow for a two-year follow-up window for all infants who first entered care during this period. This allowed for the examination of changes in legal status as well as children's outcomes up to two years following initial care entry, including type and number of placements experienced, and reasons for leaving care, where applicable.

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

When a child is identified as having suffered or being at risk of suffering significant harm at the hands of a parent or caregiver, the local authority may issue **care proceedings under Section 31** (s.31) of the Children Act 1989, and the child may become the subject of a care order at the final legal hearing.

Children can also enter the care system on a **voluntary** basis, whereby the local authority accommodate the child under Section 76 (s.76) of the Social Services and Wellbeing (Wales) Act 2014.

Key findings

- Rising numbers of infants are entering care across Wales, although there are significant regional variations. Newborns represent the largest proportion of infants entering care each year, and 38% of the total sample.
- There is a clear relationship between the rate of infants entering care and area-level deprivation, with the proportion of infants entering care increasing with greater levels of deprivation.
- The ethnicity of infants entering care appears to be similar to the ethnic composition of all infants in Wales; 88% of infants entering care were White.
- More than half of infants enter care for the first time under a voluntary arrangement. The use of voluntary arrangements has been decreasing relative to the use of interim care orders, but by 2020/21, the same proportion entered care via both routes.
- Local authorities and Designated Family Judge (DFJ) areas vary in respect of which entry routes to care they favour, rather than differences reflecting underlying need or risk. In North Wales, there is a higher incidence of infants entering care under interim care orders compared to infants entering care under voluntary arrangements.
- A majority of voluntary arrangements (63%) become compulsory arrangements within two years. Over time, far more infants entering care under voluntary arrangements have subsequently become subject to an interim care order and a full care/placement order, and the time taken for these orders to be made has shortened.
- Over half (57%) of infants entering care under voluntary arrangements and who *did not* become the subject of compulsory action, entered care because of concerns about abuse or neglect, suggesting that local authorities are managing risk through voluntary relationships with parents, which do not ultimately escalate to compulsory action.
- For newborn babies, immediate separation from parents and kin is the outcome in the majority (75%) of cases, regardless of the route into care.
- The majority of infants are initially placed with unrelated foster carers, while 15% of those entering care under an interim care order are placed at home with their parents.
- Route of entry into care appears to influence the placement outcome at two years, with greater family preservation (with parents or kin) for those who initially entered care on a voluntary basis.
- Long-term voluntary arrangements are used for a small minority of infants.
- Infants are experiencing a significant amount of instability, with around 30% of newborns and infants less than six months experiencing 3 or more placements within two years. Infants who entered care under voluntary

arrangements experienced fewer placements than those who entered care under an interim care order.

- A minority of infants left care within the two year follow-up window, and returned within the same window. Further follow-up and analysis of this small, but vulnerable population will be important, to shed light on their longer-term pathways and permanency outcomes.

Reflections

By examining care entry and change of legal status, it is possible to categorise **pathways for infants entering care under voluntary arrangements or an interim care order** (5,077 infants), as follows:

- An infant who enters care with the voluntary agreement of parents under s.76, and remains subject to voluntary accommodation as a family support service (22%)
- An infant who enters care with the voluntary agreement of parents, but then becomes subject to care proceedings, typically within around 4 weeks (39%)
- An infant who enters care via care proceedings and is placed in out of home care (33%)
- An infant who enters care via care proceedings but is placed with their parents (6%)

Infants 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 family compared with 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.

It is infants who first enter care under an interim care order, who record the highest numbers of placement moves. While it is worth noting that some moves are planned for positive reasons, it is, unfortunately, the very youngest babies subject to care proceedings – newborns – who record the highest rates of placement instability.

Significant variation in the use of voluntary agreements and care proceedings at birth across local authorities and DFJ areas suggests that the use of voluntary and compulsory routes to care appears to be a matter of local practice preference rather than a reflection of need. Local authorities with the highest volume of infant cases and incidentally the greatest levels of deprivation, make greater use of voluntary agreements with parents. Qualitative work with local authority practitioners and family court judges may shed light on the reasons behind variation in the use of voluntary arrangements and interim care orders between local authorities and DFJ areas.

Introduction

This report provides new empirical evidence about entry routes to care, pathways through care, and placement outcomes for the very youngest children in the care system in Wales. A central concern considered in a report by the Public Law Working Group (PLWG), established by the President of the Family Division, is the appropriate use of voluntary agreements with families under Section 20 of the Children Act or Section 76 of the Social Services and Well-being (Wales) Act (PLWG 2021, paragraph 44, page 28).¹ Regarding newborn babies, the recommendation from the PLWG is as follows (recommendation 20, page 154):

“Separation of a newborn or a young baby from their parents is scarcely appropriate under the provisions of s 20. The circumstances in which this is appropriate are very rare. The (limited) appropriate use of s 20 in this context may include circumstances where the parents need a very short period in a residential unit to prepare for the child to join them, or if a carer needs to undergo a short programme of detoxification or medical treatment.”

In England, Scotland, and Wales, as in other jurisdictions and internationally, there are on-going questions about the respective merits and ethics of voluntary and compulsory routes into care (Masson 2008; Lynch 2017; Anderson et al. 2020), but at the time of the writing of the PLWG report (2021), there was very limited evidence about the actual use of voluntary accommodation or other legal options for babies. Moreover, evidence has been decidedly limited about pathways and outcomes beyond different entry routes to care (see however Cusworth et al. 2022 for an examination of pathways for children born into care in Scotland). With a focus on Wales, this report addresses these evidence gaps.

The team used population-level data, routinely collected by local authorities and which forms the Welsh Government’s Children Looked After (CLA) Census (Allnatt et al. 2022), to understand infants’ care experience and outcomes. This report is the first to use this census to produce robust, descriptive findings about infant entry to care in Wales.

Findings about infant entry to care are presented at national, regional (court circuit) and local authority levels, using child-level records which span a period of 18 years. The study advances knowledge, because there is limited information on the care journeys of children in Wales at the individual level (Hodges 2020a). Therefore, the two main studies upon which we have been able to build, include:

- A study which used child level data on children looked after in Wales to examine trends around entry and re-entry into care over a period of six years between 2008 and 2014 (Elliott 2017).
- A study that linked children’s social care and care proceedings data to explore the use of care proceedings and their effects on parents, children

¹ The Public Law Working Group is led by Mr Justice Keehan, and aimed to review and make recommendations about child protection and the Family Court.

and local authorities. This analysis was limited to six local authorities, five of which were in England (Masson et al. 2019; Masson et al. 2020).

The recent acquisition of the CLA data by the Secure Anonymised Information Linkage (SAIL) Databank has provided a unique opportunity to advance knowledge regarding the youngest children in the care system in Wales. This report is the seventh in the Born into Care series (Broadhurst et al. 2018; Alrouh et al. 2019; Griffiths et al. 2020a; Griffiths et al. 2020b; Pattinson et al. 2021; Doeblner et al. 2021a). The research was designed and completed by the Family Justice Data Partnership (FJDP)—a collaboration between Lancaster University and Swansea University, who are pioneering the use of linked administrative data to answer pressing questions about the operation of family justice and the care system, as well as their impact on the lives of children and families.

Adding to FJDP's research to-date, the overarching aim of this report is to provide quantitative, descriptive evidence regarding 1) the legal routes by which infants enter the care system in Wales for the first time, including regional and local variation 2) how infants move through the care system, including changes in legal status from voluntary to compulsory care, placements at care entry and outcomes after two years.

The specific objectives are to:

- Quantify the number of infants entering care in Wales for the first time, the proportion of newborns, and incidence rates over time, and describe the ethnicity of infants entering care
- Describe variation in infant incidence rates between Designated Family Judge (DFJ) areas and local authorities, and the relationship with deprivation
- Quantify the numbers and proportions of infants entering care via voluntary and compulsory routes and describe variation by time, gender, age, deprivation, ethnicity, category of need, and local authority
- Quantify the proportion of infants entering care via voluntary arrangements that become the subject of an interim care order or a full care/placement order within two years of care entry, quantify the length of time it takes for these orders to be made, and describe variation between local authorities
- Describe demographic differences (age, gender, deprivation, and category of need) between infants who entered care under voluntary arrangements and who did, or did not, become the subject of compulsory action within two years of care entry
- Quantify the proportion of infants entering care under short-term breaks who convert to a different legal status within two years of entering care
- Describe initial placement types for infants on entry to care by legal status and age group
- Describe placement types or reasons for leaving care at two-year follow-up, by legal status on entry to care

- Quantify the number of placements within two years of entering care, by initial legal status and age group
- Describe differences in outcomes (placement types or reasons for leaving care) at two-year follow-up, for infants who entered care under voluntary arrangements and who did, or did not, become the subject of compulsory action
- Quantify the number of children who left and returned to care within two years of entering care, and describe the routes of initial entry and re-entry

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. In both countries, care proceedings are governed by the Children Act, 1989. However, in Wales, because the general responsibilities for the well-being of children are devolved to Welsh government, the voluntary accommodation of children falls under Section 76 (s.76) of the Social Services and Well-being (Wales) Act 2014. Prior to the passing of this Act, children in Wales would have been accommodated under Part 3, Section 20 (s.20) of the Children Act 1989. Children may also become looked after under other legal statuses, including emergency protection orders, police protection, or short-term breaks. The different routes into care are outlined below.

Care proceedings

When a child is identified as having suffered or being at risk of suffering significant harm at the hands of a parent or caregiver, the local authority may issue care proceedings under Section 31 (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 (ICO) which places the child temporarily under the care or supervision of the local authority whilst care proceedings are ongoing.

Voluntary accommodation

Children can also enter the care system on a voluntary basis, whereby the local authority accommodate the child under s.76 of the Social Services and Wellbeing (Wales) Act 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. The Supreme Court of England and Wales looked in detail at the use of section 20

Children Act 1989 (which is s.76 in Wales) 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 the delegation is voluntary 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 at any time. In order to capture the total population of children entering care, research needs to capture those removed from parents care under s.31 of the Children Act 1989, but also those who enter care with parental agreement under s.76 of the Social Services and Well-being (Wales) Act 2014. As noted above, the equivalent legislation in England is s.20 of the Children Act 1989. A proportion of children who enter care via a voluntary arrangements (s.76/s.20) will go on to experience s.31 care proceedings, and subsequently a proportion of those children will become the subject of a care order.

Emergency protection orders and police protection

Where emergency action is needed, the local authority can apply for an emergency protection order (EPO) under Section 44 (s.44) of the Children Act 1989. An EPO lasts for eight days but can be extended by a further seven days. For the duration of the order, the local authority acquires parental responsibility, although this is shared with parents. The parents should be given one day's notice of the hearing of the EPO application, although local authorities can ask the court to agree to hear the case without notice. The use of EPOs is low in England and extremely low in Wales (Pattinson et al. 2021).

Emergency action can also be taken by the police using their powers under Section 46 (s.46) of the Children Act 1989. If a child is believed to be at risk of significant harm, they can be removed from their home and placed under police protection in a safe location. This is an emergency and temporary measure, and no court order is required. A child can be kept in police protection for a maximum of 72 hours. The police do not acquire parental responsibility during this time. Police are required to notify the local authority, which will then either need to return the child to the parents' care, seek the parents' consent for the child to be accommodated under s.20/76, or apply for an EPO or ICO, if necessary.

Short-term breaks

Short breaks are provided to children with care and support needs, to give their parents or guardians some "respite" from the normal duties of looking after the child. Short breaks for children may be provided under Part 6 (s.76) of the Social Services Wellbeing (Wales) Act 2014, as part of a care and support plan. These children are regarded as voluntarily accommodated and considered to be "looked after", although strictly speaking they are moving in and out of care. Research on children looked after has tended to exclude children in care for respite reasons. Although numbers are small ($N = 47$), we examine outcomes at two-year follow-up for a minority of infants who were identified as entering the care system for the first time under a series of short-term breaks.

Advancing knowledge on infants in care

Although the majority (85%) of children looked after in Wales are the subject of a care order (Welsh Government 2022), a study using administrative data from 2008 to 2014 found that most children (69%) initially entering care do so via s.76 (Elliott, 2017). The same study found considerable variation in the rates of children entering care via the two legal routes between local authorities (Elliott 2017). In addition, the numbers and proportions of children looked after in any given year in England and Wales under a care order continue to increase over time and the numbers and proportions who are looked after through a voluntary arrangement continue to decrease (Department for Education 2018; Hodges 2020a). In England, these trends reflect the changes seen for the legal status of children *on entry to care*; with recent years seeing a rise in the proportion of children in England *entering care* under a care order (33% in 2022, up from 20% in 2018), while the proportion entering care under a voluntary agreement has fallen to 54% in 2022, from 61% in 2018 (Department for Education 2018; 2022). Data regarding the legal status of children entering care (i.e. starting to be looked after) in Wales *over time*, is lacking, and will be explored in this report. To the best of our knowledge, no studies have examined the association between route of entry into care on legal outcomes and placement stability for children in Wales. A study of this kind helps us to understand children’s journeys and experiences through the care system, and more specifically, the patterns of use of voluntary arrangements over time in Wales, the proportion converting to s.31 care applications and the resulting outcomes for children. Furthermore, it is important to distinguish between children entering care via s.31 and those entering via s.76, as there is evidence that a child’s legal status before care proceedings impacts on the final legal order (Masson et al. 2019) and that legal status at the beginning of a first episode of care is a significant determinant of the likelihood of returning to care (Elliott 2017).

The current project builds upon work conducted as part of the Born into Care series, which has highlighted increasing rates of infant entry to care in Wales and a sharp increase in the number of infants subject to care orders at the end of care proceedings (Alrouh et al. 2019; Pattinson et al. 2021).

To date, most research on children and infants entering care in Wales has focused on information about care proceedings under s.31 of the Children Act 1989, captured within Cafcass Cymru data², or has relied on publicly available, aggregate data from the annual returns made by individual local authorities³ (Alrouh et al. 2019; Doebler et al. 2021a; Pattinson et al. 2021; Hodges and Bristow 2019; Hodges 2020a; Hodges 2020b). While Cafcass Cymru records all

² Cafcass and Cafcass Cymru are the Children and Family Court Advisory and Support Service in England and Wales respectively, and promote the welfare of children and families involved in the family courts.

³ An exception is the work of Elliott 2017, who analysed information about approximately 15,000 children in out of home care in Wales between 1 April 2008 and 31 March 2014 to investigate the differences in care rates between local authorities and to understand what might be causing them.

cases of s.31 care proceedings, the agency does not capture the voluntary accommodation of children under s.76 of the Social Services and Well-being (Wales) Act 2014, as it is not involved with these cases (Johnson et al. 2020). Therefore, a limitation noted in previous work is that these records do not provide a complete picture of the number of infants entering care in Wales (Alrouh et al. 2019; Pattinson et al. 2021). In addition, while Cafcass Cymru records the final legal order for each case, there is no precise information regarding children's placements, thus it is not possible to examine permanency pathways and outcomes for Welsh children using Cafcass Cymru data alone (Pattinson et al. 2021). Yet, there is a necessity to build a more complete picture to understand permanence and placement stability for infants subject to different legal orders (Alrouh et al. 2019). In this report, we demonstrate that these limitations, which have left "important pieces of the jigsaw missing" (Pattinson et al. 2021, p.10), can be overcome by analysing the Welsh Government CLA data, which has recently been made available for use within the SAIL Databank.

Debates about voluntary entry to care

Robust and sufficiently detailed data on trends in the legal status of children entering care and outcomes in Wales over time, is lacking. This absence does little to remedy heated debates about the respective use or value of voluntary and compulsory entry routes to care for the very youngest children in the family justice system.

Concerns about the use of voluntary accommodation centre on, whether parents are consenting or feel coerced to agree to s.20/s.76 accommodation, and whether a lack of court oversight means that children are left drifting in local authority care without a clear plan for permanence (Gilliat and Slingo 2015; Pitt 2015). Clear advice was provided on this topic by the Designated Family Judge for Avon, North Somerset and Gloucestershire, HHJ Wildblood QC, on 26th November 2014:

"There have been several instances in this area where it is quite apparent that accommodation of children under Section 20 of the CA 1989 has continued in an unstructured way for excessive periods of time and in circumstances where proceedings are either inevitable or otherwise highly likely to be issued. I regard such accommodation in those circumstances to be unprincipled and wrong. Further, where this occurs, it leads to unjustifiable delays in the completion of arrangements for the child concerned."

There has been particular judicial concern regarding drift in voluntary arrangements for younger children. For example, in *N (Children) (Adoption: Jurisdiction)* [2015] Sir James Munby, President of the Family Division says in his judgment:

"Section 20 may, in an appropriate case, have a proper role to play as a short-term measure pending the commencement of care proceedings, but the use of section 20 as a prelude to care proceedings for a period as long as here is wholly unacceptable."

In response to Sir James Munby’s high-profile ruling and a subsequent rise in applications for care and supervision orders for children accommodated voluntarily, the Association of Directors of Children’s Services, Cafcass and the Association of Directors of Social Services Cymru worked in partnership to provide guidance on the use of s.20/s.76 provision (2016). Subsequently the Supreme Court of England and Wales looked in detail at the use of s. 20 (s.76 in Wales) in *Williams and another (Appellants) v London Borough of Hackney [2018] UKSC 37*. This is now the key case in relation to s.20/76. It restates the principle of working in partnership with parents that underpins this provision, and provides helpful guidance on how to ensure that parents have sufficient information to agree to delegate their parental responsibility to the local authority. In addition, the Public Law Working Group (PLWG) has produced updated best practice guidance, in which it is acknowledged that there is some continued debate about the use of s.20/s.76 (2021). The PLWG stated that although, in many cases, s.20/s.76 is used appropriately and can be a better choice for children and families than care proceedings, separation of newborns or young babies from their parents under s.20/s.76 provisions is rarely appropriate.

Why focus on placement stability?

Achieving ‘permanence’ is a key consideration of the children’s social care system in Wales. The Social Services and Well-being (Wales) Act 2014 Part 6 Code of Practice for Looked After and Accommodated children emphasises that any care and support plan should detail from the outset how permanence is to be achieved (Welsh Government, 2018). Permanence encompasses emotional permanence (attachment), physical permanence (stability) and legal permanence (parental responsibility), and involves the provision of a secure, stable and nurturing environment to support children through to adulthood. A range of permanence options exist that are appropriate for different circumstances and the individual needs of the child. These include remaining with or reunification with parents, kinship care (living with extended family or friends), adoption, or long-term foster care.

A key factor in achieving permanency, and enhancing children’s safety and wellbeing, is placement stability, i.e. minimising the number of placement changes children experience whilst in care. Placement instability has been associated with a wide range of negative social, behavioural, physical, and developmental impacts (Konjin et al. 2019), as well as delayed permanency (Akin 2011; Rock et al. 2013), and increases the risk of children re-entering care following reunification (Victor et al. 2016) or adoption (Orsi 2015). Understanding the type and number of placements that infants experience, and whether this varies by route of entry into care, is critical to shaping best practice.

Methodology

This study used anonymised, population - and individual-level administrative Children Looked After (CLA) data collected and maintained by Welsh Government and held in the SAIL Databank (Ford et al. 2009; Lyons et al. 2009).

Details regarding information governance, including information about the SAIL databank, ethical approvals, and statistical disclosure control, is provided in Appendix A.

Data sources

Children Looked After (CLA) dataset

The primary source of data was the Children Looked After (CLA) data. When children come into contact with children's social services, information about their care experience is routinely collected by local authorities. In Wales, routine data are captured in the 'Children Looked After' census which is submitted annually to the Welsh Government and has recently been made available for research purposes within the SAIL Databank.

Relevant information included: the child's week of birth, gender, ethnicity, and lower super output area (LSOA)⁴ 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. Detailed information about the CLA data is provided in a data resource profile (Allnatt et al. 2022).

Episodes and periods of care explained

The CLA data has an 'episodic' structure, with the period during which a child is looked after by the local authority being divided into 'episodes' of care. An episode is when a child is in the care of a local authority for more than 24 hours. A new episode begins every time a child starts to be looked after; there is a change in the child's legal status; or the child's placement changes. A 'period' of care may consist of only one 'episode' or may be made up of multiple episodes. For example, a child who enters care, stays in the same placement, and then returns home, would have experienced both one 'episode' and one 'period' of care. In contrast, if a child experiences any changes of placement or legal status whilst remaining in the care of the local authority, these would be recorded as multiple different 'episodes' within a single 'period' of care. A child who leaves care for any reason, and then re-enters at a later date, would have experienced both multiple 'episodes' and multiple 'periods' of care.

⁴ 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>

Placement data

It was necessary to combine data on placement types due to small numbers and statistical disclosure control. Categorisation of placement types is shown in Appendix B. A limitation of these necessary categorisation decisions, is that it has not been possible to report whether children placed in foster care were placed inside or outside the local authority boundary, or whether children placed for adoption were placed with their current foster carer, a different foster carer, or prospective adoptive parents. These differences may be important for babies. However, we have been able to show where children were placed on initial entry to care, their placement types two years after entering care if applicable, and the number of placements that children experienced within two years.

Welsh Index of Multiple Deprivation 2019 (WIMD 2019) dataset

The CLA data was linked to the Welsh Index of Multiple Deprivation 2019 (WIMD 2019) dataset, to determine the WIMD quintile for each child included in the study. The WIMD was calculated based on the child's LSOA at the time of entering care, as recorded in their CLA record.

Population and timeframe

The overall rationale for sampling has been to retain as many usable records as possible to answer the respective queries. We used two sampling timeframes to maximise use of available records. The rationale for each sample is explained below.

Sample 1 comprised all infants < 1 year old who entered care for the first time between 1 April 2003 and 31 March 2021. Although the CLA data is available from 1 April 2002, focusing on infants who entered care from 2003 onwards ensured that their first entry into care was captured. This provided an observational window of 18 years (2003/4 to 2020/21) comprising all infants entering care each fiscal year ($N = 6,333$ infant cases; of which 2,430 were newborns). This sample was used to quantify frequencies, and calculate incidence rates for all infants entering care for the first time over time.

Sample 2 consisted of all infants < 1 year old who entered care for the first time between 1 April 2003 and 31 March 2019. This timeframe was chosen to allow for a two-year follow-up window for all children in the study, as CLA data are available up to 31 March 2021. This allowed us to determine whether children who initially entered care under s.76 voluntary arrangements subsequently became the subject of a full or interim care 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. Hence, for analysis of placement data, outcomes at two-year follow-up, subsequent legal statuses, and re-entry to care, the length of our observational window was 16 years (2003/4 to 2018/19). It included all infants entering care for the first time in each fiscal year ($N = 5,601$ infants) and information on all episodes of care for the two year period after they first entered care. Restricting the follow-up period to a two-year period reflected a focus on infancy; however, further studies might lengthen this observational window.

To identify infants who had entered care for the first time between 2003/4 and 2018/19 or 2020/21, we used the date of their first episode of care and their week of birth and included those whose reason for entering care was ‘Starting to be looked after.’

Ethnicity

Ethnicity for infants was calculated at their entry year into care. In 2016, ethnic groupings were updated within the CLA data. All ethnic codes pre-2016 were converted to equivalent groupings used from 2016 onwards, to ensure comparability between years (Appendix B).

Definitions

Age of child: The age of a child on entry to care was calculated using the child’s week of birth and the start date of their first episode of care.

- An infant was defined as a child aged less than one year old.
- A newborn was defined as a child aged less than two weeks old on entry to care⁵.

To conduct more fine-grained analysis, we grouped infants into the following mutually exclusive age categories: (1) newborn (less than two weeks old), (2) between two weeks and less than six months, and (3) between six months and one year.

Local authority and court areas

Given Welsh government’s commitment to transparency and open statistics, a decision was taken to name local authorities and the three Designated Family Judge (DFJs) areas in the analysis of variation. However, due to small numbers in some local authorities and therefore to avoid disclosure, we cannot report the breakdown of the numbers of infants entering care *per year* at the local authority level. The 22 Welsh local authorities were mapped to the 3 Designated Family Judge (DFJ) areas in Wales:

- North Wales: Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham

⁵ It is important to note that in this project and given SAIL’s approach to data anonymisation and data privacy protection, the team had access to the child’s week of birth only (i.e., date of the Monday of the child’s week of birth) instead of the child’s actual date of birth. This could mean that a child’s calculated age is up to six days older than his or her actual age. For this reason, a decision was taken to use ‘less than two weeks’ as the cut-off point for the category ‘newborn’

- Swansea and Southwest Wales: Bridgend, Neath Port Talbot, Swansea, Powys⁶, Carmarthenshire, Pembrokeshire and Ceredigion
- Cardiff and Southeast Wales: Cardiff, Merthyr Tydfil, Rhondda Cynon Taf, Vale of Glamorgan, Newport, Caerphilly, Torfaen, Blaenau Gwent and Monmouthshire

Analytical process

Given the descriptive objectives of this study, data analysis comprised the calculation of frequencies, proportions, and incidence rates. Frequencies and proportions were calculated to understand the number of infants aged less than one year entering care for the first time; to understand the proportion of infants who were taken into care as newborns (within two weeks of birth); and to understand the proportion of infants entering care under voluntary and compulsory routes.

However, incidence rates provide a clearer picture of *the likelihood* of infants in the general population entering care. Mid-year population estimates produced by the Office for National Statistics (ONS) were used to calculate incidence rates of infants entering care per year and per local authority⁷. Incidence rates were also used to probe variation between local authorities and Welsh DFJ areas, allowing for meaningful comparisons to be made across areas with different population sizes. Funnel plots were used to assess and present variation. These plots are a type of scatter plot where observed rates are plotted against area population. The advantage of using funnel plots is that by overlaying control limits on the scatter plot, it is possible to differentiate local authorities and DFJ areas that fall within an expected range from those that are outliers regarding the rates of infants entering care. Local authority deprivation data from Stats Wales was also used to plot incidence rates of infants entering care against local deprivation, specifically the proportion of the local authority's Lower Super Output Areas (LSOAs) that are in the most deprived 20% of all LSOAs in Wales.⁸

Descriptive statistics were also calculated to describe the proportion of infants who entered care under voluntary routes and who later became the subject of compulsory action; where infants were placed on entry to care; outcomes within two years of entry to care (in terms of placements or reasons for leaving care); and the proportion of children who left and returned to care within two years of entry.

Due to small numbers and the requirement for statistical disclosure control, substantive analysis is restricted to those infants who entered care under voluntary

⁶ Powys-North is in the North Wales DFJ area, while Powys-South is in the Swansea and South West Wales DFJ area. However, it wasn't possible to differentiate between Powys-North and Powys-South using the Children Looked After database. For analytic purposes, we included all Powys cases in the Swansea and South West Wales DFJ area.

⁷ Mid-year population estimates are available from: [Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/population-and-demography/mid-year-population-estimates)

⁸ Available from: <https://stats.wales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2019/localauthorityanalysis>

arrangements, an interim care order, police protection, or an EPO. Where necessary, police protection and EPOs are grouped together. For the same reason, analyses examining variation in legal status on entry to care by local authority, and analyses by placements, are restricted to those infants who entered care under voluntary arrangements or interim care orders.

Reporting

The reporting of this study is informed by the RECORD checklist (Benchimol et al. 2015), which sets minimum standards for observational studies that are based on administrative data.

Validation

We compared the figures within the CLA data for the numbers of children in care as of 31 March in each year, with data reported on the StatsWales website⁹. The figures from the two data sources were not directly comparable due to the rounding procedures applied by StatsWales, however they fell within an acceptable range.

Study strengths and limitations

Strengths:

- This is the first study to have used the full range of the longitudinal CLA data, a completely novel dataset, to understand routes of entry for infants entering the care system for the first time in Wales, as well as their placement types and outcomes, thereby filling an important evidence gap. This study will be of interest to Welsh Government policy makers, lawyers, and local authority senior managers in Wales, as well as academics in the field in Wales and beyond.
- This is the first study within the Born into Care Series to have captured children in care under voluntary arrangements and to analyse placement data. This study therefore provides a rich understanding of the use of voluntary arrangements by local authorities and subsequent placements for children which has been made possible due to the acquisition of the CLA data.
- Studies and official statistics have traditionally excluded those entering care under short-term breaks for the purposes of respite care. For the first time, we have included infants who are recorded as entering the care system for the first time via short-term breaks and have shown that approximately one third of

⁹ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age>

these children go on to receive interim care orders or full care orders within two years of entry.

- The main strengths of the CLA dataset are that it provides population-level coverage, and the data collected are longitudinal, allowing for change over time to be assessed.
- For a full discussion of the strengths and limitations of the CLA data, see the data resource profile (Allnatt et al. 2022).

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.
- While the CLA data contains legal status and placement information for each episode of care, it does not contain information about s.31 application issue dates, or the dates that interim and final legal orders are made. This requires linkage to the Cafcass Cymru data, which will enable the establishment of more precise timelines to conversion from voluntary arrangements to s.31 proceedings and care orders. Work is ongoing within the FJDP to improve the linkage match rate between the CLA and Cafcass data.
- For the CLA return, local authorities 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 experiences. Therefore, it is not possible to examine whether children enter care for multiple reasons.
- Children in the CLA data are given a new identifier when they move local authorities, making it difficult to follow the trajectories of these children. As only a small minority of children in this study had this experience, we did not attempt to unify their care records. However, future studies examining the pathways of children in care using the CLA data should consider doing so.

Results

Number of infants entering care and changes over time

Between 1 April 2003 and 31 March 2021, 6,333 infants entered care for the first time (Table 1). In 2003/4, 230 infants entered care for the first time, and by 2020/21 this number was 353, **a percentage increase of 54%**, although there were fluctuations in the intervening years. On average, rates of increase were higher for newborns (7%) than for all infants (3%).

Age of infants entering care

Across the 18 year period, a total of 2,430 (38%) of all infants entered care as newborns, i.e., within the first two weeks after birth. Reading across all infant age categories presented in Table 1, **the largest proportion of infants entering care in each year fell into the category “newborns” (i.e. aged < two weeks old)**. If the categories “newborns” and “2–3 weeks” are combined, 45% of all infants entering care did so within 4 weeks of birth.

Table 1: Infants (less than one year old) entering care by age category at entry to care [2003/4 to 2020/21]

Year \ Infant's age	Newborn (less than 2 weeks)	2–3 weeks	4–12 weeks	13–25 weeks	26–38 weeks	39–52 weeks	Total
2003/4	59 [26%]	21 [9%]	47 [20%]	45 [20%]	37 [16%]	21 [9%]	230 [100%]
2004/5	88 [35%]	37 [15%]	43 [17%]	46 [18%]	20 [8%]	19 [8%]	253 [100%]
2005/6	94 [35%]	23 [9%]	45 [17%]	37 [14%]	27 [10%]	42 [16%]	268 [100%]
2006/7	76 [29%]	16 [6%]	54 [21%]	45 [17%]	43 [16%]	28 [11%]	262 [100%]
2007/8	91 [33%]	24 [9%]	47 [17%]	56 [21%]	31 [11%]	23 [8%]	272 [100%]
2008/9	110 [40%]	19 [7%]	52 [19%]	36 [13%]	32 [12%]	27 [10%]	276 [100%]
2009/10	118 [34%]	25 [7%]	63 [18%]	65 [19%]	40 [12%]	36 [10%]	347 [100%]
2010/11	110 [29%]	40 [11%]	71 [19%]	60 [16%]	51 [14%]	43 [11%]	375 [100%]
2011/12	161 [40%]	33 [8%]	62 [16%]	51 [13%]	47 [12%]	45 [11%]	399 [100%]
2012/13	150 [37%]	33 [8%]	65 [16%]	61 [15%]	56 [14%]	38 [9%]	403 [100%]
2013/14	183 [46%]	22 [6%]	55 [14%]	48 [12%]	54 [14%]	36 [9%]	398 [100%]
2014/15	176 [44%]	23 [6%]	54 [14%]	71 [18%]	47 [12%]	27 [7%]	398 [100%]
2015/16	157 [42%]	25 [7%]	71 [19%]	46 [12%]	47 [12%]	32 [8%]	378 [100%]
2016/17	183 [40%]	29 [6%]	60 [13%]	70 [15%]	67 [15%]	44 [10%]	453 [100%]
2017/18	185 [42%]	19 [4%]	69 [16%]	68 [16%]	62 [14%]	35 [8%]	438 [100%]
2018/19	176 [39%]	19 [4%]	90 [20%]	61 [14%]	63 [14%]	42 [9%]	451 [100%]
2019/20	156 [41%]	24 [6%]	56 [15%]	61 [16%]	43 [11%]	39 [10%]	379 [100%]
2020/21	157 [44%]	17 [5%]	64 [18%]	53 [15%]	26 [7%]	36 [10%]	353 [100%]
Total	2,430 [38%]	449 [7%]	1,068 [17%]	980 [15%]	793 [13%]	613 [10%]	6,333 [100%]

Ethnicity of infants entering care

The ethnicity of infants entering care in each year is shown in Table 2. Due to small numbers and mandatory disclosure controls, it has only been possible to categorise infants into two categories for the purposes of providing a per year picture. Ethnicities are grouped into ‘White’ and ‘ethnicities other than White’. However, we understand that such data-driven groupings are considered problematic, because they define minoritized populations solely by reference to the White majority (Wecker, 2016). Overall, the available data provides only a

provisional view of ethnicity, given fluctuating annual volumes, the level of missing data and small numbers. Without further exploration, we can gain little insight into the disproportionality or disparity of the ethnicities of infants entering care in Wales per year. We have, however, been able to provide a more detailed breakdown of ethnicity for the whole sample, which is shown in Figure 5.

The category ‘ethnicities other than White’ includes infants recorded as belonging to the ‘other ethnic group’ as well as those recorded as being ‘Asian or Asian British’, ‘Mixed ethnicity’, and ‘Black, African, Caribbean, or British Black’. **By far the largest proportion of infants entering care in each year were White, with 88% being White overall.** In earlier years, there were a greater proportion of infants whose ethnicity was not obtained, however recording of ethnicity within the CLA data has improved in recent years.

Table 2. Infants (less than one year old) entering care by ethnicity at entry to care [2003/4 to 2020/21]

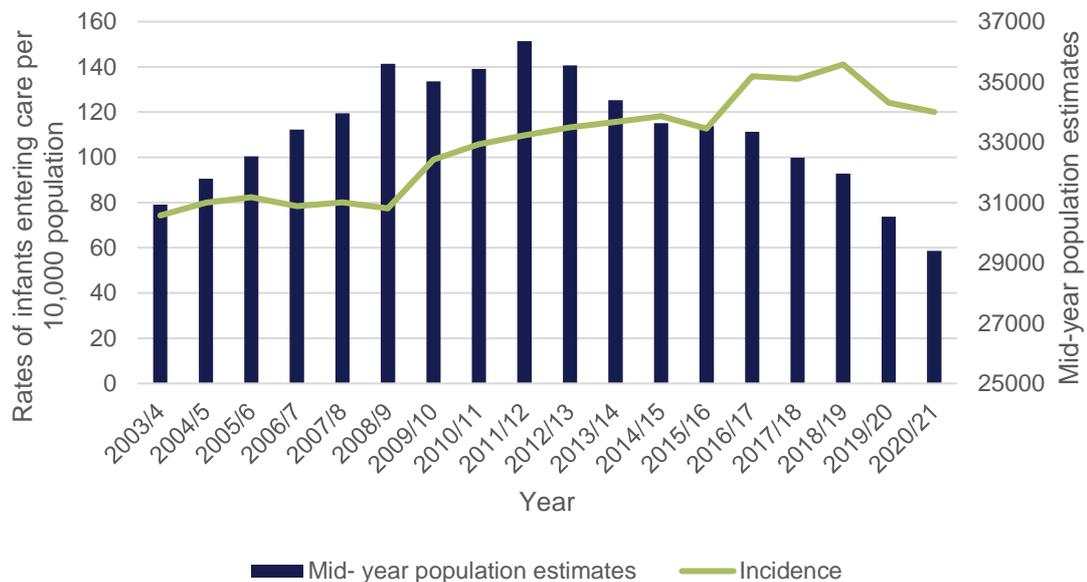
Year	Ethnicity	White	Ethnicities other than White	Not obtained	Total
2003/4		186 [81%]	10 [4%]	34 [15%]	230 [100%]
2004/5		208 [82%]	18 [7%]	27 [11%]	253 [100%]
2005/6		228 [85%]	12 [4%]	28 [10%]	268 [100%]
2006/7		223 [86%]	12 [5%]	27 [10%]	262 [100%]
2007/8		234 [91%]	18 [7%]	20 [7%]	272 [100%]
2008/9		251 [92%]	~	~	276 [100%]
2009/10		320 [93%]	17 [5%]	10 [3%]	347 [100%]
2010/11		350 [86%]	~	~	375 [100%]
2011/12		343 [89%]	30 [8%]	26 [7%]	399 [100%]
2012/13		357 [84%]	16 [4%]	30 [7%]	403 [100%]
2013/14		336 [84%]	29 [7%]	33 [8%]	398 [100%]
2014/15		333 [84%]	30 [8%]	35 [9%]	398 [100%]
2015/16		296 [78%]	34 [9%]	48 [13%]	378 [100%]
2016/17		418 [92%]	35 [8%]	0 [0%]	453 [100%]
2017/18		409 [93%]	29 [7%]	0 [0%]	438 [100%]
2018/19		412 [91%]	39 [9%]	0 [0%]	451 [100%]
2019/20		344 [91%]	~	~	379 [100%]
2020/21		310 [88%]	30 [8%]	13 [4%]	353 [100%]
Total		5,558 [88%]	431 [7%]	344 [5%]	6,333 [100%]

~ value suppressed due to small numbers and statistical disclosure control

Incidence rates

While frequencies are useful to understand the volume of infants entering care, incidence rates provide a clearer picture of the likelihood of infants in the general population entering care. Incidence rates are expressed as the number of infants entering care for the first time per 10,000 infants in the general population. Figure 1 visualises the trend, alongside the mid-year population estimates for infants in Wales during the period. In 2003/4, for every 10,000 infants in Wales, 74 infants became looked after. The incidence rate increased steadily until 2015/16 when it began to increase more rapidly, to a rate of 141 infants per 10,000 population in 2018/19. The incidence then began to decline, likely due in part to Welsh Government policy encouraging a reduction in the numbers of children entering care (Welsh Government, 2019), a growth in prevention programmes such as Baby and Me¹⁰ and Jig-So¹¹ and, following March 2020, the impact of the COVID-19 pandemic on access to social care services. **However, overall, infants in Wales have become increasingly likely to enter care over time, despite mid-year population estimates for infants having declined since 2012.**

Figure 1: Incidence rates, infants entering care (per 10,000 population), per year [2003/4 to 2020/21]



To summarise:

- **The number and incidence of infants aged <1 year entering care for the first time in Wales has been increasing since 2003.**

¹⁰ The Baby and Me service supports parents-to-be who have previously lost children to the care system: [Number of babies going into care in Newport halved thanks to Barnardo's Baby and Me | Barnardo's \(barnardos.org.uk\)](https://www.barnardos.org.uk/news/babies-going-into-care-in-newport-halved-thanks-to-barnardos-baby-and-me)

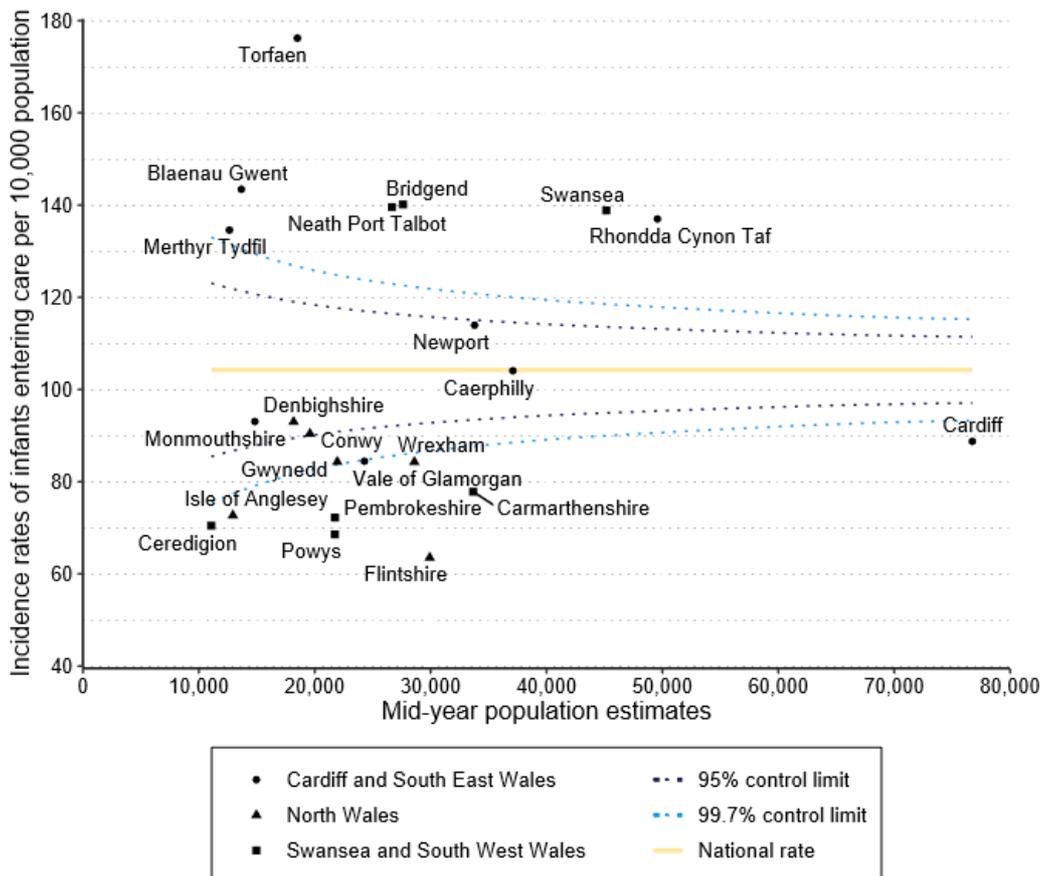
¹¹ Jig-So is a multi-agency, early intervention project that supports the well-being of vulnerable and expectant parents: <https://justiceinnovation.org/project/jig-so>

- **The average rate of increase for infants entering care was 3% overall, and 7% for newborns.**
- **The highest recorded incidence of infants entering care for the first time was 141 infants per 10,000 population in 2018/19. Since then the incidence has declined slightly, most likely due to Welsh Government policy encouraging a reduction in the numbers of children entering care, and the impact of the COVID-19 pandemic on social care services across Wales.**
- **Newborn babies represent the largest proportion of infants entering care for the first time in each year, and represented 38% of all infants entering care for the first time during the study period (1 April 2003–31 March 31 2021).**
- **The majority of infants entering care in Wales were White (88%).**

Variation by local authority

To examine variation, we calculated incidence rates for each of the 22 local authorities in Wales. Incidence rates rather than frequencies were calculated, as meaningful comparison can only be made by adjusting for population size. A funnel plot (Figure 2) visualises the incidence rates of infants entering care for the first time at the local authority level, using data from 2003/4 to 2020/21. This differentiates the local authorities that fall within an expected range, from those that are outliers regarding the rates of infants entering care. The mid-year population estimates for infants and the rate of infants entering care for the first time in each local authority are presented in Appendix C. A map showing the incidences in each local authority is displayed in Appendix D.

Figure 2: Incidence rates, infants entering care (per 10,000 population), per local authority [2003/4 to 2020/21]



In Figure 2, seven local authorities (Torfaen, Blaenau Gwent, Merthyr Tydfil and Rhondda Cynon Taf in Cardiff and South East Wales DFJ area and Bridgend, Neath Port Talbot and Swansea in the Swansea and West Wales DFJ area) diverged significantly from the national average, appearing above the upper outer dotted line on the funnel plot.

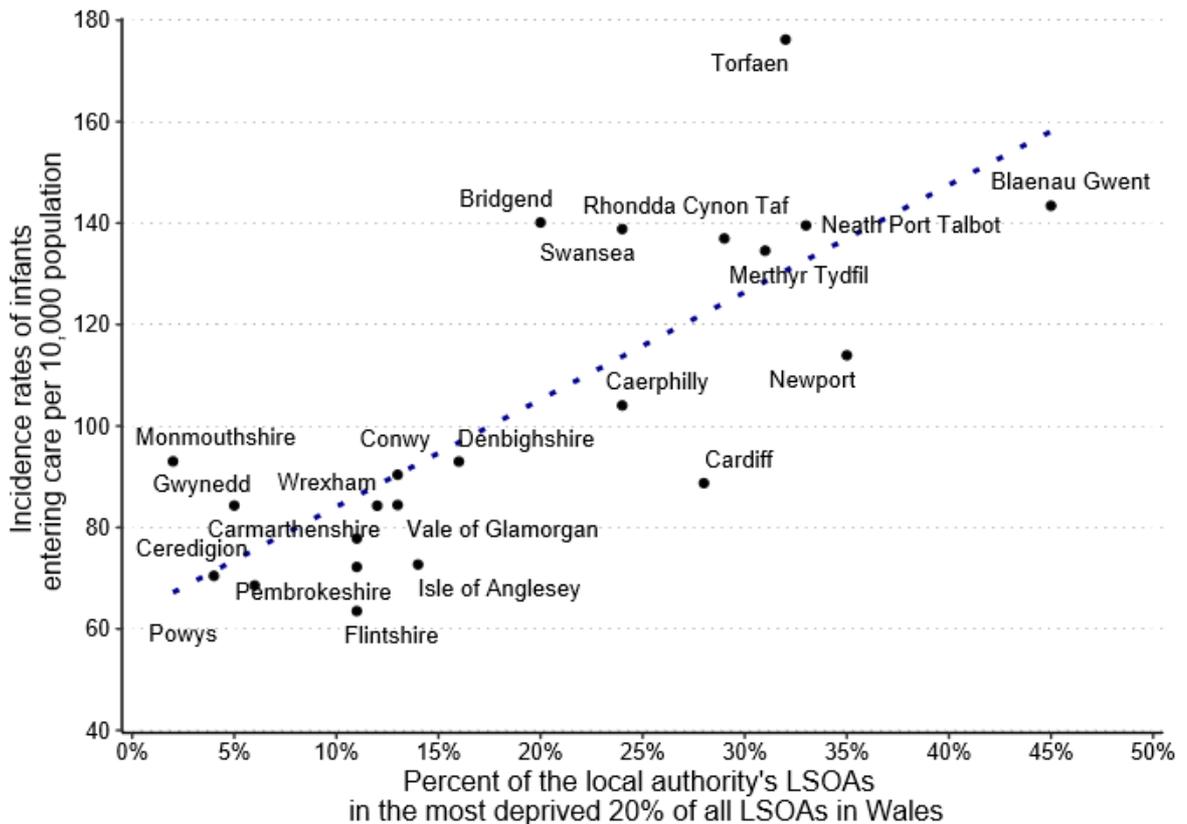
Compared to the average rate for Wales, which was 104 infants per 10,000 population, the rates for these 7 local authorities were significantly higher (the rate range for the outliers is 134 infants per 10,000 population to 176 per 10,000).

In contrast, nine local authorities (Flintshire, Isle of Anglesey, and Wrexham in North Wales DFJ area; Cardiff and Vale of Glamorgan in Cardiff and Southeast Wales DFJ area; and Powys, Ceredigion, Pembrokeshire and Carmarthenshire in Swansea and Southwest Wales DFJ area) had lower than average incidence rates, falling below the outer line at the bottom of the figure. The rate range for these outlier local authorities was 64 infants per 10,000 population to 89 per 10,000.

Considering the incidence rates for local authorities within their respective DFJ areas, we see a different pattern in each of the three court areas (Appendix E). There was little variation between the local authorities in the North Wales DFJ area, some variation in the Cardiff and Southeast DFJ area, and significant variation in the Swansea and Southwest DFJ area.

One potential explanation for the variation in incidence rates between local authorities is differences in area-level deprivation. The relationship between local deprivation and incidence rates for infants entering care for the first time (again based on combined data for 2003/4–2020/21) is shown in Figure 3. The incidence rate of infants entering care in each local authority is plotted against local deprivation, or the proportion of the local authority's Lower Super Output Areas (LSOAs) in the most deprived 20% of all LSOAs in Wales. The dotted line shows that in general, **rates of infants entering care increase in line with increasing levels of area-level deprivation**, although the relationship is complex and requires further investigation.

Figure 3: Local deprivation and incidence rates for infants (less than one year old) entering care (per 10,000 population) per local authority [2003/4 to 2020/21]



To summarise:

- **There was considerable variation in the incidence rates of infants entering care for the first time between the 22 local authorities in Wales, with 7 local authorities (all in Cardiff and South East Wales and Swansea and South West Wales) having higher than average incidence rates, and 9 local authorities having lower than average incidence rates.**
- **Within the 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.**
- **Incidence rates of infants entering care for the first time increase in line with increasing levels of area-level deprivation, although the relationship is complex and requires further investigation.**

How do infants enter care for the first time in Wales?

Of the 6,333 infants who entered care for the first time between 1 April 2003 and 31 March 2021, the majority **3,444 (54%) initially entered care under an s.76 voluntary arrangement** (Figure 4). A total of 2,330 (37%) infants entered care under an interim care order; 302 (5%) under police protection; 178 (3%) under an emergency protection order; and 79 under either a short-term break or via other routes.¹² It is likely that ‘other routes’ include erroneous data entries, however, for purposes of initial description of the population, we have included them. The very low use of emergency protection orders confirms findings from other FJDP publications (Pattinson et al., Broadhurst et al., 2022).

Figure 4: Routes by which infants entered care for the first time, 2003/4 to 2020/21

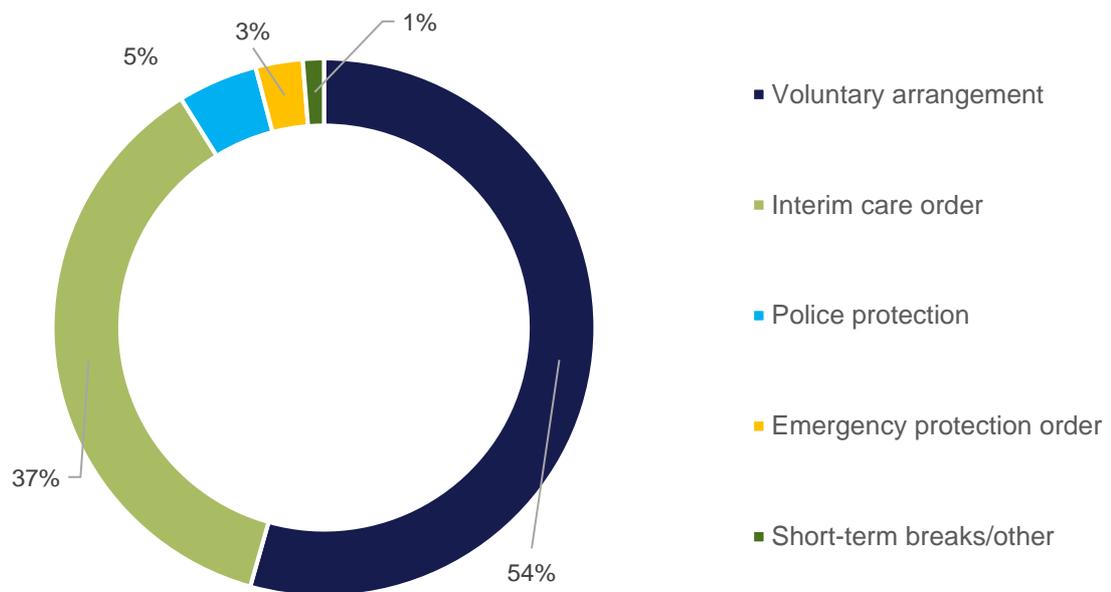
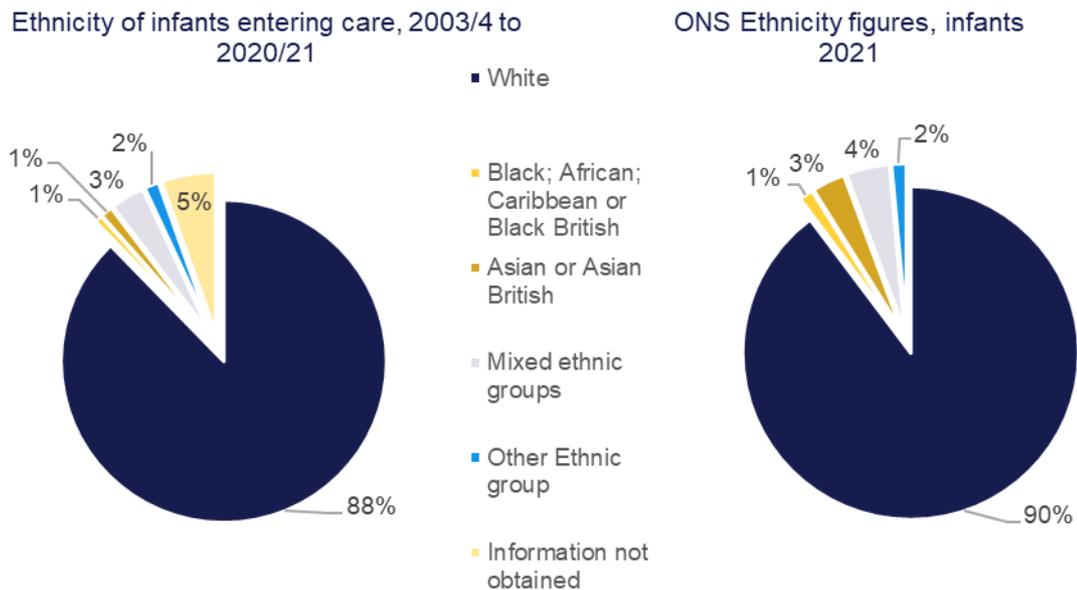


Figure 5 shows the ethnicities of the 6,333 infants who entered care for the first time between 1 April 2003 and 31 March 2021, alongside the Office for National Statistics ethnicity figures for all infants living in Wales in 2021. Of the infants entering care, 88% were White, while 3% were in the Mixed ethnic group, 2%

¹² Not reported individually due to small numbers; however, other recorded routes of first-time entry into care included freeing orders, placement orders, and full care orders. Freeing orders relate to where a child has been freed for adoption and were replaced by placement orders after 30 December 2005. Placement orders enable the local authority to place a child for adoption with any prospective adopters. Under a placement order, parental responsibility for the child is shared between the local authority and the child’s parents. While the placement order is in force, the child retains its looked after status.

were in the other ethnic group, 1% were Asian or Asian British, and 1% were Black, African, Caribbean or Black British. Comparison with Office for National Statistics figures suggests that the ethnic composition of infants entering care is very similar to the ethnic composition of all infants in Wales, although this should be interpreted with caution as for 5% of our sample, ethnicity was not obtained.

Figure 5: Ethnicity of infants entering care for the first time, 2003/4 to 2020/21, alongside Office for National Statistics ethnicity figures for infants in Wales, 2021

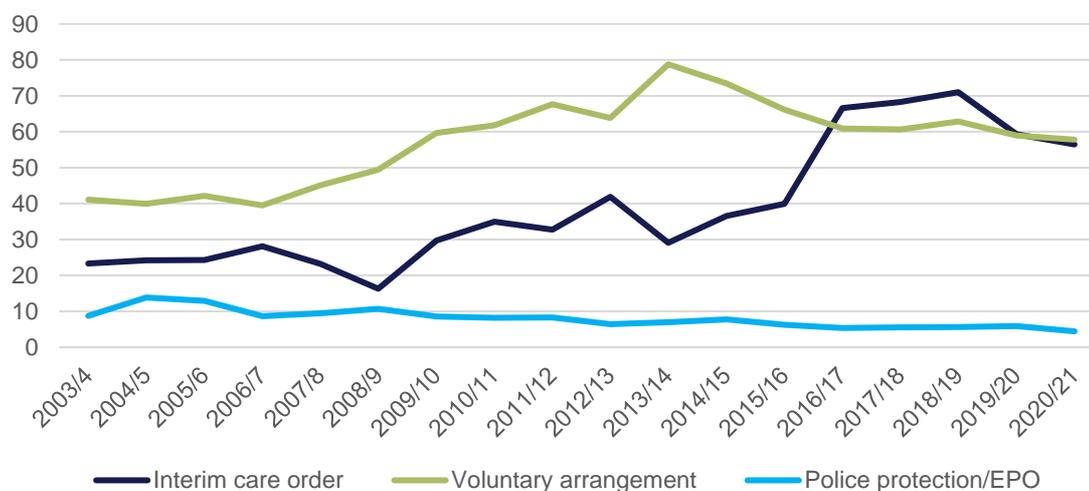


Incidence rates by legal status over time

To examine variation in the use of s.76 arrangements and interim care orders over time, we calculated incidence rates by legal status on entry to care per year (2003/4 to 2020/21). **Figure 6 summarises the steady increase in the incidence of infants entering care under both voluntary arrangements and interim care orders up until 2012/13**, when there was a sharp increase in infants entering care under voluntary arrangements and a sharp decline in those entering care under an interim care order. The proportion of infants who entered each year under an interim care order, voluntary arrangements, or police protection/an EPO is provided in Appendix F.

Following 2013/14, the rate of infants entering care under voluntary arrangements began to decline, whilst the rate of infants entering care under an interim care order began to increase, although since 2016/17, this pattern appears to be stabilising. Meanwhile, the incidence rate of infants entering care under police protection or an EPO has remained relatively low and stable over time. The mid-year population estimates for infants and the rate of infants entering care by legal status per year are presented in Appendix G.

Figure 6: Incidence rates, infants entering care by legal status, per 10,000 population, per year [2003/4 to 2020/21]

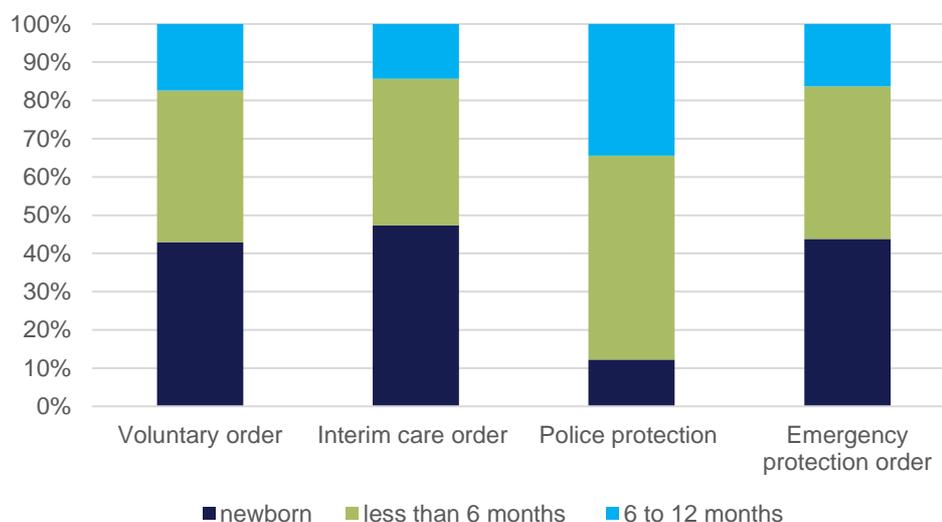


Legal status on entry to care by demographics

We examined whether the proportions of infants entering care for the first time under different legal statuses varied by sex, age group, deprivation quintile on entry to care and category of need (reason for entering care). **There was very little variation in terms of sex**, with an even split between males and females entering care via each legal route.

There was, however, some variation in terms of age group on entry to care, with a smaller proportion of newborns entering care under police protection compared with the proportion of newborns entering care under a different legal status (Figure 7). Approximately 40% of infants who entered care under voluntary arrangements, an interim care order or an emergency protection order were newborns, approximately 40% were aged less than 6 months and approximately 20% were aged 6 to 12 months. There were fewer newborns (13%) entering care via police protection compared to the proportion of infants aged less than 6 months (53%) and infants aged 6 to 12 months (34%).

Figure 7. Proportion of infants entering care by legal status on entry to care and age group (2003/4 to 2020/21)

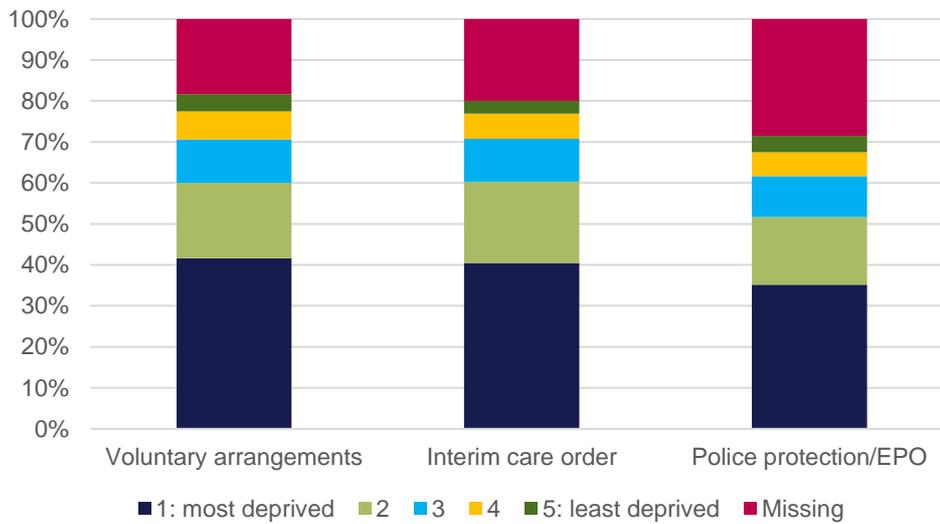


There is a clear relationship between the rate of infants entering care and area-level deprivation¹³ (Figure 8), with the proportion entering care for the first time increasing with greater levels of area-level deprivation, regardless of legal status on entry to care (with deprivation quintile 1 representing the most deprived areas and deprivation quintile 5 representing the least deprived areas). However, this finding should be treated with some caution, as deprivation quintile on entry to care was missing for 20% of the sample¹⁴, with the proportion of missing data higher for infants who entered under an EPO or police protection (29%) compared to those who entered care via voluntary arrangements (18%) or an interim care order (20%).

¹³ This relationship was also demonstrated in a previous Born into Care report: Doebler, S. et al. (2021a). Born into care: unpacking the impact of area-level deprivation in Wales. Lancaster: Centre for Child and Family Justice Research (CFJ), Lancaster University. For a summary, see: Doebler et al. (2021b). Explaining high rates of infants in care proceedings in deprived areas of Wales. London: Nuffield Family Justice Observatory

¹⁴ This is because for some children, information about their home postcode is not recorded in the CLA data

Figure 8. Proportion of infants entering care by legal status on entry to care and deprivation quintile (2003/4 to 2020/21)



There was some variation in the proportion of infants entering care via different legal routes in terms of their category of need on entry to care.¹⁵ As can be seen in Figure 9, **most infants entered care due to concerns about abuse or neglect, across all legal statuses.** However, there was a smaller proportion of infants in this category who entered care under voluntary arrangements (70%) compared with those entering care under an interim care order, police protection or an emergency protection order (79%). There were slightly greater proportions of infants with families in acute stress or with absent parenting, in the group who entered care under voluntary arrangements. **Overall, however, the findings suggest that local authorities (and potentially the corresponding courts) are favouring different options within the law(s) to safeguard infants, despite the fact that the majority of cases were categorised as ‘abuse or neglect’.**

¹⁵ Note that local authorities must choose one category of need code that is most relevant to the child’s circumstances at their initial entry to care. We have combined the categories “child’s disability or illness” and “parental disability or illness” due to statistical disclosure control but note that the majority of these relate to “parental disability or illness”. In addition, we have excluded the categories “low income” and “adoption disruption” due to small numbers and because the “low income” category has been excluded from the local authority returns going forward. Finally, we have excluded a small number of illogical values that came under the category “socially unacceptable behaviour” as this category is not relevant for infants.

Figure 9. Proportion of infants entering care by legal status on entry to care and category of need (2003/4 to 2020/21)

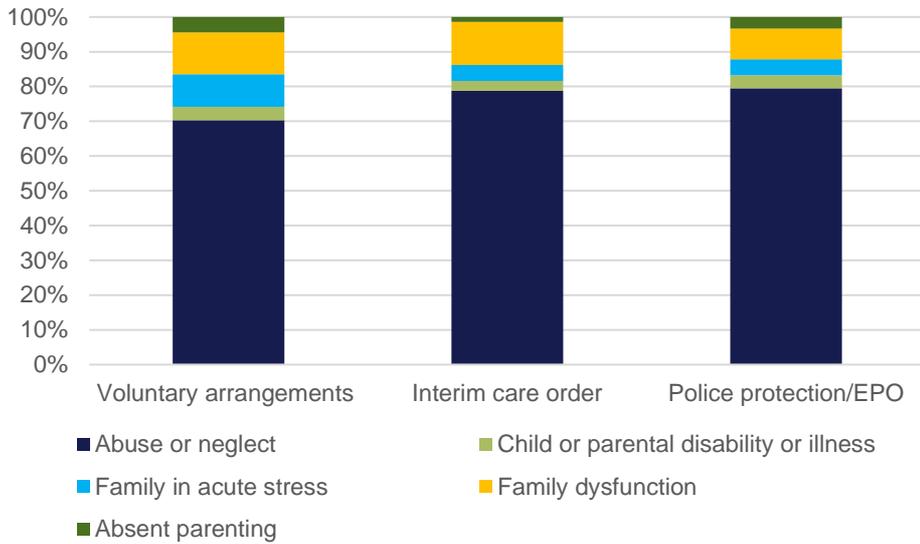
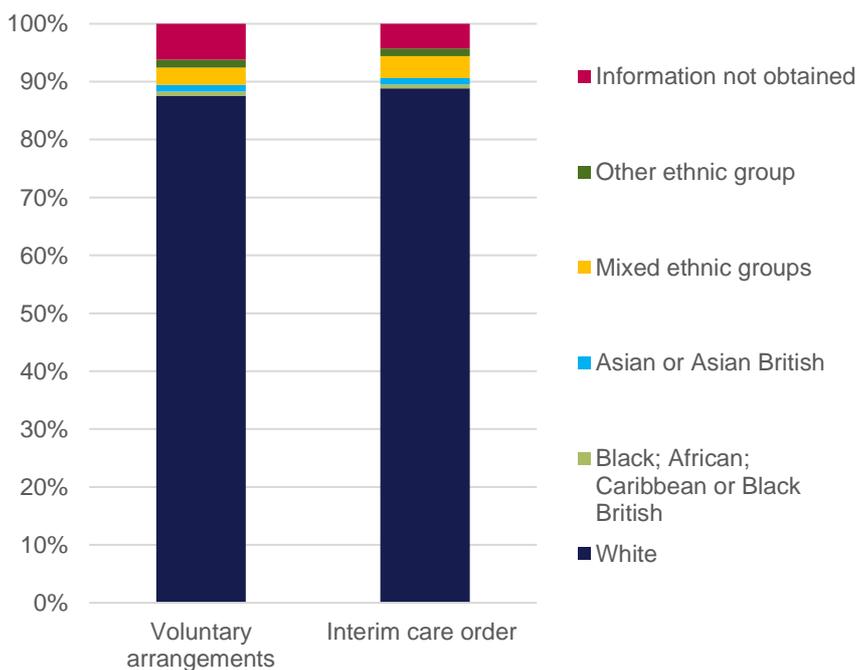


Figure 10 shows the variation in the proportion of infants entering care via voluntary or compulsory arrangements by ethnicity (police protection/EPO not included due to small numbers). It is difficult to draw firm conclusions because of missing data, however what is clear is that the proportion of missing data is higher for infants who entered care under voluntary arrangements compared to those who entered care via an interim care order.

Figure 10. Proportion of infants entering care by legal status on entry to care and ethnicity (2003/4 to 2020/21)



To summarise:

- **Over half (54%) of infants entered care for the first time under s.76 voluntary arrangements, while just over a third (37%) entered under an interim care order.**
- **The ethnic composition of infants entering care appears to be similar to the ethnic composition of all infants in Wales, however as the second largest category for infants in care was “information not obtained”, firm conclusions cannot be drawn.**
- **Following 2013/14, the rate of infants entering care under voluntary arrangements began to decline, whilst the rate of infants entering care under an interim care order began to increase, although since 2016/17, this pattern appears to be stabilising.**
- **Infants entering care under police protection tended to be older than those entering care under voluntary arrangements, interim care orders, or emergency protection orders. The comparatively lower rate of use of police protection for newborns is a welcome finding, given that concerns have been expressed about the involvement of police in maternity settings.**
- **Infants entering care under police protection or an EPO had a greater proportion of missing data for area-level deprivation compared to infants entering care under voluntary arrangements or an interim care order. This is due to missing postcode information within the CLA data.**
- **In the group who entered care under voluntary arrangements, there was a smaller proportion of infants entering care due to abuse or neglect and slightly greater proportions of infants with families in acute stress or with absent parenting, compared with those entering care under other legal statuses. However, overall, most infants (>70%) entered care due to abuse or neglect. This would suggest that local authorities vary in respect of which entry routes to care they favour, rather than differences reflecting underlying need or risk.**
- **The proportion of missing data for ethnicity is higher for infants who entered care under voluntary arrangements compared to those who entered care via an interim care order.**

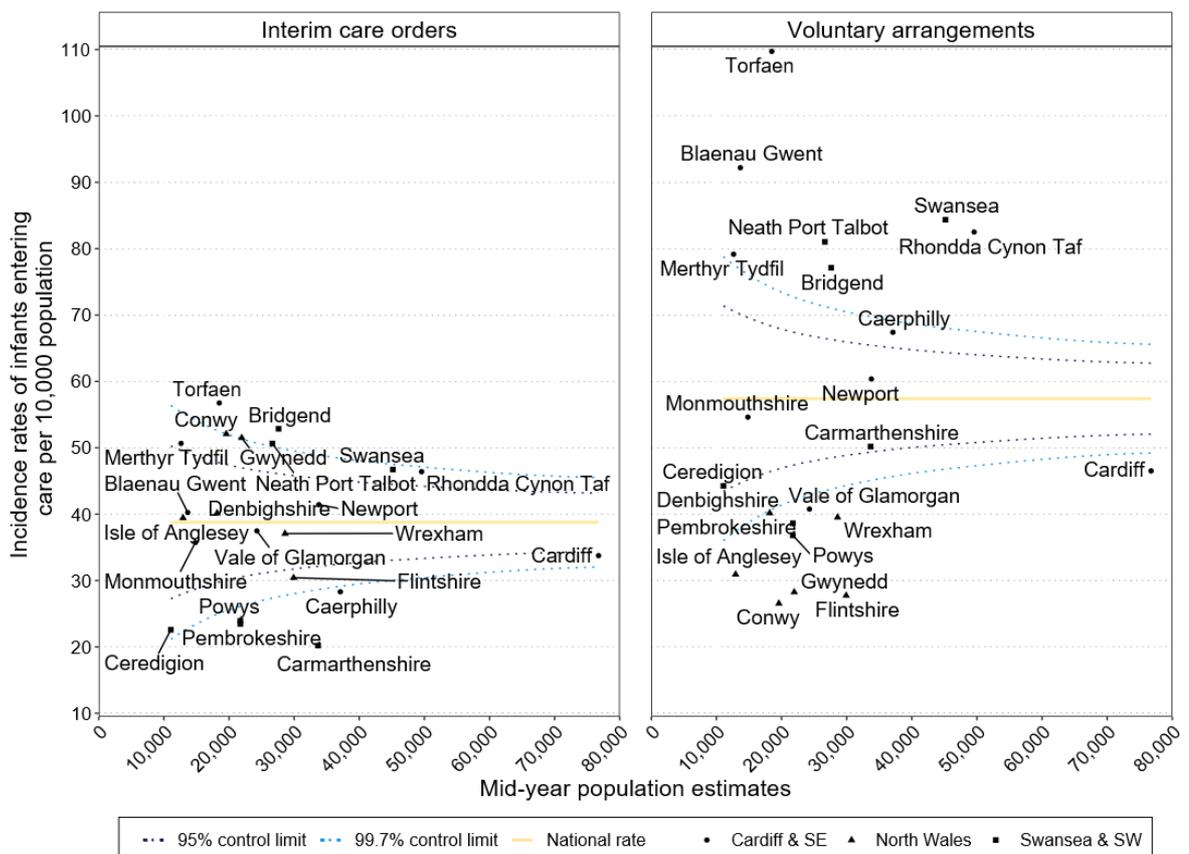
Variation in legal status on entry to care by local authority

To examine variation in legal status on entry to care, we calculated incidence rates for each of the 22 local authorities in Wales, separately for infants entering care via interim care orders and for infants entering under voluntary arrangements, and visualised these using funnel plots (Figure 11).

As shown, in **the majority of local authorities, incidence rates of infants entering care under voluntary arrangements were higher than those of infants entering care under interim care orders**. Of note, the LA's where the incidence rates of interim care orders were higher, were all in North Wales (Isle of Anglesey, Gwynedd, Conwy, and Flintshire). Comparing with Figure 2, it is evident that areas with the highest incidence rates of infants entering care overall (Torfaen, Blaenau Gwent, Neath Port Talbot, Merthyr Tydfil, Bridgend, Swansea and Rhondda Cynon Taf) **also have the highest usage of voluntary arrangements**. It may be that voluntary arrangements have been used to manage the high volume of cases given the work involved at potentially short notice when infants enter care at birth or in the first few weeks of life. Delayed safeguarding action could be considered very risky in such cases. However, this possible explanation would need further testing to substantiate it.

In addition, using incidence rates as our measure, it can be seen that **there is considerable variation between local authorities in their use of voluntary arrangements**, with all but 5 local authorities falling above or below the outer lines of the plot, indicating divergence from the national average.

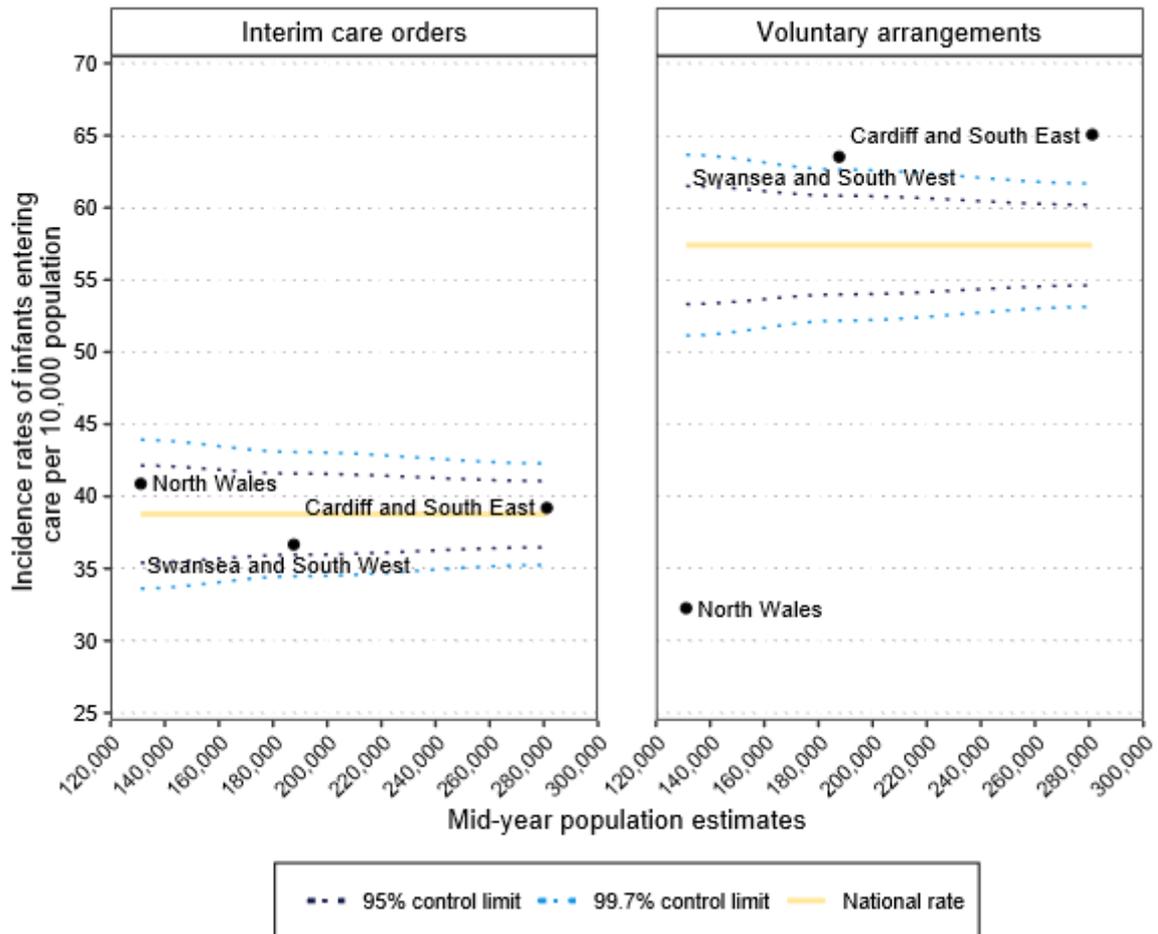
Figure 11: Local authority variation in incidence rates (per 10,000 population) of infants entering care under voluntary arrangements and interim care orders [2003/4 to 2020/21]



Considering the incidence rates by DFJ area (Figure 12), it is striking that **in North Wales only, there is a higher incidence of infants entering care under interim care orders** compared with infants entering under voluntary

arrangements. In addition, **there is a considerably lower incidence of infants entering care under voluntary arrangements in North Wales** compared to in Cardiff and South East Wales and Swansea and South West Wales. Thus, we see differences in entry routes to care, which most likely reflect different cultures of practice between DFJ areas.

Figure 12: Variation in incidence rates (per 10,000 population) of infants entering care under voluntary arrangements and interim care orders, by Designated Family Judge area [2003/4 to 2020/21]

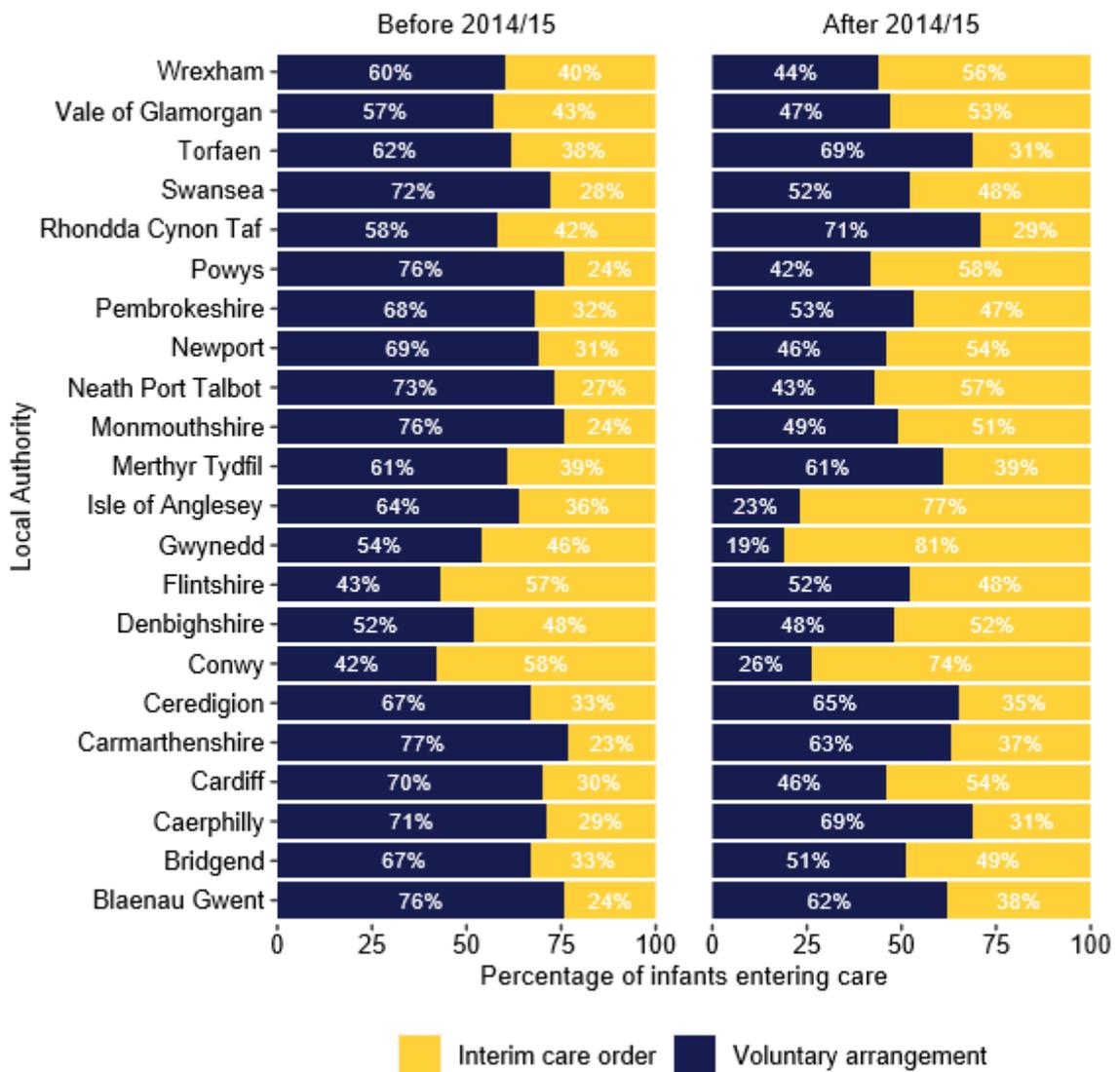


To capture any changes in patterns of care entry following the high-profile legal judgments given in 2014/15 and the resulting changes to guidance on the use of s.20/s.76 which was critical of voluntary arrangements (PLWG, 2021), we examined the proportion of infants entering care under interim care orders and voluntary arrangements by local authority, pre 2014/15 and post 2014/15 (Figure 13).

The direction of travel overall is **towards compulsory entry via an interim care order (post 2014/15)**. However, from the breakdown of data at the local authority level, **we do see some marked variation in local authority preferences for voluntary versus compulsory entries**, with the largest increases in the use of

interim care orders in Gwynedd, Powys, Neath Port Talbot, and the Isle of Anglesey. This suggests local authorities were changing their practice in light of high-profile judgements and guidance (PLWG, 2021). However, in three local authorities, the use of interim care orders **decreased relative to the use of voluntary arrangements**: Rhondda Cynon Taf, Flintshire and Torfaen. This decrease is harder to explain, but overall, response to case law precedents and guidance is uneven across Wales.

Figure 13: Proportion of infants entering care under voluntary arrangements and interim care orders, by local authority, pre and post 2014/15



To summarise:

- **Most local authorities had higher incidence rates of infants entering care under voluntary arrangements than under an interim care order, but areas with the highest incidence rates of infants entering care overall also had the highest usage of voluntary arrangements.**

- **There was considerable variation between local authorities in their use of voluntary arrangements.**
- **Considering the incidence rates by DFJ area, in North Wales there was a higher incidence of infants entering care under interim care orders compared with infants entering under voluntary arrangements, and a considerably lower incidence of infants entering care under voluntary arrangements compared with Cardiff and South East Wales and Swansea and South West Wales.**
- **There was marked variation in local authority preferences for voluntary versus compulsory entries, although since 2014/15, the direction of travel overall is towards compulsory entry via interim care orders.**
- **Overall, the variation in the use of voluntary and compulsory routes to care appears to be a matter of local practice preference rather than reflecting need. The high use of voluntary care may also be one way of managing high volumes of cases. However, these hypotheses warrant further investigation.**

Infants entering care under voluntary arrangements

Findings based on sample 2

Of the 3,094 infants who entered care for the first time under voluntary arrangements between 2003/4 and 2018/19, **1,962 (63%) subsequently became the subject of compulsory action, i.e. records indicated infants were subject to either an interim care order, a full care order or a placement order within two years of entering care** (Figure 14).

Breaking this down further, **1,578/3,094 children (51%) who initially entered care under voluntary arrangements became subject to a full care or placement order within two years of entering care.**

The median length of time taken for infants who entered care under voluntary arrangements to receive an interim care order was 32 days, or four and a half weeks (interquartile range 68 days).¹⁶ **This indicates that swift conversion from voluntary status to interim care order was common for this sub-group of infants.** Of the infants who received an interim care order, for 43%, the order was made within four weeks of care entry. These findings do resonate with concerns

¹⁶ Of note, there were a number of cases where a full care or placement order was recorded, without a record of an interim care order being made. We assume that this is a data recording issue and have fed this discovery back to Welsh Government.

that s.76 may be being used as a holding position, when the local authority ought to be issuing care proceedings because the threshold for compulsory action is met. An alternative view would be that local authorities are (appropriately) seeking a voluntary agreement with parents, to avoid issuing care proceedings in the immediate post-partum period. However, this latter point would only apply to the new-born baby cases.

Finally, for all those who initially entered care under voluntary arrangements and then became subject to a full care or placement order within the two-year follow-up window, the median length of time taken to receive the full care or placement order **from the date of care entry was 255 days**, or 36 weeks (interquartile range 187.5 days).

Newborn babies (less than 2 weeks old at care entry)

Focusing specifically on newborns, **a slightly higher proportion of newborns (compared to the larger sample of all infants), who initially entered care under voluntary arrangements became the subject of compulsory action** within two years, 926/1,329 (70%).

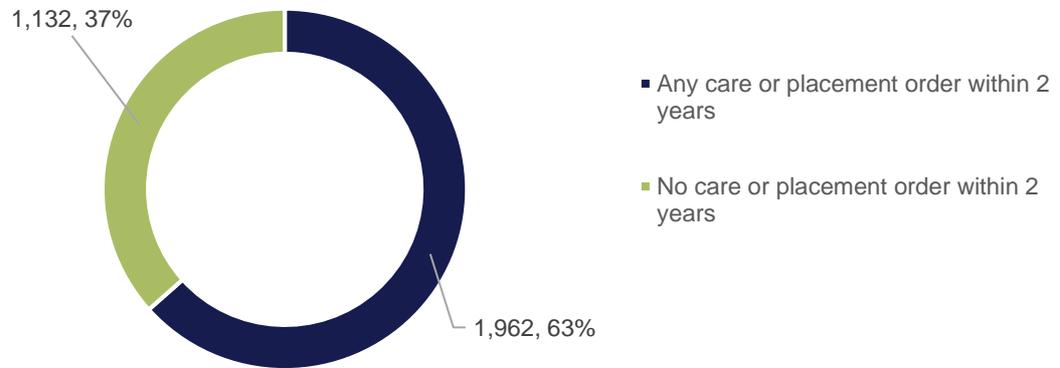
Breaking this down further, **769/1,329 newborns (58%) initially entering care under voluntary arrangements became subject to a full care or placement order within two years**, a slightly higher proportion than for the larger sample of all infants.

The median length of time taken for newborns who entered care under voluntary arrangements **to become subject to an interim care order was 26 days, or less than 4 weeks (interquartile range 53 days), quicker than for the larger sample of all infants**. Of the newborns who received an interim care order, for 53%, the order was made within four weeks of care entry, a higher proportion than for the larger sample of all infants.

Finally, for all newborns who entered care under voluntary arrangements and became subject to a full care or placement order within the two-year follow-up window, the median length of time taken to receive the full care or placement order **from the date of care entry was 229 days**, or 32 weeks (interquartile range 149 days), quicker than for the larger sample of all infants.

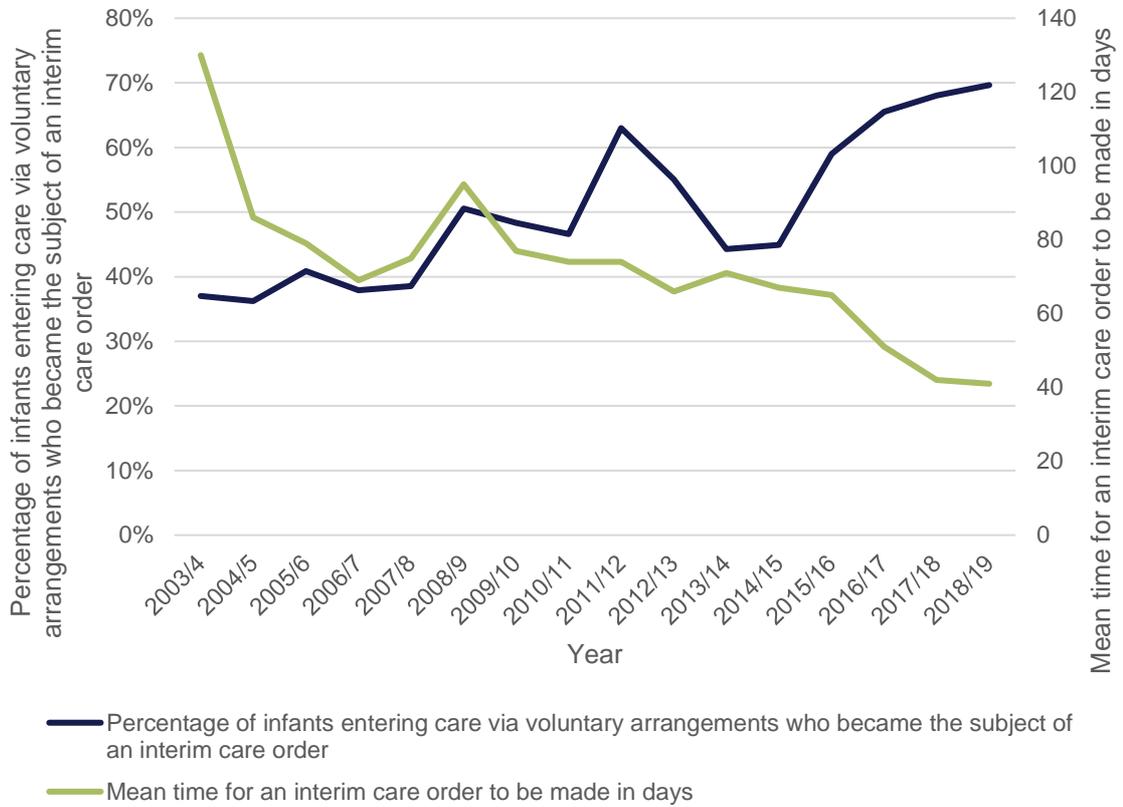
Overall, it appears that *newborns* who enter care for the first time by way of voluntary arrangements are more likely to become subject to compulsory action than older infants. In addition, for this age group, care proceedings are issued more quickly and conclude more quickly from ICO to care or placement order. This is consistent with previous research by Broadhurst et al. (2015; 2017), who noted swifter action in the case of new-born babies, often because mothers had experienced a previous removal.

Figure 14: The proportion of infants initially entering care under voluntary arrangements (2003/4 to 2018/19) who became the subject of any care or placement order within two years of their entry to care



Looking at these trends over time, it can be seen that, particularly following 2014/15, **far more infants initially subject to an s.76 arrangement, have become subject to an interim care order** (Figure 15). By 2018/19, 70% of infants initially entering care by way of voluntary arrangements, had received an interim care order within two years of entering care. **Moreover, the number of days between voluntary arrangements and the receipt of an interim care order is falling over time.** In 2018/19, the mean number of days was 41, compared to 67 days in 2014/15. Findings do suggest that practice in Wales is responsive to recommendations in high profile cases, which have cautioned practitioners against delaying court proceedings for infants, where there is evidence of actual or likely significant harm.

Figure 15: The proportion of infants initially entering care via voluntary arrangements who became the subject of an interim care order, plotted against the mean length of time taken for the order to be made in days, over time (2003/4 to 2018/19)



Similarly, **far more infants initially subject to an s.76 arrangement, have become the subject of a full care or placement order over time** (Figure 16). By 2018/19, 63% of infants initially entering care by way of voluntary arrangements, had received a full care or placement order within two years of entering care. **Moreover, the number of days between voluntary arrangements and the receipt of a full care or placement order is falling over time.** The average conversion time fell from 2009/10 to 2013/14 and stabilised at around 210 days in the latest four years of data.

Figure 16: The proportion of infants entering care via voluntary arrangements who became the subject of a full care or placement order, plotted against the mean length of time taken for the order to be made in days, over time (2003/4 to 2018/19)

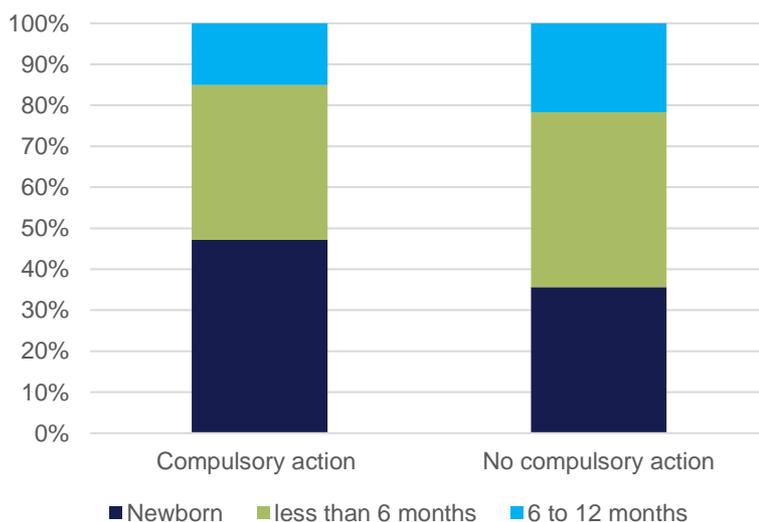


Taken together, these findings indicate that contemporary practice is characterised by falling usage of voluntary arrangements for infants at first entry to care, and where infants do enter via s.76, the conversion time to compulsory action is decreasing. As outlined in the introduction, this trend is not unexpected, given strident criticism of the use of s.76 for babies.

Demographics of infants entering care under voluntary arrangements

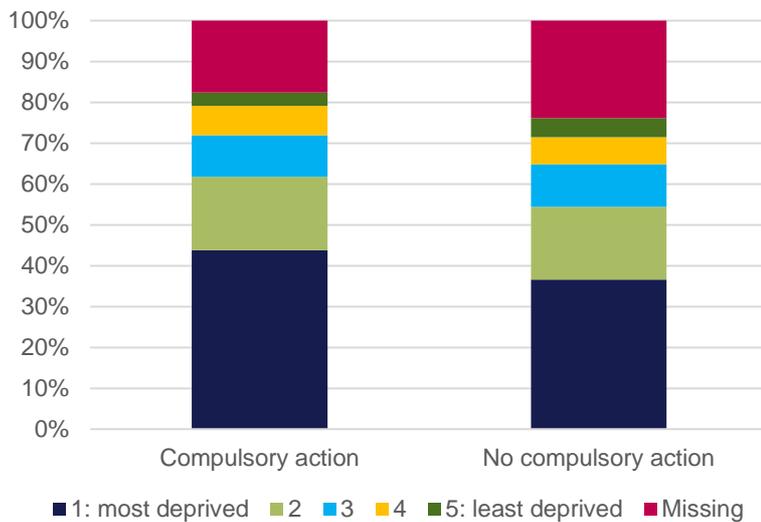
We examined whether there were any demographic differences between infants who initially entered care under voluntary arrangements and 1) became subject to compulsory action within two years (1,962) and 2) did not become subject to compulsory action within two years, and had therefore either left care or remained in care under voluntary arrangements (1,132). **There was no difference in terms of gender.** In terms of age group on entry to care, **there was a slightly higher proportion of newborn babies in the group of infants who became subject to compulsory action** compared with the group who did not become subject to compulsory action (Figure 17).

Figure 17: Proportion of infants entering care under voluntary arrangements who did and did not subsequently become subject to compulsory action, by age group on entry to care (2003/4 to 2018/19)



Concerning area-level deprivation, the proportion of missing data for deprivation quintile was slightly higher for infants who did not become subject to compulsory action compared with those who did become subject to compulsory action (Figure 18). **There was a slightly higher proportion of infants living in the most deprived areas at entry to care in the group of infants who became subject to compulsory action.**

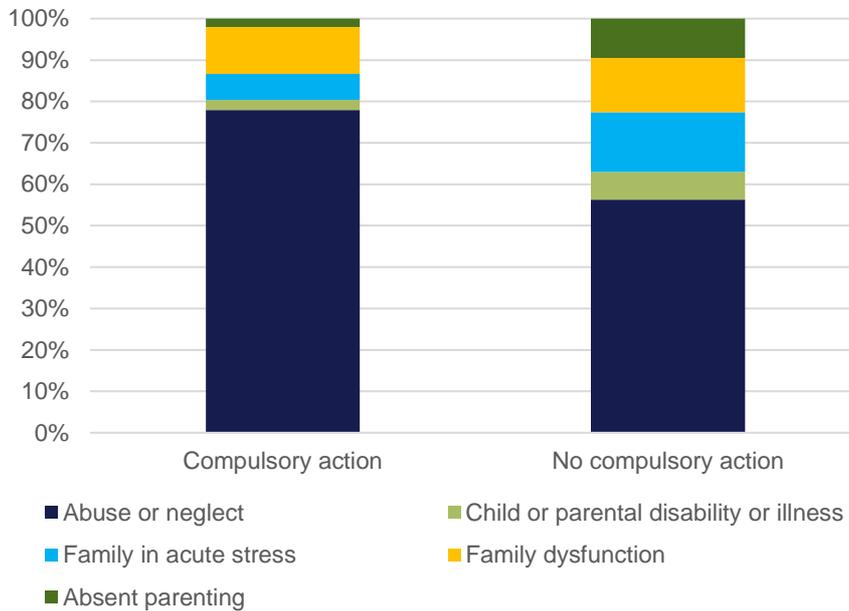
Figure 18: Proportion of infants entering care under voluntary arrangements who did and did not subsequently become subject to compulsory action, by deprivation quintile (2003/4 to 2018/19)



The largest differences can be seen when comparing the category of need codes for the two groups (Figure 19). If an infant entered care because of abuse or neglect, a greater proportion became subject to compulsory action, than infants who entered care for other reasons (child or parental disability or illness, family dysfunction or acute stress, and absent parenting). There are proportionally more infants in care due to child or parental disability, absent parenting, or acute stress within the family, in the group of infants who did not become subject to compulsory action.

However, we can still see in the data, that voluntary arrangements are being used for infants falling into the category ‘abuse and neglect’. **Over half (57%) of infants who did not become the subject of compulsory action, entered care because of abuse or neglect.** Thus, local authorities appear to be managing risk through voluntary relationships with parents, which do not ultimately escalate to compulsory action.

Figure 19: Proportion of infants entering care under voluntary arrangements who did and did not subsequently become subject to compulsory action, by category of need (2003/4 to 2018/19)



To summarise:

- **Of the 3,094 infants who entered care under voluntary arrangements between 1 April 2003 and 31 March 2019, 63% became the subject of compulsory action within two years of entering care. This means that 37% had either left care within that time, or remained in care under voluntary arrangements with no court involvement (this is explored further below, in the section entitled “Placements for infants who entered care under voluntary arrangements”).**
- **Looking at newborns separately, the proportion entering care under voluntary arrangements who became the subject of compulsory action within two years, was slightly higher, at 70%.**
- **The median length of time taken for infants who entered care under voluntary arrangements to receive an interim care order was 32 days, and 43% of interim care orders were made within four weeks of care entry.**
- **For newborns, the time taken to receive an interim care order was quicker (median 26 days), with a higher proportion of orders being made within four weeks of care entry compared to the larger sample of all infants (53%).**
- **Regarding changes in practice across our observational window, over time far more infants 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.

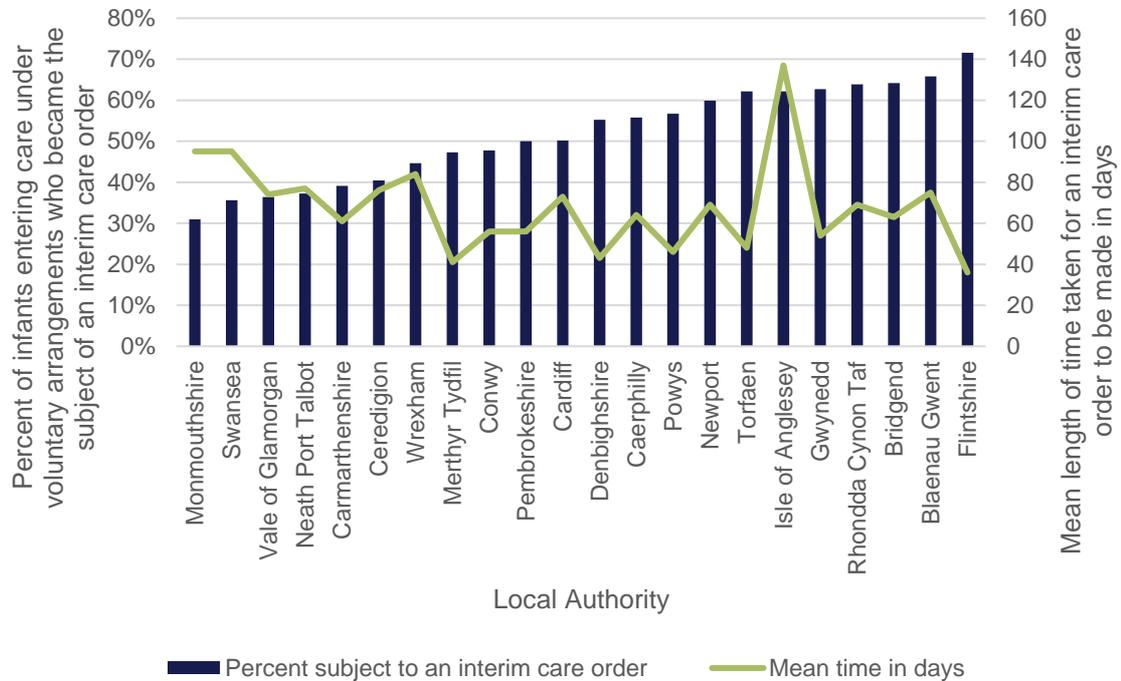
- A slightly higher proportion of newborns entering care on a voluntary basis became the subject of compulsory action than older infants. A slightly higher proportion of infants entering care in the most deprived quintiles of Wales became the subject of compulsory action.
- Regarding the categories of need, the proportion of infants who had entered care because of abuse and neglect was smaller in those who did not become subject to compulsory action compared with those who did. However, it is important to note that the proportion of infants, who entered care under a voluntary basis because of abuse and neglect and did not become the subject of compulsory action, was still high (57%).

Infants entering care under voluntary arrangements: Local authority variation

We visualised **local authority variation** in the proportion of infants initially entering care via voluntary arrangements (2003/4 to 2018/19) who subsequently became the subject of an interim care order within two years (Figure 20). **There was considerable variation between local authorities in terms of both the proportion of infants who became subject to an interim care order and the length of time between a voluntary arrangement and escalation to formal court intervention.** However, there was no clear relationship between these two factors within local authorities.

Monmouthshire had the smallest proportion of infants who became subject to an interim care order. It took longest for an interim care order to be made on average following care entry in the Isle of Anglesey. Flintshire had the highest proportion of infants who became subject to an interim care order, and it also took the shortest amount of time for the order to be made on average in Flintshire.

Figure 20: The proportion of infants entering care via voluntary arrangements (2003/4 to 2018/19) who became the subject of an interim care order, plotted against the mean length of time taken for the care order to be made in days, per local authority



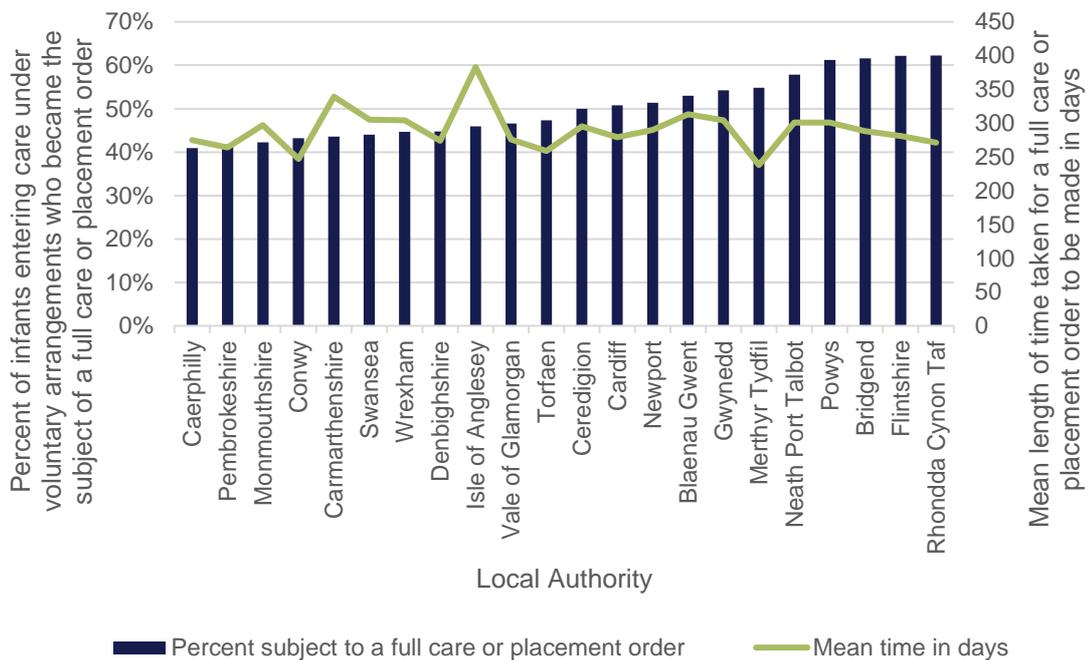
We also visualised **local authority variation** in the proportion of infants entering care via voluntary arrangements (2003/4 to 2018/19) who became the subject of a full care or placement order within two years (Figure 21). Again, **there was variation between local authorities in terms of both the proportion of infants who became the subject of a full care or placement order, and the length of time between care entry and the making of the full care or placement order**, however there was no clear relationship between these two factors within local authorities.

Caerphilly had the smallest proportion of infants who became subject to a full care or placement order within two years of care entry. Again, it took longest for a full care or placement order to be made on average in the Isle of Anglesey. Bridgend, Flintshire, and Rhondda Cynon Taf had the highest proportion of infants who became subject to a full care or placement order, and it took the shortest amount of time for a full care or placement order to be made on average in Merthyr Tydfil.

Taking these findings together, it is clear that there was less variation between local authorities in the number of infants subject to **full care or placement orders** compared to those subject to interim care orders. This finding is perhaps unsurprising, given that most infants with an interim care order go on to receive a full care or placement order. There was also less variation in the length of time taken for **full care or placement orders** to be made compared to interim care orders. This may be due to the introduction of the 26 week limit for care proceedings in 2014.

It is worth noting that local authorities were ranked differently based on the numbers of infants who were subject to interim care orders and full care/placement orders. This implies that variation also exists in the numbers of infants who become subject to a full care or placement order following an interim care order, as well as variation in the time taken for court proceedings to be concluded, between local authorities.

Figure 21: The proportion of infants entering care via voluntary arrangements (2003/4 to 2018/19) who became the subject of a full care or placement order, plotted against the mean length of time taken for the order to be made in days, per local authority



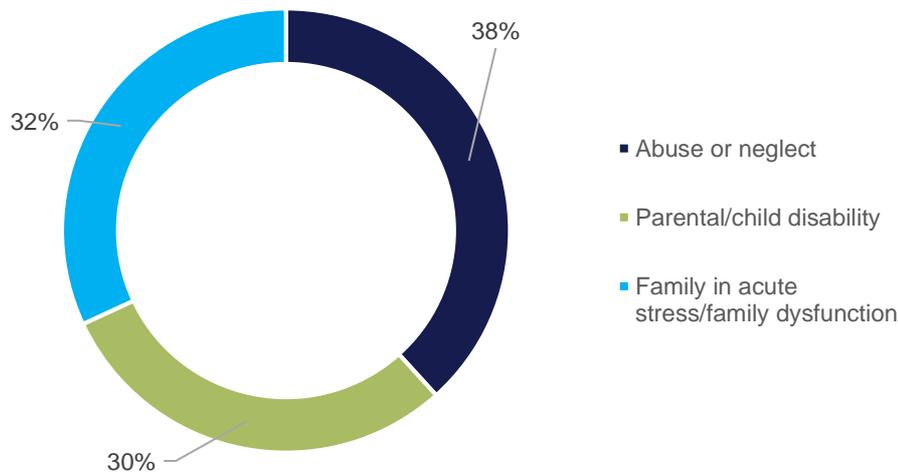
To summarise:

- **There was considerable variation between local authorities in terms of the proportion of infants who entered care under voluntary arrangements and who:**
 - became the subject of an interim care order
 - became the subject of a full care or placement order
- **There was also considerable variation between local authorities in terms of the length of time it took for these orders to be made, but there was no clear relationship between the proportion of infants subject to the orders and the length of time it took to make the orders, within local authorities.**

Infants entering care under a short-term break arrangement

Children for whom care comprises a short break have rarely been subject to detailed analysis. However, as our findings illustrate, **to exclude these children misses the detail of their care trajectories.** Between 2003/4 and 2018/19, 47 infants entered care for the first time under short-term breaks as part of a care and support plan. For 18 of these 47 infants (38%), their category of need code was recorded as abuse or neglect (Figure 22). A total of 21/47 (45%) became the subject of either a section 76 voluntary arrangement, an interim care order or police protection within two years of the date of their first entry to care. The mean length of time taken for these infants to experience a change in legal status was 5.5 months. **Of these 21 infants, 17 (over one third of the total population of 47) eventually became the subject of compulsory action within two years of the date of their first entry to care.**

Figure 22: Category of need codes for infants entering care for the first time for short-term breaks, 2003/4 to 2018/19



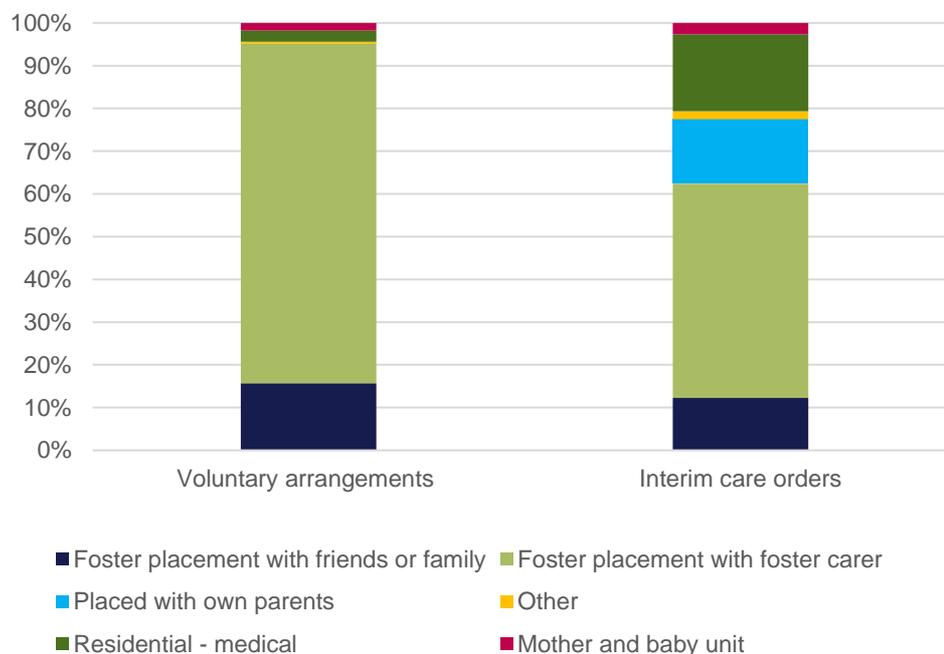
To summarise:

- **Of the 47 children entering care under a short-term break, 38% entered due to abuse or neglect, and 45% became the subject of either a voluntary arrangement, an interim care order, or police protection within two years.**
- **Crucially, 17/47 of these infants (almost one third) eventually became the subject of compulsory action, indicating that for a sizeable proportion, short break provision was not sufficient to either safeguard infants or prevent family breakdown over time.**

Where are infants placed?

We examined placement types for infants on entry to care by legal status and age group. **Most infants who entered care under voluntary arrangements were initially placed with unrelated foster carers**, with 16% placed in kinship foster care (Figure 23). There was a greater proportion of infants who were placed in ‘a residential setting providing medical or nursing care’ (hospital) in the group who entered care under an interim care order compared with those who entered care under voluntary arrangements. In addition, **15% of those who entered care under an interim care order were placed with their own parents**.

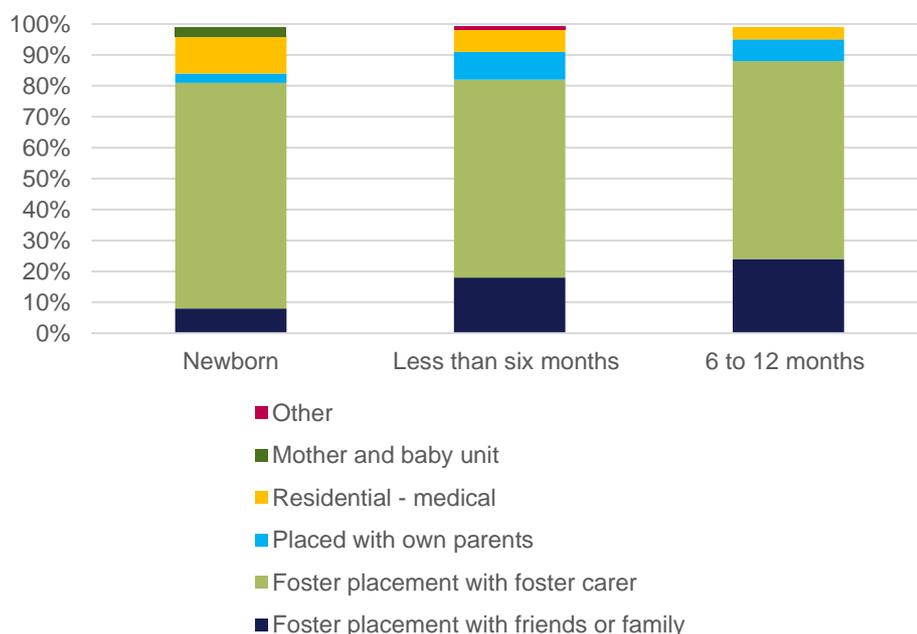
Figure 23: Placement types for infants on entry to care by legal status (2003/4 to 2018/19)¹⁷



As seen in Figure 24, **a greater proportion of newborns were initially placed with unrelated foster carers, in a mother and baby unit or in a residential medical setting compared to older infants**; while a greater proportion of infants aged less than six months and 6-12 months were initially placed in foster care with friends or family or at home with their parents.

¹⁷ Infants 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 24: Placement types for infants on entry to care by age category (2003/4 to 2018/19)¹⁸

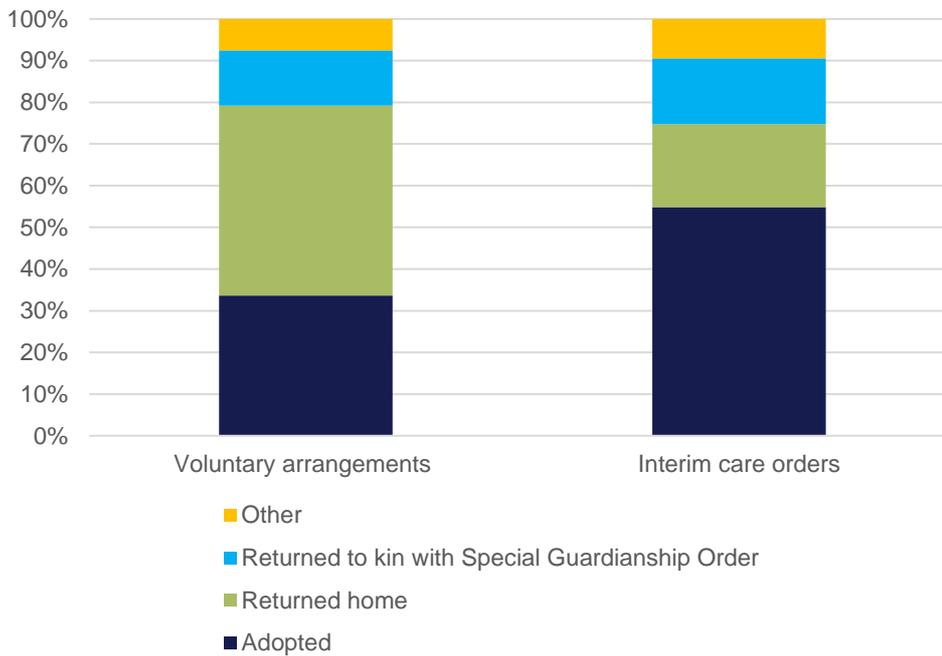


In addition, we examined placement types or reasons for leaving care **two years after the date of infants' first entry to care**, by legal status on entry to care. Within two years of their first entry to care, 3,320 of the 5,526 infants who entered care under **voluntary arrangements, an interim care order, an EPO, or police protection**, between 2003/4 and 2018/19 (60%), had left care (i.e., their first period of care had finished for any reason), while 2,206 (40%) remained in care (i.e., their first period of care was still open). **Thus, we see a surprisingly high proportion of infants still in care beyond two years of first entry. On further investigation, 45% of these children had been placed for adoption or were in foster care with a placement order, while the remaining 55% were in care under other legal statuses.**

For those who had left care, the reasons for leaving are shown in Figure 25, for those who had initially entered care under voluntary arrangements or an interim care order. **Over half of those who initially entered care under voluntary arrangements had returned home to their parents or were living with family members (on a special guardianship order), while over half of infants who had entered care under an interim care order had been adopted. Thus, route of entry to care does appear to be associated with the final permanency outcome for infants, with greater family preservation (with parents or kin) for those who initially entered care on a voluntary basis.**

¹⁸ 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.

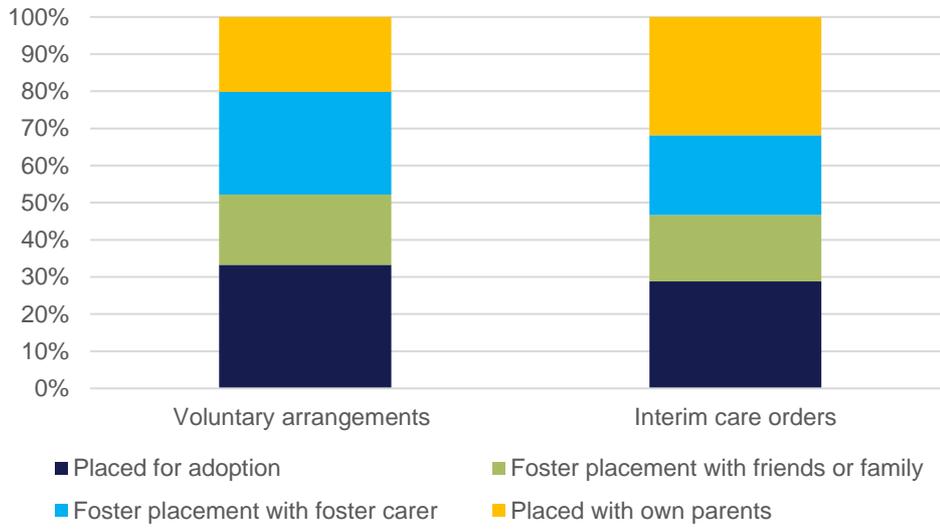
Figure 25: Reasons for leaving care for infants who had left care within two years of their first entry, by legal status on initial entry to care¹⁹



For the children who remained in care at two-year follow-up, only 67/2,206 (3%) were in care under voluntary arrangements. The placement types are shown in Figure 26, for those who had initially entered care under voluntary arrangements or an interim care order. At two-year follow-up, there was a greater proportion of children who were placed with their parents under a care order in the group who entered care under an interim care order. **This may indicate that a sizeable proportion of infants who initially entered care under an ICO and who were placed at home with parents remained in that placement, but further work is necessary to confirm this.**

¹⁹ 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.

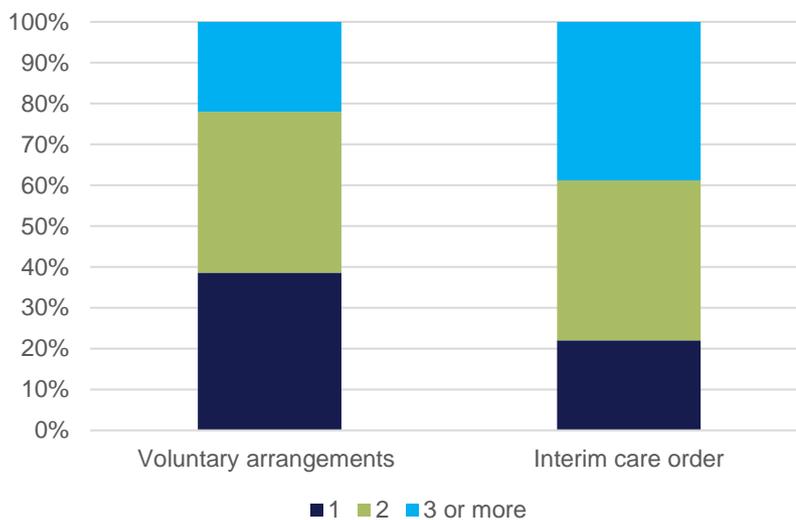
Figure 26: Placement types at two-year follow-up for children who remained in care, by legal status on entry to care



How many placements do infants have within two years of entering care?

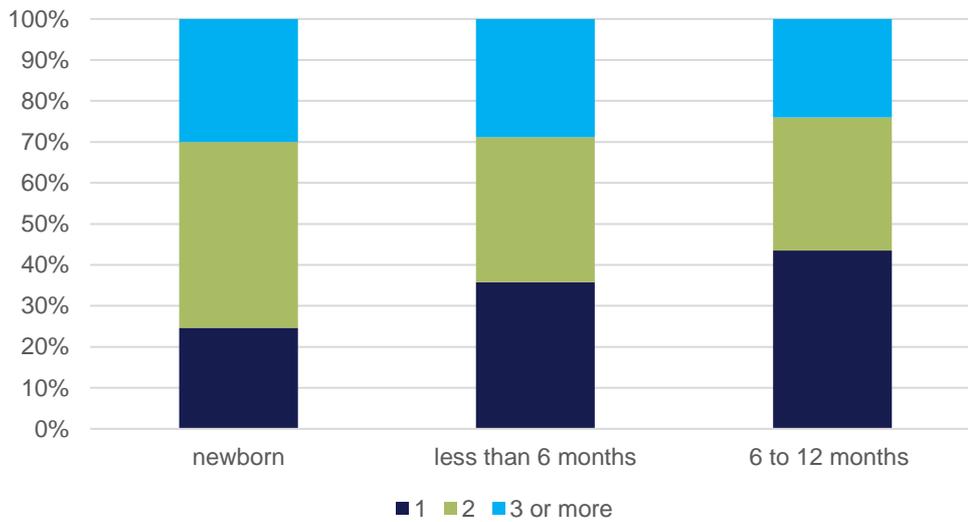
The number of placements that infants had within two years of their first entry to care, by legal status and age group on entry to care is shown in Figure 27. **There was a greater proportion of children who had three or more placements in the group who entered care under an interim care order**, and a greater proportion of children who had just one placement in the group who entered care under voluntary arrangements.

Figure 27: Number of placements within two years of entering care, by legal status on entry to care



In addition, there was a greater proportion of children who had just one placement in the group who first entered care when they were 6 to 12 months old, and **a greater proportion of children who had two placements in the group who entered care when they were newborns** (Figure 28). The greater number of moves for newborns, may be because, newborn babies can enter care at short-notice (babies are born early, for example) resulting in emergency holding placement, pending a more planned interim placement.

Figure 28: Number of placements within two years of entering care, by age group on initial entry to care



To summarise:

- **The majority of infants who entered care under voluntary arrangements were initially placed into foster care, with 16% placed with kin and 79% placed with other foster carers.**
- **There was a greater proportion of infants placed in a residential setting providing nursing or medical care (hospital) in the group who entered care under an interim care order. This finding is not surprising, as infants placed in residential settings (particularly for health concerns) most probably warrant a more protective response in the form of a care order, given their heightened health vulnerabilities.**
- **Of infants who entered care under an interim care order, 15% were placed with their own parents. This is the first time, that research has uncovered the proportion of ICOs that are made for infants placed with parents – but also indicates that in the majority of cases, ICOs do *not* result in placement with parents.**
- **Of the infants placed in a residential medical setting, 64% were newborns. Only around a quarter of infants placed with their own parents or with kin were newborns. This finding indicates that in newborn cases, separation from parents and kin is the outcome in the majority (75%) of cases.**
- **Within two years of entry, 60% of infants who entered care between 1 April 2003 and 31 March 2019 had left care and 40% remained in care at two-year follow-up. The relatively high proportion of infants (40%) remaining in care at 2-year follow up warrants further investigation.**

However, 45% of these children had been placed for adoption or were in foster care with a placement order.

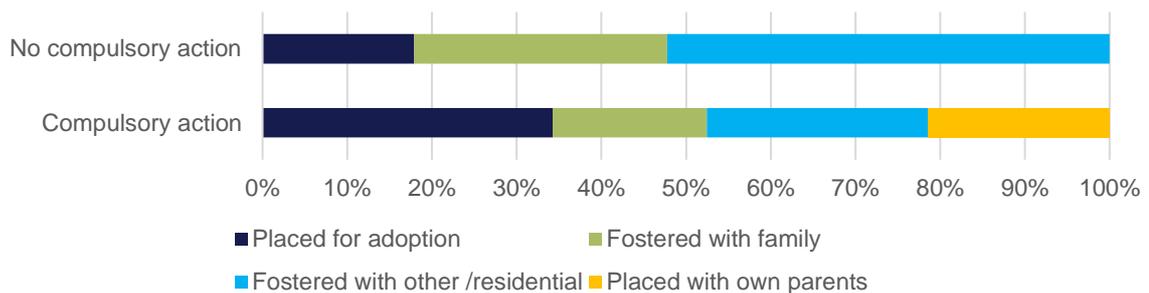
- Of those who had left, over half of those who had entered care under voluntary arrangements had returned home to parents or kin (with a special guardianship order), while over half of infants who had entered care under an interim care order had been adopted. Thus, voluntary routes into care are associated with lower rates of adoption; the reasons for this warrant further investigation. For example, where voluntary arrangements are reached with parents, this may indicate better partnership working and prospects for reunification of infants to parents or wider kin. Equally however, it may be that once an infant enters care proceedings, the impact of the legal process reduces the likelihood of parents being able to recover or evidence their recovery of parenting capacity. The complicating factor here, is that analysis of need codes suggests that in a high proportion of *both compulsory and voluntary* cases, abuse and neglect is the reason for care entry, leading to a tentative conclusion that mode of entry to care plays a role in final permanency outcomes for infants.
- Of those who were still in care at two-year follow-up, there was a greater proportion of children placed with their parents under a care order in the group who entered care under an interim care order. Here we could cautiously infer that a proportion of infants who were initially placed under a care order at home had remained in this placement.
- Overall, a significant proportion (c. 30%) of newborns and infants aged less than 6 months experienced 3 or more placements within the two year follow-up window. Just over 20% of newborns experienced only one placement. A slightly higher, but nevertheless small proportion of infants aged less than 6 months experienced only one placement (c.30%). This raises some questions about the effectiveness of early intervention in delivering stability and facilitating secure attachments for very young babies.
- There was a greater proportion of children who had three or more placements in the group who entered care under an interim care order, and a greater proportion of children who had just one placement in the group who entered care under voluntary arrangements. This finding runs counter to what might have been expected, and raises questions about assumptions that voluntary care may lead to greater instability.
- There was a greater proportion of children who had just one placement in the group who first entered care when they were 6 to 12 months old, and a greater proportion of children who had two placements in the group who entered care when they were newborns. It is difficult to draw firm conclusions, but it is likely that urgent action at birth, may lead to a subsequent placement change.

Placements for infants who entered care under voluntary arrangements

We examined differences in outcomes (placement types or reasons for leaving care) at two-year follow-up, for infants who entered care under voluntary arrangements and who did, or did not, become the subject of compulsory action, i.e. an interim care order, full care order or placement order. Of those who became the subject of compulsory action (1,962), 1,028 (52%) were still in care at two-year follow-up, with a third of these children placed for adoption, 21% placed with their parents, and the remainder placed in foster care (Figure 29).

However, of those who did not become the subject of compulsory action (1,132), only 67 (6%) were still in care at two-year follow-up, with the majority of these children (82%) placed in foster care, and the remainder placed for adoption (Figure 29).

Figure 29: Placement types for infants who entered care under voluntary arrangements, and remained in care at two-year follow-up

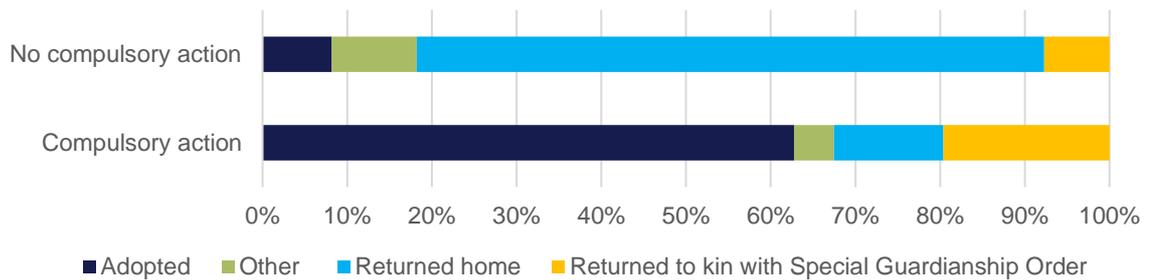


Of those who became the subject of compulsory action (1,962), 934 (48%) had left care at two-year follow-up, with the majority leaving care because they were adopted, and a third either returning home or returning to kin with a special guardianship order (Figure 30).

However, of those who did not become the subject of compulsory action (1,132), 1,065 (94%) had left care at two-year follow-up, with the majority (74%) returning home to their parents²⁰.

²⁰ The placement data suggests that a very small number of infants in this category who were adopted were subject to a placement order, however a placement order was not recorded for these infants.

Figure 30: Reasons for leaving care for infants who entered care under voluntary arrangements and who had left care at two-year follow-up



To summarise:

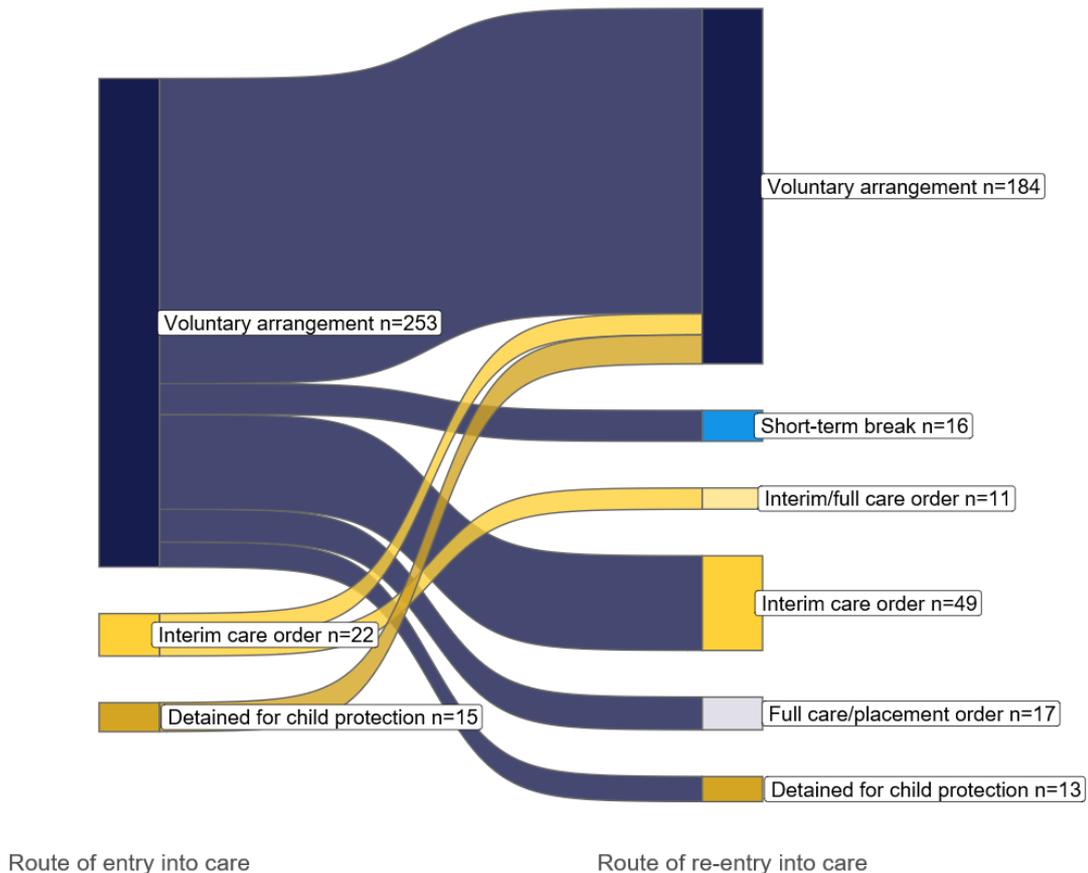
- **Just over half of infants who initially entered care under voluntary arrangements and later became the subject of compulsory action were still in care at two-year follow-up; 46% of these children were living in foster care.**
- **Conversely, just under half of infants who initially entered care under voluntary arrangements and later became the subject of compulsory action, had left care at two-year follow-up, with the majority leaving care because they were adopted.**
- **Of those who entered care under voluntary arrangements and did not become the subject of compulsory action, only 6% were still in care at two-year follow-up with the majority of these infants living in foster care.**
- **Conversely, 94% of those who entered care under voluntary arrangements and did not become the subject of compulsory action, had left care at two-year follow-up, with the majority of these infants (74%) returning home to their parents.**

How many children left care and returned within two years of entry?

Of the 3,320 children who had left care within the two-year follow-up period, a **small number 308 (9%)** had returned to care within the same window. A Sankey diagram (Figure 31) depicts the routes by which the infants who returned to care had initially entered care, and the routes by which they re-entered the care system. As can be seen, **most children who left and returned to care within two years of entering had initially entered care under voluntary arrangements, and returned to care under voluntary arrangements.** A small proportion of infants who initially entered care under an interim care order, police protection or an

emergency protection order, left and returned to care under voluntary arrangements. A small proportion of infants who initially entered care under an interim care order left and returned under an interim or full care order. While, some children who initially entered care under voluntary arrangements, left and returned to care under full or interim care orders, an EPO or police protection.²¹

Figure 31: Sankey diagram of the routes by which children who returned to care entered care for the first time, and on re-entry



To summarise:

- **Although only 9% of infants who left care within the two-year follow up window returned to care within the same window, findings do indicate some considerable instability for a minority of Welsh infants.**
- **The largest proportion of infants experiencing instability both entered care and returned to care on a voluntary basis.**

²¹ Some flows are not shown due to small numbers and statistical disclosure control (police protection/EPO→police protection/EPO; police protection/EPO→ short-term break; police protection/EPO→ interim care order; interim care order→ police protection/EPO).

- **Further follow-up and analysis of this small, but vulnerable population of babies will be important, to shed light on their longer-term pathways and permanency outcomes and the interventions and support provided by children’s social care services.**

Discussion

This is the first ever analysis of infant entry to care in Wales, which has examined voluntary and compulsory routes to care, as well as outcomes. Use of the Children Looked After data, further curated for research analysis, has resulted in important new insights for policy makers and practitioners.

Pathways and Outcomes

One important observation is that infants aged less than 12 months of age enter care in Wales via both voluntary and compulsory routes. Overall, the majority (54%) initially enter via voluntary arrangements, although there is considerable variation in practice across local authorities and DFJ areas. There is no straightforward association between route of entry into care and reason for entry (based on need code), although slightly more infants subject to care proceedings at first entry to care enter because of abuse and neglect, compared with infants entering care under voluntary arrangements. It does appear however, that local authorities with the highest volume of infant cases make greater use of voluntary arrangements with parents, and these local authorities are also the most deprived. One potential explanation for this is that parents in deprived areas may find it more difficult to access legal advice, and therefore feel obliged to agree to voluntary arrangements. In addition, the high use of voluntary arrangements in deprived areas may be one way of managing high volumes of cases. These hypotheses could be explored by conducting qualitative research with parents and practitioners. Over time, the *general* trend across local authorities is towards greater use of care proceedings, and a reduction in the use of voluntary arrangements. Again, however, this trend is not seen across all local authorities.

This study, based on the total population of infants entering care in Wales over an 18-year period, is the first in the UK to examine both entry to care and *change of legal status* beyond initial entry to care. The findings shared in this report indicate the importance of looking beyond initial entry, given that a sizeable proportion of infants changed legal status very shortly after initial entry. By examining entry and change of status, it is possible to categorise **pathways for infants entering care**

under voluntary arrangements or an interim care order (5,077 infants)²², as follows:

1. An infant who enters care with the voluntary agreement of parents, and remains subject to voluntary accommodation as a family support service (22%)
2. An infant who enters care with the voluntary agreement of parents, but then becomes subject to care proceedings, typically within around 4 weeks (39%)
3. An infant who enters care via care proceedings and is placed in out of home care (33%)
4. An infant who enters care via care proceedings but is placed with parents (6%)

Our analysis has also included identification and reporting of outcomes two years following first entry to care. Overall, we found that a surprisingly high proportion (40%) of children were still in care at two-year follow-up. Outcomes are best considered in relation to each of the 4 categories above.

Starting with **Category 1**, these infants 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. This category represented **20% of all infants entering care** between 2003/4 and 2018/19. At two-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 infants.

Turning to **Category 2**, 35% of all infants entering care between 2003/4 and 2018/19 entered care under voluntary arrangements and then became subject to care proceedings within two years. **Almost two thirds (63%) of infants 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 and a half weeks, this suggests that for these infants, 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 does indicate 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.

²² As noted in the methods section, follow-up analysis was limited to those infants entering care under an interim care order, voluntary arrangements, police protection or an emergency care order (5,526 infants), however due to small numbers and statistical disclosure controls, we were unable to report the initial placement types of those entering care under police protection or an emergency protection order.

Turning to **Category 3**, the majority of infants who enter care via care proceedings are initially placed in out-of home care. At two-year follow-up, only around a third of these infants had returned home to parents or kin or were placed at home, and 42% had either been adopted or were placed for adoption. Overall, infants 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.

Finally, is **Category 4**. The issue of whether infants 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 infants who first entered care under an ICO were initially placed with their parents. At two-year follow-up, of those who had entered care via an ICO and who were still in care, a third (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 infants and verify this hypothesis.

In summary, infants 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 family compared with infants 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.

As noted in the Introduction, there has been continued debate regarding the use of so-called ‘voluntary’ arrangements in children’s social care. There is, for example, a recent Irish study in which the use and dilemmas of voluntary placements are well highlighted (O’Mahony, Brennan & Burns, 2020; Brennan, O’Mahony & Burns, 2021), and a Finnish study in which the very notion of ‘voluntariness’ in a placement decision is far from being self-evident (Enroos, Korpinen & Pösö, 2020; Enroos et al. 2022). The Public Law Working Group (2021) concluded with some firm recommendations regarding the use of voluntary and compulsory routes to care for infants. However, they were unable at the time to draw on significant empirical evidence. The new evidence in this report for Wales, prompts further reflection on the debate between the respective merits and appropriateness of compulsory and voluntary routes to care.

What is clear however, and warrants further analysis, is the variation between local authorities. 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. The more consistent patterns around the use of ICOs compared to the varied use of voluntary arrangements, suggests that the input of the Courts may be an important component in encouraging more consistent practice.

In 2022, Broadhurst et al. suggested that the detrimental impact on parental mental health resulting from the issue of care proceedings, coupled with physical separation of mother and baby, might (without intention) pre-determine the outcome of care proceedings. We also know in Wales, the rates of maternal ill health and other vulnerabilities among mothers in care proceedings are very high,

which would suggest limited resilience to care proceedings (Griffiths et al., 2020b). To shed further light on the dynamics at play, it will be necessary to complete detailed qualitative analysis of a representative sample of cases across local authorities in Wales to ascertain the relative contribution of risk factors, parental engagement, services available and taken up; and practice cultures – to further disentangle the pathways we have begun to delineate in this report.

Placement stability

Much ink has been spilled in establishing the importance of stability of caregiving for very young babies. Based on these findings, it is infants who first enter care on a voluntary basis, who record the lowest numbers of placement moves. Conversely, for infants 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, unfortunately, the very youngest babies subject to care proceedings – newborns – who record the highest rates of placement instability. As has been previously argued, of all groups of babies, it is newborns who are 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 Framework²³, 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.

Infants subject to respite arrangements

In this report we have also examined the cases of infants subject to respite arrangements. This group of infants and children are often excluded from analysis of children’s care pathways, based on a faulty assumption that respite care is somehow an enduring state. Based on the evidence in this report, many infants subject to initial respite arrangements subsequently become subject to care proceedings. This suggests that in a high proportion of cases, risks to these infants are greater than perhaps assumed.

Concluding remarks

Use of CLA data in Wales confirms earlier statements from the research team and related work, that CLA data provides a more comprehensive picture of all children subject to voluntary agreements or care proceedings at birth and early in life, than Cafcass/Cafcass Cymru data alone (Broadhurst et al., 2018; Alrouh et al., 2019; Bilson and Bywaters, 2020). By following infants, including newborns, in respect of change of legal status, placement and final outcome at 2 years, we provide a far

²³ <https://www.adoptcymru.com/welsh-early-permanence-framework>

more nuanced picture of the extent to which both voluntary agreements and care orders are being used to preserve family relationships in Wales, than was previously suggested by Bilson and Bywaters using data acquired through Freedom of Information requests. We see that both voluntary agreements and care orders at home are being used to preserve family relationships. Our four-fold categorical framework captures the different usage of voluntary and compulsory intervention and outcomes. Of course, to further add to this small but valuable body of literature, researchers would need to undertake quantitative pathway work and qualitative file review of a representative sample of files. In Wales, the latter would also shed light on variability across local authorities.

Future research

By design, the analyses in this study are descriptive and we included a wide range of measures to start to build a picture of the pathways of infants involved in the care system. Further modelling is required to understand predictors of placement outcomes and stability for infants in Wales. Future analysis could also link the CLA data to children's health and education data to examine health and education outcomes of children looked after in Wales.

This preliminary analysis has laid the groundwork for a future analysis that could track these groups of infants and enable a more fine-grained analysis of specific pathways through care for these different groups.

Another future study could focus on the proportion of infants who re-enter the care system after leaving.

As we were interested in short-term outcomes for those children entering care when they were aged less than one year of age, we limited the follow-up period to two years following each child's first entry into care. However, given the longitudinal nature of the CLA dataset, future work could focus on longer-term pathways for children entering the care system at different ages. Work is currently underway within the FJDP to examine pathways for children who enter the care system as adolescents.

As we were interested in the link between legal status on entry into care and outcomes at two-year follow-up, we did not explore the relationship between legal status at follow-up and placement types. A future study could examine the relationship between final legal orders and placement types by linking the CLA data to the Cafcass Cymru data.

In this study we focused on the use of voluntary arrangements and interim care orders, and the proportion of infants entering care under voluntary arrangements who became the subject of compulsory action. The Public Law Working Group have also raised questions regarding the proportion of infants who are subject to EPOs who subsequently appear in care proceedings. A previous FJDP study examined this using Cafcass England data, however numbers were too small for meaningful analysis of Cafcass Cymru data (Pattinson et al. 2021). Though numbers remain low, CLA data has wider coverage, thus, a potential study could

examine the likelihood of infants who are subject to an EPO or police protection order later becoming subject to a care order.

This report has uncovered considerable variation in initial entry to care for infants across Wales. It is clear that some local authorities favour voluntary arrangements with parents to secure an infant's entry to care, whereas other local authorities prefer to go to court, by issuing care proceedings. As noted above, qualitative work with local authority practitioners and family court judges may shed light on the reasons behind variation in the use of voluntary arrangements and interim care orders in different local authorities and DFJ areas.

The findings highlight an ongoing concern about the use of voluntary arrangements where a need code of 'abuse and neglect' is recorded. Local authorities are only able to choose one category of need code, where there are often multiple issues. We have been unable to provide further detail, however clerical review of cases may shed light on how these data categories are used and their application to babies. Beyond this, our study has opened up questions regarding potential data anomalies in relation to the recording of interim care orders, which we have fed back into Welsh Government.

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Appendix A: Information governance

The SAIL Databank

Administrative data collected and maintained by Welsh Government were acquired by the privacy-protecting SAIL Databank (Ford et al., 2009; Jones et al., 2017; Lyons et al., 2009). The SAIL Databank contains a wealth of anonymised health and administrative data about the population of Wales, accessible via a secure data sharing platform, all underpinned by an innovative and proportionate Information Governance model. For each dataset within the SAIL Databank, including records from the Children Looked After dataset, individuals' identities have been removed and replaced with a unique field for each person, to enable linkage of their records across datasets. SAIL anonymisation and linkage methodology is described elsewhere (Lyons et al., 2009). All data within the SAIL Gateway are treated in accordance with the Data Protection Act 2018, and SAIL complies with the principles of the General Data Protection Regulation (GDPR).

Statistical Disclosure Control

SAIL has strict statistical disclosure processes and policies to prevent potential disclosure of any individual. For this project, this includes suppressing of information in tables where the number in any individual cell is less than ten, or where geographical identifiers might disclose the identity of the individual concerned either alone or in combination with other data. Where this has been employed, it is noted within the relevant sections. For example, infants entering care under police protection, or an emergency protection order were grouped together in certain analyses, to prevent disclosure problems related to small numbers. Percentages were calculated on available counts only.

Ethical Approval

The project proposal was reviewed by the SAIL Information Governance Review Panel (IGRP) at Swansea University. This panel ensures that work complies with Information Governance principles and represents an appropriate use of data in the public interest. The IGRP includes representatives of professional and regulatory bodies, data providers and the general public. Approval for the project was granted by the IGRP under SAIL project 1046. All statistics are reported in aggregate form only.

Appendix B:

Categorisation of placement types and ethnicity

Table B.1: Categorisation of placement types

Placement type as recorded in the Children Looked After data	Placement type derived by the research team
Foster placements	
<i>Carer lives inside LA Boundary</i>	Foster placement with friends or family
Foster placement with relative or friend	
Placement with other foster carers, provided by LA	Foster placement with foster carer
Placement with other foster carer, arranged through agency	
<i>Carer lives outside LA Boundary</i>	
Foster placement with relative or friend	
Placement with other foster carers, provided by LA	
Placement with other foster carer, arranged through agency	
Placed for adoption	
<i>Placed for adoption with consent</i>	Placed for adoption
Placed for adoption with consent (under section 19 of the Adoption and Children Act 2002) with current foster carer	
Placed for adoption with consent (under section 19 of the 2002 Act) not with current foster carer	
<i>Placed for adoption with placement order</i>	
Placed for adoption with placement order (under section 21 of the 2002 Act) with current foster carer	
Placed for adoption with placement order (under section 21 of the 2002 Act) not with current foster carer	
<i>Placed with prospective adoptive parents</i>	
Placed with prospective adoptive parents (under section 81(11) of the 2014 Act and regulation 25 of the 2015 Regulations)	
Placed with own parents	

Placed with own parents or other person with parental responsibility	Placed with own parents
Placements in other residential settings	
Residential care home	Residential care home
NHS/Health Trust or other establishment providing medical or nursing care	Residential – medical
Residential family centre or mother and baby unit	Mother and baby unit
Placements in homes and hostels subject to the regulations covering children's homes / care homes for children	
Homes inside LA boundary	Placements in homes and hostels
Homes outside LA boundary	
Missing from placement	
Absent more than 24 hours from agreed placement:	Absent more than 24 hours from placement
In Refuge (Section 51 of Children Act)	
Whereabouts known (not in Refuge)	
Whereabouts unknown	
Other placements not listed above	
Other placements	Other

Table B.2. Categorisation of ethnicity

Ethnic grouping prior to 2016	Ethnic grouping and conversion 2016 onwards
White	White
White British	
White Irish	
White Other	
Mixed	Mixed ethnic group
White and Black Caribbean	
White and Black African	
White and Asian	
Mixed Background Other	
Asian or Asian British	Asian or Asian British
Indian	
Pakistani	
Bangladeshi	
Chinese	
Asian Other	
Black or Black British	Black, African, Caribbean or Black British
Caribbean	
African	
Black Background other	
Other ethnic groups	Other ethnic group
Any other ethnic group	
Unknown	Information not obtained

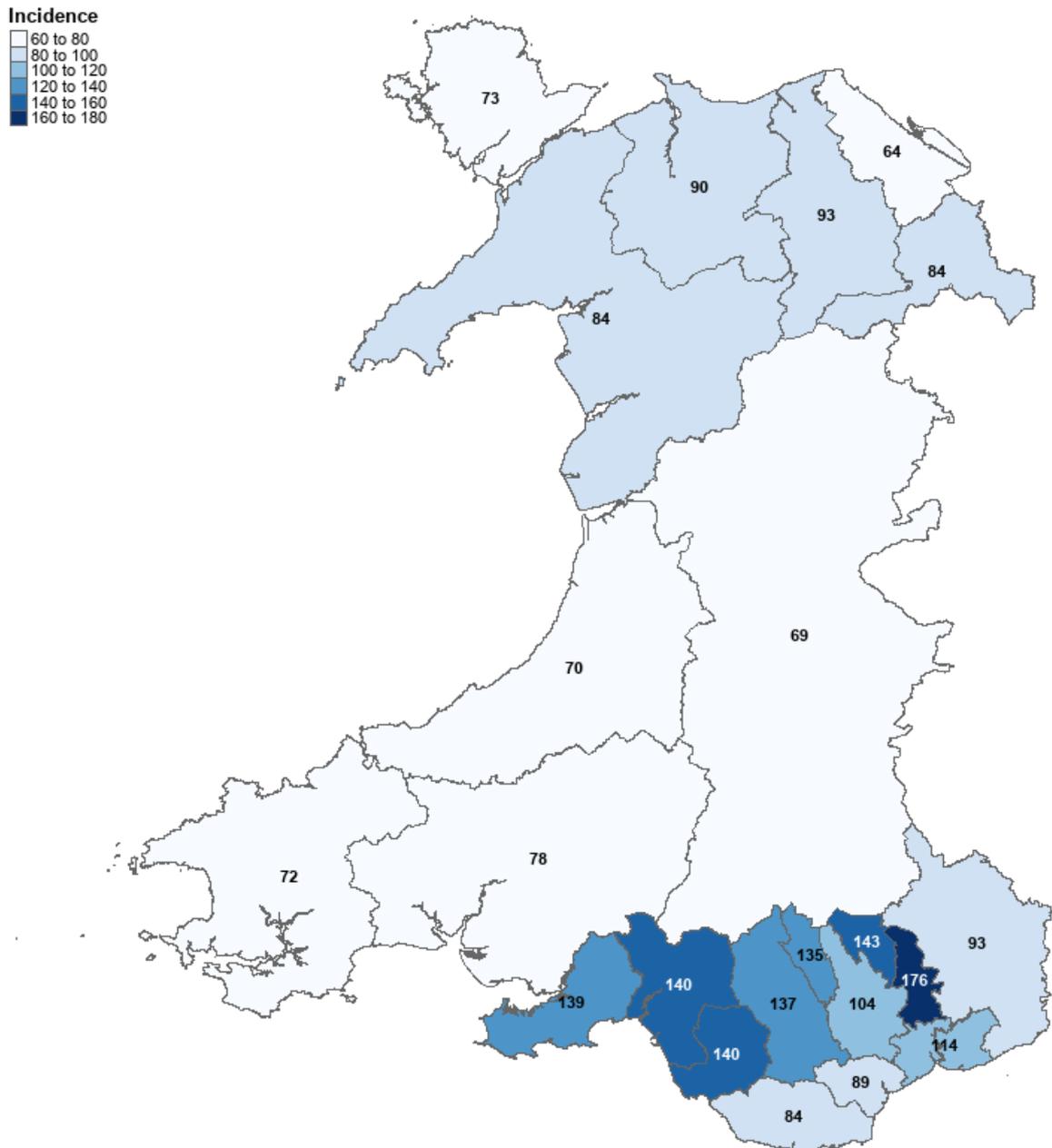
Appendix C: Incidence rates by local authority

Table C.1: Incidence rates, infants entering care (per 10,000 population), per local authority [2003/4 to 2020/21]

Local Authority	Incidence rate of infants entering care per 10,000 population (2003/4 to 2020/21)	Mid-year population estimates
Blaenau Gwent	143	13,666
Bridgend	140	27,618
Caerphilly	104	37,095
Cardiff	89	76,742
Carmarthenshire	78	33,671
Ceredigion	70	11,071
Conwy	90	19,581
Denbighshire	93	18,173
Flintshire	64	29,915
Gwynedd	84	21,941
Isle of Anglesey	73	12,932
Merthyr Tydfil	135	12,633
Monmouthshire	93	14,833
Neath Port Talbot	140	26,658
Newport	114	33,792
Pembrokeshire	72	21,743
Powys	69	21,733
Rhondda Cynon Taf	137	49,572
Swansea	139	45,162
Torfaen	176	18,502
Vale of Glamorgan	84	24,282
Wrexham	84	28,593

Appendix D: Map of incidence rates

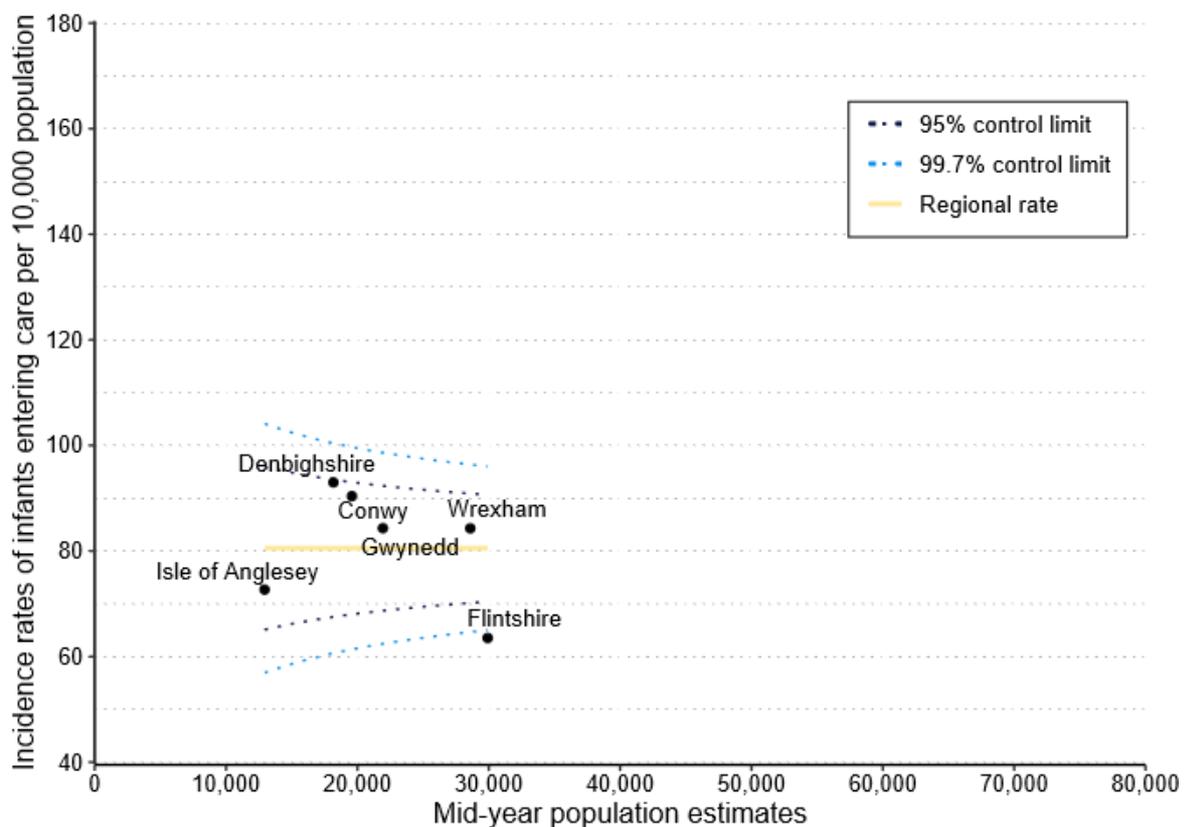
Figure D.1: Incidence rates, infants entering the care system (per 10,000 population), per local authority [2003/4 to 2020/21]



Appendix E: Incidence rates of infants entering care by Designated Family Judge areas

Figure E.1 shows that **there was little variation between the local authorities in the North Wales DFJ area**, with no outliers above the upper outer line and only one outlier (Flintshire) below the lower outer line on the funnel plot.

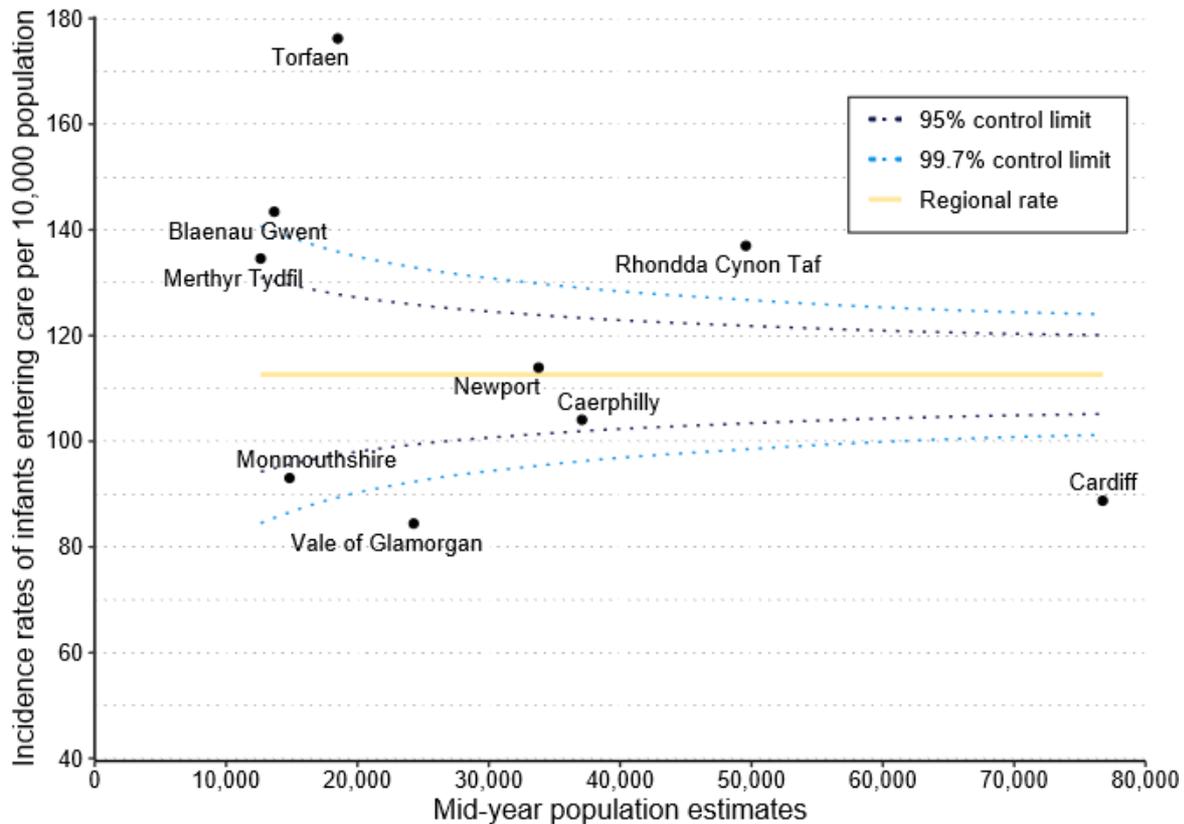
Figure E.1: Incidence rates, infants entering care (per 10,000 population), per local authority [North Wales, 2003/4 to 2020/21]



There was some variation between the incidence rates of infants entering care in the Cardiff and Southeast DFJ area, with Torfaen, Blaenau Gwent and Rhondda Cynon Taf appearing above the upper outer line, and

Cardiff and the Vale of Glamorgan appearing below the bottom outer line (Figure E.2).

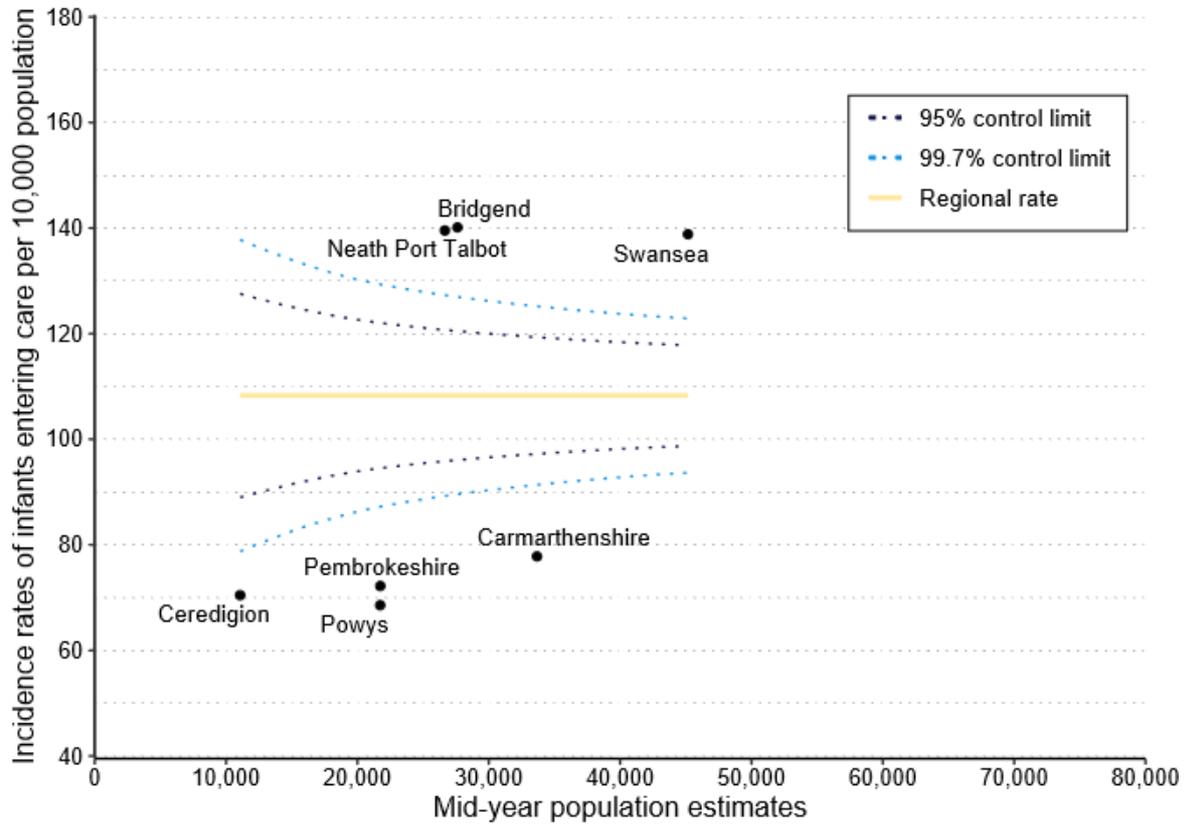
Figure E.2: Incidence rates, infants entering care (per 10,000 population), per local authority [Cardiff and SouthEast Wales, 2003/4 to 2020/21]



Finally, **there was significant variation in the incidence rates of infants entering care between the local authorities in the Swansea and Southwest DFJ area.** The regional average was 108 per 10,000 population, but as can be seen in Figure E.3, none of the seven local authorities fell within the expected boundaries of this. Bridgend, Swansea and Neath Port Talbot had higher than average incidence rates, appearing above the upper outer line on the funnel plot, whilst in contrast Carmarthenshire, Powys, Ceredigion and Pembrokeshire had lower than average incidence rates, appearing below the bottom outer line of the plot.

Although there was significant local authority variation in Swansea and South West Wales, the regional rate was similar to Cardiff and South East (around 110 infants per 10,000 population). Conversely the regional rate in North Wales was much lower, at 80 infants per 10,000 population.

Figure E.3: Incidence rates, infants entering care (per 10,000 population), per local authority [Swansea and South West Wales, 2003/4 to 2020/21]



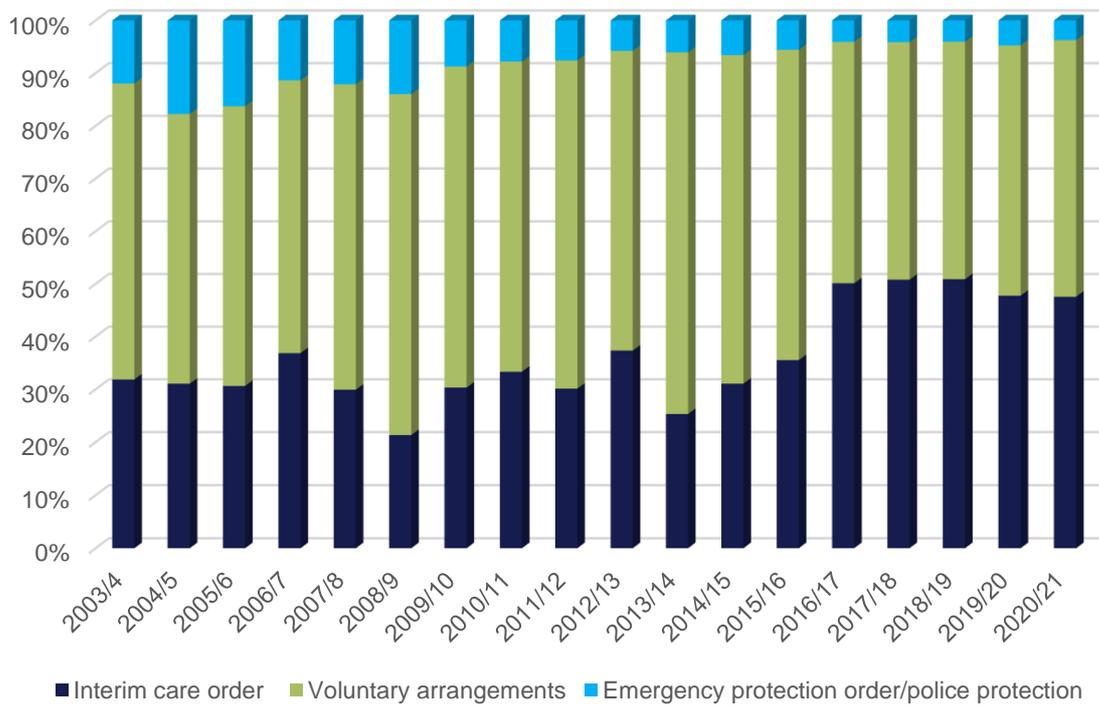
Appendix F. Proportion of infants entering care under each legal status, per year

Table F.1: Proportion of infants entering the care system under each legal status, per year [2003/4 to 2020/21]

Year	Proportion entering under an interim care order	Proportion entering under voluntary arrangements	Proportion entering under police protection or an emergency protection order
2003/4	32%	56%	12%
2004/5	31%	51%	18%
2005/6	31%	53%	16%
2006/7	37%	52%	11%
2007/8	30%	58%	12%
2008/9	21%	65%	14%
2009/10	30%	61%	9%
2010/11	33%	59%	8%
2011/12	30%	62%	8%
2012/13	37%	57%	6%
2013/14	25%	69%	6%
2014/15	31%	62%	7%
2015/16	36%	59%	6%
2016/17	50%	46%	4%
2017/18	51%	45%	4%

2018/19	51%	45%	4%
2019/20	48%	48%	5%
2020/21	48%	49%	4%

Figure F.1: Proportion of infants entering the care system under each legal status, per year [2003/4 to 2020/21]



Appendix G: Incidence rates by legal status and year

Table G.1: Incidence rates, infants entering the care system (per 10,000 population), by legal status, per year [2003/4 to 2020/21]

Year	Mid-year population estimates	Incidence rate of infants entering care under voluntary arrangements	Incidence rate of infants entering care under an interim care order	Incidence rate of infants entering care under police protection or an emergency protection order
2003/4	30,939	41	23	9
2004/5	31,789	40	24	14
2005/6	32,528	42	24	13
2006/7	33,420	39	28	9
2007/8	33,963	45	23	9
2008/9	35,602	49	16	11
2009/10	35,018	60	30	9
2010/11	35,439	62	35	8
2011/12	36,353	68	33	8
2012/13	35,555	64	42	6
2013/14	34,396	79	29	7
2014/15	33,630	73	37	8
2015/16	33,542	66	40	6
2016/17	33,345	61	67	5
2017/18	32,495	61	68	6
2018/19	31,963	63	71	6
2019/20	30,530	59	59	6
2020/21	29,401	58	56	4