



# Born into care

## Newborns in care proceedings in England

Final report, October 2018

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**Nuffield Family Justice Observatory for England & Wales**

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## **The Nuffield Family Justice Observatory**

The Nuffield Family Justice Observatory aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. It is being established by the Nuffield Foundation to meet the needs of practitioners who make pivotal decisions in the lives of children and families by:

- Working with them to identify priority issues where research evidence may help guide practice.
- Providing reliable summaries of what is, and is not, known from research or administrative data.
- Combining knowledge from research with insights from policy, practice and user experience.
- Working with practitioners, policy makers and organisations representing families and children to develop, update and test guidance and other tools based on that knowledge.

## **Development team**

The Nuffield Foundation has appointed a development team to complete the set-up of the new Observatory. The development team is working closely with stakeholders to finalise the Observatory's initial priorities and to inform its work plan. Team members are:

- Professor Karen Broadhurst, Lancaster University (Principal Investigator)
- Claire Mason, Lancaster University
- Carey Oppenheim, Nuffield Foundation
- Dr Lisa Holmes, Rees Centre
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- Dr Susannah Bowyer, Research in Practice
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## **Citation**

Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M., & Bowyer, S. (2018). Born into Care: newborn babies subject to care proceedings in England. The Nuffield Family Justice Observatory: Nuffield Foundation, London.

## Acknowledgements

The authors would like to thank Rob Street and Carey Oppenheim at the Nuffield Foundation for their valuable comments on this report and Dr Yang Hu and Dr Stuart Bedston of Lancaster University, for their expert technical advice.

In addition, we wish to thank our external reviewers: Martha Cover (Association of Lawyers for Children), Maud Davies (TV Edwards LLP), Professor Marian Brandon (University of East Anglia) and Teresa Williams (Children and Family Court Advisory and Support Service) for their comments on earlier iterations of this report. Advice from our external reviewers has been exceptionally helpful in ensuring this report is accessible to a range of stakeholders.

We would also like to thank the Children and Family Court Advisory and Support Service for safely sharing data. Without the support of this organisation, none of this work would have been possible.



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## Overview

Infants subject to care proceedings as newborns are the focus of this report. For the purposes of this report a newborn is defined as an infant aged less than seven days old. An infant is defined as a child aged less than one year old.

The study used population-level data (2007/08 to 2016/17) held by the Children and Family Court Advisory and Support Service (Cafcass) to provide the first estimate of the proportion of care proceedings for infants in England that are issued for newborns.

New evidence is also presented about the frequency of newborn cases, case characteristics and legal order outcomes. Changes in the frequency and pattern of legal orders over time and regional differences are reported.

Although frontline practitioners will be familiar with cases of infants subject to care proceedings, there are no published studies which specifically focus on newborns in the family justice system in England, based on population-level data.

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## Introduction

Infants subject to care proceedings as newborns<sup>1</sup> are the focus of this report. New evidence is presented about the frequency of these cases, case characteristics and legal outcomes. In addition, changes in the frequency and pattern of legal orders over time and regional differences are reported. The study draws on national population-level data held by the Children and Family Court Advisory and Support Service (Cafcass).

Although frontline practitioners will be familiar with cases of infants subject to care proceedings, there are no published studies which specifically focus on newborns in the family justice system in England, based on population-level data. National data published by government departments does not make specific reference to newborns, rather all infants are grouped together as a single category – “under 1 year”<sup>2</sup>.

When a decision is taken to remove an infant from his or her mother within hours or days of the infant’s birth, this presents particular challenges for professionals and is highly distressing for birth mothers, birth fathers and wider family networks. It is therefore important to establish the proportion of cases that are issued at birth and begin to build an empirical evidence base about this particular population of infants in the family justice system.

The objectives of this report are to:

- a. provide the first estimate and profile of **newborns** in care proceedings in England **using national population-level data**
- b. provide a critical discussion of the findings **for further consideration and development by family justice stakeholders.**

As we write there is considerable concern about the volume of care proceedings cases coming before the family courts in England and Wales, captured in a recent sector-led national analysis (Care Crisis Review, 2018). The primary objective of this report is to ascertain the *timing of intervention* in the lives of infants and to *differentiate the infant population*, rather than care demand itself. However, as infants constitute a high proportion

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<sup>1</sup> Newborns are defined as infants who are less than 7 days old (i.e. when an infant reaches 7 days it is included in the category 1-3 weeks etc.).

<sup>2</sup> For example, “Children looked after in England (including adoption)” year ending 31 March 2017. London: Department for Education.

of cases of care proceedings that come before the courts, the findings of this report are of relevance to national concerns. There were 173,002 children in care proceedings between 2007/08 and 2016/17 in England, of those 47,172 (27%) were infants. For readers wishing to understand the contribution that infants make to care demand compared to other age bands of children, we have included an additional Appendix to this report ([Appendix 1](#)). From [Appendix 1](#), readers will note the considerable and consistent demand that infant cases place on the family justice system. Although the greatest proportional *increases* in care demand are seen for older children, it is infants aged less than one year old who are most likely to appear before the courts and this trend is consistent over time.

This report is produced by the development team currently working to establish the Nuffield Family Justice Observatory<sup>3</sup>. Following the launch of the new Observatory in spring 2019, a broader special interest project<sup>4</sup> is planned on infants in the family justice system. The special interest project will speak to national concerns that more needs to be done to understand intervention in the lives of newborns and ensure best practice across agencies when mother and infant are separated at birth. The work of this report is a first step in the design of this project. Two further short reports will follow that: a) summarise relevant case law and b) provide a rapid evidence review of the legal, ethical and practice challenges associated with removals at birth. To further shape and confirm the design of the special interest project, the findings of this report will be discussed with family justice stakeholders in England and Wales.

### Limitations

Data for this study has been provided by Cafcass and is restricted to care proceedings in England. The agency records all cases of s.31 care proceedings but does not capture the voluntary accommodation of children under s.20 of the Children Act 1989<sup>5</sup>. In order to produce a fuller picture of the number of infants separated from parents at birth on account

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<sup>3</sup> The vision for the Nuffield FJO is set out in: Broadhurst, K., Budd, T. & Williams, T. (2018). *The Nuffield Family Justice Observatory for England and Wales: Making it Happen*. ([https://www.nuffieldfoundation.org/sites/default/files/files/Nuffield\\_Family\\_Justice\\_Observatory\\_making\\_it\\_happen\\_v\\_FINAL\\_13\\_02\\_18.pdf](https://www.nuffieldfoundation.org/sites/default/files/files/Nuffield_Family_Justice_Observatory_making_it_happen_v_FINAL_13_02_18.pdf))

<sup>4</sup> The Nuffield FJO plans to fund a series of special interest projects. A first project on infants will serve as a template for further projects. More details of the scope of these projects and eligibility for funding will be made available following the launch of the new Observatory in spring 2019.

<sup>5</sup> Infants can become looked after by the State through care proceedings or through s.20 of the Children Act 1989. Under s.20 children are 'accommodated' by the State by way of parental agreement rather than court order. Although many newborn cases initially agreed under s.20 will progress to care proceedings very shortly after birth, it is likely that a focus on s.31 proceedings within 7 days of birth misses some cases.

of child protection concerns, it would be necessary to link data held by Cafcass to that held by the Department for Education (DfE)<sup>6</sup>. Studies which use administrative data are necessarily limited by the scope of available data, which is collected primarily for organisational rather than research purposes. A key strand of work within the new Nuffield Family Justice Observatory will focus on increasing access to and building capability in the use of core family justice datasets<sup>7</sup>.

## Background

Newborn babies are entirely dependent on their caregivers for their safety and wellbeing.

In cases where an infant is identified as being at risk of suffering significant harm from one or both parents, a decision may be made to issue care proceedings at birth under the Children Act 1989. The Children Act 1989 provides a framework within which a court can make an order authorising the removal of the infant from the parents<sup>8</sup>.

Issuing care proceedings at birth has been described as a severe form of intervention in family life by some judges in courts in England (e.g. *R (G) v Nottingham City Council* (2008)) and the Council of Europe (2015). In addition, published family court judgements illustrate the difficulties that all parties can face, when proceedings are issued so close to birth. A small body of qualitative research reports both maternal and professional (midwifery) concerns with late preparation and planning for removals at birth, as well as maternal distress (Hodson, 2011; Marsh 2015; Everitt et al., 2015; Broadhurst et al., 2017). In this context, it is important to use available national data to begin to answer foundational questions about the frequency and profile of these cases. Although there is a national and international literature concerning the broader category of infants (e.g. Ward et al., 2012) knowledge about newborns in the family justice system is very limited.

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<sup>6</sup> The Department for Education (DfE) holds a database on all looked after children which includes information on placement episodes and type.

<sup>7</sup> As part of the scoping study that preceded set-up of the Nuffield FJO a review of population-level datasets relevant for family justice research was completed: Jay, M.A., Woodman, J., Broadhurst, K. & Gilbert, R. (2017) *Who Cares for Children: Population data for family justice research*. Available from: <http://www.nuffieldfoundation.org/towards-family-justice-observatory>

<sup>8</sup> s.31 of the Children Act 1989 enables the court to make an order placing the child in the care of the local authority if the child is suffering or likely to suffer significant harm and the harm is attributable to the care being, or likely to be, provided by the parent being below what it would be reasonable to expect.

Not all cases of care proceedings at birth will result in permanent removal of infants from their parents' care<sup>9</sup>, but better use of available population-level data is needed to build a clear picture of the different trajectories that cases of newborns follow, beyond an initial care application. The Department for Education publishes annual data on unborn babies subject to both "Child in Need" and "Child Protection" plans. However, no data is published on these cases after birth<sup>10</sup>. This report demonstrates the value of population-level data held by Cafcass. Future research that links data held by the Department for Education, the Ministry of Justice and Cafcass would provide more detail about infant pathways, relative to the timing of intervention in an infant's life.<sup>11</sup>

National statutory practice guidance makes very limited reference to either pre-birth assessment or care proceedings at birth<sup>12</sup>. Given this absence, local areas have developed their own policies and procedures to guide practitioners. However, a recent review of local area guidance on pre-birth assessment, found guidance considerably varied in detail and quality (Lushey et al., 2018). Equally, pockets of excellent practice and innovation are insufficiently documented, despite anecdotal accounts that a range of agencies have taken steps to improve planning for care proceedings at birth<sup>13</sup>, reduce maternal distress and

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<sup>9</sup> Infants subject to an interim care order at birth may be placed with kin, or in foster care or may in fact remain with parents. At the final hearing of care proceedings, these options also apply and adoption.

<sup>10</sup> Data on unborn babies can be found in the tables that accompany the DfE publication: "Characteristics of Children in Need in England" available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/656395/SFR61-2017\\_Main\\_text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656395/SFR61-2017_Main_text.pdf).

<sup>11</sup> The Nuffield FJO will collaborate with other national initiatives including the set-up of a data share by the Ministry of Justice – see "Children in Family Justice Data Share" available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/696108/children-in-family-justice-data-share.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696108/children-in-family-justice-data-share.pdf).

<sup>12</sup> National guidance: *Working Together to Safeguard Children* (Department for Education, 2018) states only that a child protection conference can be considered for an unborn baby<sup>12</sup>. Similarly, statutory practice guidance: *Court Orders and Pre-Proceedings for Local Authorities* (DfE, 2014, p.17), includes only one short paragraph noting that the standard pre-proceedings process provides a framework for social work interventions with parents prior to the birth of an infant (DfE, p.17, 2014). Reference is also made to ensuring fairness for parents by enabling them to access free, non-means-tested legal advice.

<sup>13</sup> Both Cafcass and the NSPCC have separately developed new initiatives to improve pre-birth assessment. However, neither have progressed beyond the pilot stage, in terms of formal published evaluation. For example: Barlow, J., Ward, H. and Rayns, G. (2015) *Development and feasibility study of a pre-birth assessment model for use where there are concerns that an unborn child is likely to suffer significant harm, Report to NSPCC*, Universities of Warwick and Loughborough.

consider the needs of fathers and the extended family<sup>14</sup>. The publication of new empirical evidence helps to raise the profile of newborns in the family justice system and inform policy development. In addition, new insights can catalyse the sharing of good practice, and the best of local area guidance, which could be more evenly spread across England and further afield.

## Relevant legislation and case law

i) *The grounds for making an interim care order.*

Applications to the courts for care orders are made under s.31 of the Children Act 1989. The grounds for making an interim care order under s.38 of the Children Act 1989 are that the court must have 'reasonable grounds' to believe that the child has suffered or is at risk of suffering significant harm and that this is as a result of care provided by parents falling below a reasonable standard. In addition, the court has to take account of the welfare of the child and be satisfied that an interim care order is better than any other order, or no order at all (s.1 Children Act, 1989). This requires similar considerations as those required by Article 8 of the Human Rights Act 1998 that interference in family life is in the interests of the welfare of the child and must be proportionate. Key messages from case law<sup>15</sup> are that separation of a child from his or her parents should only be ordered by an interim care order if the child's safety 'demands immediate separation' or 'interim protection'. In addition, the importance of clear and timely planning on the part of the local authorities has been stressed in published judgements.<sup>16</sup> This is to ensure that the parents are prepared for care proceedings at birth and have had sufficient time to seek legal advice. The making of an interim care order does not automatically mean that the infant will be removed from the parents. It will mean that the local authority will share parental responsibility with the parents but in some cases the parents, or the mother, will remain together in a residential placement, specialist foster placement or with relatives, for a period of assessment.

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<sup>14</sup> For example, the agency "Birth companions" provides support to disadvantaged women during pregnancy and at the birth of a baby: <https://www.birthcompanions.org.uk/>.

<sup>15</sup> There are a number of key decisions which have provided guidance to aid interpretation of the legislation. These include *Re H (a child) (interim care order)* [2002] EWCA Civ 1932, *Re M* [2006] 1 FLR 1043, *Re K and H* [2006] EWCA Civ 1898 and *Re L-A* [2009] EWCA Civ 822.

<sup>16</sup> [Nottingham City Council v LM and others \[2016\] EWHC 11](#)

*ii) Permanent removal of the infant from the parent*

If the local authority is seeking the *permanent* removal of the baby from his or her parents the court will have been presented with evidence to support this option during the care proceedings and the parents will have had the opportunity to challenge this and make other proposals. At the final hearing, the court, as in all care cases, will need to be satisfied that there is evidence that the child has suffered or is likely to suffer significant harm as a result of parental action or inaction. The court then, as with an interim order, needs to consider what is in the interests of the welfare of the child and which order, if any, will be most appropriate (s.1 Children Act 1989) and whether the making of that order will be proportionate (Article 8, Human Rights Act 1998). This means that the full range of possible orders and placements should be considered. If a child is to be placed with relatives on a long-term basis, the courts will typically make a special guardianship order. If a child is to remain in foster care, this is usually authorised through a care order. In cases concerning infants, where the plan developed by the local authority is that the child should be adopted, it is common for a placement order to be made at the same time as the care order is made. A placement order enables the child to be placed with prospective adopters and deals with the issue of parental consent to adoption.

*iii) Timescales for completion of care proceedings*

Shorter timescales for the completion of care proceedings were introduced with the Children and Families Act 2014. Cases must now complete within 26 weeks, unless an extension is necessary to resolve the case justly. Again, case law indicates that following the removal of a baby at birth, it can be appropriate to extend proceedings beyond 26 weeks to further test parental capacity for change, rather than moving too swiftly to make a placement order<sup>17</sup>.

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<sup>17</sup> Re P (A Child) [2018] EWCA Civ 1483.

# Study objectives, ethical approval and methods

## Objectives

Focusing specifically on **cases of newborns subject to s.31 care proceedings within the first week of life**, the objectives of the study were to:

- a. quantify the volume and proportion of newborn cases and incidence rates over time
- b. describe variation in incidence rates between regions and local authorities over time
- c. identify the number of newborn cases in which an older sibling had previously been subject to care proceedings (“subsequent infants”)
- d. quantify the duration of care proceedings over time
- e. describe the pattern of legal orders made and trends over time

The reporting of this study is informed by the RECORD checklist<sup>18</sup>, which sets minimum standards for observational studies that are based on administrative data. No person-level datasets are published with this report due to the sensitivity of controlled, family court data and restrictions imposed by Cafcass. Good practice guidelines for the secondary use of administrative data as set out by the UK Statistics Authority (2014) were also an important source of reference. Reasonable assumptions have had to be made in our use of, and interpretation of, the administrative data and these are explained in relevant sections of the report.

## Ethical approval

Approval for the study was granted by Lancaster University and by Cafcass Research Governance Committee. The Cafcass Research Governance Committee considers the public interest value of the study, benefits to the agency itself as well as general standards

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<sup>18</sup> Further details of the Record statement can be found at: <http://www.record-statement.org>.

for ethical and safe use of administrative data. All statistics are reported in aggregate form only. A decision was taken to name regions but *not* local authorities in the analysis of variation, in order avoid unhelpful exposure. All members of the research team received updated training in data protection and researchers directly involved in the secondary analysis of the data all held enhanced clearance certificates from the Disclosure and Barring Service.

### **Data source**

The primary source of data was population-level (England) electronic case management data held by the Children and Family Court Advisory and Support Service (Cafcass), 2007/08 to 2016/17. Electronic data of sufficient quality for research is not available before 2007/08. For the purposes of this study we used pseudo-anonymised<sup>19</sup> data extracted from the Cafcass case management system, produced for a related study of recurrent fathers in care proceedings in England and held at Lancaster University (Brandon et al., 2017 - 2019). This pseudo-anonymised extract consisted of all s.31 public family law cases in England between 1<sup>st</sup> April 2007 and 31<sup>st</sup> March 2017, including information regarding children. Given this data was already held by the University and had been subject to pseudo-anonymisation and extensive cleaning, this option was economic and the least intrusive in terms of privacy considerations. Permission for use of this data for a different purpose was granted by Cafcass.

Population estimates and live birth data produced by the Office for National Statistics (ONS) were used to calculate incidence rates according to year and child age band (mid-year population estimates for children and annual live births).

### **Original data extraction, manipulation and storage**

For the purposes of the original study of fathers in recurrent care proceedings, adults and children in the data were de-duplicated<sup>20</sup> according to first name, last name, date of birth, gender, ethnicity, and postcode of last known address, by working within the Cafcass data

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<sup>19</sup> "Pseudo-anonymisation" of data entails replacing any personally identifiable data fields with a pseudonym or artificial identifier (i.e. a value which prevents the identification of the subject).

<sup>20</sup> Data de-duplication refers to the technique of eliminating duplicate copies of repeating data (e.g. having multiple records with different IDs for the same child).



platform. Additionally, all child ages were rounded down to the nearest week<sup>21</sup> (for those aged less than two years) and rounded down to the nearest year for all other age bands. This enabled actual dates of births, addresses and names, to be excluded from the extract. As part of the data manipulation, existing IDs were replaced with study IDs where appropriate, and dates such as case start and end date, hearing dates, and dates when orders were made were all rounded down to the nearest week, month and year. In addition, the title of the case, its court reference, and the name of the court for which the case was heard were excluded from the extract. The extract was then transferred to a secure server maintained by the research team inside the on-site, physically-secure data centre managed by IT services at Lancaster University.

Relevant case information available from this original extract included: age of child at the start of the case, local authority involved in the s31 case, Designated Family Judge (DFJ) court area in which the case was heard, final legal order for the child, year and month when the case started and ended, and case duration. Levels of missing-ness for these variables are shown in Tables 10 and 11, [Appendix 2](#).

Reduction of final legal order data was required, given the multiple combinations of legal orders that can be made for each child according to the Cafcass classification system. Final legal order was defined as the last legal order made per child, sufficient for Cafcass to close the case. Final orders are made at the final hearing of care proceedings, but equally, further orders can be made beyond the final hearing, however for the purposes of this study we have assumed that at the point of case closure, the final order is uploaded to the Cafcass system.<sup>22</sup> The research team built on earlier research to inform this rationalisation (Broadhurst et al., 2015; Harwin et al., 2017).

It is important to note that Cafcass has only recently begun to collect data about a child's actual permanency placement (e.g. with foster carers/with kin), hence we have used the legal order data as a *proxy*, rather than actual indicator of the final outcome for the child. At

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<sup>21</sup> Infants aged less than 7 days fall into the category "newborns" whether proceedings were issued one, two, three days after birth etc. Infants aged 8 days fall within the category "1-3 weeks". We are unable to provide the exact timing of proceedings because data protection requirements prohibited the extraction and storage of exact dates of birth.

<sup>22</sup> For example, to ensure care proceedings complete within 26 weeks, the court might decide to make a care order at the final hearing and then subsequently make a placement order or special guardianship order. A recent case has been subject to considerable discussion regarding this practice: *Re P-S (Children)* [2018] EWCA Civ 1407 for details. of the case. Family Law Week has also covered this case at: <http://www.familylawweek.co.uk/site.aspx?i=ed190497>.

present, this is the most reasonable assumption to make, in the absence of more detailed or linked administrative data.

Regarding adoption, we have also assumed that a child subject to a placement order will subsequently become adopted. Although it is possible for a placement order to be revoked<sup>23</sup>, given the large number of children whose cases are included in this study, we have assumed that our estimates are unlikely to be substantially changed by a small number of revocations. Again, this is the most reasonable assumption that can be made, given the current scope of Cafcass data and constraints of this study.

We have also grouped together children recording placement orders and children recording adoption orders. Cafcass records all placement orders, but adoption order data is not always available. However, a decision to group both orders together was made, because in a small number of cases we did not find a placement order on a case, only an adoption order. Children have only been counted once, whether they recorded either/both of these orders.

Table 1 below indicates how Cafcass legal orders were rationalised to a set of 5 analytic categories for the purposes of this study.

**Table 1: Legal order categories**

Analytic category (devised by research team) proxy indicator of permanency placement	Legal order (as recorded by Cafcass)
"no order"	Application refused
	Order of No Order
	Order Refused/App Dismissed
	Case by Leave Withdrawn
	Order not made
"with parents"	Supervision Order
	Family Assistance Order
"with extended family"	Residence Order
	Child Arrangements Order (live with)
	Special Guardianship Order
"with foster carers"	Care Order
"placed for adoption"	Placement Order
	Adoption Order

<sup>23</sup> Revocation means that a plan for adoption is over-turned.

## Analytical samples and timeframe

Three samples were drawn from the pseudo-anonymised extract as above. We extracted all child level records, rather than just infant records, so that we could construct [Appendix 1](#) and in addition, establish whether infants had an older sibling. Regarding the rationale for each specific sample, this is explained in the respective sections below. The overall rationale for sampling has been to **retain as many usable records as possible** to answer the respective queries. We have encountered some constraints given the data was drawn from a data extract constructed for a related project.

**Sample 1** comprised all child level records related to cases of s.31 care proceedings *issued* between 1st April 2007 to 31<sup>st</sup> March 2017 (fiscal years). This sample was used to quantify frequencies and calculate incidence rates for all children subject to care applications over time and establish proportions of “subsequent infants”.

*Rationale for sampling frame:* This provided a 10-year retrospective observational window (2007/08 to 2016/17) comprising all children entering s.31 proceedings within each fiscal year (n= 173,002 child cases; of which 47,172 were infants including 16,849 newborns).

**Sample 2** comprised all child level records (children subject to s.31 proceedings within 1 week of birth) related to cases issued between 1<sup>st</sup> January 2008 and 31<sup>st</sup> December 2016 (calendar years; 9-year retrospective observational window). This sample was used to calculate incidence rates for children subject to care applications in England over time and to examine regional and local authority variation (n= 15,450 child cases).

*Rationale for sampling frame:* The ONS only provide data on live births per calendar year. Therefore, in order to calculate incidence rates for newborns, we extracted case records from Cafcass according to calendar year. This means that the most recent calendar year is 1<sup>st</sup> of Jan to 31<sup>st</sup> December 2016.

**Sample 3**, consisted of all child level records related to cases of s.31 care proceedings which completed between 1<sup>st</sup> April 2010 and 31<sup>st</sup> March 2017. This sample was used for calculating case durations and categories of legal order outcomes.

*Rationale for sampling frame:* Cases must be complete to capture case outcomes. Earlier legal order data (before 2010/11) was excluded due to higher levels of missing data (see [Appendix 2](#), Table 11). Hence, for legal orders, the length of our observational window was 7 years, comprising all infants completing s.31 proceedings within each fiscal year (n= 136,652 child cases).

## Variables and further data manipulation

The list of variables and levels of missing data for the study are detailed in Tables 10 and 11 in [Appendix 2](#). In brief, missing data is reported for all variables related to the child, case, local authority, legal orders and case durations. As above, sampling frames have been adjusted to ensure levels of missing data were negligible for all variables and records included in each of the three samples.

For analytic purposes, we created finer infant age bands, to enable us to identify more precisely the timing of care proceedings within the first year of an infant's life (newborns<sup>24</sup>; 1-3 weeks; 4 to 12 weeks; 13 to 25 weeks; 26 to 38 weeks; 39 to 52 weeks). An infant was defined as a child aged less than 1 year. ONS live births rates were used for the regional analysis of incidence rates (newborns)<sup>25</sup>, whilst ONS mid-year populations estimates were used for the rates per child age band.<sup>26</sup>

To differentiate infants according to whether they were “subsequent infants” – i.e. an older sibling has already appeared before the courts in s.31 proceedings, we linked all children to their mothers. We then established whether the mother had appeared in an earlier set of proceedings with an older child. Again, we built on previous research to inform data restructuring (Broadhurst et al., 2017).

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<sup>24</sup> For the purposes of this study, a newborn is defined as aged less than 7 days. It is important to note that in a small number of cases Cafcass creates an administrative record prior to an infant's birth – however, care proceedings cannot be started until after an infant's birth. Therefore, we have also included all records within 2 weeks prior to an infant's birth in the category “under 1 week”.

<sup>25</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths>

<sup>26</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

## Analytical process

Given the descriptive objectives of this study, data analysis comprised the calculation of frequencies, proportions and incidence rates<sup>27</sup>. Establishing frequencies and proportions was important to establish the extent to which local authorities issue proceedings at birth. However, incidence rates provide a clearer picture of *the likelihood* of different age bands of infants in the general population, becoming subjects of care proceedings.

The same measures were used to probe variation between local authorities and regions regarding cases of newborns. Funnel plots were used to both assess and present variation. Funnel plots are a form of scatter plot in which observed rates are plotted against area population. The advantage of the funnel plot is that by overlaying control limits on the scatter plot, it is possible to differentiate local authorities and regions that fall within an *expected range*, from those that are *outliers* regarding the rates of s.31 proceedings for newborns.

Regarding “subsequent infants”, as defined above, it was important to calculate the *proportion* of newborns who fell into this category compared to the proportion for other age bands of infants. Again, given the findings from earlier research, we anticipated a high proportion of “subsequent infants” would be newborns (Broadhurst et al., 2015; 2017). We also used descriptive statistics to capture the frequency of legal order outcomes against the categories defined above, for all age bands of infants and to calculate case durations.

**Validation.** There are no published national statistics based on the finer infant sub-populations in care proceedings in England. In addition, data produced by the DfE regarding infants entering care includes children subject to s.20 as well as children entering under public law orders. However, the project builds on our own published work on care and recurrent care proceedings (Broadhurst et al., 2015; 2017). The report has also been subject to peer review by recognised expert academic, policy and practice colleagues, including Cafcass.

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<sup>27</sup> A frequency is the number of times a particular value for a variable has been observed to occur. A proportion describes the share of one value for a variable in relation to a whole. The incidence rate is a measure of the frequency with which an event occurs in in any given timeframe, in the general population (of babies/children).

## Findings

### Newborns subject to care proceedings in England: volume and changes over time (2007/08 to 2016/17)

Infants aged less than 1 year constituted 27% of all children in care proceedings 2007/08 to 2016/17. (see [Appendix 1](#) for a table of all children in care proceedings).

In 2007/08, **1,039** newborns were subject to care proceedings within 1 week of birth (Table 2 below). By 2016/17, this number had more than doubled at **2,447**. This is a percentage increase of 136%. Between 2007/08 and 2016/17, a total of **16,849 newborns** were subject to care proceedings.

Regarding the *proportion* of infants who were subject to proceedings as newborns, in 2007/08 **32%** (n=1,039) of all infants coming before the courts in s.31 proceedings, did so as newborns. By 2017/18, this proportion had risen to **42%** (n= 2,447). Reading across all infant age bands presented in Table 2 below, by far the largest proportion of infants fell into the category “newborns”.

If the categories “newborns” and “1-3 weeks” are combined, proceedings were being issued in less than 4 weeks from birth for **at least 50%** of all infants in the sample.

**Table 2: Infants (under 1 year) subject to s.31 proceedings by infant age band at the issue of proceedings, per year [2007/08 to 2016/17]**

Year Infant's age	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	Total
Newborns	1,039 [32%]	1,082 [32%]	1,290 [30%]	1,430 [33%]	1,789 [36%]	2,142 [39%]	1,966 [39%]	1,749 [34%]	1,915 [36%]	2,447 [42%]	16,849 [36%]
1 to 3 weeks	567 [17%]	554 [16%]	708 [17%]	685 [16%]	797 [16%]	814 [15%]	793 [16%]	745 [15%]	849 [16%]	789 [14%]	7,301 [15%]
4 to 12 weeks	541 [17%]	555 [16%]	693 [16%]	718 [16%]	893 [18%]	854 [16%]	744 [15%]	822 [16%]	872 [16%]	830 [14%]	7,522 [16%]
13 to 25 weeks	459 [14%]	522 [15%]	677 [16%]	665 [15%]	691 [14%]	723 [13%]	659 [13%]	726 [14%]	717 [13%]	763 [13%]	6,602 [14%]
26 to 38 weeks	378 [12%]	368 [11%]	477 [11%]	453 [10%]	463 [9%]	532 [10%]	471 [9%]	534 [11%]	563 [10%]	541 [9%]	4,780 [10%]
39 to 52 weeks	275 [8%]	313 [9%]	414 [10%]	414 [9%]	400 [8%]	410 [7%]	444 [9%]	509 [10%]	473 [9%]	466 [8%]	4,118 [9%]
Total	3,259 [100%]	3,394 [100%]	4,259 [100%]	4,365 [100%]	5,033 [100%]	5,475 [100%]	5,077 [100%]	5,085 [100%]	5,389 [100%]	5,836 [100%]	47,172 [100%]

Note: Age of infant has been calculated at the issue of the s.31 proceedings and rounded down to the nearest week. In some cases (see footnote 14 above) an administrative record is produced by Cafcass prior to birth because the agency has been notified that a set of proceedings is forthcoming, these records have been included in the category “newborns” where the date falls within 2 weeks of birth.

Table 3 below demonstrates the year on year change in the volume of cases, according to infant age bands. Table 3 shows that the greatest average year on year change is for infants who are newborns, although an increase is evident across all infant age bands. The rate for newborns is 11% compared to a range of 4% to 7% for all other infant age bands.

**Table 3: Year-on-year change in the number of infants (under 1 year) subject to s.31 proceedings by infant age band at the issue of proceedings, per year [2007/08 to 2016/17]**

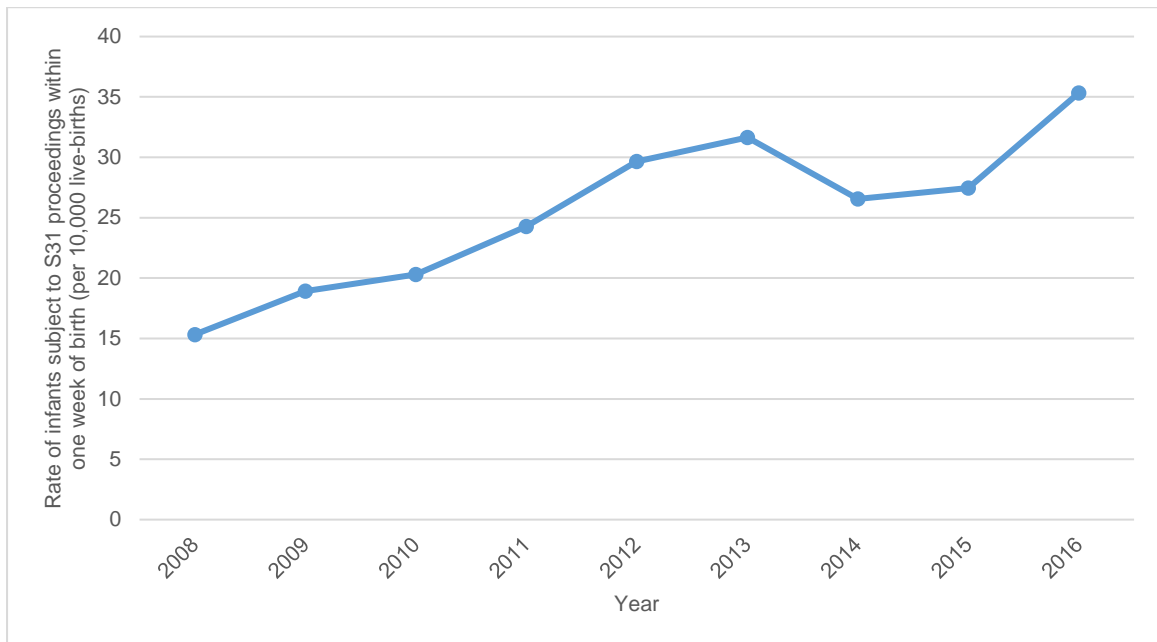
Year Infant's age	2007/08 to 2008/09	2008/09 to 2009/10	2009/10 to 2010/11	2010/11 to 2011/12	2011/12 to 2012/13	2012/13 to 2013/14	2013/14 to 2014/15	2014/15 to 2015/16	2015/16 to 2016/17	Average year-on- year change
Newborns	4%	19%	11%	25%	20%	-8%	-11%	9%	28%	11%
1 to 3 weeks	-2%	28%	-3%	16%	2%	-3%	-6%	14%	-7%	4%
4 to 12 weeks	3%	25%	4%	24%	-4%	-13%	10%	6%	-5%	6%
13 to 25 weeks	14%	30%	-2%	4%	5%	-9%	10%	-1%	6%	6%
26 to 38 weeks	-3%	30%	-5%	2%	15%	-11%	13%	5%	-4%	5%
39 to 52 weeks	14%	32%	0%	-3%	3%	8%	15%	-7%	-1%	7%
Total	4%	25%	2%	15%	9%	-7%	0%	6%	8%	7%

Note: where the value is given as a minus, this indicates a reduction in a given year compared to the previous year.

Regarding the incidence rate, again the trend is upwards. Figure 1 below, visualises this trend. All rates are expressed as the number of cases of newborn care proceedings per 10,000 live births in the general population. In 2007/08, for every 10,000 live births, **15** babies became subjects of care proceedings as newborns. However, by 2016/17, this rate had more than doubled, at **35 newborns per 10,000 live births**. This means that over time, newborns in the general population have become more likely to appear in care proceedings within the first week of birth.

Between 2007/08 and 2016/17 there is no indication of the rate falling back to that recorded at the start of our observational window.

**Figure 1: Incidence rate, s.31 proceedings for newborns (per 10,000 live births), per year [2008 to 2016]**



**Note:** Based on (a) the number of infants subject to s.31 proceedings within one week of birth per calendar year (2008 to 2016) and (b) the number of live births in England in each calendar year (2008 to 2016).

**Source:** (ONS live births): <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths>

**To summarise:**

- **Cases of newborns in the family justice system comprised a substantial proportion of all care proceedings issued for infants.**
- **Over time, a greater proportion of care proceeding concerning infants were issued for newborns.**
- **The likelihood of newborns in the general population becoming subject to care proceedings has also increased over time; the incidence rate has more than doubled.**



## Newborns in care proceedings in England: regional variation (2008 to 2016)

For infants subject to care proceedings as newborns, variation was probed by calculating incidence rates per local authority and by grouping local authorities according to ONS regions as described above. Incidence rates rather than frequencies were calculated, as meaningful comparison could only be made by adjusting for population size.

Marked differences in incidence rates for newborns across regions and over time were found (see Table 4 below). Whether we consider differences based on the overall rate (2008 to 2016) or within a single year, marked differences are evident.

Based on an overall rate (2008-2016), the **North West** and **Yorkshire and Humber** recorded the highest incidence rates, both recording rates above 30 cases of care proceedings concerning newborns, per 10,000 live births in the general population. In contrast, London and the South East recorded the lowest overall rates at 18 per 10,000 and 20 per 10,000, respectively.

It is also important to note that when we probed incidence rates at the level of the region, the upward trend reported above was also evident. However, this upward trend includes incidence rates as high as **50 newborn cases per 10,000 live births** in the general population (The North West, year 2016) exceeding the national incidence rate of 35 per 10,000.

**Table 4: s.31 proceedings issued for newborns, expressed as a rate per 10,000 live births, per region and per year [2008 to 2016].**

Region \ Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	Overall rate (2008 to 2016)
North East	14	17	19	24	29	28	25	29	48	26
North West	16	21	22	30	32	41	38	42	50	32
Yorkshire and The Humber	28	31	35	43	44	44	40	40	46	39
East Midlands	16	18	23	24	36	35	32	31	39	28
West Midlands	16	20	24	25	35	41	31	32	40	29
East of England	13	15	18	21	27	28	23	27	31	23
London	14	17	15	20	22	24	16	15	23	18
South East	11	16	16	18	26	23	19	21	26	20
South West	12	16	17	21	24	28	26	24	35	22
Total	15	19	20	24	30	32	27	27	35	25

**Note:** Based on (a) the number of infants subject to s.31 proceedings within one week of birth, per region and per calendar year (2008 to 2016) and (b) the regional total number of live births in England in each calendar year (2008 to 2016).

Overall rate has been calculated taking into account the total number of live births across the 9 year window (2008 to 2016).

**Source:** (ONS live births): <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths>

Although all regions demonstrate an increase in incidence rates over time, the size of increase was again, different between regions (Table 5 below). The North East, North West and South West evidenced proportionally greater increases than other regions (Table 5 below). The lowest increases were recorded by Yorkshire and Humber and London – Yorkshire and Humber consistently recorded high rates of newborn cases, whereas London recorded consistently low rates of newborn cases. In addition, from Table 5 below, *fluctuations* in percentage change are noteworthy. It is difficult to explain an increase of 68% for the North East between 2015 and 2016 given previous fluctuations for this region across the observational window (-3% to 29%). Between 2013 and 2014, all regions demonstrated a reduction in newborn cases which warrants further analysis. The uneven fluctuation displayed in Table 5 suggests an interaction of factors, rather than any single causal factor.

**Table 5: Year-on-year change in the rate of s.31 proceedings issued for newborns, per region and per year [2008 to 2016].**

Region \ Year	2008 to 2009	2009 to 2010	2010 to 2011	2011 to 2012	2012 to 2013	2013 to 2014	2014 to 2015	2015 to 2016	Average year-on-year change
North East	26%	10%	29%	20%	-3%	-12%	14%	68%	19%
North West	28%	4%	37%	7%	28%	-6%	10%	20%	16%
Yorkshire and The Humber	11%	12%	24%	2%	0%	-8%	0%	14%	7%
East Midlands	16%	28%	4%	51%	-4%	-8%	-3%	26%	14%
West Midlands	26%	18%	4%	41%	17%	-26%	4%	24%	14%
East of England	20%	18%	15%	30%	2%	-16%	15%	17%	13%
London	19%	-10%	31%	12%	10%	-33%	-8%	55%	10%
South East	47%	3%	9%	47%	-11%	-19%	9%	26%	14%
South West	37%	4%	23%	17%	13%	-6%	-7%	45%	16%
Total	24%	8%	20%	22%	7%	-16%	3%	29%	12%

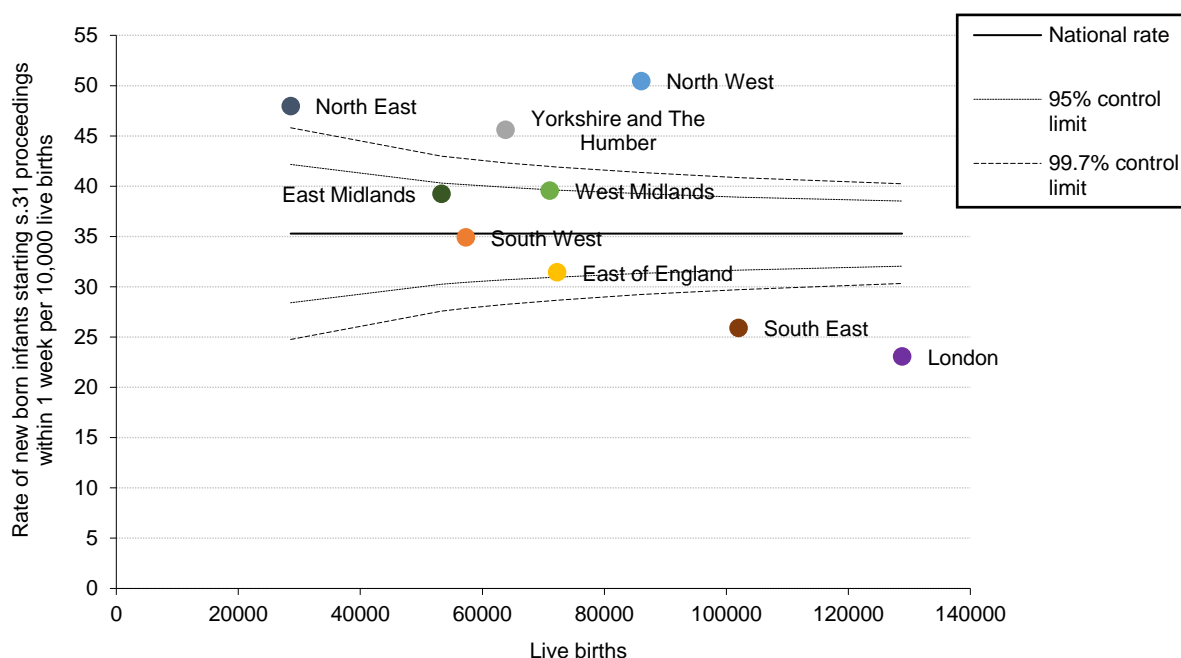
**To summarise (2008 to 2016)**

- There were marked differences between regions regarding rates of care proceedings issued for newborns.
- All regions demonstrated an increase in incidence rates over time. However, the greatest proportional increases were in the North East, North West and South West.
- There is also unexplained fluctuation in the percentage changes for all regions.

## Newborns in care proceedings in England: Variation within regions (2016)

Using a funnel plot to examine regional variation (Figure 2 below) and focusing on the most recent data we hold in the dataset (2016)<sup>28</sup>, Yorkshire and Humber and the North West and the North East were *outliers* in this year, because they recorded rates of care proceedings for newborns that were higher than we would expect. Whereas, the South East and London evidenced lower rates. All other regions fell in line with the national average.

**Figure 2: s.31 proceedings issued for newborns. Rates per 10,000 live births, per region and per year [2016]**

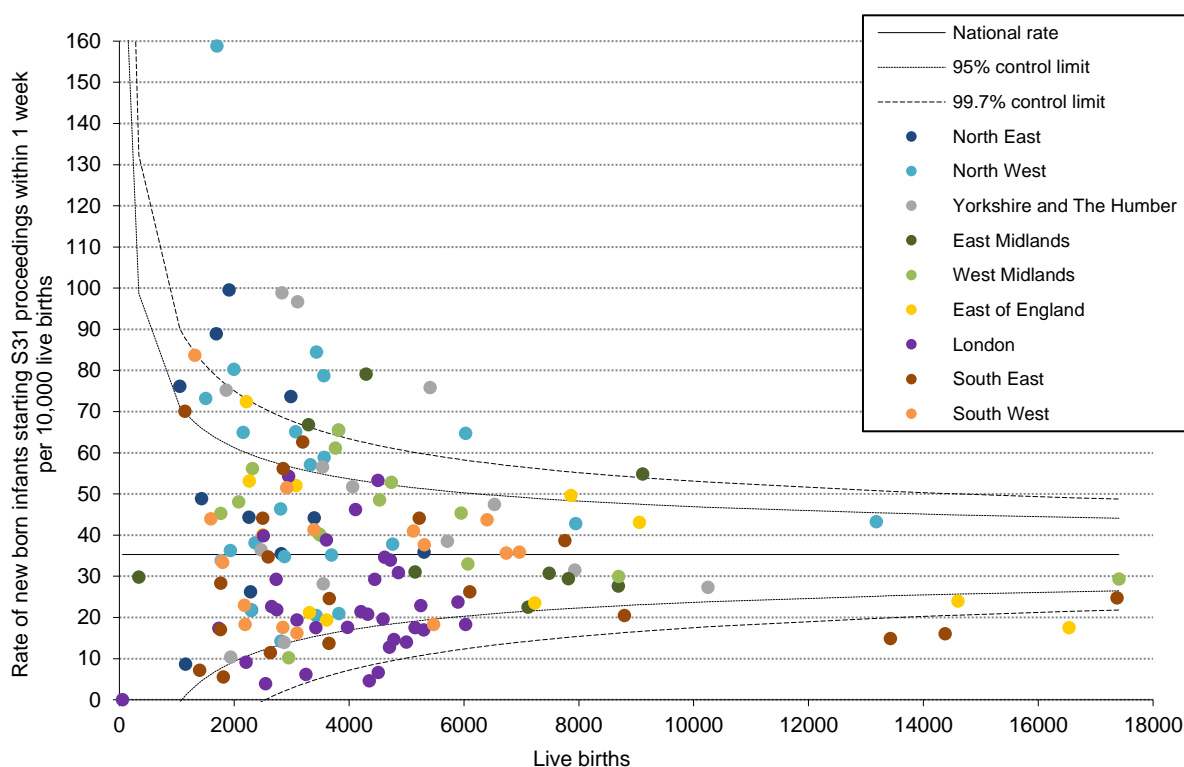


**Note:** The funnel plot visualises incidence rates per region against an average for the year 2016. Each coloured point is a different region of England. Regions with smaller numbers of live births fall to the left of the diagram and the regions with higher numbers to the right. The straight horizontal line represents the national average and we would expect most regions to fall close to line. The dotted or broken lines represent 'control limits' as described above – we would expect 95% of the regions to fall within the inner boundaries and 99.7% within the outer boundaries of the funnel. If regions fall outside the lines, then variation is greater than expected and indicates that these regions depart significantly from the national average.

<sup>28</sup> A more comprehensive analysis of local authority variation is beyond the scope of this report as we would need to take into account local authority boundary changes. Therefore, a decision was taken to focus on the most recent year in our data. This was also considered to be of most interest to stakeholders.

Figure 3 below, visualises the same data at **the level of the local authority**, for the most recent calendar year 2016. This figure provides a more detailed picture of variation revealing the extent to which some local authorities in the North West, Yorkshire and Humber, the North East, but also in the East and West Midlands deviated from an expected average.

**Figure 3: s.31 proceedings issued for newborns [2016]. Rates per 10,000 live births, per local authority, year [2016]**



**Note:** Each coloured dot corresponds to a single local authority. The same colour codes are used as in Figure 2 and correspond to the 9 regions of England. The average rate and control limits have been calculated using the rates of all the local authorities in England.

In this diagram, 16 local authorities (6 in the North West; 3 in Yorkshire and Humber; 3 in the North East, 3 in East Midlands and 1 in West Midlands) diverged significantly from the national average based on 2016 data, appearing above the upper outer line on the funnel plot. Compared to the average rate for England, which is 35 newborns per 10,000 live births, the rates for these 16 local authorities was significantly higher (the rate range for the outliers is **55 newborns per 10,000 live births to 159 per 10,000**).

In contrast, in the same year, there were 5 local authorities (2 in London; 2 in the South East and 1 in East of England) with lower than average incidence rates, falling below the outer line at the bottom of the diagram. The rate range for these outlier local authorities was **5 newborns per 10,000 live births to 18 per 10,000**, year ending 2016.

However, when we consider local authorities within their respective regions, most local authorities fell within expected boundaries **of their regional average**. This point is depicted through a series of funnel plots in [Appendix 3](#).

Variance against *within* region averages, as well as variance against *an overall* regional average for England, both require further analysis.

**To summarise, using data for the calendar year 2016:**

- **A minority of local authorities departed significantly from the national average of 35 newborns per 10,000 live births. The range in rates for the outliers (local authorities significantly above the expected average) in 2016 was 55 newborns per 10,000 live births in the general population to 159, per 10,000.**
- **Although the majority of local authorities fall within the expected average for their regions, a minority significantly departed. Further analysis is needed in order to better understand the reasons for this variation.**

## **Newborns in care proceedings in England: case characteristics and outcomes**

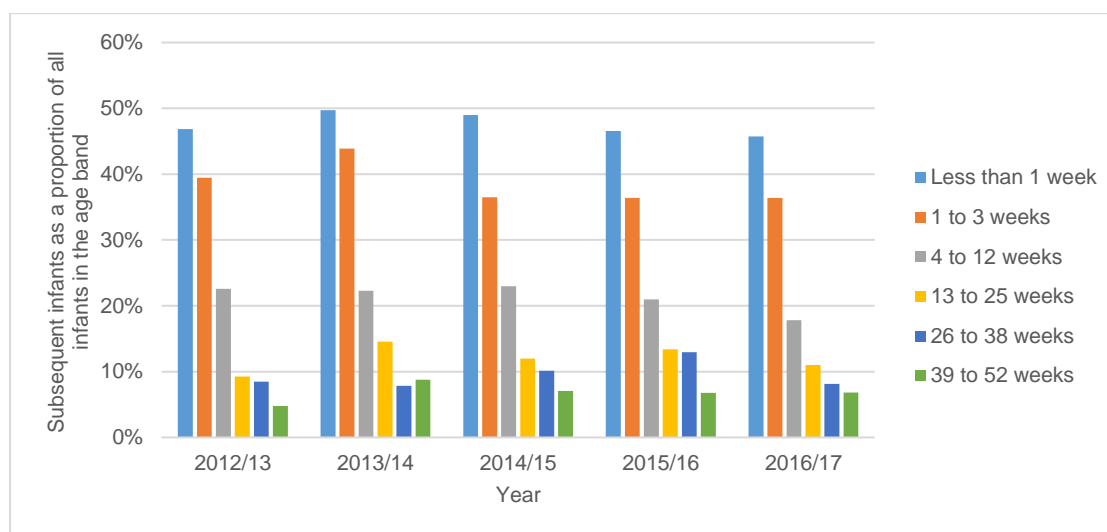
### *“Subsequent infants” (2012/13 to 2016/17)*

Figure 5 below indicates that a high proportion of newborns subject to proceedings, were born to mothers who had previously appeared before the family courts in s.31 proceedings (5-year observational window), regarding an older sibling. Looking across the timeframe 2012/13 to 2016/2017, **47% of newborns were “subsequent infants”**. Whereas for older infants, the proportion was very small at 7% (infants aged 39-52 weeks). This finding is in keeping with published research which reports the high numbers of cases of newborn care proceedings for recurrent mothers (Broadhurst et al., 2017).

However, it is also important to note that if 47% of newborns were subsequent infants, this means that **53% of cases of newborns did not fall into this category**. Sample 1 provides a 5-year retrospective observational window for every case (i.e. for an infant case appearing in 2012/13, we looked back to 2007/08 for an older sibling). Published research indicates that recurrence is most likely to be evident within 2-3 years of a set of proceedings

(Broadhurst et al., 2015; 2017)<sup>29</sup>. Therefore, having allowed a 5-year retrospective window, it is reasonable to assume that our 53% estimate is sufficiently accurate. The implications of this point are discussed further in the final discussion section of this report.

**Figure 4: Proportion of newborns who are “subsequent infants” compared other age bands of infants [2012/13 to 2016/17]**



To summarise (2012/13 to 2016/17):

- **47% of newborns were “subsequent infants”;** that is their mothers had already appeared in care proceedings concerning an older sibling.
- **Based on a 5-year observational window, 53% of newborns were linked to mothers who had not appeared previously in care proceedings.**

*Case duration (2010/11 to 2016/17)*

Figure 6 (based on sample 3) below indicates a general trend towards shorter care proceedings for all infants. However, **a greater proportion of cases of newborn cases completed within 26 weeks than cases of older infants.** In 2012/13, only **28%** of cases

<sup>29</sup> Broadhurst et al., 2015; 2017 demonstrated that risk of recurrence greatly decreases after 3 years.

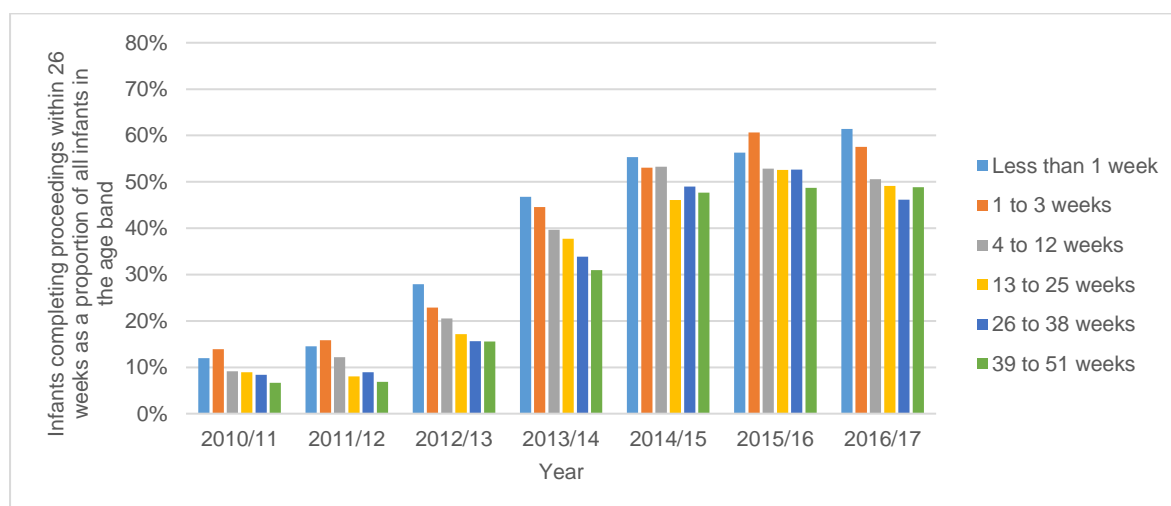
concerning newborns completed within the statutory timeframe of 26 weeks<sup>30</sup>, whereas in 2016/17, **this percentage had risen to 61%** (Figure 6 below).

The category with the second highest proportion of completions within 26 weeks was infants aged 1-3 weeks, with 58% of cases completing within 26 weeks in 2016/17.

For older infants in the age categories 26-38 weeks and 39-51 weeks the proportion of cases which completed within 26 weeks, dropped to 46% and 49% respectively.

If 61% of cases of infants completed within 26-weeks, then **39% fell outside statutory timescales for completion**. Further collaborative research is needed to establish the factors associated with short and longer timeframes for completion.

**Figure 5: Proportion of newborn cases completing within 26 weeks, compared to all other age bands of infants [2010/11 to 2016/17 ]**



**To summarise (2010/11 to 2016/17)**

- **There is a marked increase in the proportion of cases concerning newborns, that completed within 26 weeks (2010/11 to 2016/17).**

<sup>30</sup> The Children and Families Act 2014 introduced a statutory timescale for care proceedings of 26 weeks. Practitioners must now adhere to this timescale unless an extension is necessary in order to resolve the case justly (s.32 (5) & (6) Children Act 1989). However, in practice, timescales were falling prior to the implementation of the new statutory timescale in 2014, due to messages from the Family Justice Review 2011 and widespread concern about delay in resolving care cases.

- **Over time, cases of the youngest infants have consistently completed more quickly than for older children.**
- **Further qualitative research is needed to understand why newborn cases do or do not complete within 26 weeks and the grounds for seeking more time in the longer running cases.**
- **Further qualitative research is needed to understand the impact of shorter timescales for care proceedings on decision-making specific to newborns.**

#### *Final legal orders (2010/11 to 2016/17)*

Table 6 shows the final legal orders made for newborns, compared to all other age bands of infants. Using legal orders as a proxy indicator of final permanency placement for infants, newborns were more likely to be “placed for adoption” than any other infant category.

**Almost half** of all the newborn cases recorded placement orders or adoption orders, as the final legal outcome. For example, in 2016/17, **45%** of orders made for this group of infants fell into this category. Looking across all age bands of infants, there is a clear gradient pattern, older infants were less likely to be “placed for adoption” than the very youngest infants. For older categories of infants approximately one third of cases culminated in placement orders/adoption orders.

Regarding cases that fell into the category: “with extended family”, this picture is reversed. Fewer newborns were placed with family than infants who were subject to proceedings later in the first year of life. Whereas approximately one fifth of newborns (21% overall, 22% in 2016/17) recorded “with extended family”, this figure rises to over 30% for older infants (overall). Again, there is a clear gradient pattern, with age, more infants were likely fall into the category - “with extended family”.

However, it is important to note that for all other categories of legal orders, there are more **similarities** than differences for infants. For example, regarding “with parents”, overall percentages across all categories of infants ranged from 13% of all orders to 15%. Therefore, **this suggests that whether care proceedings are issued very early in an infant’s life or later, a similar percentage will result in supervision orders.**

Regarding infants “with foster carers”; that is infants subject to care orders, again differences in percentages across different age bands of infants were small. Percentages ranged from 13% to 16%. **It is difficult to understand why infants across all age bands were subject to care orders** because long-term foster care is typically not considered the best permanency option for infants. However, without access to further information about these



cases, it is not possible to establish whether these infants were subject to care orders at home, whether these infants were difficult to place for adoption, or whether subsequently, the permanency plan for these infants changed. As stated in the introduction to this report, by linking infant data held by Cafcass and the DfE, a fuller picture of infants can be built.

**To summarise (2010/11 to 2016/17)**

- **Almost half of all newborns recorded the final legal order outcome: “placed for adoption”; the percentage of placement/adoption orders was also highest for newborns than for all other age bands of infants.**
- **Regarding children placed “with extended family”, fewer newborns recorded this type of legal order outcome than older infants.**
- **There were more similarities than difference across infant age categories for all other types of legal orders. A similar percentage of infants fell into the category “with birth parents” whether the cases were issued at birth or later in infancy.**
- **The percentage of infants across all age bands who were subject to care orders, warrants further analysis.**

**Table 6: Number and proportion of infants (under 1 year) by legal order category, per infant age band, cases that completed between 2010/11 to 2016/17**

Infant's Age	Legal order	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Less than 1 week (Newborns)	Dismissed/ONO	47 [4%]	82 [5%]	127 [6%]	121 [5%]	81 [4%]	74 [4%]	89 [4%]	621 [5%]
	FAO/SO	155 [13%]	210 [13%]	265 [12%]	286 [12%]	254 [14%]	241 [14%]	298 [14%]	1,709 [13%]
	RO/CAO_live_with/SGO	204 [17%]	312 [20%]	433 [19%]	556 [23%]	422 [23%]	407 [23%]	467 [22%]	2,801 [21%]
	CO	229 [19%]	232 [15%]	272 [12%]	300 [12%]	245 [13%]	243 [14%]	343 [16%]	1,864 [14%]
	PO/AO	552 [47%]	740 [47%]	1,167 [52%]	1,197 [49%]	828 [45%]	774 [45%]	961 [45%]	6,219 [47%]
	Total	1,187 [100%]	1,576 [100%]	2,264 [100%]	2,460 [100%]	1,830 [100%]	1,739 [100%]	2,158 [100%]	13,214 [100%]
1 to 3 weeks	Dismissed/ONO	49 [7%]	49 [7%]	54 [6%]	52 [6%]	50 [6%]	50 [6%]	39 [5%]	343 [6%]
	FAO/SO	88 [13%]	92 [12%]	120 [13%]	142 [15%]	133 [17%]	110 [13%]	146 [18%]	831 [15%]
	RO/CAO_live_with/SGO	127 [19%]	158 [21%]	222 [23%]	218 [23%]	222 [28%]	230 [28%]	223 [27%]	1,400 [24%]
	CO	129 [20%]	107 [14%]	118 [12%]	121 [13%]	89 [11%]	108 [13%]	101 [12%]	773 [13%]
	PO/AO	262 [40%]	339 [46%]	433 [46%]	407 [43%]	304 [38%]	329 [40%]	306 [38%]	2,380 [42%]
	Total	655 [100%]	745 [100%]	947 [100%]	940 [100%]	798 [100%]	827 [100%]	815 [100%]	5,727 [100%]
4 to 12 weeks	Dismissed/ONO	48 [8%]	52 [7%]	89 [8%]	86 [9%]	55 [7%]	59 [7%]	69 [8%]	458 [8%]
	FAO/SO	92 [15%]	104 [14%]	147 [13%]	125 [13%]	118 [15%]	151 [17%]	132 [16%]	869 [15%]
	RO/CAO_live_with/SGO	138 [22%]	178 [23%]	270 [25%]	250 [26%]	217 [28%]	274 [32%]	241 [29%]	1,568 [26%]
	CO	109 [17%]	120 [16%]	129 [12%]	118 [12%]	115 [15%]	112 [13%]	133 [16%]	836 [14%]
	PO/AO	246 [39%]	312 [41%]	461 [42%]	383 [40%]	270 [35%]	271 [31%]	243 [30%]	2,186 [37%]
	Total	633 [100%]	766 [100%]	1,096 [100%]	962 [100%]	775 [100%]	867 [100%]	818 [100%]	5,917 [100%]
13 to 25 weeks	Dismissed/ONO	50 [8%]	63 [9%]	79 [9%]	98 [12%]	68 [10%]	65 [9%]	69 [10%]	492 [10%]
	FAO/SO	102 [17%]	96 [14%]	107 [12%]	124 [15%]	88 [13%]	121 [16%]	109 [16%]	747 [14%]
	RO/CAO_live_with/SGO	140 [23%]	167 [24%]	232 [27%]	231 [27%]	199 [29%]	212 [28%]	226 [33%]	1,407 [27%]
	CO	125 [21%]	117 [17%]	121 [14%]	107 [13%]	91 [13%]	121 [16%]	110 [16%]	792 [15%]
	PO/AO	187 [31%]	266 [38%]	331 [38%]	287 [34%]	249 [36%]	229 [31%]	174 [25%]	1,723 [33%]
	Total	604 [100%]	709 [100%]	870 [100%]	847 [100%]	695 [100%]	748 [100%]	688 [100%]	5,161 [100%]
26 to 38 weeks	Dismissed/ONO	49 [11%]	43 [9%]	64 [11%]	55 [8%]	49 [10%]	38 [7%]	40 [7%]	338 [9%]
	FAO/SO	58 [13%]	76 [15%]	57 [10%]	64 [10%]	63 [13%]	87 [16%]	70 [13%]	475 [13%]
	RO/CAO_live_with/SGO	108 [25%]	126 [26%]	148 [27%]	221 [34%]	156 [32%]	180 [32%]	168 [31%]	1,107 [30%]
	CO	94 [21%]	74 [15%]	65 [12%]	92 [14%]	61 [13%]	76 [14%]	77 [14%]	539 [15%]
	PO/AO	131 [30%]	172 [35%]	224 [40%]	217 [33%]	157 [32%]	173 [31%]	182 [34%]	1,256 [34%]
	Total	440 [100%]	491 [100%]	558 [100%]	649 [100%]	486 [100%]	554 [100%]	537 [100%]	3,715 [100%]
39 to 52 weeks	Dismissed/ONO	31 [9%]	41 [9%]	49 [10%]	48 [9%]	37 [8%]	38 [8%]	30 [6%]	274 [8%]
	FAO/SO	40 [11%]	64 [15%]	55 [11%]	70 [13%]	83 [18%]	81 [16%]	75 [16%]	468 [14%]
	RO/CAO_live_with/SGO	96 [27%]	110 [25%]	146 [28%]	166 [32%]	149 [33%]	169 [34%]	151 [32%]	987 [30%]
	CO	68 [19%]	60 [14%]	75 [15%]	73 [14%]	64 [14%]	78 [16%]	90 [19%]	508 [16%]
	PO/AO	125 [35%]	160 [37%]	189 [37%]	163 [31%]	123 [27%]	132 [27%]	133 [28%]	1,025 [31%]
	Total	360 [100%]	435 [100%]	514 [100%]	520 [100%]	456 [100%]	498 [100%]	479 [100%]	3,262 [100%]
Total	Dismissed/ONO	274 [7%]	330 [7%]	462 [7%]	460 [7%]	340 [7%]	324 [6%]	336 [6%]	2,526 [7%]
	FAO/SO	535 [14%]	642 [14%]	751 [12%]	811 [13%]	739 [15%]	791 [15%]	830 [15%]	5,099 [14%]
	RO/CAO_live_with/SGO	813 [21%]	1,051 [22%]	1,451 [23%]	1,642 [26%]	1,365 [27%]	1,472 [28%]	1,476 [27%]	9,270 [25%]
	CO	754 [19%]	710 [15%]	780 [12%]	811 [13%]	665 [13%]	738 [14%]	854 [16%]	5,312 [14%]
	PO/AO	1,503 [39%]	1,989 [42%]	2,805 [45%]	2,654 [42%]	1,931 [38%]	1,908 [36%]	1,999 [36%]	14,789 [40%]
	Total	3,879 [100%]	4,722 [100%]	6,249 [100%]	6,378 [100%]	5,040 [100%]	5,233 [100%]	5,495 [100%]	36,996 [100%]

## Policy, practice and research implications

The findings presented in this report provide the first national estimate of the number, case characteristics and legal order outcomes, for newborns subject to care orders. An important new finding is that between 2007/08 and 2016/17, **a significant proportion** of all cases of care proceedings concerning infants (those aged less than one year), were issued for newborns (those aged less than 7 days). In addition, an upward trend in newborn cases, was evidenced against all measures (volumes, proportions and incidence). In 2007/08 32% of all infant cases were issued for newborns, **by 2016/17, this percentage had risen to 42%**. Given this new evidence, coupled with the challenges that are particular to intervention at birth, **a greater focus on newborns in the family justice system within policy and practice is indicated**. As outlined in the background section of this report, current statutory practice guidance is very scant on both pre-birth assessment and best practice regarding care proceedings at birth. Equally, the published research literature regarding how frontline practitioners manage cases of newborns or make use of available resources is decidedly limited (Corner, 1997; Calder, 2000).

Published case law evidences the particular legal and procedural challenges that all parties can face when proceedings are issued at birth (Masson and Dickens, 2015). Cases that reach the higher courts provide useful insights into practice pitfalls and failings. However, in the absence of wider analysis of a broader, representative sample of cases, it is not possible to ascertain the extent to which shortfalls in practice are more widespread, **or to identify good practice in the management of care proceedings concerning newborns**.

Regarding improvements in pre-birth assessment, the NSPCC invested considerable energy in the development of a systematic approach to social work assessment during pregnancy, but this initiative appears to have faltered (Lushey et al., 2018). Equally, Cafcass developed a new approach to pre-proceedings titled “Cafcass Plus” which aimed to improve preparation for care proceedings, through closer joint working between the Children’s Guardian and the local authority social worker in the pre-birth period. However, this initiative was subject to strong criticism from the Association of Lawyers for Children (2017) on the grounds that earlier involvement compromised the independence of the Children’s Guardian. More needs to be done to learn from these pilots and support collaborative discussion about the challenges and opportunities that both initiatives have illustrated.

Related to the issue of best practice and/or variability in practice, the regional disparities we have described in this report warrant further discussion. As we might have expected, given related research which reports regional disparities in the rates at which children enter public care or appear in care proceedings (Bywaters et al., 2016; Harwin et al., 2017), we identified **marked regional differences in the rates at which newborns were subject to care proceedings**. The North West and Yorkshire and Humber recorded overall incidence rates that were higher than the national average. Whereas, London and the South West of England reported overall lower incidence rates. However, **fluctuation in rates over time** would suggest that no single causal factor is implicated in the changing rates we report. Such fluctuations cannot be explained without further detailed collaborative analysis of regional contexts and practices.

At the level of the local authority, 16 local authorities recorded incidence rates that were higher than the national average, with rates for outliers ranging between 55/10,000 to 159/10,000. **Thus, within regions**, marked differences in rates were also evident. Although differences related to a minority of local authorities, the rate range is considerable. Again, differences are most likely attributable to interaction between a range of factors including professional behaviour, available preventative services and socio-demographics. Variation in the detail and nature of guidance produced by local authorities regarding pre-birth assessment, may also be a contributing factor.

As stated in the introduction to this report, although infants do not account for the most recent proportional increases in the volume of care proceedings, **infant cases make a substantial and consistent contribution to care demand over time**. There were 173,002 children in care proceedings between 2007/08 and 2016/17 in England, of those 47,172 (27%) were infants. From the new findings we present in this report, it is now possible to identify the high and increasing volume of newborn cases. An increase in newborn cases is difficult to explain, but the following questions are relevant:

- Is increasing financial hardship for families a factor in rising rates of newborns in care proceedings?
- What is the impact of the reduction in preventative services on rates of newborns coming before the courts?
- Does a defensive, risk averse culture mean that professionals are less likely to want to work with the family without the security of a court order?
- What accounts for fluctuations in the volume of newborn cases? For example, how do service cuts or professional responses to serious case reviews impact on rates of newborn care proceedings?

It is perhaps surprising that more than 50% of infants subject to proceedings at birth in our dataset were *not* “subsequent infants” (i.e. an older sibling had not previously been subject to proceedings). This raises questions about the basis of a claim that the newborn is *likely* to suffer significant harm. How are such claims made and accepted by the courts given that: a) the family courts cannot draw on a previous set of care proceedings for relevant history and b) that the window for pre-birth assessment is typically short. This is not to suggest that action is taken inappropriately, rather it is to highlight the challenges for professionals and families, given the short assessment window that pregnancy provides - in a context of increasing pressure on children’s services (Association of Directors of Children’s Services, 2016). Time constraints are further exacerbated by shorter timescales for care proceedings. At present, there is no published research on how the 26 weeks rule impacts (or does not impact) on decision-making in regard to newborns.

Newborn babies take different routes, in terms of what happens at the conclusion of their cases. As we might have expected **a high proportion of newborns in this study were adopted**, but **divergence in pathways** warrants further analysis. It is noteworthy that a proportion (albeit small number) of cases that met the threshold for compulsory action at birth, appeared to return to birth parents (“with birth parents”). It is also important to note that **the proportion of infants in this category is similar whether proceedings were issued at birth or later in infancy**. However, regarding permanency “with extended family”, newborns were far less likely to fall into this category than infants who appeared before the court later in the first year of life. It is difficult to explain the reasons why **a proportion of newborns were subject to a care order only (“with foster carers”)** without linking data from different government departments to create a more detailed picture. Long-term foster care is not typically a preferred permanency option for infants. It may be that some of these infants were at home or with kin on care orders. If newborns take divergent pathways following care proceedings at birth, this also raises critical questions about birth parent and extended family **contact and the part that contact plays in final legal outcomes**. It also raises questions about transitions for very young babies and how these are managed.

We have described newborns as a distinct population within the family justice system, and that these cases raise distinct challenges for all parties. One of these challenges lies in the fact **newborn removal will typically take place in a maternity setting**. Within hours of birth, mothers are clearly physically and emotionally highly vulnerable, yet may be expected to instruct a solicitor. In addition, there are a range of further issues which are insufficiently addressed, nationally. For example: what should be the timing of removals at birth (within hours or days of delivery)? When should the police be involved? Should the mother breastfeed? Should the mother have a private room on the maternity ward? Given that an increasing number of women are experiencing care proceedings at birth, is greater attention warranted to the needs of mothers, fathers and wider family, given the distress reported by

service users in these cases? How might families be involved in developing services? Anecdotal evidence is that there are pockets of excellent innovation initiated by a range of agencies which aim to reduce maternal distress where infants are removed at birth, but without systematic description and evaluation it is difficult to envisage how best practice can be more evenly spread across different regions of England and further afield.

Finally, in seeking a better understanding of the position of newborns in the family justice system in England, international comparative analysis is important. Published case law judgements, no matter how incisive, tend to prompt amendments to practice that are circular in nature [recommendations tend to shore up existing procedural and legal frameworks rather than prompt a fundamental re-think]. By considering findings in the broader context of practices in jurisdictions beyond England, we bring a different kind of lens to critical reflection. An emerging literature from Australia in particular, indicates the issues raised in this report are of international relevance (e.g. Marsh et al., 2015; Taplin and Mattick., 2015). Further comparative analysis of infants and newborns in public law proceedings across the four nation States of the UK is important, as is international comparison.

## Case List

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[Re K & H \(Children\)\[2006\] EWCA Civ 1898](#)

[K & H \(Children\) \[2006\] EWCA Civ 1898](#)

[Re L-A \(Children\) \[2009\] EWCA Civ 822](#)

[P \(A Child\) \[2018\] EWCA Civ 1483](#)

M (Interim Care Order: Removal) [2006] 1 FLR 1043

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## Appendix 1: All children analysis

**Table 7: Children subject to s.31 proceedings by child's age at the issue of the proceedings, per year [2007/08 to 2016/17]**

Child's age	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Less than 1 year	3,259 [30%]	3,394 [30%]	4,259 [28%]	4,365 [28%]	5,033 [29%]	5,475 [30%]	5,077 [28%]	5,085 [26%]	5,389 [25%]	5,836 [23%]	47,172 [27%]
1 year	986 [9%]	1,032 [9%]	1,378 [9%]	1,473 [9%]	1,498 [9%]	1,566 [8%]	1,506 [8%]	1,545 [8%]	1,610 [7%]	1,795 [7%]	14,389 [8%]
2 years	855 [8%]	871 [8%]	1,200 [8%]	1,274 [8%]	1,386 [8%]	1,338 [7%]	1,291 [7%]	1,411 [7%]	1,579 [7%]	1,627 [7%]	12,832 [7%]
3 years	766 [7%]	768 [7%]	1,097 [7%]	1,134 [7%]	1,199 [7%]	1,239 [7%]	1,174 [6%]	1,218 [6%]	1,354 [6%]	1,458 [6%]	11,407 [7%]
4 years	613 [6%]	663 [6%]	937 [6%]	977 [6%]	1,017 [6%]	1,186 [6%]	1,142 [6%]	1,155 [6%]	1,196 [5%]	1,401 [6%]	10,287 [6%]
5 years	580 [5%]	556 [5%]	804 [5%]	857 [5%]	885 [5%]	955 [5%]	947 [5%]	1,109 [6%]	1,280 [6%]	1,360 [5%]	9,333 [5%]
6 years	514 [5%]	552 [5%]	733 [5%]	803 [5%]	854 [5%]	950 [5%]	943 [5%]	1,016 [5%]	1,136 [5%]	1,300 [5%]	8,801 [5%]
7 years	496 [5%]	481 [4%]	706 [5%]	763 [5%]	787 [5%]	860 [5%]	848 [5%]	915 [5%]	1,101 [5%]	1,172 [5%]	8,129 [5%]
8 years	476 [4%]	468 [4%]	647 [4%]	653 [4%]	743 [4%]	768 [4%]	811 [4%]	923 [5%]	1,022 [5%]	1,158 [5%]	7,669 [4%]
9 years	439 [4%]	454 [4%]	597 [4%]	614 [4%]	639 [4%]	725 [4%]	739 [4%]	803 [4%]	1,002 [5%]	1,173 [5%]	7,185 [4%]
10 years	435 [4%]	423 [4%]	606 [4%]	576 [4%]	593 [3%]	645 [3%]	703 [4%]	785 [4%]	856 [4%]	1,003 [4%]	6,625 [4%]
11 years	372 [3%]	376 [3%]	540 [4%]	534 [3%]	587 [3%]	612 [3%]	615 [3%]	692 [4%]	841 [4%]	999 [4%]	6,168 [4%]
12 years	382 [3%]	324 [3%]	496 [3%]	524 [3%]	524 [3%]	593 [3%]	595 [3%]	632 [3%]	803 [4%]	1,003 [4%]	5,876 [3%]
13 years	311 [3%]	334 [3%]	428 [3%]	441 [3%]	530 [3%]	548 [3%]	558 [3%]	609 [3%]	828 [4%]	1,043 [4%]	5,630 [3%]
14 years	287 [3%]	236 [2%]	399 [3%]	389 [2%]	424 [2%]	523 [3%]	544 [3%]	629 [3%]	793 [4%]	1,064 [4%]	5,288 [3%]
15 years	183 [2%]	198 [2%]	289 [2%]	317 [2%]	330 [2%]	414 [2%]	460 [3%]	458 [2%]	671 [3%]	1,064 [4%]	4,384 [3%]
16 years	50 [0%]	70 [1%]	115 [1%]	97 [1%]	115 [1%]	133 [1%]	174 [1%]	224 [1%]	309 [1%]	431 [2%]	1,718 [1%]
17 years	5 [0%]	6 [0%]	11 [0%]	9 [0%]	5 [0%]	7 [0%]	7 [0%]	16 [0%]	16 [0%]	27 [0%]	109 [0%]
Total	11,009 [100%]	11,206 [100%]	15,242 [100%]	15,800 [100%]	17,149 [100%]	18,537 [100%]	18,134 [100%]	19,225 [100%]	21,786 [100%]	24,914 [100%]	173,002 [100%]

**Note:** Age of child has been calculated at the issue of the s.31 proceedings and rounded down to the nearest year. Children whose s.31 proceedings were issued up to 2 weeks before birth have been included in the "less than 1 year" group.

**Table 8: Year-on-year change of the number of children subject to s.31 proceedings by child's age at the issue of the proceedings, per year [2007/08 to 2016/17]**

Child's age	2007/08 to 2008/09	2008/09 to 2009/10	2009/10 to 2010/11	2010/11 to 2011/12	2011/12 to 2012/13	2012/13 to 2013/14	2013/14 to 2014/15	2014/15 to 2015/16	2015/16 to 2016/17	Average year-on-year change
Less than 1 year	4%	25%	2%	15%	9%	-7%	0%	6%	8%	7%
1 year	5%	34%	7%	2%	5%	-4%	3%	4%	11%	7%
2 years	2%	38%	6%	9%	-3%	-4%	9%	12%	3%	8%
3 years	0%	43%	3%	6%	3%	-5%	4%	11%	8%	8%
4 years	8%	41%	4%	4%	17%	-4%	1%	4%	17%	10%
5 years	-4%	45%	7%	3%	8%	-1%	17%	15%	6%	11%
6 years	7%	33%	10%	6%	11%	-1%	8%	12%	14%	11%
7 years	-3%	47%	8%	3%	9%	-1%	8%	20%	6%	11%
8 years	-2%	38%	1%	14%	3%	6%	14%	11%	13%	11%
9 years	3%	31%	3%	4%	13%	2%	9%	25%	17%	12%
10 years	-3%	43%	-5%	3%	9%	9%	12%	9%	17%	10%
11 years	1%	44%	-1%	10%	4%	0%	13%	22%	19%	12%
12 years	-15%	53%	6%	0%	13%	0%	6%	27%	25%	13%
13 years	7%	28%	3%	20%	3%	2%	9%	36%	26%	15%
14 years	-18%	69%	-3%	9%	23%	4%	16%	26%	34%	18%
15 years	8%	46%	10%	4%	25%	11%	0%	47%	59%	23%
16 years	40%	64%	-16%	19%	16%	31%	29%	38%	39%	29%
17 years	20%	83%	-18%	-44%	40%	0%	129%	0%	69%	31%
Total	2%	36%	4%	9%	8%	-2%	6%	13%	14%	10%

**Table 9: Rates of children subject to s.31 proceedings (per 10,000 child population) by child age at the issue of proceedings, per year [2007/08 to 2016/17]**

Child's age	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	Total
less than 1 year	51	51	64	65	74	79	75	77	81	87	70
1 year	16	16	21	22	22	23	21	23	24	27	22
2 years	14	14	19	19	21	20	19	20	23	24	19
3 years	13	13	17	18	18	19	17	18	19	21	17
4 years	11	11	15	15	16	18	17	17	17	20	16
5 years	10	10	13	14	14	15	14	16	19	19	15
6 years	9	10	13	13	14	15	14	15	17	19	14
7 years	8	8	12	13	13	14	13	14	16	17	13
8 years	8	8	11	12	13	13	13	14	15	17	13
9 years	7	7	10	11	11	12	12	13	15	18	12
10 years	7	7	10	10	10	11	12	13	14	15	11
11 years	6	6	9	9	10	10	11	12	14	16	10
12 years	6	5	8	8	8	10	10	11	14	16	10
13 years	5	5	7	7	8	9	9	10	14	18	9
14 years	4	4	6	6	7	8	9	10	13	18	8
15 years	3	3	4	5	5	6	7	7	11	18	7
16 years	1	1	2	1	2	2	3	4	5	7	3
17 years	0	0	0	0	0	0	0	0	0	0	0
Total	10	10	14	14	15	16	16	17	19	21	15

**Note:** Based on (a) the number of children subject to s.31 proceedings, per age band at issue of proceedings, per fiscal year (2007/08 to 2016/17) and (b) the population aged 0 - 17 years in England, estimated per age band at each mid-year (2007 to 2016).

Source (mid-year population estimates):

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

## Appendix 2: Missing Data

**Table 10: Level of missing data by year case started**

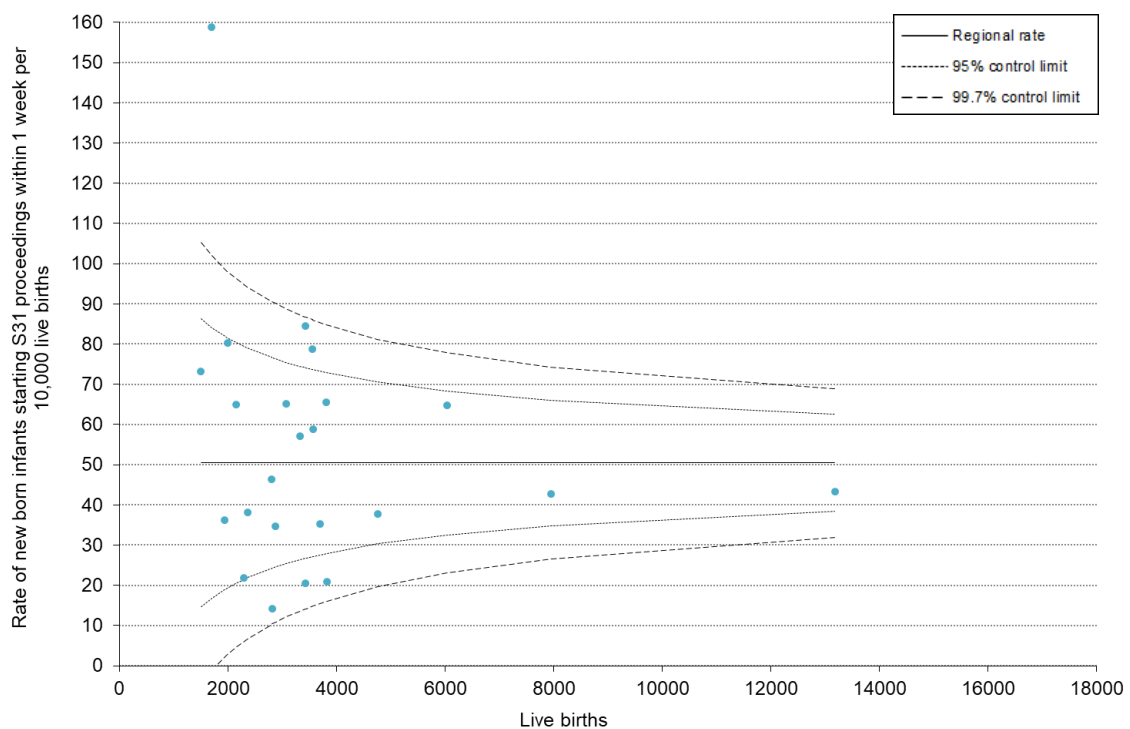
Case start year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
<b>Total number of records</b>	<b>11,286</b>	<b>11,483</b>	<b>15,578</b>	<b>16,089</b>	<b>17,331</b>	<b>18,688</b>	<b>18,249</b>	<b>19,360</b>	<b>21,901</b>	<b>25,023</b>	<b>174,988</b>
Child's Age	277 [2.5%]	277 [2.4%]	336 [2.2%]	289 [1.8%]	182 [1.1%]	151 [0.8%]	115 [0.6%]	135 [0.7%]	115 [0.5%]	109 [0.4%]	1,986 [1.1%]
Gender	1 [0%]	0 [0%]	1 [0%]	0 [0%]	3 [0%]	1 [0%]	1 [0%]	9 [0%]	4 [0%]	4 [0%]	24 [0%]
Local Authority/Region	0 [0%]	0 [0%]	2 [0%]	0 [0%]	4 [0%]	0 [0%]	0 [0%]	1 [0%]	7 [0%]	20 [0.1%]	34 [0%]
DfJ Area/Circuit	20 [0.2%]	2 [0%]	6 [0%]	1 [0%]	4 [0%]	0 [0%]	13 [0.1%]	12 [0.1%]	48 [0.2%]	33 [0.1%]	139 [0.1%]

**Table 11: Level of missing data by year case ended**

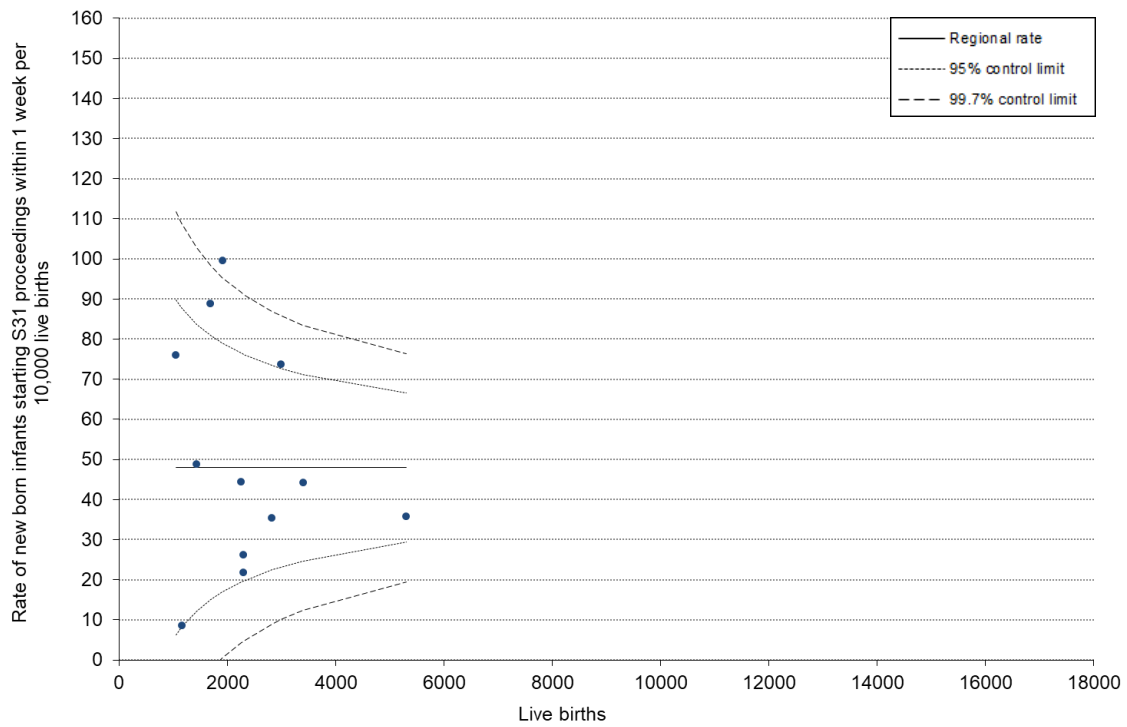
Case end year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
<b>Total number of records</b>	<b>1,818</b>	<b>7,459</b>	<b>9,066</b>	<b>13,688</b>	<b>18,409</b>	<b>21,304</b>	<b>22,901</b>	<b>18,731</b>	<b>20,377</b>	<b>22,907</b>	<b>156,660</b>
Legal orders	611 [33.6%]	2,206 [29.6%]	2,329 [25.7%]	210 [1.5%]	153 [0.8%]	120 [0.6%]	118 [0.5%]	313 [1.7%]	241 [1.2%]	247 [1.1%]	6,548 [4.2%]
Case duration	612 [33.7%]	2,206 [29.6%]	2,329 [25.7%]	213 [1.6%]	159 [0.9%]	135 [0.6%]	135 [0.6%]	342 [1.8%]	271 [1.3%]	262 [1.1%]	6,664 [4.3%]

## Appendix 3: Local authority variation within regions [2016]

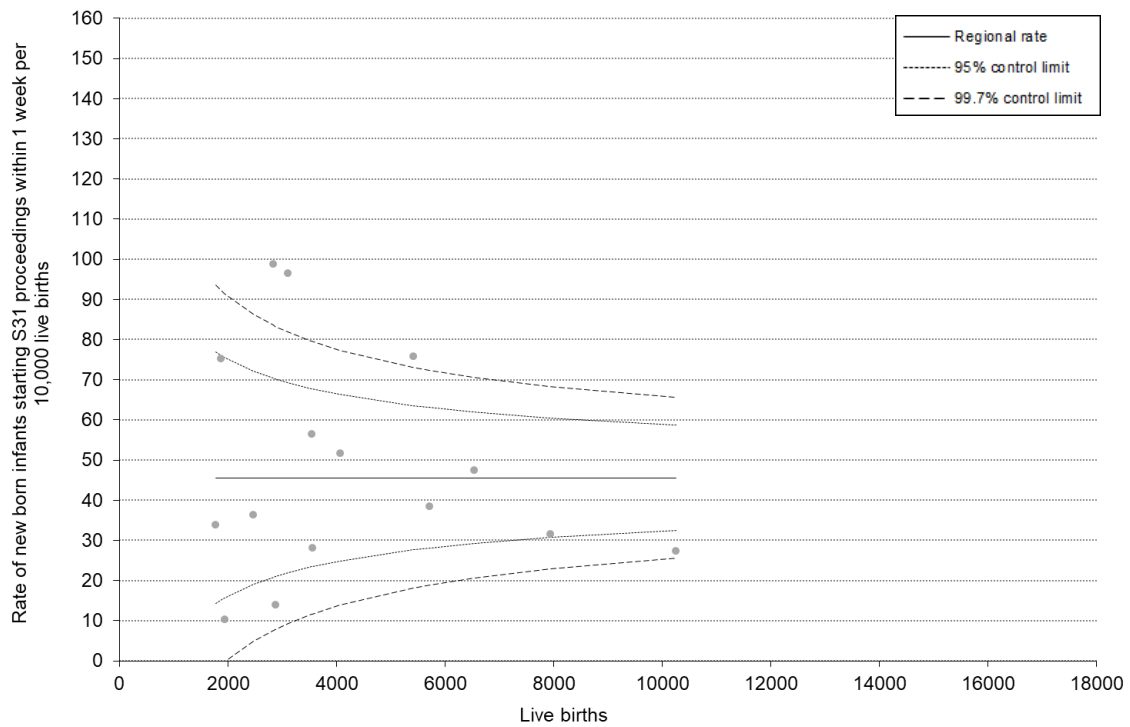
Figure 6: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [North West 2016]



**Figure 7: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [North East 2016]**

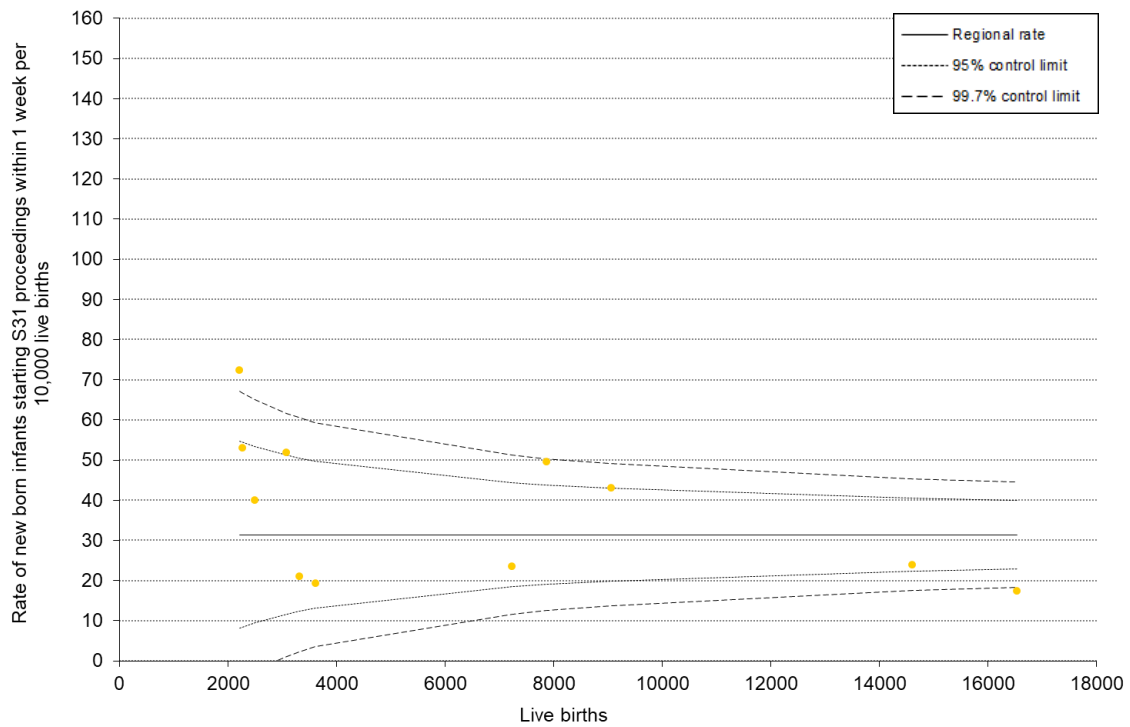


**Figure 8: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [Yorkshire and The Humber 2016]**

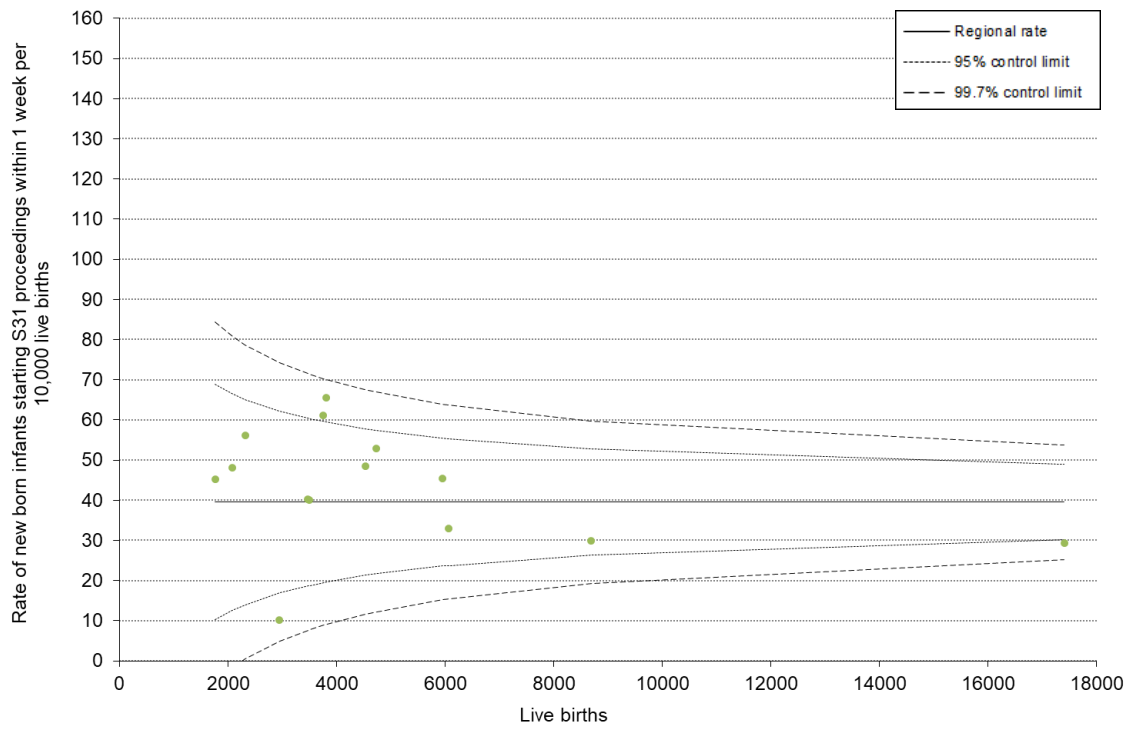




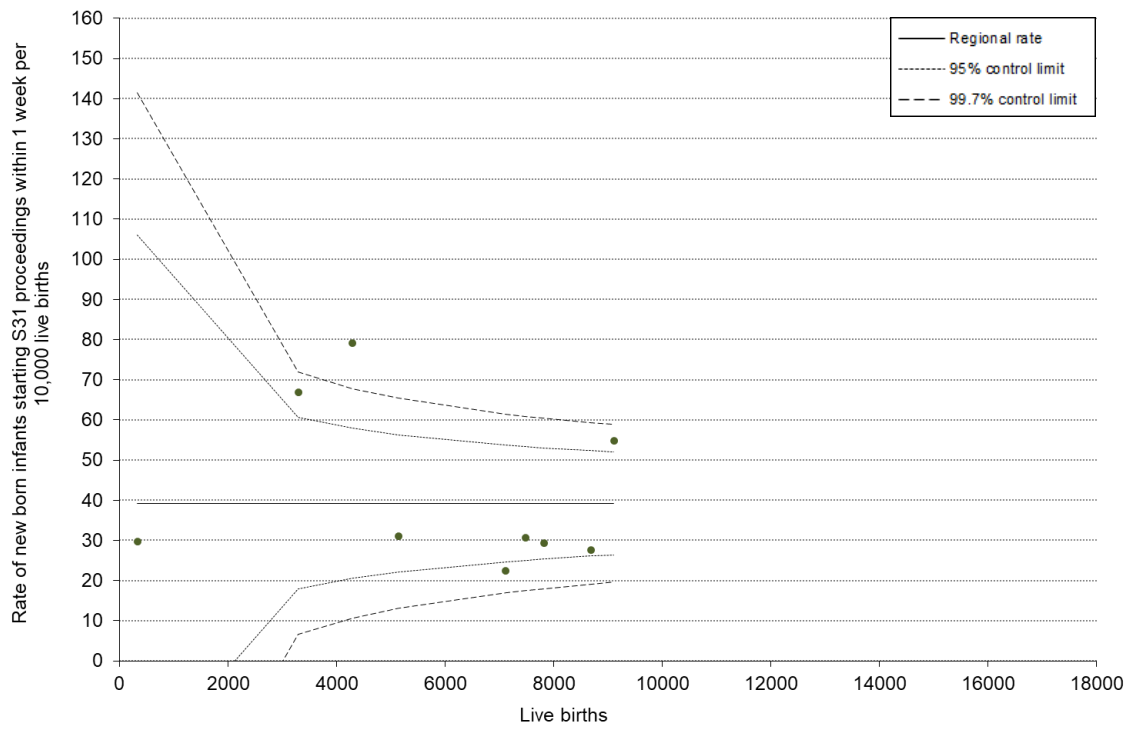
**Figure 9: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [East of England 2016]**



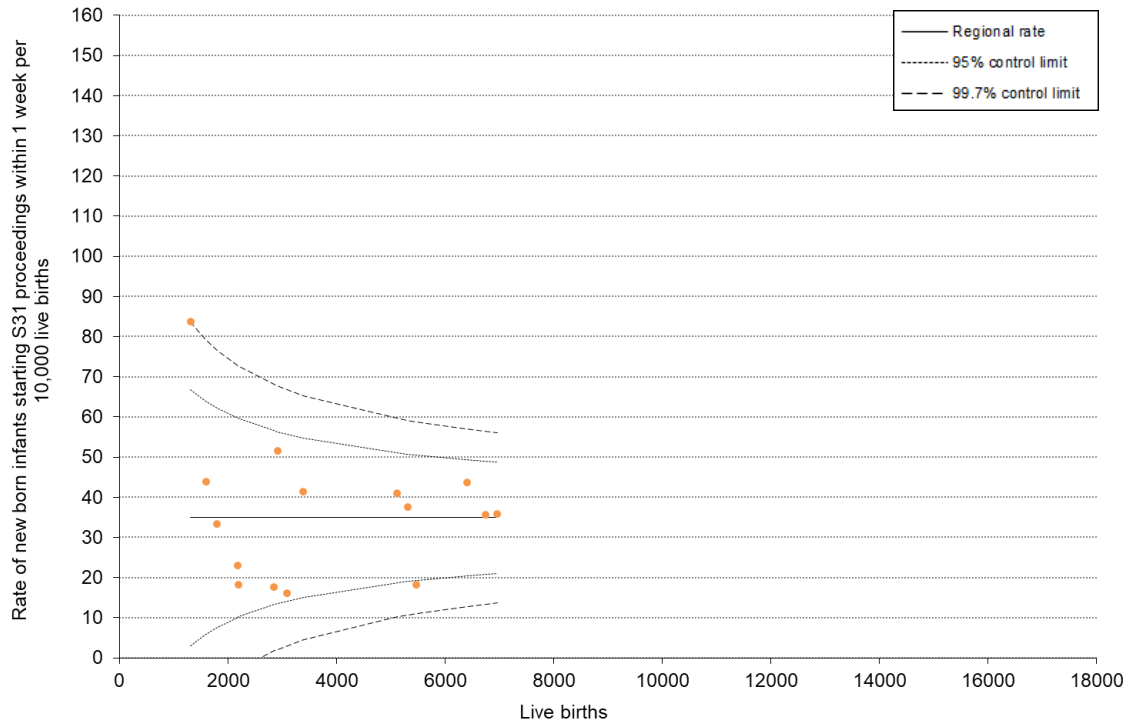
**Figure 10: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [West Midlands 2016]**



**Figure 11: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [East Midlands 2016]**



**Figure 12: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [South West 2016]**



**Figure 13: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [South East 2016]**

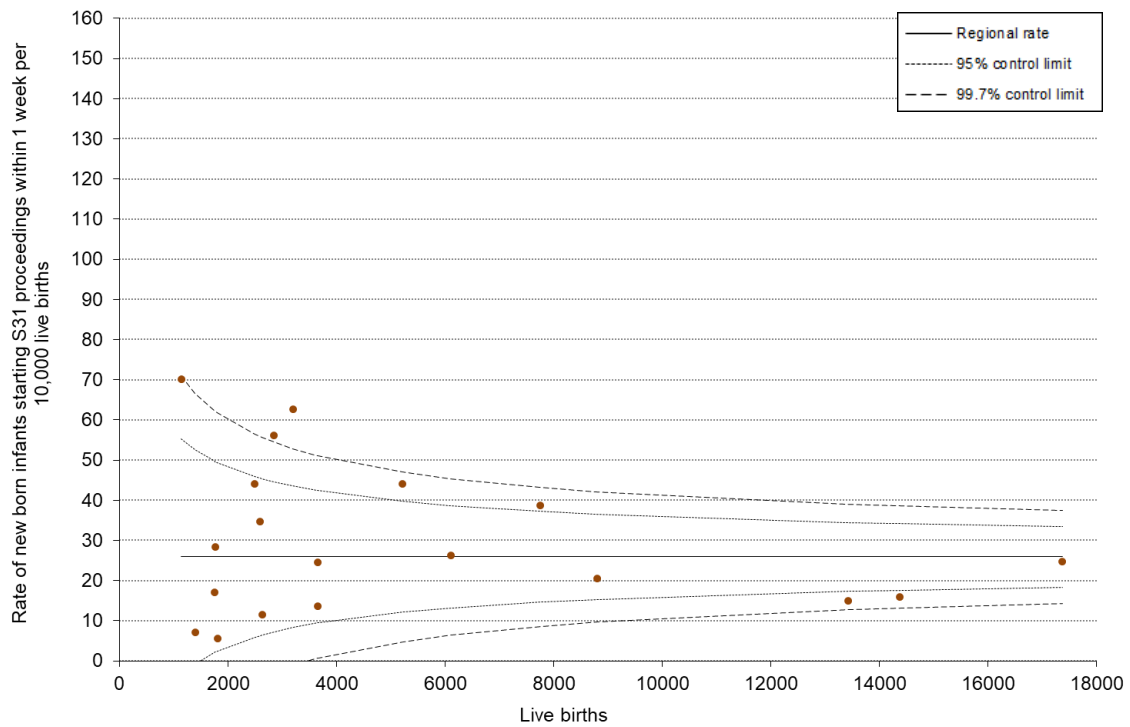
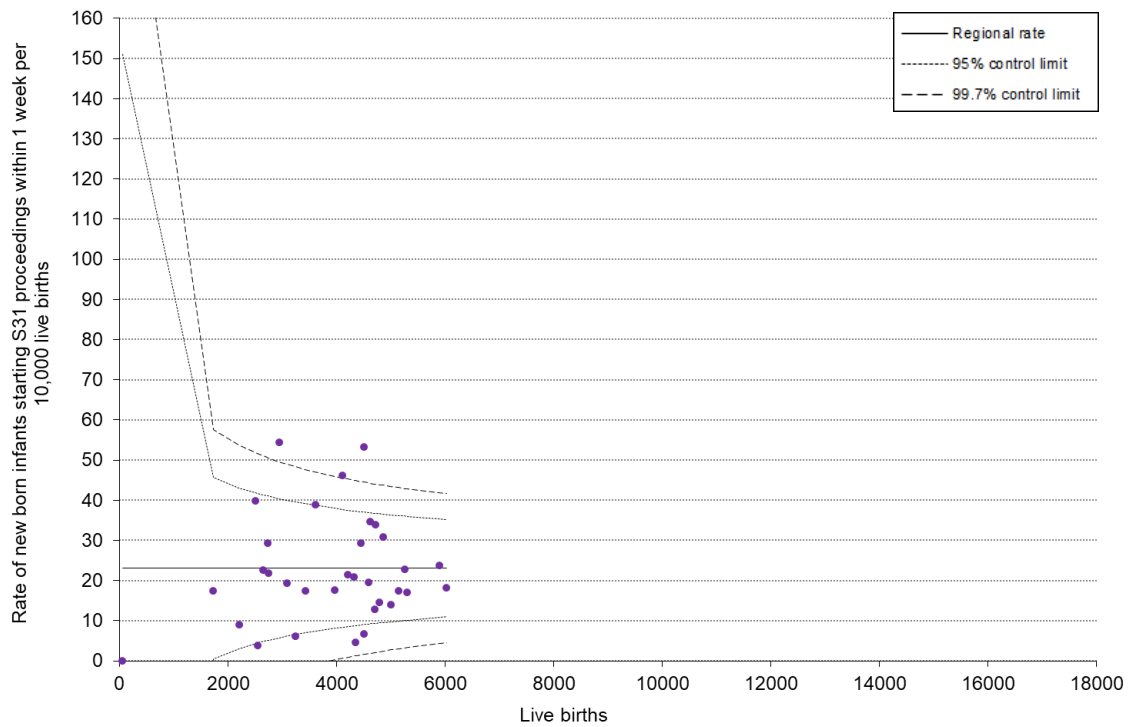


Figure 14: S.31 proceedings issued within one week of birth. Rates per 10,000 live births, per local authority, [London 2016]



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