



Centre for  
**Child & Family**  
Justice Research



# Summary Briefing: Care Experienced Mothers and their Children in Wales

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This briefing summarizes the first report of its kind to provide a descriptive study of a cohort of care-experienced mothers and their children in care in Wales. The report delivers longitudinal insights into mothers' and children's age and care profiles.

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## Disclaimer

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# Introduction

This exploratory study is the first of its kind to describe the **care profiles of young care experienced mothers**, whose *own* children are placed in care in Wales, using administrative data.

The study makes **first use** of the Wales Children Looked After (CLA) Census to examine mothers who were aged 12 to 17 years in 2014 and 18 to 23 years at follow-up (31 March 2020).

The study also describes the care profiles and legal statuses of **children born to care experienced mothers**. Comparisons are drawn throughout to explore whether there are differences between:

**Part A:** mothers with care experience whose children are/are not placed in care

**Part B:** children in care, whose own mothers have/do not have a care history.

*Rationale:* Given the scale of investment in family justice and children's social care, it is vital that we understand whether this investment reduces the risk of future family breakdown for care experienced girls and women. For equally important moral reasons – we need to understand far more about **the removal of children from one generation to the next**.

The full report can be found here:

Doebler, S., Bailey, G., Broadhurst, K., Roberts, L., Wood S., Cowley, L., North, L., Griffiths, L. (2024). *Care experienced mothers and their children in care in Wales*. Lancaster: Centre for Child and Family Justice Research (CfJ), Lancaster University. <https://www.cfj-lancaster.org.uk/files/documents/CfJ%20summary%20briefing%20-%20care%20experienced%20mothers%20and%20their%20children%20in%20Wales%2031%20Jan%202024.pdf>

## Terminology

In this report we refer to “care-experienced mothers”. This term most accurately represents the mothers in our cohort, all of whom had spent time in state care. It is important to note that the mothers in our study had varying care experiences, including those who left care before adulthood as well as those entitled to support as care leavers.

We draw comparisons in this report between mothers and between children. We use the following descriptors throughout:

1. **“Mothers in the study cohort”** these are care-experienced mothers whose own children are placed in care.
2. **“Mothers in the comparison cohort”** these are care-experienced mothers whose own children are NOT placed in care.
3. **“Children in the study cohort”** these are the children born to care-experienced mothers.
4. **“Children in the comparison cohort”** these are children in care, whose mothers are not care-experienced.

## Methodology in brief

For the purposes of accessibility, the technical language and detail has been simplified in this report, however, in keeping with principles of Open Science, the full report and technical appendices are available to readers.

## The data sources and access

This report utilises four data sources: The Welsh Children Looked After (CLA) census, the Welsh Maternity Indicators (MIDs) dataset (Welsh Government, 2023), the Welsh Index of Multiple Deprivation (WIMD) - the Welsh government's official deprivation measure for small areas in Wales (WIMD 2019) (Stats Wales, 2019), and the Welsh Demographic Service Dataset (WSDS)<sup>1</sup>. The CLA data is collected annually by local authorities, the MIDS data is collected annually by Health Boards and maintained by the NHS Wales. More detailed information can be found in Appendix A.

Linkage of the three data sources was completed in the Secure Anonymised Information Linkage (SAIL) Databank at Swansea University (Ford et al., 2009; Lyons et al., 2009). The analysis includes only individuals that could with confidence be assigned an anonymous linkage field (ALF). 62% of the total population of mothers were assigned an ALF.

## The total sample

A population of **2210** girls aged 12 to 17 years was identified in the CLA data.

- Of this population **25% (575) were mothers** at the time of our observation and were linked to 765 children.
- Of this population of mothers, **17% had at least one child who appeared in the CLA dataset**, totalling 95 mothers and 105 children.

**In sum, 17% of mothers comprising the “study cohort” had records which indicated that at least one of their own children, was received into care.**

**Table 1: Total population of mothers; the study and comparison cohorts**

	count
Female, aged 12 - 17 on 01/04/2014	2210
Mother with care experience (in MIDS)	575
Children born to care experienced mothers	765
Mothers in the study cohort	95
Mothers in the comparison cohort	480
*Children study cohort	105
Children comparison cohort	345

\*Note: *A mother can have more than one child.*

<sup>1</sup> The WSDS dataset was used to obtain week of birth and sex. It's considered the most accurate and is a spine of individuals in Wales who are registered have been/are registered to a Welsh GP. If child/mother had no record in WSDS, then the WOB/sex from the CLA dataset was used.

**Source:** Own calculations based on CLA census data.

Consistent with previous research (Alrouh et al., 2020; Doebler et al., 2022), mothers overwhelmingly lived in the most deprived areas of Wales.

### **Data analysis**

Given the exploratory nature of this report, and to ensure accessibility for practitioners, all analyses comprise descriptive statistics. For full details of findings, including limitations arising from small sample sizes, we refer readings to the main report.

# Findings Part A: The Mothers

## Age profiles of the mothers

### Age profile of mothers of the study and comparison cohort at the birth of their first child

The team examined age of mothers at the birth of their first child, age of mothers when they first entered care, and age of mothers when their own children entered care.

When comparing the ages of mothers at the birth of their first child, mothers in the study cohort, were younger on average, than mothers in the comparison cohort:

- **27%** of mothers in the study cohort were younger than 18 years, at the birth of their first child.
- **21%** of mothers in the comparison cohort, were younger than 18 years, at the birth of their first child.
- **53%** of mothers in the study cohort were 18 years and younger, at the birth of their first child.
- **42%** of mothers in the comparison cohort were aged 18 years and younger at the birth of their first child.

These descriptive statistics indicate that **the proportion of very young mothers in the two cohorts is sizeable**, with more than 1 in 4 mothers in the study cohort recording a first birth between the ages of 12 and 17 years. Although it has only been possible to follow mothers for a limited period of time with data available to the team, the evidence of young motherhood adds to a knowledge base about the relationship between maternal age and care.

### Age profile of the mothers when they first entered care

Mothers are entering care across the age range. However, for both cohorts of mothers, the majority were older than 12 years at the first episode of care we were able to observe, with the largest proportions, aged 13, 14 and 15 years. However, there are some differences between the two cohorts. Mothers in the study cohort were slightly older when they entered care, than mothers in the comparison cohort.

The largest between-group difference is at the youngest age range. **Only 15% of the mothers in the study cohort were 10 years and younger than at their first care episode, compared to 30% in**

**the comparison cohort**<sup>2</sup>. Differences between the two cohorts largely disappear, when we look at first care episodes after the age of 11 years.

### Age profile of the mothers when their own children entered care

The majority of mothers (79%) were 18 years or older when their own children entered care. **However, the largest proportion of mothers were only 19 years of age, when their own child entered care.** In addition, it is noteworthy that 11% were aged 17 years when their first child entered care, with a smaller number, younger still<sup>3</sup>. Again, this adds to the knowledge base in respect of young parents and how they navigate both the personal experience of and administrative or legal proceedings associated with the reception of their own children into care.

### Mothers' own placement experiences

The team examined the placement histories (type and number) and legal statuses of care experienced mothers, at their first and last episodes of care. Comparisons were drawn between mothers in the study cohort and mothers in the comparison cohort.

Given small numbers we created needed to combine some placement types. We therefore combined residential placements, but kept separate independent living arrangements.

### Mothers' placement experience over time: first episode in care

Most mothers (79% of mothers in the study cohort and 72% in the comparison cohort) **were placed with foster carers at their first placement.**

For both cohorts, only a minority were placed with parents (5% and 4% respectively).

Regarding placement with family and friends, a smaller proportion of the study cohort (5%) were placed with family and friends at first placement, compared 11% in the comparison cohort.

In respect of the two categories (residential children's home or schools, schools and community placements/independent living) less than 13% of both cohorts recorded a placement type in this category at first episode (as might be expected), and the difference between the two cohorts is negligible.

In summary, what these numbers do tell us is that **placement with foster carers is by far the most prevalent first placement type** for both cohorts of mothers.

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<sup>2</sup> For some age groups of mothers in the study cohort, the numbers were so small that they had to be hidden due to the associated disclosure risk. The totals therefore do not add up to 100%.

<sup>3</sup> We can only display the ages of the 89% of the sample who were aged 17 to 22 when their first child was removed but had to hide the numbers of those aged younger than 17 and older than 22, for data protection (identity protection) reasons.

## Mothers' placement experience over time: last placement type

While placement with foster carers is still the most frequent placement type in the last care episode (42% and 51% respectively) for both cohorts, we also see far greater variation over time. A **much greater proportion of mothers recorded placements indicating community/independent living** (32% Mothers in the study cohort; 23% of mothers in the comparison cohort) at last placement.

When comparing the two cohorts at final placement and this particular category (community/independent living), we see a nine-percentage point difference between the two cohorts. Hence, fewer of the study cohort remain in foster care than the comparison group over time, and were moving into more independent or community placements.

It also noteworthy that at this point, 11% of the study cohort are placed with parents at last placement and 8% in the comparison group. For both cohorts, **more of the mothers are placed with parents**, than at the first episode.

Regarding children's homes and schools, there is also an increase in the mothers in the study cohort, recording this category (16%).

In summary, the most important observation from this data, is that over time, fewer mothers record foster care and **more mothers move into placements denoting residential or independent living**. This trajectory is **more frequent for mothers in the study population**. 48% of mothers in the study cohort were either in community/independent living or residential placements at the last care episode recorded.

## The category of need of care experienced mothers at their first and last episode of care

**The need category "Abuse and neglect" was most commonly recorded for both cohorts**, with only 1% point between the two groups (47% of mothers in the study cohort and 48% of mothers in the comparison cohort). Regarding the remaining categories of need, both cohorts also recorded "family in acute stress" and "family dysfunction". All other categories of need had much smaller proportions for either cohort<sup>4</sup>.

Regarding need codes at first and last care episode, both cohorts typically record the need category "Abuse and Neglect" with minimal differences either between the two cohorts, or at first and last episode of care recorded in the data.

## Mothers' legal status at entry to care

**For both cohorts, the most prevalent legal status at entry to care is voluntary accommodation**. Although mothers in the study cohort were slightly less likely, than mothers in the comparison cohort to record a voluntary care arrangement at their first care episode (68% compared 73%

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<sup>4</sup> Several of the smaller categories (Socially unacceptable behaviour, disability & illness, absent parenting) had to be summarised as "other" for CLA mothers due to small numbers (<5).



respectively). Differences between the two cohorts of mothers in terms of other legal statuses are negligible.

At mothers' last care episode, the most prevalent legal status for both cohorts remains voluntary accommodation, but the proportions with this legal status have declined for both cohorts.

However, as we might expect over time, **the proportion of mothers subject to a full care order at their last care episode is sizeable**, and here there is some difference between the two groups. 42% of mothers in the study cohort were subjects of full care orders at their final care episode, compared to 33% of mothers in the comparison.

Were mothers in care at the time of birth of their first child?

Less than half of the mothers in both cohorts were in care, at the birth of their first child. However, 40% of the mothers in the study cohort, and 38% of mothers in the comparison cohort **were in care**, at the birth of their first child.

Differences between the two groups are negligible.

Number of moves of placement for mothers

The number of moves of placement for both mothers in the study cohort and the comparison cohort indicates some **considerable instability of care experience** for both. Instability is greatest for the study cohort.

On average, mothers in the study cohort recorded 7 placement moves

On average, mothers in the comparison cohort recorded 5 placement moves

# Findings Part B: The Children of care experienced mothers

All findings are based on analysis of children's records. For this section of the analysis – we have compared the 105 children born to care experienced mothers with the general population of children in care creating a comparison sample of 345 children.

The age of children in the study cohort when received into care

In terms of the children's age when entering care, the majority (74%) were babies aged under six months old when they entered care. **New-borns (under 2 weeks old) were the largest age category (42%).**

Route of entry to care for the study cohort

Regarding newborn babies, there was an even split between the infants who entered care on a voluntary basis, and those who entered through care proceedings.

Regarding older infants, **more of this age group entered care by care proceedings.**

Comparisons between the children in the study cohort and children in the comparison cohort.

First Placement

At care entry, most of the children in both cohorts were placed with foster carers. 63% of children in the study cohort were placed with foster carers, compared to a slightly lower percentage of 52% in the comparison cohort.

Conversely, **fewer children of mothers in the study cohort were placed with family and friends, or at home with parents, when compared to the comparison cohort.** This suggests that it has been more difficult *at initial placement*, to draw on family or friends' resources for children born to mothers in the study cohort than for the comparison cohort of children in care.

Overall, children in the study cohort were more likely to be placed outside of their family networks at entry to care.

## Final Placement

At final placement the profiles of placement types are markedly different for the last placement in our observational window, when compared to placement at care entry.

At the last care episode, of the children born to mothers in the study cohort, 33% were placed with their own parents, 33% were with foster carers, 22% were with family or friends, and 11% were placed for adoption. Thus, for children in the study cohort, **at the close of proceedings, a far larger proportion of children are returned to parents or family and friends' networks, than recorded these placements at care entry (55% compared to 26% at care entry)**. The proportion of children adopted at this point is small (11%); however, had we followed children beyond one year, we might have observed fewer children with foster carers and more children adopted, given information below regarding legal statuses (i.e., placement order data).

Overall, the **differences between placement types for the two cohorts of children are diminished** at final placement (at one year follow-up). Regarding the children in care comparison cohort, **58%** are returned to parents or family and friends' networks at final placement. Regarding adoption, the proportion of children in the comparison group recording this type of permanency outcome is slightly higher, but as above, it is likely this proportion would have been higher, given placement order data below.

## Children's legal statuses

Over time, there is significant **conversion of children's legal statuses**, indicating that for many children subject to initial voluntary arrangements, care proceedings follow (Figure 20). Over time, **67%** of children born to mothers in the study population, and **78%** of the children in care comparison group, were subject to care orders.

Regarding placement orders, **33%** of children born to mothers in the study cohort recorded this type of order indicating a plan for adoption; **22%** of the children in the children in care comparison cohort.

When we combine our observations regarding placement and legal statuses, it is possible to uncover the proportion of children who will likely experience permanent severance of ties with their birth parents. **Here, it is the children born to the study population of care experienced mothers who are more likely to be subject to adoption plans**, with an 11% percentage difference between the two cohorts. The single year follow-up available for this analysis, does however, limit final conclusions.

## Discussion

This exploratory study has used Welsh administrative data, to add to a very limited literature about intergenerational care. Overall, the study provides new evidence that more needs to be done to break a cycle of care, for care experienced mothers and their children. A hugely important outcome for children and youth with care experience (although insufficiently addressed) concerns their **life chances as parents**.

## Five headline findings:

1. Most of the care experienced women whose anonymised records were used for this study, did not become mothers during the period in which we were able to 'observe' them. However, a concerning proportion of care experienced mothers did experience the care of their own children (17% or approximately 1 in every 6). It is possible that the number of mothers experiencing separation from their own children is higher, due to problems of assigning linkage fields to all the women in the Welsh CLA data. Nevertheless, this first study provides **firm evidence** on the basis of 62% of the total population of mothers appearing in the CLA data **of intergenerational care in Wales**.

Regarding available benchmarks, the related study by Roberts et al. 2021, which involved manual review of cases, also found firm evidence of intergenerational care in Wales. Roberts et al., estimated that more than a quarter of birth mothers who experienced the loss of their children to public care or adoption, were care leavers themselves (Roberts et al., 2017). Evidence of intergenerational care has also been reported by both researchers and service providers, involved with women experiencing repeat care proceedings (Broadhurst & Mason, 2017; Boddy & Wheeler, 2020).

2. Based on the women we have been able to observe, the greatest proportion of mothers were only 19 years of age, when their own children entered care, and a sizeable proportion were teenagers.

Previous research has raised questions about the impact of child removal on young women's transitions to adulthood (Broadhurst et al., 2015; 2017, 2019; Broadhurst and Mason, 2020) calling for greater intensive support to address the trauma associated with child removal.

3. The study also provides firm evidence of **placement instability** for all of the mothers in this study. Within the period of observation, on average mothers recorded between 5 and 7 placements. Placement instability was higher for the mothers whose own children were received into care, with voluntary arrangements under s.76 of the Wellbeing and Services Act being the most likely legal status. It is also important to note that almost half of the cohort of mothers in the study population recorded placement trajectories which indicated moves into independent living or residential placements.

Concerns about the impact of placement instability have been voiced by multiple organisations, such as the Welsh Parliament Children, Young People and Education Committee (2023) and the Welsh Parliament Petitions Committee (2023), but as yet, the relationship between placement and intergenerational care has been insufficiently explored. Voluntary arrangements with parents are an important option for children requiring care of the State, but this study raises tentative questions about the stability of such arrangements for the women in this study. There is considerable policy emphasis on delaying transitions to independence for care leavers, and evidence from this report flags a potential association between transition to independence or residential placement and parenting difficulties, which is not unexpected.

4. Regarding the children of care-experienced mothers, where children enter care they do so typically as babies, with many new-borns. The children of care experienced mothers are more likely to be placed outside of their family and friends networks, and away from parents, when compared to the comparison group of children. Rates of adoption are higher for the children of care-experienced mothers, when compared to children in care whose own mothers were not in care themselves.

Permanent severance of parental ties is a very harsh intervention in family life, with particular impact on mothers who have experienced care themselves. Again, this study provides firm evidence that a proportion of care experienced mothers will lose their children to adoption, with infants removed from their care as new-borns or very early in life.

5. A final and important finding from this study, is that although there are differences between the mothers whose own children were/were not received into care, there are also many similarities. Regarding the need code profiles of all of the mothers, 'abuse and neglect' was most commonly recorded in their records. Early motherhood and placement instability is also common to both cohorts. This raises important questions about why mothers in the comparison cohort demonstrated greater resilience in respect of avoiding the removal of children from their care, when compared to a population. For example, are there differences in the services provided to the two cohorts, which enabled mothers with backgrounds clearly denoting adversity, to care for their children.

## **Conclusion**

This exploratory study has demonstrated the potential to begin to understand intergenerational care, using administrative data. Clearly more needs to be done to capture the full population of care experienced women and children, but based on this study, the issue of intergenerational care warrants greater attention. Alongside questions of life chances that centre on income, employment, housing and the like, questions of the right to family life must also come centre-stage.

## **Strengths**

- This is the first exploratory study to have used the Welsh CLA data to examine the intergenerational care experience.
- The main strength is linkage of the CLA and MIDS datasets and the population-level longitudinal coverage (with the above caveat of missing data), allowing for analyses of intergenerational care experience between mothers and children over time.
- The study employs a complex data linkage of rich population data which is only accessible in the SAIL Databank.
- The data used in this report is the most complete and comprehensive data on care leavers available in Wales to date.
- Our findings were very much consistent with related research, using a range of different data sources.

## Limitations

- 62% of the sample of mothers were assigned an ALF. This means that 38% could not be linked and were therefore missing data. Missing data can cause bias to statistical findings.
- However, we carried out a descriptive analysis of the missingness and possible bias by age, gender and area of residence and area deprivation. The patterns of missingness **are the same** across both the study and the comparison cohort.
- We found that in general, missingness was clustered by age, the very youngest and oldest individuals were more likely to have a missing ALF, and some clustering by area (see the main report [[LINK here](#)]).

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## **Research partner organisation**

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## **The Centre for Child and Family Justice Research**

The Centre for Child and Family Justice Research (CFJ) is co-hosted by the Department of Sociology and the Lancaster Law School and works in close collaboration with the Data Science Institute, bringing together academics, practitioners and policy makers. The work of the Centre focuses on the formal operation of family justice systems, but also broader social justice concerns and inequalities. The Centre's mission is to progress cuttingedge research, which aims to improve the lives of children, young people and families. In partnership with the SAIL Databank, Cafcass England and Cafcass Cymru, the Centre is progressing a major programme of work to increase the safe and ethical use of controlled data for family justice research. This programme of work is funded by the Nuffield Foundation

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