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Understanding care pathways and placement stability for adolescents in Wales

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About this report

This report aims to shed light on care pathways and placement stability for adolescents in Wales, using data from the Children Looked After census collected by Welsh Government. The report is divided into two parts, the first of which focuses on adolescent entry to care and the second, which focuses on pathways and placement outcomes. A standalone summary of this report is available from: www.nuffieldfjo.org.uk. This report builds on previous Nuffield Family Justice Observatory work in the *young people and the family justice system* theme (<https://www.nuffieldfjo.org.uk/our-work/young-people-family-justice>).

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Family Justice Data Partnership

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

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

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

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SAIL Databank

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

Partners



Contents

Executive summary	2
Introduction	5
Methodology	11
Findings	17
Discussion	60
References	63
Appendix A: Information governance	67
Appendix B: Categorisation of placement types	69
Appendix C: Ethnic groupings	71
Appendix D: Clearance period for adolescents	72
Appendix E: Adolescents entering care by UASC at entry to care [2007/08 to 2020/21]	74
Appendix F: Funnel plots showing the incidence rates of adolescents entering care by DFJ area in 2007, 2014 and 2020	75
Appendix G: Incidence rates of adolescents entering care by DFJ area ...	81
Appendix H: Incidence rates of adolescents entering care under voluntary arrangements and interim care orders by DFJ area	84

Executive summary

This report provides new evidence about care entry, pathways and placement stability for children aged between 10 and 17 years (referred to as ‘adolescents’) in Wales. The study is based on the total population of adolescents entering care in Wales over a 14-year period and is the first in the UK to examine both entry to care and change of legal status beyond initial entry to care for this population.

Data source

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

Study population

The study considered all adolescents who entered care for the first time between **1 April 2007 and 31 March 2021** ($N = 8,739$ adolescents). This provided an observational window of 14 years (2007/8 to 2020/21). Descriptive statistics were also calculated to describe the proportion of adolescents who entered care under voluntary routes and who later became the subject of a care order; where adolescents were placed on entry to care; outcomes (in terms of placements or reasons for leaving care); and the proportion of children who left and returned to care

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

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

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

Key findings

- Overall, the number of adolescents entering care for the first time has remained relatively stable in Wales for over a decade, however the incidence rate has steadily declined amongst younger adolescents.
- Adolescents aged 14 and 15 years old represent the largest proportion of children entering care for the first time in each year.
- The ethnicity of adolescents entering care appears to be similar to the ethnic composition of all adolescents in Wales; 84% of adolescents entering care were White.
- There was some variation in the incidence rates of adolescents entering care for the first time between the 22 local authorities in Wales, with Pembrokeshire, Wrexham and Cardiff notably having higher than average incidence rates. Some variation found between local authorities within the DFJ areas.
- Over two thirds (68%) of adolescents entered care for the first time under s.76 voluntary arrangements, while 13% entered under an interim care order.
- Following 2011/12, the rate of adolescents entering care under voluntary arrangements began to decline, whilst the rate of adolescents entering care under an interim care order has increased throughout the study, although since 2017/18, this pattern appears to be stabilising. In recent years, the incidence rates of interim care orders and voluntary arrangements have begun to converge, particularly amongst younger adolescents.
- Older adolescents had higher rates of voluntary arrangements compared to younger adolescents, while the opposite was true for interim care orders.
- Cardiff and South East Wales had higher incidence rates of adolescents entering care under voluntary arrangements and interim care orders.
- In 2020, incidence rates of voluntary arrangements had declined since 2014, although there was still a preference for voluntary entries compared to interim care orders.
- Of the 5,947 adolescents who entered care under voluntary arrangements between 1 April 2007 and 31 March 2021, 22%

became the subject of compulsory action at any time in their care history, with younger adolescents (143 days) taking longer to convert than older adolescents (81 days).

- A considerably higher proportion of younger adolescents (89%) became subject to a compulsory action compared to older adolescents (11%).
- A slightly higher proportion of adolescents entering care in the most deprived quintiles of Wales, became the subject of compulsory action.
- Of adolescents who entered care under a voluntary arrangement, 68% were placed with unrelated foster carers, and only a small proportion were placed with foster placement with friends or family, in a children's home, residential care home or school, or a residential placement.
- Interestingly, those who entered on an interim care order were most likely to be placed with their parents (34%) than any other placement, indicating the widespread use of care orders at home.
- Of those who had left care during the study period, 43% had returned home to live with parents or family members, with 21% having care ceased for 'any other reason'.
- Nearly half of younger adolescents (45%) experienced three or more placement moves, with just over 35% experiencing only one placement. A higher proportion of older adolescents experienced only one placement (48%).
- 23% of adolescents had re-entered care at least once, when excluding those who enter on short-term breaks, this decreased to 19%.
- The largest proportion of adolescents who experienced instability (change in placement or legal status) entered care on a voluntary basis and returned to care on a voluntary basis (1,098).

We recommend several additional analyses for further research of linked administrative data to understand the picture at large; this should however also be triangulated with qualitative work to shed light on some of our findings and to aid our understanding of why adolescents cycle in and out of care and what interventions would improve placement stability and permanence.

Introduction

There continues to be concern surrounding the volume of children in care, with Wales having one of the highest rates of children in the UK being cared for by the state (Scotland 124 per 10,000; Wales 112 per 10,000; Northern Ireland 82 per 10,000 and England 70 per 10,000) (Scottish Government, 2022). This has been attributed to diverging practice, more deprived socioeconomic status and higher child welfare intervention rates¹ in Wales (Bywaters et al. 2020; Hodges & Bristow 2019). The elevated number of adolescents entering care has been particularly evident in the last decade in Wales (StatsWales 2022; Hodges et al. 2019; Clarke 2019), with nearly one in four children in care (23%) being over 16 years old, and 39% aged between 10 and 15 (House of Commons Committee Report 2022). Insufficient early intervention, a decline in the number of children leaving care and increased numbers of unaccompanied asylum-seeking children are thought to be contributory factors.

This report provides new empirical evidence about entry routes to care, pathways through care and placement outcomes for adolescents in the care system in Wales. There are inconsistencies in how the term 'adolescent' is defined. It is often used to describe the period that encompasses the changes associated with transitions from childhood to adolescence, including social, cognitive, behavioural and biological changes (Patton et al. 2016). The World Health Organisation (WHO) define this period as starting at 10 years old. While the Children Act 1989, defines a child as anyone under the age of 18. Therefore, in keeping with previous work, we refer to an adolescent as anyone aged between 10 and 17 years old (Roe et al. 2021a).

Here, we utilise routinely collected population-level data, which forms the Welsh Government's Children Looked After (CLA) census (Allnatt et al. 2022), to further our understanding of adolescents' care experiences and outcomes. This report provides detailed descriptive information about adolescents entering care, their characteristics, placement stability and placement outcomes.

Although prior research has clearly demonstrated elevated rates of children and adolescents entering care in Wales (Hodges 2020; Wood & Forrester 2023), we expand on the work mentioned above which has previously been limited by a lack of information on care journeys, to

¹ Intervention rates are a proxy measure of children receiving different kinds of social care interventions including being taken into care or being placed on child protection registers.

address the primary objective: to ascertain routes of first entry into care and pathways.

Findings are presented at a national, regional (court circuit) and local authority level, using anonymised, individual records over a period of 14 years. This is the first report to examine changing patterns in legal status over an extended period, as well as how this differs between local authorities. Prior research has typically focused on trends in children looked after in England, limited to 150 of the upper-tier local authorities (Bennett et al. 2020). Our detailed exploration builds on this work, and highlights changes over time, across the whole of Wales.

The recent acquisition of the CLA data by the Secure Anonymised Information Linkage (SAIL) Databank has provided a unique opportunity to advance knowledge regarding adolescents in the care system in Wales. This report is part of a series that aims to better understand the needs of older children and young people in the family justice system (Roe et al. 2021a; Roe et al. 2021b; Griffiths et al. 2021). The research was designed and completed by the Family Justice Data Partnership (FJDP) — a collaboration between Lancaster University and Swansea University, who are pioneering the use of linked administrative data to answer pressing questions about the operation of family justice and the care system, as well as their impact on the lives of children and families.

Adding to FJDP's research to-date, this report aims to:

- Quantify the volume of adolescents entering care in Wales for the first time, the proportion of younger and older adolescents, and incidence rates over time
- Describe variation in adolescents incidence rates between Designated Family Judge (DFJ) areas and local authorities
- Quantify the numbers and proportions of adolescents entering care via voluntary and compulsory routes and describe variation by time, ethnicity, gender, age, deprivation and category of need
- Quantify the proportion of adolescents entering care via Section 76 (s.76) voluntary arrangements that become the subject of an interim care order and a full care/placement order at any point after first care entry, quantify the length of time it takes for these orders to be made, and describe variation between local authorities
- Describe demographic differences (age, gender, ethnicity, deprivation, and category of need) between adolescents who entered care under voluntary arrangements and who did, or did not, become the subject of compulsory action at any point after first care entry
- Quantify the proportion of adolescents entering care under short-term breaks who convert to a different legal status at any point after first care entry
- Describe placement types for adolescents on entry to care

- Describe placement types or reasons for leaving care at their last placement before the end of the study period, by legal status on entry to care
- Quantify the number of placements during entire care history, by legal status and age group
- Describe differences in outcomes (placement types or reasons for leaving care) for last placement, for adolescents who entered care under voluntary arrangements and who did, or did not, become the subject of compulsory action
- Quantify the number of children who left and returned to care at any point after first entry to care, and describe the routes of entry and re-entry

Care entry: the legal context in Wales

There are two primary routes into the care system in Wales: care proceedings and voluntary arrangements. Adolescents may also become looked after under other legal statuses, including emergency protection orders, police protection, the youth justice system or short-term breaks. These routes into care are outlined below.

Care proceedings

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

Voluntary accommodation

Children can also enter the care system on a voluntary basis, whereby those with parental responsibility agree that the child can be accommodated by the local authority under s.76 of the Social Services and Wellbeing (Wales) Act 2014. This Act places a duty on local authorities to provide accommodation to children who have no one to look after them, or where their carer is prevented from providing them with suitable accommodation or care. The duty is dependent on those with parental

responsibility agreeing to the arrangement and does not involve the courts. In order to capture the total population of children entering care, research needs to capture those removed from parents care under s.31 of the Children Act 1989, but also those who enter care with parental agreement under s.76 of the Social Services and Well-being (Wales) Act 2014. The equivalent legislation in England is Section 20 (s.20) of the Children Act 1989. A proportion of children who enter care via a voluntary agreement (s.76/s.20) will go on to experience s.31 care proceedings, and subsequently a proportion of those children will become the subject of a care order.

Although the majority of children looked after in Wales are the subject of a care order (Welsh Government 2021), most children entering care in any given year do so via s.76 and there is considerable variation in the rates of children entering care via the two legal routes between local authorities (Elliott 2017). In addition, the number of children looked after in any given year in England and Wales under a care order continues to increase over time and the number who are looked after through a voluntary arrangement continues to decrease (Department for Education 2018; Hodges 2020a). In England, these trends reflect the changes seen for the legal status of children *on entry to care*; in recent years, the number of children in England *entering care* under a care order has risen while the number entering care under a voluntary agreement has fallen (Department for Education 2018).

Child protection grounds

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

Emergency action can also be taken by the police using their powers under Section 46 (s.46) of the Children Act 1989. If a child is believed to be at risk of significant harm, they can be removed from their home and placed under police protection in a safe location. This is an emergency and temporary measure, and no court order is required. A child can be kept in police protection for a maximum of 72 hours. The police do not acquire parental responsibility during this time.

Youth justice legal status

Children and young people may become looked after following involvement with the youth justice system. Police cells are recognised as an unsuitable place for a child. The Police and Criminal Evidence (PACE) Act 1984,

Older children and young people entering the care system in Wales

requires that where bail is refused, the young person must be brought before the first available court. If a child aged between 10 and 17 is charged with an offence and denied bail, the police are required to make arrangements to provide accommodation under s.21 of the 1989 Act until the hearing, and the child is considered looked after.

All children not granted bail are remanded to local authority accommodation or to youth detention accommodation if conditions in the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA) are met. Where a child is remanded to local authority accommodation, the local authority identifies suitable accommodation, which may include living with their own parents, relatives or foster carers. They may also be subject to other conditions set by the court, such as a general curfew. In order for those to be remanded to youth detention accommodation, certain criteria must be met, including i) the child has reached the age of 12, ii) the child is legally represented before the court, iii) the child has committed a violent or sexual offence with imprisonment of 14 years or more, or iv) the child has a recent history of absconding from remand or committing offences whilst on remand. If any of these criteria are met then the court is of the opinion that remanding the child in youth detention accommodation would be adequate for the protection of the public from death or serious injury. If a child is sent to youth detention accommodation, the child is assessed and is sent to either a secure children's home, secure training centre or a Young Offenders Institution.

Short-term breaks

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

Advancing knowledge on adolescents in care

This report builds on previous work by the Family Justice Data Partnership (FJDP) that provided a national overview of older children and young people aged 10 to 17 years old subject to care proceedings under Section 31 of the Children Act 1989 (s.31, CA 1989) in England and Wales (Roe et al. 2021a). It also follows on from a report in the Born into Care series,

which examined care pathways and placement stability for infants entering care in Wales (Cowley et al. 2023).

To date, research on adolescents entering care in Wales has solely focused on information related to care proceedings under s.31 of the Children Act utilising Cafcass² and Cafcass Cymru data (Roe et al. 2021a). Roe et al. show that in the last decade, there has been a considerable increase (95%) in the number of adolescents (aged 10 – 17 years) subject to care proceedings in England and Wales. A significant limitation is that Cafcass data does not capture out-of-court arrangements, specifically those who enter care under voluntary arrangements. However, the majority of adolescents (70%) enter care as a result of voluntary arrangements under s.20 of the Children Act 1989 and s.76 of the Social Services and Well-being Act (Wales, 2014) (Clarke and Penington 2021). In addition, Cafcass data does not record detailed information regarding the child's placement; therefore, it is not possible to examine placement pathways and stability for adolescents entering care via different routes. Given this, there is a considerable gap in our current understanding of adolescents entering via voluntary arrangements.

To address these gaps in our knowledge, we use the Children Looked After (CLA) dataset within the SAIL Databank to explore the entry routes to care and placement stability for adolescents in Wales.

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

Methodology

This study used anonymised, population - and individual-level administrative Children Looked After (CLA) data collected and maintained by Welsh Government and held in the Secure Anonymised Information Linkage (SAIL) Databank (Ford et al. 2009; Lyons et al. 2009). The CLA data was linked to the Welsh Index of Multiple Deprivation 2019 (WIMD 2019) dataset to determine the WIMD quintile for each child included in the study. The WIMD score was calculated based on the child's lower super output area (LSOA) at the time of entering care, as recorded in their CLA record.

For this study, we looked at children aged between 10 and 17 years (referred to as 'adolescents') who entered care for the first time. This study analysed trends in the volume of adolescents entering care, care characteristics and typical trajectories between 1 April 2007 and 31 March 2021 in Wales. Further details are provided in the "population, timeframe and definitions" section below. We also go on to describe our analytical process, followed by the studies strengths and limitations.

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

Data sources

Children Looked After (CLA) dataset

The primary data source for this study was the Welsh Children Looked After (CLA) data. In Wales, routine information relating to placements and legal status are captured in the the Children Looked After Census (previously the SSDA 903 collection) which is submitted annually to the Welsh Government and held within the SAIL Databank for research purposes. Detailed information about the CLA data is provided in a data resource profile (Allnatt et al. 2022).

Relevant information included: the child's week of birth, gender, ethnicity and lower super output area (LSOA)³ on entry to care; start and end dates

³ LSOAs are geographic units designed for the reporting of small area statistics. They must have a minimum population size of 1,000, and a mean population size close to 1,600. There are 1,909 LSOAs in Wales. For more information, see: <https://www.gov.wales/sites/default/files/statistics-and-research/2020-02/welsh-index-multiple-deprivation-2019-technical-report.pdf>

of each episode of care; legal status; category of need; reason the episode started and finished; placement type, and local authority.

Episodes and periods of care explained

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

Placement data

It was necessary to combine data on placement types due to small numbers and statistical disclosure control. Categorisation of placement types is shown in Appendix B. Categorisation of placement types meant that it was not possible to report whether children placed in foster care were placed inside or outside the local authority boundary, or whether children placed for adoption were placed with their current foster carer, a different foster carer, or prospective adoptive parents. Placement types were further grouped into family-like, non-family-like, non-family-like secure and non-family-like not secure.

Ethnicity

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

Unaccompanied asylum seeking children

The unaccompanied asylum seeking children (UASC) status was examined at adolescent's entry year into care.

Population, timeframe and definitions

All adolescents who entered care for the first time between 1 April 2007 and 31 March 2021 in Wales were included. Although the CLA data available has coverage from 1 April 2002, a five-year look-back period was added to identify and exclude any adolescents who had a prior episode of care. Details of this methodology can be found in Appendix D.

Adolescents were followed up until the end of CLA data availability, 31 March 2021. During this period, we were able to determine whether children who entered care under s.76 voluntary arrangements subsequently became the subject of a full or interim care order, and to determine outcomes (placement types or reasons for leaving care) for adolescents at follow-up by legal status on entry to care, including whether adolescents re-entered the care system after exiting.

We used week of birth and date of first episode of care to identify adolescents entering care for the first time between 2007/08 and 2020/21. The reason for entering care needed to be 'Starting to be looked after' to be included. Our cohort excludes adolescents entering care for the first time on a full care order or a wardship legal status (n = 72).

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

A younger adolescent was defined as a child aged between 10 and 14 years and an older adolescent aged between 15 and 17 years, in keeping with previous work (Patton et al. 2016; Roe et al. 2021a).

Analytical process

Local authority and court areas

Given Welsh government's commitment to transparency and open statistics, a decision was taken to name local authorities and the three Designated Family Judge (DFJs) areas in the analysis of variation. However, due to small numbers in some local authorities and therefore to avoid disclosure, we cannot publish actual numbers of adolescents entering care per year.

The 22 Welsh local authorities were mapped to the three Designated Family Judge (DFJ) areas in Wales:

- North Wales: Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham
- Swansea and Southwest Wales: Bridgend, Neath Port Talbot, Swansea, Powys⁴, Carmarthenshire, Pembrokeshire and Ceredigion
- Cardiff and Southeast Wales: Cardiff, Merthyr Tydfil, Rhondda Cynon Taf, Vale of Glamorgan, Newport, Caerphilly, Torfaen, Blaenau Gwent and Monmouthshire

⁴ Powys-North is in the North Wales DFJ area, while Powys-South is in the Swansea and South West Wales DFJ area. However, it was not possible to differentiate between Powys-North and Powys-South using the Children Looked After data. For analytic purposes, we included all Powys cases in the Swansea and South West Wales DFJ area.

Analysis

Given the descriptive objectives of this study, data analysis comprised the calculation of frequencies, proportions and incidence rates. Frequencies and proportions were used to understand the number of adolescents entering care for the first time and the proportion of adolescents entering care under voluntary and compulsory routes.

However, incidence rates provide a clearer picture of the likelihood of adolescents in the general population entering care. Publicly available mid-year population estimates produced by the Office for National Statistics (ONS) were used to calculate incidence rates of adolescents entering care per year and by local authority⁵. Incidence rates were also used to probe variation between local authorities and Welsh DFJ areas, allowing meaningful comparisons to be made across areas with different population sizes. Funnel plots were used to both assess and present variation at the start (2007), mid (2014) and end (2020) of the study period. 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 DFJ areas that fall within an expected range, from those that are outliers regarding the rates of infants entering care.

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

Analyses examining variation in legal status on entry to care by local authority are restricted to those adolescents who entered care under voluntary arrangements or interim care orders due to small numbers. The numbers for youth justice legal status were also too small to be included when stratified by younger and older adolescents. We were unable to examine variation in incidence rates at a local authority level across the whole of the study period because we have included adolescents of multiple ages (i.e. 10-17), otherwise the adolescent would be counted multiple times in ONS mid-year population estimates. Instead, we had to break it down by a yearly basis. For this reason, we have included the start (2007), mid (2014) and end (2020) of the study.

Reporting

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

⁵ Mid-year population estimates are available from: [Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

Validation

We compared the figures within the CLA data for the numbers of children in care as of 31 March in each year with data reported on the StatsWales website⁶. The figures from the two data sources were not directly comparable due to the rounding procedures applied by StatsWales; however, they fell within an acceptable range.

Study strengths and limitations

Strengths:

- This is the first study to have used the longitudinal CLA data to examine routes of entry for adolescents entering the care system in Wales for the first time, as well as their placement types and outcomes, thereby filling an important evidence gap. This study will be of interest to Welsh Government policy makers, lawyers, and local authority senior managers in Wales, as well as academics in Wales and beyond.
- This is the first study within the NFJO Young People series of reports to include children in care under voluntary arrangements and to analyse placement data. This study therefore provides a rich understanding of the use of voluntary arrangements by local authorities and subsequent placements for children, which has been made possible due to the acquisition of the CLA data.
- Studies and official statistics have traditionally excluded those entering care under short-term breaks for the purposes of respite care. For the first time, we have included adolescents who are recorded as entering the care system for the first time via short-term breaks because a high proportion of these go on to receive interim care or full care orders.
- The main strengths of the CLA dataset are that it has population-level coverage, and the data collected are longitudinal, allowing for change over time to be assessed.
- For a full discussion of the strengths and limitations of the CLA data, see the data resource profile (Allnatt et al. 2022).

Limitations:

- Studies based on administrative data are necessarily limited by the scope and quality of available data, which is collected primarily for organisational rather than research purposes.

⁶ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age>

- Although we incorporated a five-year look-back period, for some adolescents, we cannot definitely say that it was their first entry into care.
- We were only able to follow adolescents until the end of the data coverage, 31 March 2021. It is possible that adolescents could have re-entered care after this period, which would not be captured in our analysis.
- By design, analyses are descriptive and include a wide range of measures to start to build a picture of the pathways of adolescents involved in the care system. Further modelling is required to understand predictors of placement outcomes and stability for adolescents in Wales. Future analysis could also link the CLA data to children's health and education data to examine health and education outcomes of children looked after in Wales.
- While the CLA data contains legal status and placement information for each episode of care, it does not contain information about s.31 application issue dates, or the dates that interim and final legal orders are made. This requires linkage to the Cafcass Cymru data and will enable the establishment of more accurate timelines to conversion from voluntary arrangements to s.31 proceedings and care orders. Work is ongoing within the FJDP to improve the linkage match rate between the CLA and Cafcass data.
- In light of recent changes in legislation regarding unregulated placements (Department for Education, 2021), we note that a shortfall in the CLA data in Wales is that data against this issue is not collected, and we have provided feedback to relevant Welsh Government colleagues in this respect.
- For the CLA return, local authorities are required to choose only one 'category of need' code from a hierarchical list that best describes the reason for the child entering care. This code remains the same for each episode of care that the child experiences. Therefore, it is not possible to examine whether children enter care for multiple reasons, or to determine whether their reasons for being in care change over time, unless they exit and re-enter the care system.
- Children in the CLA data are given a new identifier when they move local authorities, making it difficult to follow the trajectories of these children. A small minority of children in this study had this experience, therefore we did not attempt to unify their care records, however future studies examining the pathways of children in care using the CLA data should consider doing so.
- We were unable to analyse care entry and pathways of adolescents entering care by UASC status. This is likely to have an effect on the results, however, the number of adolescents entering as an UASC were small.

Findings

Number of adolescents entering care and changes over time

Between 1 April 2007 and 31 March 2021, 8,739 adolescents entered care for the first time in Wales (**Error! Reference source not found.**). Annual entries peaked in 2009/10 with 720 adolescents entering care. Despite some fluctuation, the annual entries were generally consistent across the years in the study. However, as outlined below, there are differences according to route of entry.

Age of adolescents at care entry

The ages of adolescents entering care for the first time was quite evenly distributed, with the exception of 11 and 17 year olds who made up the smallest proportion of adolescents entering care (9% and 8%, respectively). The largest proportions of adolescents being 14 or 15 years (17% and 19% respectively). The largest increases throughout our study period were seen for adolescents aged 16 and 17 years.

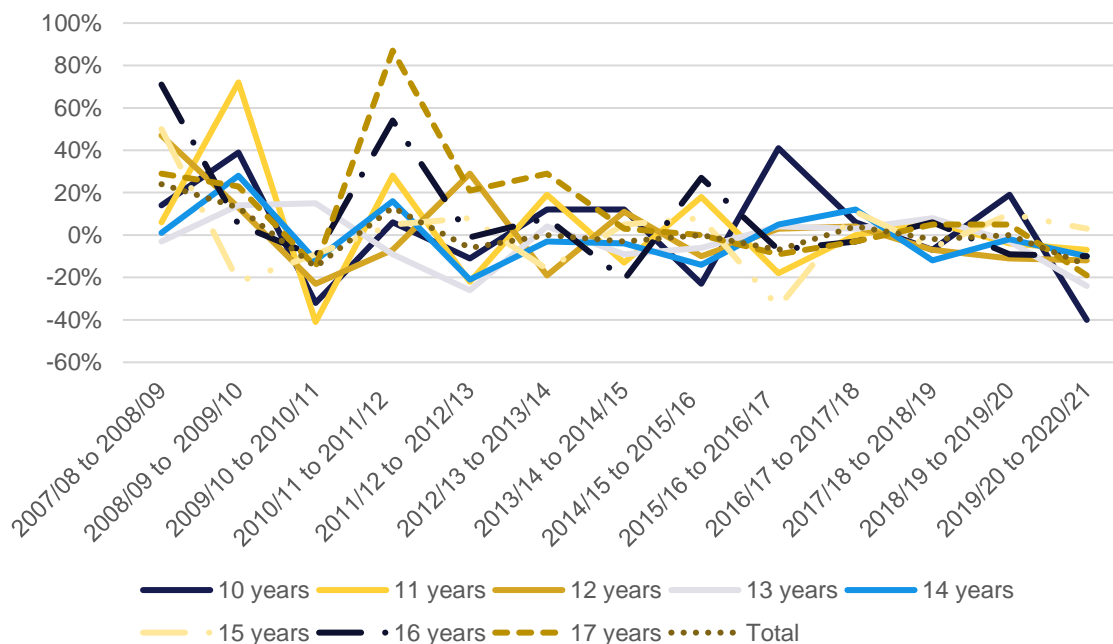
Table 1: Adolescents entering care by age at entry to care [2007/08 to 2020/21]

Age Year	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	Total
2007/08	50 [10%]	50 [10%]	53 [10%]	88 [17%]	103 [20%]	117 [23%]	38 [7%]	17 [3%]	516 [100%]
2008/09	57 [9%]	53 [8%]	78 [12%]	85 [13%]	104 [16%]	175 [27%]	65 [10%]	22 [3%]	639 [100%]
2009/10	79 [11%]	91 [13%]	88 [12%]	97 [13%]	133 [18%]	137 [19%]	68 [9%]	27 [4%]	720 [100%]
2010/11	54 [9%]	54 [9%]	68 [11%]	112 [18%]	117 [19%]	124 [20%]	61 [10%]	23 [4%]	613 [100%]
2011/12	57 [8%]	69 [10%]	63 [9%]	102 [15%]	136 [20%]	130 [19%]	94 [14%]	43 [6%]	694 [100%]
2012/13	51 [8%]	54 [8%]	81 [12%]	75 [11%]	108 [16%]	141 [22%]	93 [14%]	52 [8%]	655 [100%]
2013/14	57 [9%]	64 [10%]	66 [10%]	78 [12%]	105 [16%]	119 [18%]	100 [15%]	67 [10%]	656 [100%]
2014/15	64 [10%]	56 [9%]	73 [11%]	71 [11%]	101 [16%]	125 [20%]	79 [12%]	69 [11%]	638 [100%]

2015/16	49 [8%]	66 [10%]	66 [10%]	67 [10%]	87 [14%]	135 [21%]	100 [16%]	69 [11%]	639 [100%]
2016/17	69 [12%]	54 [9%]	68 [11%]	70 [12%]	91 [15%]	89 [15%]	93 [16%]	63 [11%]	597 [100%]
2017/18	73 [12%]	54 [9%]	71 [11%]	72 [12%]	102 [16%]	99 [16%]	90 [14%]	61 [10%]	622 [100%]
2018/19	68 [11%]	57 [9%]	66 [11%]	78 [13%]	90 [15%]	93 [15%]	95 [16%]	64 [10%]	611 [100%]
2019/20	81 [13%]	55 [9%]	59 [10%]	76 [12%]	88 [14%]	102 [17%]	86 [14%]	67 [11%]	614 [100%]
2020/21	49 [9%]	51 [10%]	52 [10%]	58 [11%]	79 [15%]	105 [20%]	77 [15%]	54 [10%]	525 [100%]
Total	858 [10%]	828 [9%]	952 [11%]	1,129 [13%]	1,444 [17%]	1,691 [19%]	1,139 [13%]	698 [8%]	8,739 [100%]

Figure 1 shows the year-on-year change in the number of adolescents entering care for the first time by age. Overall, there has not been a significant rate of change in the number of adolescents entering care (1% increase) between 2007/08 and 2020/21, however, there has been for adolescents who entered at 16 or 17 years (8 and 12% increase).

Figure 1: Year-on-year change in the number of adolescents entering care by age at entry to care [2007/08 to 2020/21]⁷



Where the value is given as a minus, this indicates a reduction in a given year compared to the previous year

Ethnicity of adolescents at care entry

The ethnic origin of all adolescents entering care is shown in Table 2. The largest proportion of adolescents entering care in each year were White (84%), followed by 4% as Asian or Asian British and Other, and 3% identified as Mixed ethnicity and Black, African, Caribbean, or Black British. This trend remains stable between 2007 and 2021.

Compared to 10-17 year olds in the general population in Wales, we found comparable compositions of ethnic origin, despite an underrepresentation in those who identify as White (by 6%). In Wales, 90% of the population were White, 4% were Asian or Asian British, 3% were from Mixed ethnic groups, 1% were Black, African, Caribbean or Black British and 1% were from other ethnic groups. The ONS 2021 Census was used as a benchmark. Although the census provides the most detailed picture across the entire UK population, it is only conducted every ten years, meaning that it is not possible to look at year-on-year trends in ethnicity. In addition, this comparison should be interpreted with caution as for 2% of our CLA sample, ethnicity was not obtained.

Table 2: Adolescents entering care by ethnicity at entry to care [2007/08 to 2020/21]⁸

Ethnicity Year	White	Black, African, Caribbean, or Black British	Asian or Asian British	Mixed ethnic group	Other ethnic group	Information not obtained	Total
2007/08	440 [85%]	~	17 [3%]	~	17 [3%]	26 [5%]	516 [100%]
2008/09	536 [84%]	~	35 [5%]	14 [2%]	44 [7%]	~	639 [100%]
2009/10	649 [90%]	~	22 [3%]	12 [2%]	22 [3%]	~	720 [100%]
2010/11	530 [86%]	12 [2%]	21 [3%]	12 [2%]	18 [3%]	20 [3%]	613 [100%]
2011/12	594 [86%]	14 [2%]	25 [4%]	26 [4%]	14 [2%]	21 [3%]	694 [100%]
2012/13	575 [88%]	~	17 [3%]	19 [3%]	~	27 [4%]	655 [100%]
2013/14	565 [86%]	~	21 [3%]	20 [3%]	~	30 [5%]	656 [100%]
2014/15	540 [85%]	28 [4%]	27 [4%]	10 [2%]	20 [3%]	13 [2%]	638 [100%]
2015/16	532 [83%]	13 [2%]	18 [3%]	25 [4%]	25 [4%]	26 [4%]	639 [100%]
2016/17	485 [81%]	36 [6%]	34 [6%]	~	24 [4%]	~	597 [100%]
2017/18	507 [82%]	28 [5%]	39 [6%]	21 [3%]	27 [4%]	0 [0%]	622 [100%]
2018/19	494 [81%]	21 [3%]	34 [6%]	16 [3%]	46 [8%]	0 [0%]	611 [100%]
2019/20	488 [79%]	30 [5%]	36 [6%]	23 [4%]	37 [6%]	0 [0%]	614 [100%]
2020/21	427 [81%]	26 [5%]	35 [6%]	15 [3%]	~	~	525 [100%]
Total	7362 [84%]	248 [3%]	381 [4%]	240 [3%]	329 [4%]	179 [2%]	8,739 [100%]

~ value suppressed due to small numbers and statistical disclosure control

⁸ Due to small numbers and statistical disclosure reasons, some ethnicities have been masked

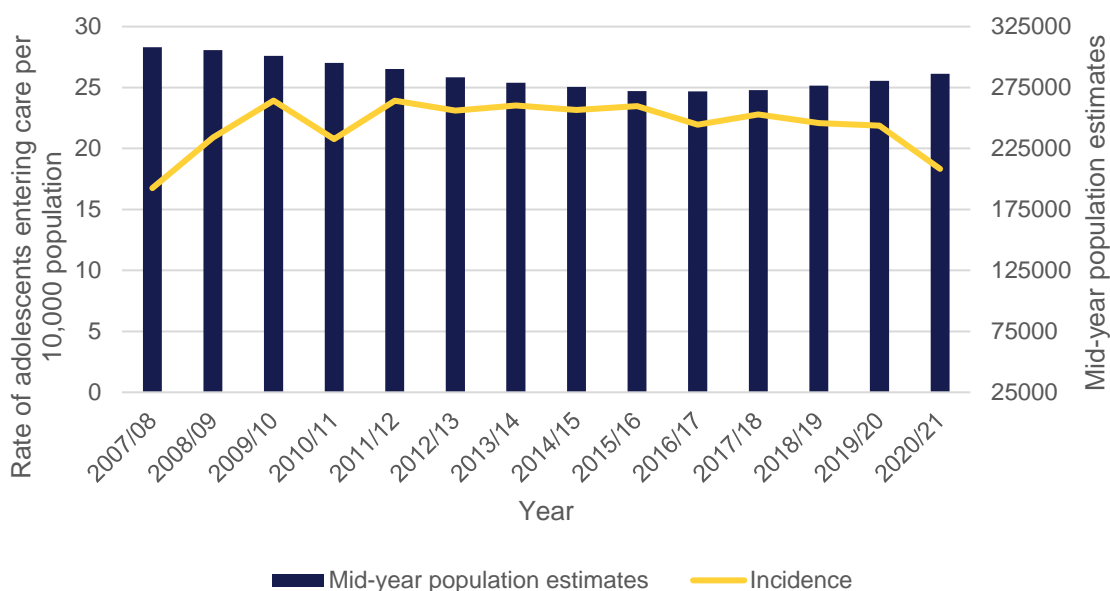
Unaccompanied Asylum Seeking Children

Six percent of adolescents entering care were unaccompanied asylum seeking children (UASC). The yearly numbers of UASC at entry into care are shown in Appendix E. A higher proportion of older adolescents entered care as an UASC (430, 12%) compared to younger adolescents (58, 1%).

Incidence rates

While frequencies are useful to understand the volume of adolescents entering care, incidence rates provide a clearer picture of the likelihood of adolescents in the general population entering care. Incidence rates are expressed as the number of adolescents entering care per 10,000 adolescents in the general population. Figure 2 visualises the trend of first time care entries alongside the mid-year population estimates for adolescents in Wales during the study period. In 2007/08, for every 10,000 adolescents in Wales, 17 adolescents entered care for the first time. Incidence rates have remained relatively stable at an average of 22 adolescents per 10,000 population with a small decline in 2020/21, most likely due in part to the impact of the COVID-19 pandemic on access to social care services.

Figure 2: Incidence rates, adolescents entering care (per 10,000 population), per year [2007/08 to 2020/21]



Looking at the age categories of adolescents separately, we can see that there is a difference in the incidence rates for younger (10-14 years) and older (15-17 years) adolescents. For the younger group (Figure 3: Incidence rates, younger adolescents entering care (per 10,000 population), per year [2007/08 to 2020/21] Figure 3), there has been a

decrease from a peak of 27 per 10,000 in 2009/10 to 16 per 10,000 in 2020/21. There has been a considerable increase for older adolescents (Figure 4), from 14 per 10,000 in 2007/08 to 23 per 10,000 in 2020/21, reaching a high of 28 per 10,000 in 2015/16. This is in conjunction with a decline in the mid-year population estimates of older adolescents in Wales.

Figure 3: Incidence rates, younger adolescents entering care (per 10,000 population), per year [2007/08 to 2020/21]

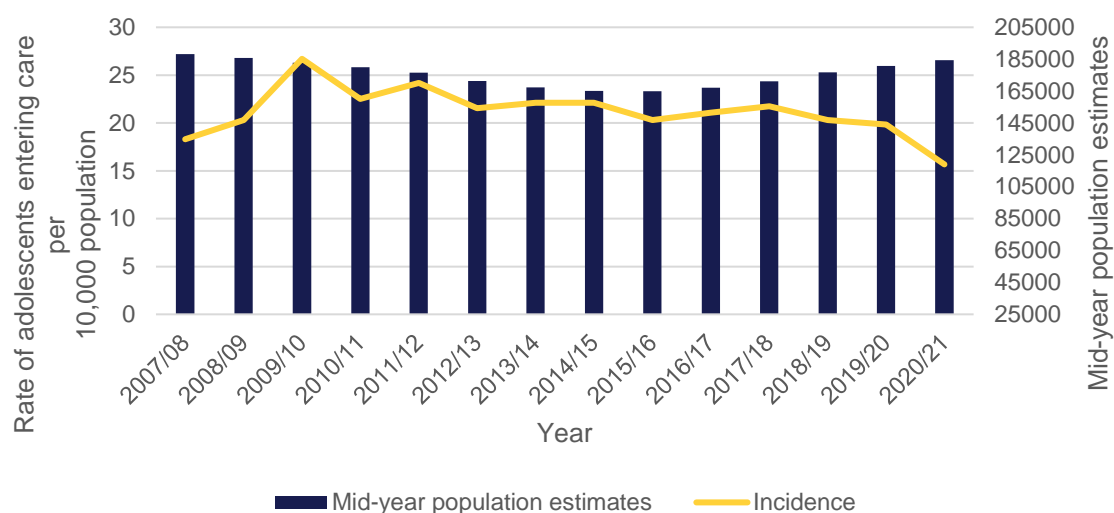
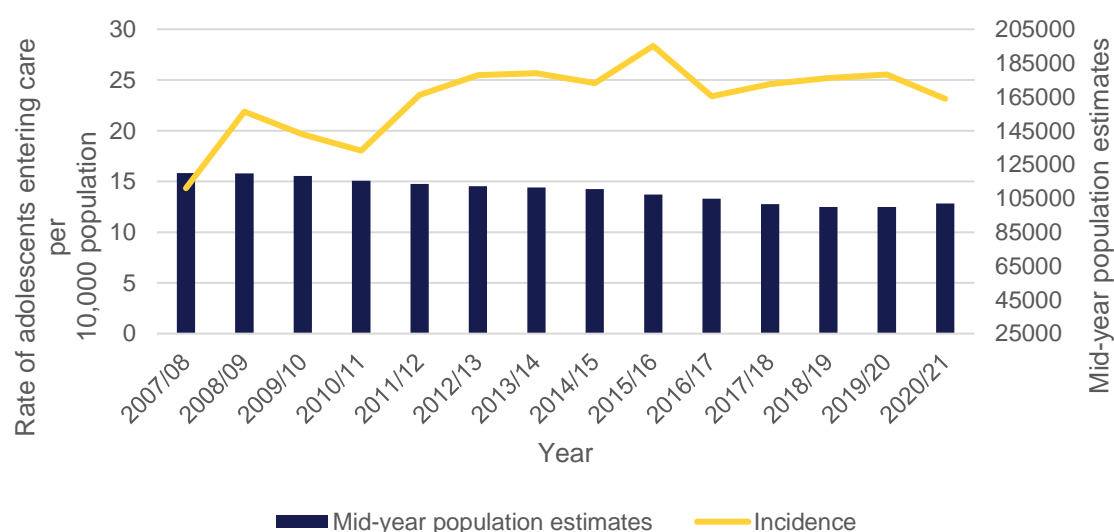


Figure 4: Incidence rates, older adolescents entering care (per 10,000 population), per year [2007/08 to 2020/21]



Research has shown an increase in the numbers of children in care over recent years (Hodges et al. 2019). Reasons for this may include the cumulative effect of children having entered care at a young age, limited availability of potential adoptive placements, as well as age impacting

placements. For example, 16-17 year olds are more likely to be placed in non-kinship care.

To summarise:

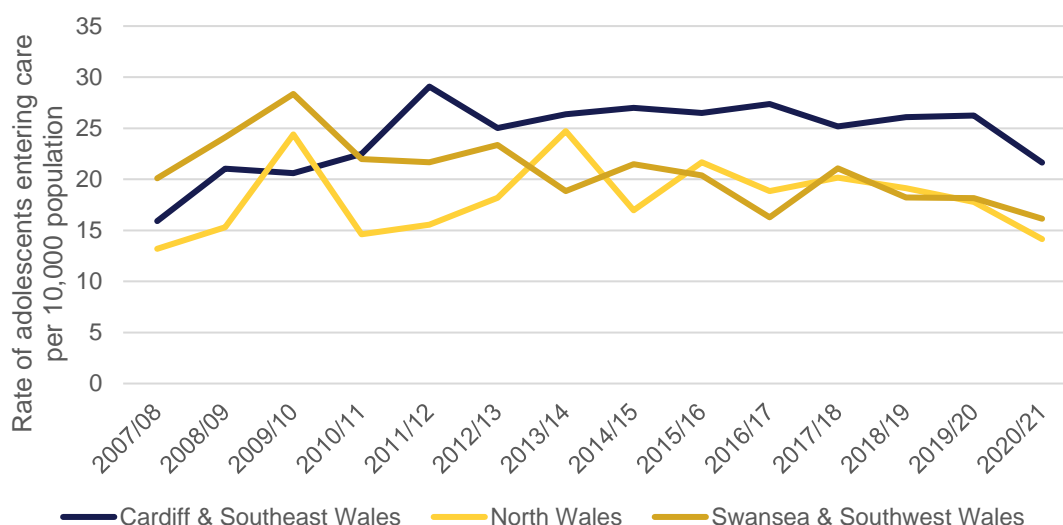
- **The number of adolescents entering care for the first time has remained relatively stable in Wales for over a decade.**
- **Adolescents aged 14 and 15 years old represent the largest proportion of children entering care for the first time in each year - 36% of all adolescents entering care for the first time during the study period (1 April 2007 – 31 March 2021).**
- **Adolescents entering care were most likely to be White (84%) compared to other ethnic backgrounds.**
- **The highest recorded incidence of adolescents entering care for the first time was 24 adolescents per 10,000 population in 2013/14. Since then the incidence rate has steadily declined amongst younger adolescents, which may be partially explained by Welsh Government policy (Welsh Government, 2019) encouraging a reduction in the number of children entering care.**
- **Interestingly, incidence rate has remained relatively stable amongst older adolescents in recent years.**
- **There has been a relatively large and steady increase in the number of adolescents aged 16 and 17 years entering care over time.**

Variation by local authority and DFJ

At the three DFJ area levels, Cardiff and Southeast Wales had the highest average rate (across years) of 24 per 10,000. Swansea and Southwest Wales had an average rate of 21 per 10,000, and North Wales had the lowest average rate of 18 per 10,000.

Figure 5 shows the incidence rates for each of the DFJ areas. Rates in Swansea and Southwest Wales generally declined from 28 per 10,000 in 2009/10 to 16 per 10,000 in 2020/21. In comparison, the rates in North Wales remained fairly stable, with highs of 25 per 10,000 in 2009/10 and 2013/14. Rates in Cardiff and Southeast Wales almost doubled between 2007/08 and 2011/12 from 16 to 29 per 10,000, before stabilising with a rate of around 26 per 10,000.

Figure 5: Incidence rates, adolescents entering care (per 10,000 population), per DFJ area, per year



Funnel plots visualise the incidence rates of adolescents entering care for the first time at the local authority level, using data from the start (2007, Figure 7), mid (2014,

Figure 8) and end of the study period (2020, Figure 6). This differentiates the local authorities that fall within an expected range, from those that are outliers regarding the rates of adolescents entering care. In 2007, only one local authority, Pembrokeshire, diverged from the national average, appearing above the upper outer line on the funnel plot. In 2014 and 2020, Cardiff was the only outlier. In contrast, there were no local authorities falling below the bottom outer line of the figure at 2007, 2014 and 2020.

Figure 7: Incidence rates, adolescents entering care (per 10,000 population), per local authority [2007]

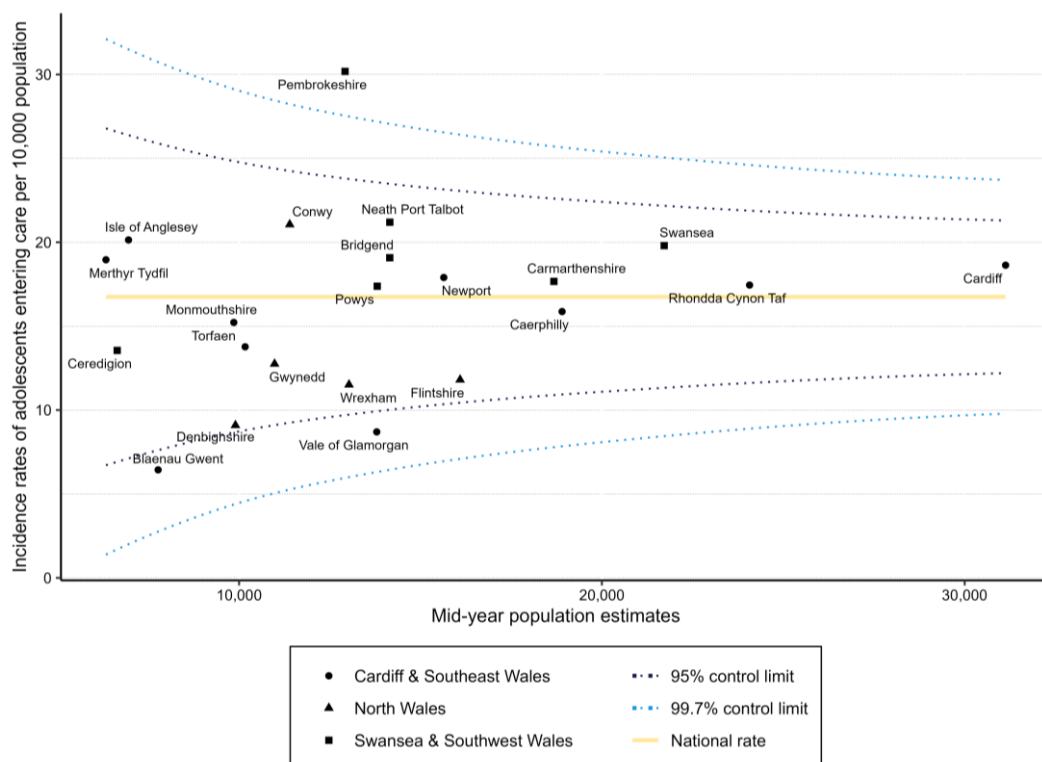


Figure 8: Incidence rates, adolescents entering care (per 10,000 population), per local authority [2014]

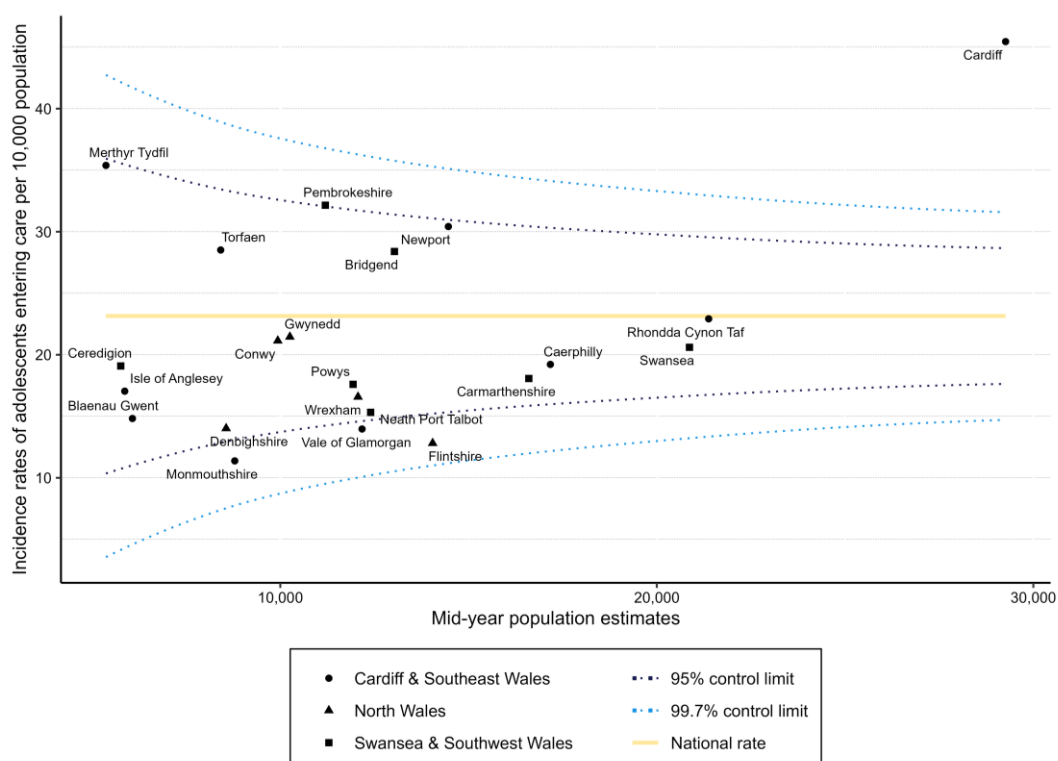
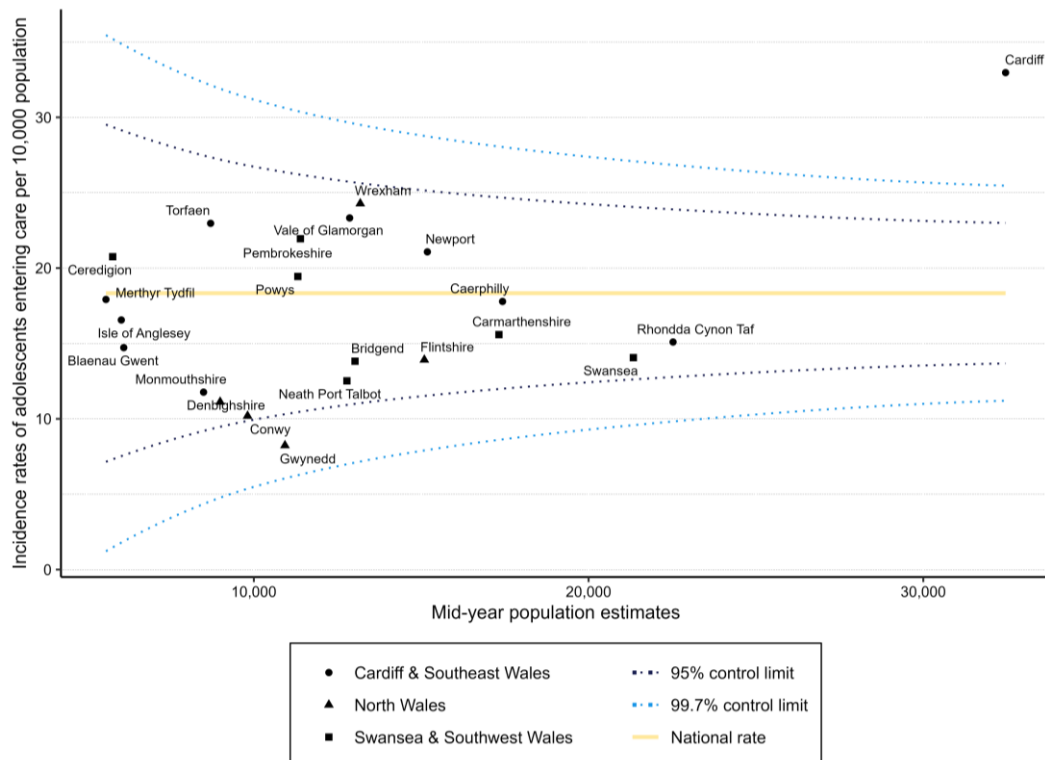


Figure 9: Incidence rates, adolescents entering care (per 10,000 population), per local authority [2020]



Considering the incidence rates for local authorities within their respective DFJ areas, overall, we see different patterns in each of the three court areas. These are discussed in more detail in Appendix F and G. Figure F1

To summarise:

- **There was some variation in the incidence rates of adolescents entering care for the first time between the 22 local authorities in Wales, with Pembrokeshire (2007 and 2014), Wrexham (2020) and Cardiff (2014 and 2020) notably having higher than average incidence rates.**
- **Within the DFJ areas, there was little variation in incidence rates between the local authorities in North Wales; the majority had lower than average incidence rates. In Cardiff and South East Wales there was some variation between the local authorities, with Cardiff being a prominent outlier. Again, there was little variation in Swansea and South West Wales but Pembrokeshire was a notable outlier.**

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

Of the 8,739 adolescents (3,528 (40%) older adolescents; 5,211 (60%) younger adolescents) who entered care for the first time between 1 April 2007 and 31 March 2021, 68%⁹ (5,947) entered care under an s.76 voluntary arrangement (Figure 10). A total of 1,089 (13%) adolescents entered care under an interim care order, 793 (9%) under a short-term break, 649 (7%) entered on child protection grounds (i.e. via police protection or an emergency protection order), and 261 (3%) entered with a youth justice legal status.

Figure 10: Routes by which adolescents entered care for the first time, 2007/08 to 2020/21

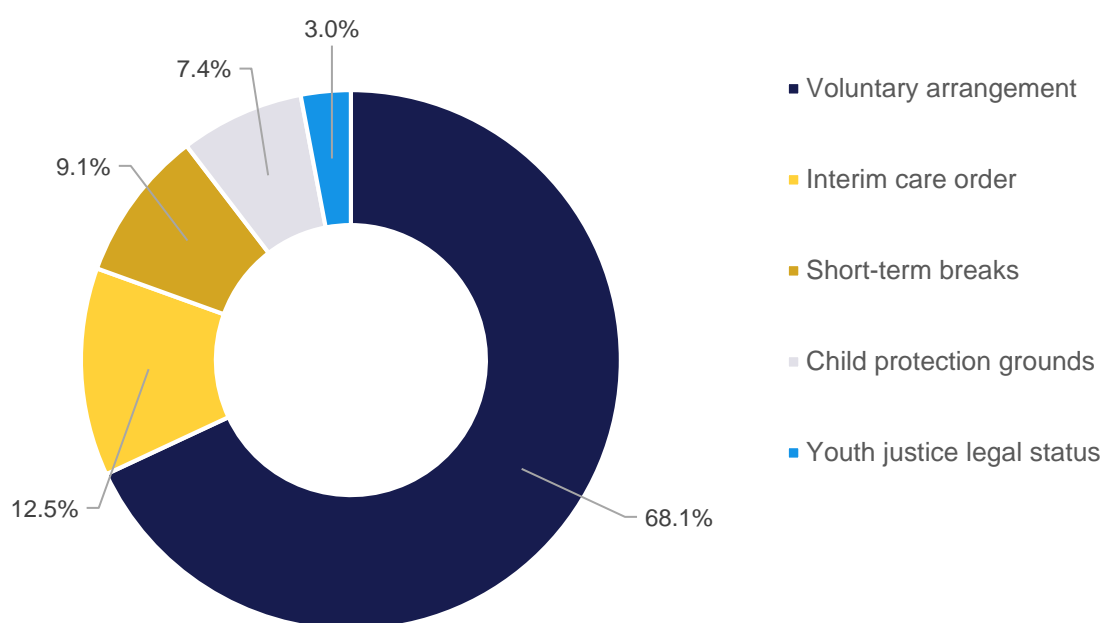
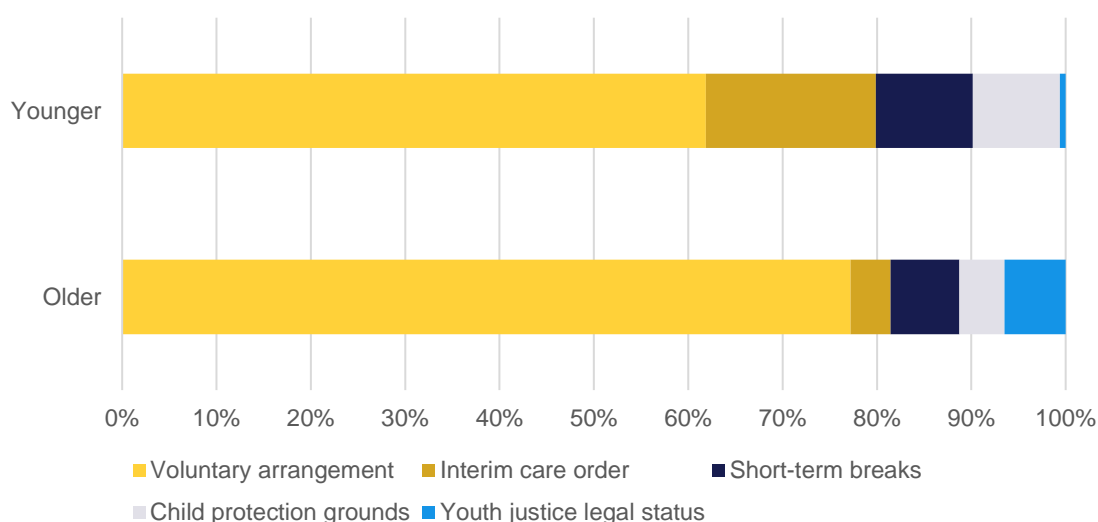


Figure 11 shows the breakdown of legal status at entry for adolescents by age category. A larger proportion of younger adolescents entered care for the first time under an interim care order (18% compared to 4%). Conversely, a larger proportion of older adolescents entered under an s.76 voluntary arrangement than younger adolescents, with 77% compared to 62% respectively. There was also a difference in the proportion of adolescents entering care on child protection grounds, with

⁹ This is in keeping with the 70% of adolescents entering care as a result of voluntary arrangements, as shown by Clarke and Penington (2021)

the younger group more likely than the older group (9% compared to 5%). A youth justice legal status was also more likely for older adolescents than the younger group (6% compared to less than 1%).

Figure 11: Routes by which adolescents entered care for the first time, by age category, 2007/08 to 2020/21

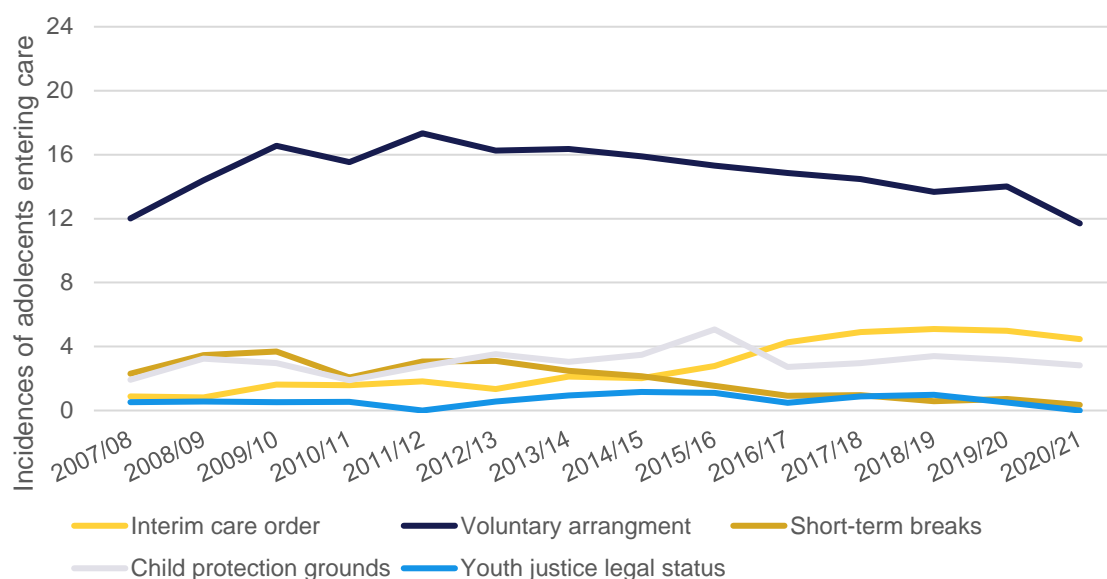


Incidence rates by legal status over time

To examine variation in the use of different legal statuses over time, we calculated incidence rates by legal status on entry to care per year (2007/08 to 2020/21). Figure 12 shows the increase in incidence of adolescents entering care under an interim care order throughout the study period with the largest increase around 2014/15 and stabilising around a peak of 5 adolescents per 10,000 for the years 2017/18 to 2019/20. For adolescents entering care under voluntary arrangements, we see an increase of incidence from 2007/08 to 2011/12 with a slight decline to 2020/21, where the rates return to approximately 12 per 10,000 population.

Incidence rates of adolescents entering on child protection grounds and those entering care via a youth justice legal status were similar. However, there was a very slight decrease in the rate of adolescents entering care via short-term breaks over the study period.

Figure 12: Incidence rates, adolescents entering care by legal status, per 10,000 population, per year [2007/08 to 2020/21]



When we examine these rates over time by age category, the patterns differ. For the younger adolescents (Figure 13), there has been a decrease of over 50% in the rate of those entering under a voluntary arrangement since 2009/10, and an overall increase in the incidence of those entering under an interim care order. Figure 14 shows the overall incidence of older adolescents entering care under a voluntary arrangement have increased over time from 11 per 10,000 in 2007/08 to 18 per 10,000 in 2020/21, paired with a slight increase of those entering under an interim care order. The incidence rates for adolescents entering care by legal status and DFJ area are presented in Appendix H.

Figure 13: Incidence rates, younger adolescents entering care by legal status, per 10,000 population, per year [2007/08 to 2020/21]¹⁰

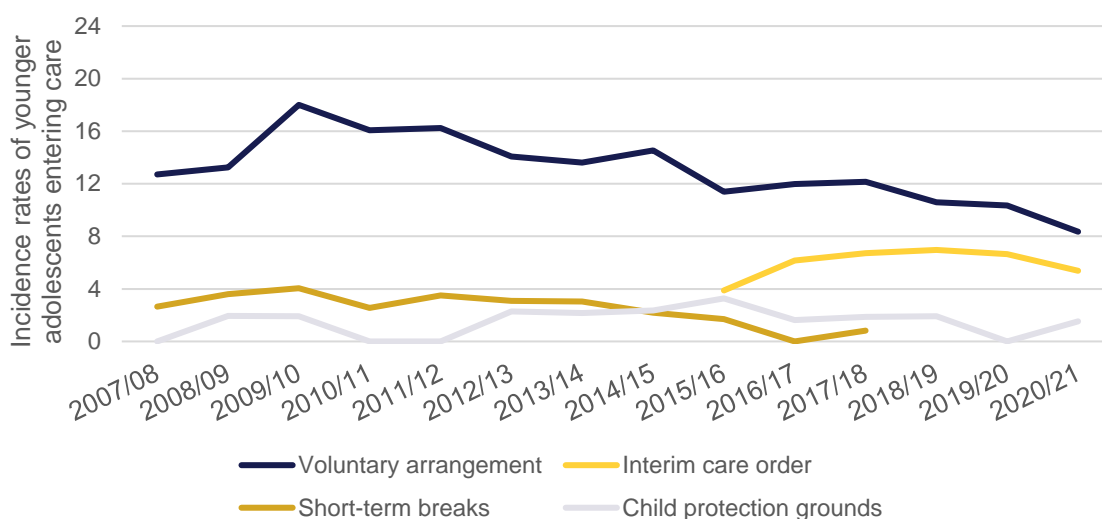
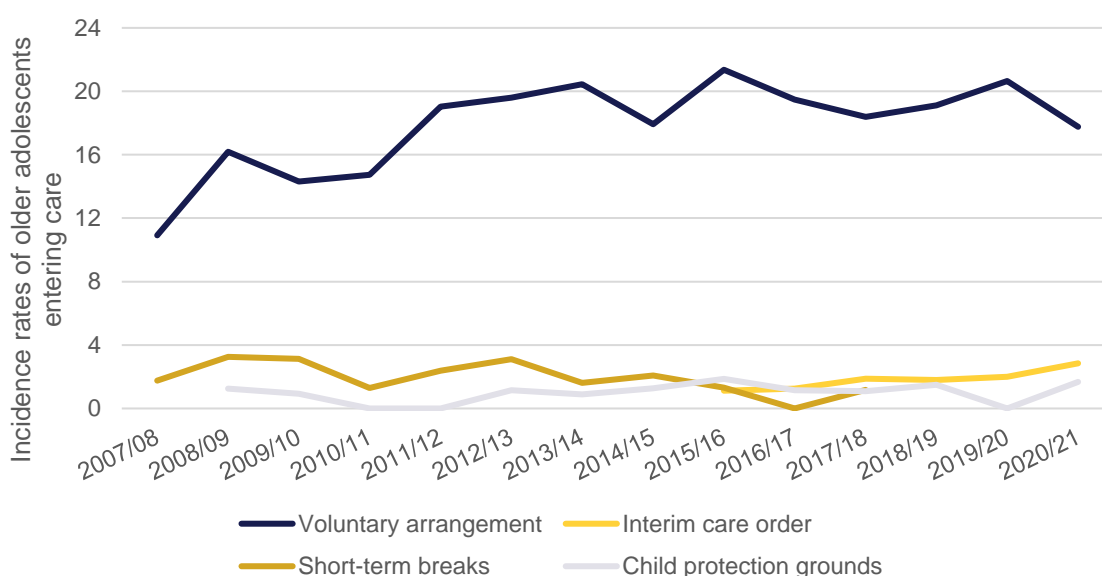


Figure 14: Incidence rates, older adolescents entering care by legal status, per 10,000 population, per year [2007/08 to 2020/21]¹¹



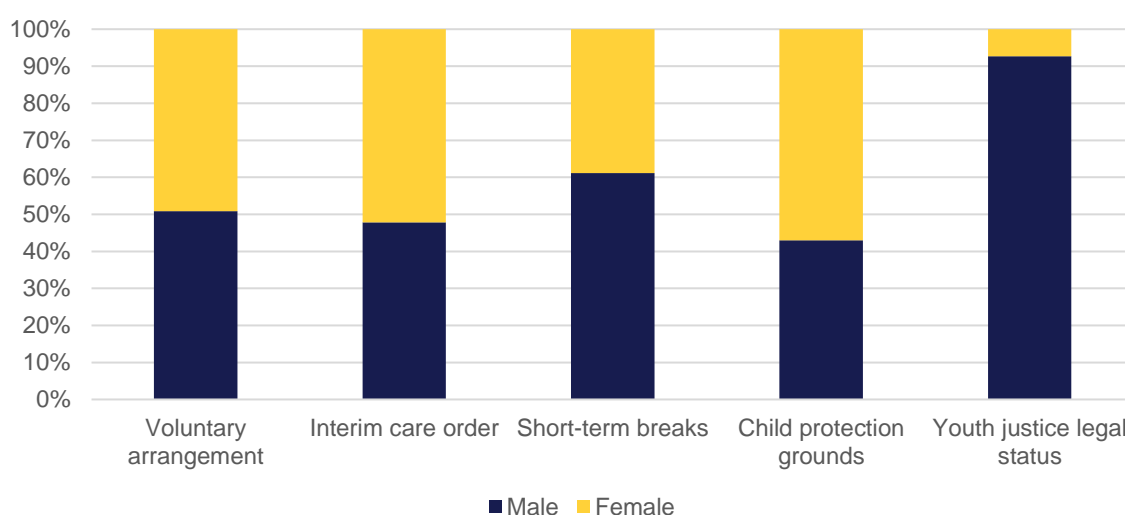
¹⁰ Incidence rates for interim care orders pre-2015/16 and short-term breaks post-2017/18, and youth justice legal status have been masked due to small numbers and statistical disclosure reasons

¹¹ Incidence rates for interim care orders pre-2015/16 and short-term breaks post-2017/18, and youth justice legal status have been masked due to small numbers and statistical disclosure reasons

Legal status on entry to care by demographics

We examined whether the proportions of adolescents entering care for the first time under different legal statuses varied by sex, age group, deprivation quintile on entry to care and category of need (reason for entering care). There was very little variation in terms of sex for those entering under voluntary arrangements and interim care orders (Figure 15). The majority of children entering care under a youth justice legal status were male (93%). There was a slight disproportionality for those entering under short-term breaks (61% male) and on child protection grounds (57% female).

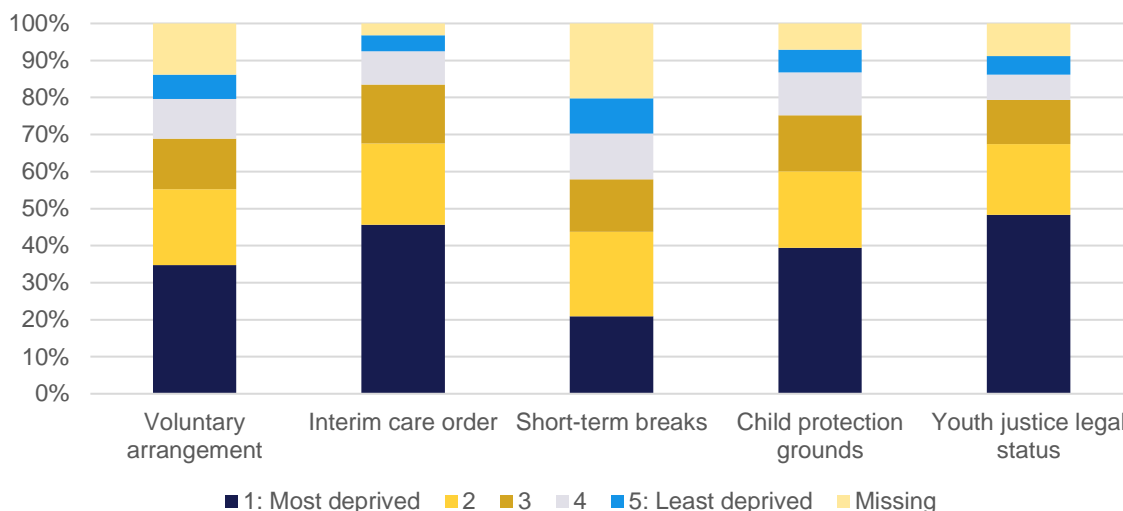
Figure 15: Proportion of adolescents entering care by legal status on entry to care and sex (2007/08 to 2020/21)



There is a clear relationship between the rate of adolescents entering care and area-level deprivation (Figure 16), with the proportion entering care for the first time increasing with greater levels of area-level deprivation, regardless of legal status on entry (with deprivation quintile 1 representing the most deprived areas, and deprivation quintile 5 representing the least deprived areas). Higher levels of deprivation are found for those entering care with a youth justice legal status or under an interim care order, both having approximately 67% within the two most deprived areas. The lowest levels of deprivation were for adolescents who entered under a short-term break with only 44% being within the two most deprived areas. Missing

data¹² ranged from 20% for those entering under a short-term break to 3% for those entering under an interim care order.

Figure 16: Proportion of adolescents entering care by legal status on entry to care and deprivation quintile (2007/08 to 2020/21)

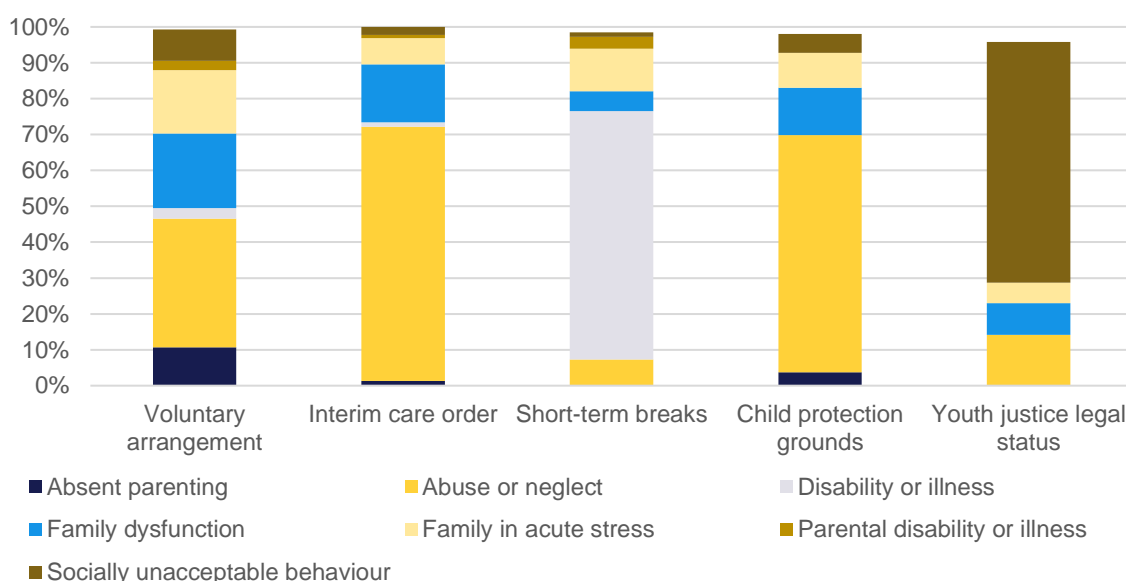


There was a large amount of variation in the proportion of adolescents entering care via different legal routes in terms of their category of need on entry to care¹³. As can be seen in Figure 17, adolescents entering under a voluntary arrangement had the largest variation in category of need code used. Those who entered under an interim care order or on child protection grounds were most likely to enter due to concerns of abuse of neglect (71% and 66% respectively), with family in acute stress and family dysfunction making up a further 20%.

¹² Adolescents whose information about their home postcode is not recorded in the CLA data

¹³ Note that local authorities must choose one category of need code that is most relevant to the child's circumstances at their initial entry to care

Figure 17: Proportion of adolescents entering care by legal status on entry to care and category of need (2007/08 to 2020/21)¹⁴



To summarise:

- Over two thirds (68%) of adolescents entered care for the first time under s.76 voluntary arrangements, while 13% entered under an interim care order.
- Following 2011/12, the rate of adolescents entering care under voluntary arrangements began to decline, whilst the rate of adolescents entering care under an interim care order has increased throughout the study, although since 2017/18, this pattern appears to be stabilising. In recent years, the incidence rates of interim care orders and voluntary arrangements have begun to converge, particularly amongst younger adolescents.
- Older adolescents had higher rates of voluntary arrangements compared to younger adolescents, while the opposite was true for interim care orders.
- Adolescents entering under a youth justice legal status tended to be older than those entering care under voluntary arrangements, interim care orders, short-term breaks or child protection grounds.
- Adolescents entering care with a youth justice legal status or interim care order had higher levels of deprivation. Deprivation did not appear to be related to those entering for short-term

¹⁴ Due to small numbers and statistical disclosure reasons, some category of need codes by legal status on entry to care have been masked and therefore percentages may not equal 100%. This includes codes for absent parenting, adoption disruption, disability or illness, low income and parental disability or illness

breaks, with proportions equal across the area-level deprivation quintiles.

- **Amongst those who entered care under voluntary arrangements, there was a smaller proportion of adolescents entering care due to abuse or neglect and slightly greater proportions of adolescents with families in acute stress or with absent parenting, compared with those entering care under an interim care order or on child protection grounds. Most of the adolescents entered care due to abuse or neglect, with the exception of those entering for short-term breaks or with a youth justice legal status.**

Variation in legal status on entry to care by local authority

To examine variation in legal status on entry to care, we calculated incidence rates for each of the DFJ areas in 2014 (Figure 1Figure 18) and 2020 (Figure 19), separately for adolescents entering care via interim care orders and for adolescents entering under voluntary arrangements, and visualised these using funnel plots. Due to small numbers, we were unable to calculate incidence rates by legal status for each of the 22 local authorities in Wales or for the year 2007. However, there is considerable regional variation that is masked in the overall figures.

In 2014 and 2020, in all three DFJ areas, there was a higher incidence of adolescents entering care under voluntary arrangements compared to those entering care under interim care orders. Cardiff and South East Wales had the highest incidence of adolescents entering care under voluntary arrangements compared to the other two DFJ areas, although there was a decrease in adolescents entering care under voluntary arrangements across all three DFJ areas in 2020 compared to 2014. This might reflect the changes to guidance on the use of s.20/s.76, following the high-profile legal judgements in 2014/15 (Public Law Working Group (PLWG) 2021).

Cardiff and South East Wales also had the highest incidence of adolescents entering care via interim care orders; however, there was less variation between DFJ areas in the incidence of adolescents entering care under an interim care order, compared to the incidence of adolescents entering care under voluntary arrangements. In 2020, incidence rates of those entering care by interim care orders were higher than those in 2014. Again, this may reflect altered guidance (PLWG 2021), and/or variation in local authority preferences for voluntary or compulsory entries. These findings are similar amongst infants entering care in Wales (Cowley et al. 2023); the majority of local authorities had higher incidence rates of

voluntary care compared to compulsory care orders, with less variation in the incidence of ICOs compared to the incidence of voluntary arrangements.

Figure 18: Variation in incidence rates (per 10,000 population) of adolescents entering care under voluntary arrangements and interim care orders, by Designated Family Judge area (2014)

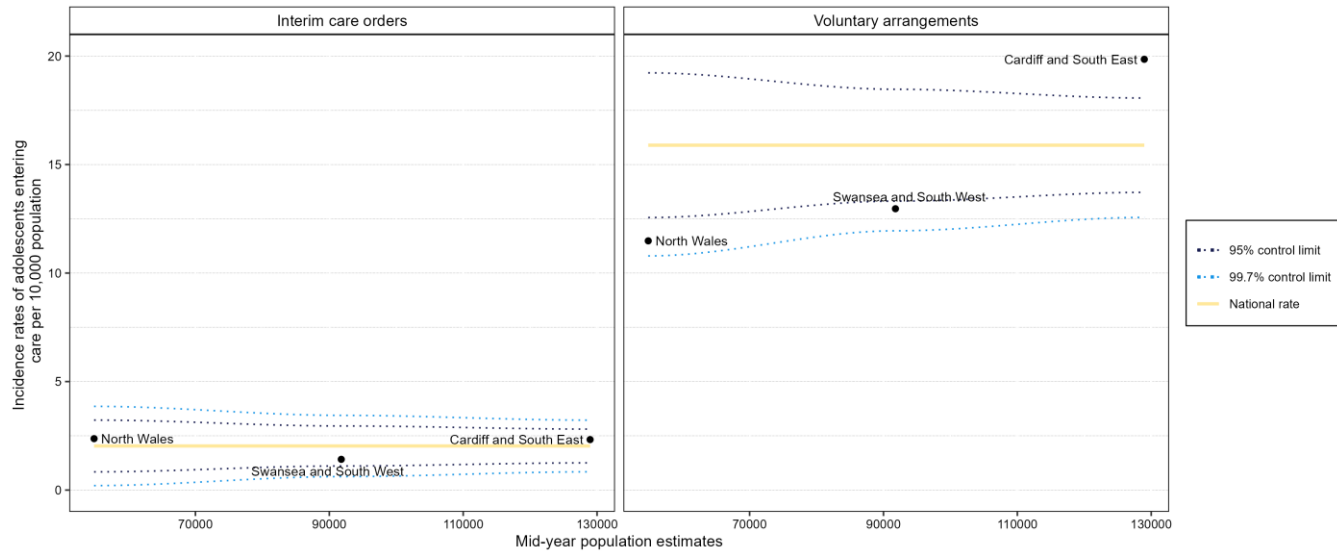
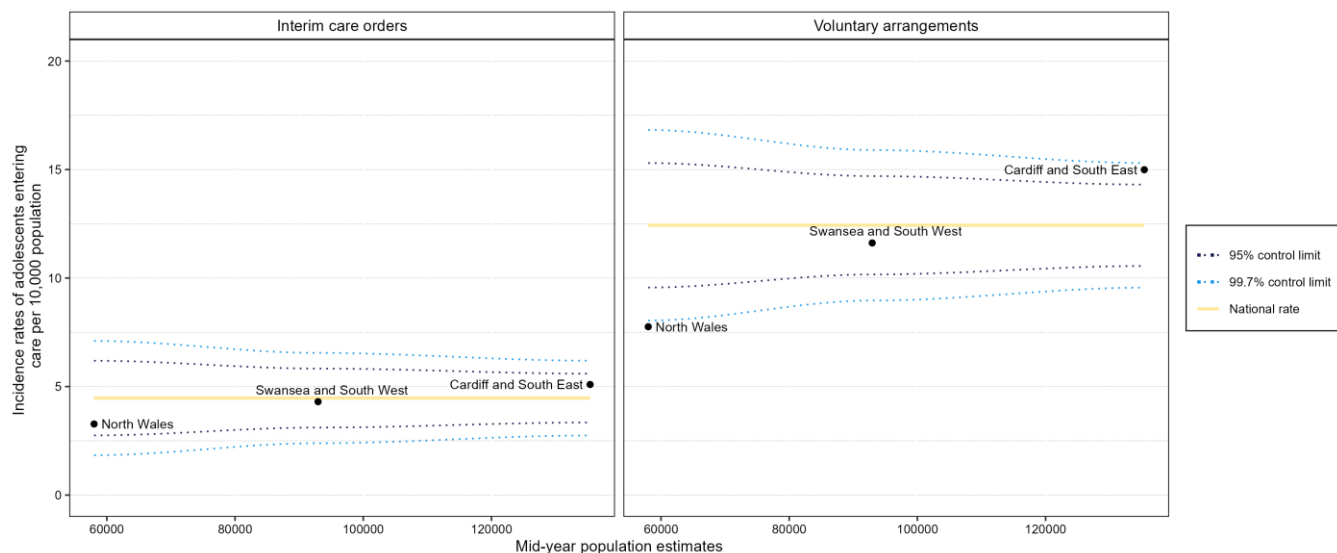


Figure 19: Variation in incidence rates (per 10,000 population) of adolescents entering care under voluntary arrangements and interim care orders, by Designated Family Judge area (2020)



To summarise:

- **Cardiff and South East Wales had higher incidence rates of adolescents entering care under voluntary arrangements and interim care orders.**
- **In 2020, incidence rates of voluntary arrangements had declined since 2014, although there was still a preference for voluntary entries compared to interim care orders.**
- **Elevated rates of voluntary care may reflect local practice preference, although further investigation at this level is needed.**

Adolescents entering care under voluntary arrangements

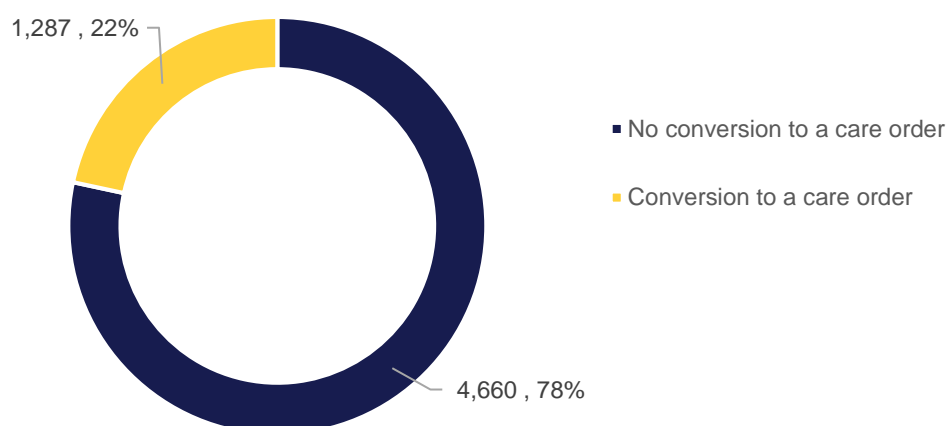
Of the 5,947 adolescents who entered care for the first time under voluntary arrangements between 2007/08 and 2020/21, 1,287 (22%)¹⁵ became the subject of compulsory action, i.e. had either an interim care order, a full care order or placement order during the remainder of their care experience (Figure 19). This indicates that although adolescents initially entered care through parental agreement, additional safeguarding measures then followed for over a fifth of adolescents. Around 80% of these cases occur within the adolescent's first period of care. The median length of time taken for adolescents to become the subject of compulsory action was 133 days (interquartile range¹⁶ 255 days).

When considering younger and older adolescents separately, younger adolescents made up the majority of those who converted (1,141, 89%) compared to older adolescents (146, 11%). Younger adolescents took longer to convert (143 days, interquartile range 280 days) compared to older adolescents (81 days, interquartile range 134.25 days). The time to convert remained relatively stable for adolescents under the age of 15, with those aged between 10 and 14 converting between 142.5 and 150.5 days. The time to convert decreased for adults aged 15+ years old (81 days), however, due to small numbers we had to group these age groups together which makes it difficult to tease apart trends in those approaching 18 years old.

¹⁵ Interestingly, 63% of infants who entered care for the first time under voluntary arrangements became subject to compulsory action within two years of entering care (Cowley et al. 2023)

¹⁶ Interquartile range is a measure of the spread of data. It is the range of values that resides in the middle of the scores

Figure 20: Proportion of adolescents entering care under voluntary arrangements (2007/08 to 2020/21) who later became the subject of a care order



The median time taken for compulsory action for adolescents entering care on a voluntary basis has decreased from 191 days (interquartile range 377, pre-2014) to 116.5 days (interquartile range 185.5, post-2014) following the 2014/15 changes by the courts to the guidance on the use of voluntary arrangements by local authorities. This shows that there was less variation in the time taken for adolescents who entered on a voluntary basis to have compulsory action taken post-2014 (following court guidance changes) compared to pre-2014.

When examining the median time for compulsory action in younger adolescents, a reduction in time to convert from voluntary to compulsory action was also seen pre- and post-2014, falling from 207 days (interquartile range 386 days, pre-2014) to 119.5 days (interquartile range 196.25 days, post-2014). Compared to younger adolescents, older adolescents took less time to convert to compulsory actions before (interquartile range 91.25 days) and after 2014 (interquartile range 142.5 days), although interestingly, conversion took longer amongst older adolescents before and after the 2014/2015 court guidance.

Demographics of adolescents entering care under voluntary arrangements

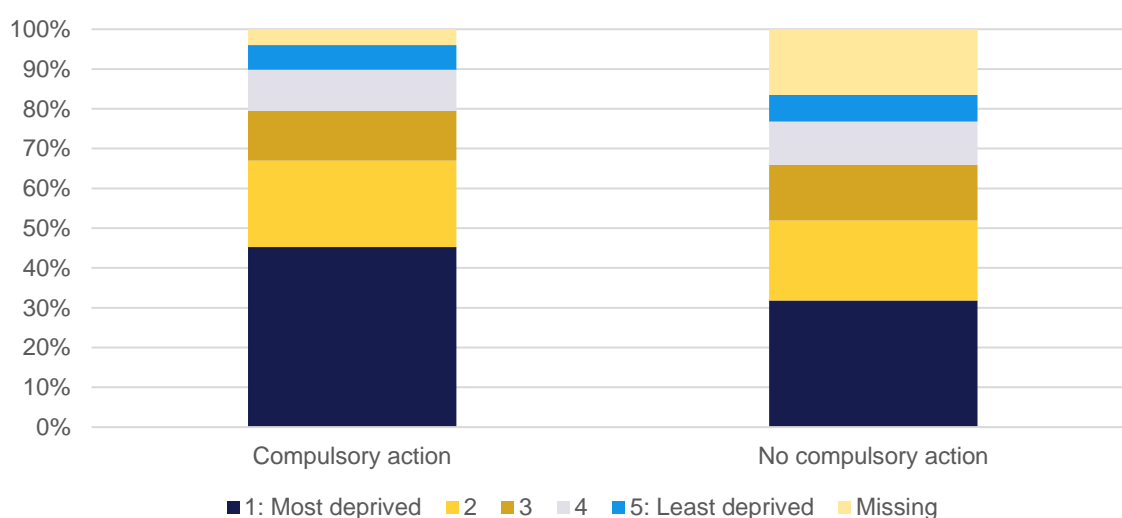
We examined whether there were any demographic differences between adolescents who entered care under voluntary arrangements and 1) became subject to compulsory action within their care experience (1,287) and 2) did not become subject to compulsory action within their care

experience (4,660). There was no difference in terms of gender (52% females compulsory action; 48% males compulsory action).

In terms of age group on entry to care, there was a much higher proportion of younger adolescents in the group who became subject to compulsory action compared with the group who did not. This could be due to the longer length of time younger adolescents have remaining until they reach 18 years old and leave the care system.

Concerning area-level deprivation (Figure 21), there was a higher proportion of adolescents living in the most deprived areas at entry to care in the group of adolescents who became subject to compulsory action. There were 67% of adolescents living in the two most deprived areas compared to 52% in the group who did not go on to become subject to compulsory action. However, these findings should be interpreted with caution, because the proportion of missing data for deprivation was four times higher for the group that did not become subject to compulsory action.

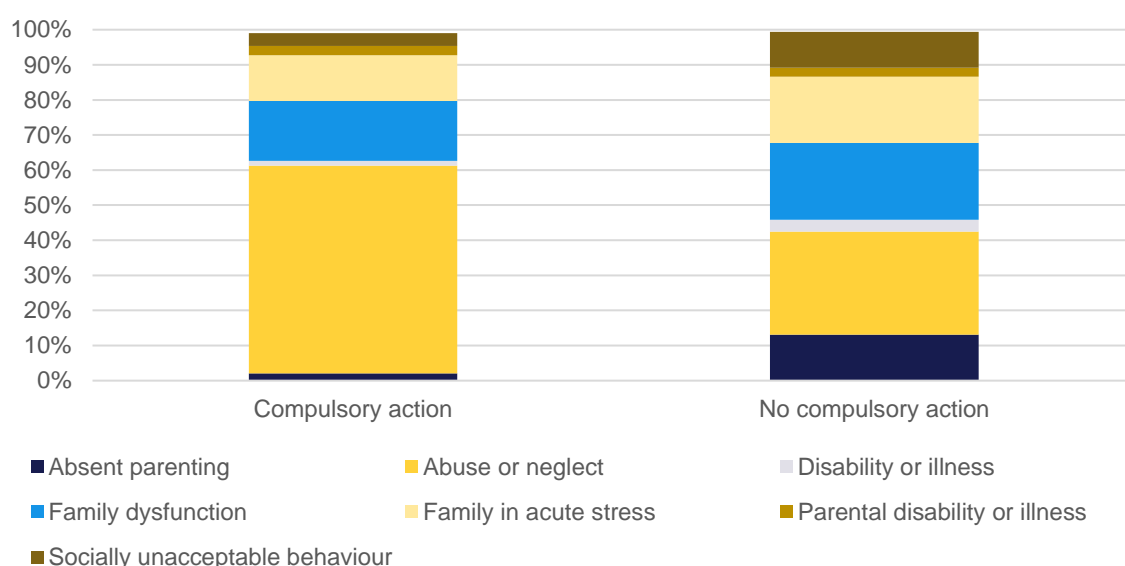
Figure 21: Proportion of adolescents entering care under voluntary arrangements by compulsory action status and deprivation quintile (2007/08 to 2020/21)



Large differences of the use of category of need codes can be seen when comparing the two groups (Figure 22). Of those who become subject to compulsory action, 59% entered with a need code of abuse or neglect, a greater proportion compared to those who did not go on to receive a care order (29%). It appears that local authorities escalate adolescents who enter because of abuse or neglect with a compulsory action, although this did not appear to be the case for any other category of need. However, it should be noted that abuse and neglect was still the top reason for adolescents entering care in the group who did not become subject to compulsory action (29%). There was also a considerable difference between those who entered care because of absent parenting amongst

those who became subject to a compulsory action (2%) and those who remained under voluntary arrangements during their care experience (13%). Due to small numbers, it was not possible to analyse by younger and older adolescents.

Figure 22: Proportion of adolescents entering care under voluntary arrangements by compulsory action status and category of need (2007/08 to 2020/21)¹⁷



To summarise:

- Of the 5,947 adolescents who entered care under voluntary arrangements between 1 April 2007 and 31 March 2021, 22% became the subject of compulsory action at any time in their care history, with younger adolescents (143 days) taking longer to convert than older adolescents (81 days).
- A considerably higher proportion of younger adolescents (89%) became subject to a compulsory action compared to older adolescents (11%). A slightly higher proportion of adolescents entering care in the most deprived quintiles of Wales, became the subject of compulsory action. However, it is important to highlight that there were high levels of missing data for those who were not subject to compulsory action (17%).
- Regarding need codes, the proportion of adolescents who had entered care because of abuse and neglect was larger in those

¹⁷ Category of need codes of adoption disruption and low income have been masked due to small numbers and statistical disclosure reasons, and therefore percentages do not equal 100%

who became subject to compulsory action compared to those who did not. However, this was still the main reason for entering care in both groups, with 30% of adolescents overall entering care due to abuse and neglect.

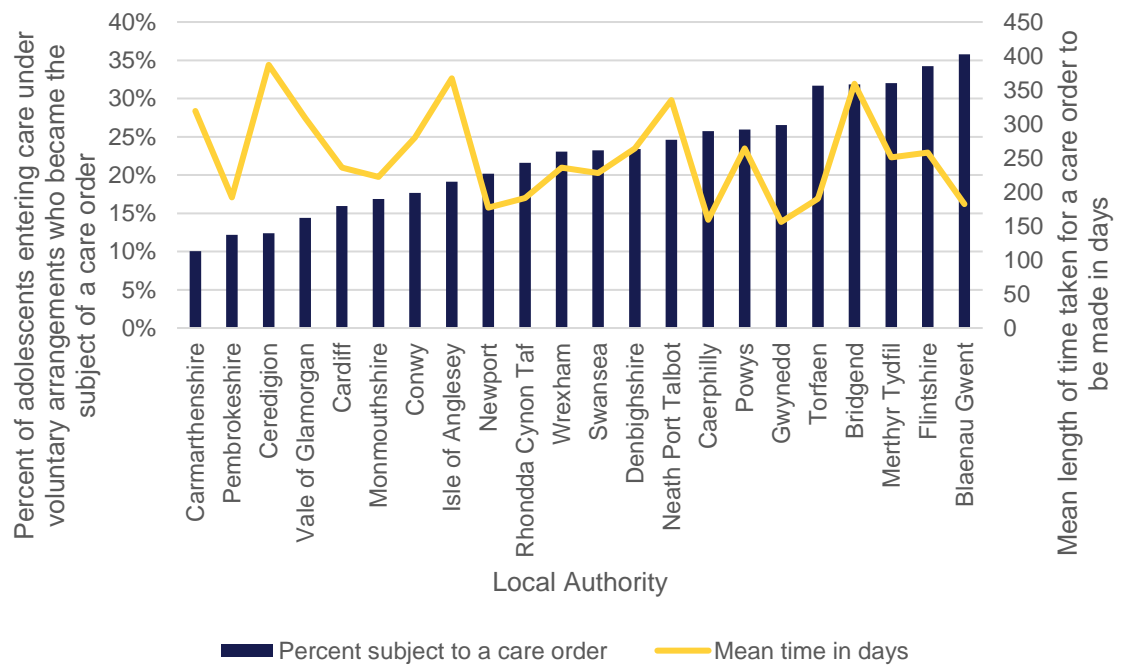
Adolescents entering care under voluntary arrangements: local authority variation

We visualised local authority variation in the proportion of adolescents entering care via voluntary arrangements (2007/08 to 2020/21) who subsequently became the subject of compulsory action (either an interim or full care order) (

Figure 23). There was considerable variation between local authorities in terms of both the proportion of adolescents who became subjects of compulsory action, and the length of time between a voluntary arrangement and escalation to formal court intervention.

Carmarthenshire had the smallest proportion of adolescents who became subject to compulsory action. On average, it took longest for compulsory action to be taken in Ceredigion and the Isle of Anglesey, whilst Gwynedd, followed closely by Caerphilly had the shortest time for compulsory action to be taken. Blaenau Gwent and Flintshire had the highest proportion of adolescents who became subject to compulsory action.

Figure 23: Percent of adolescents entering care via voluntary arrangements who became the subject of compulsory action (2007/08 to 2020/21), against the mean length of time for the action to take place in days, per local authority



To summarise:

Older children and young people entering the care system in Wales

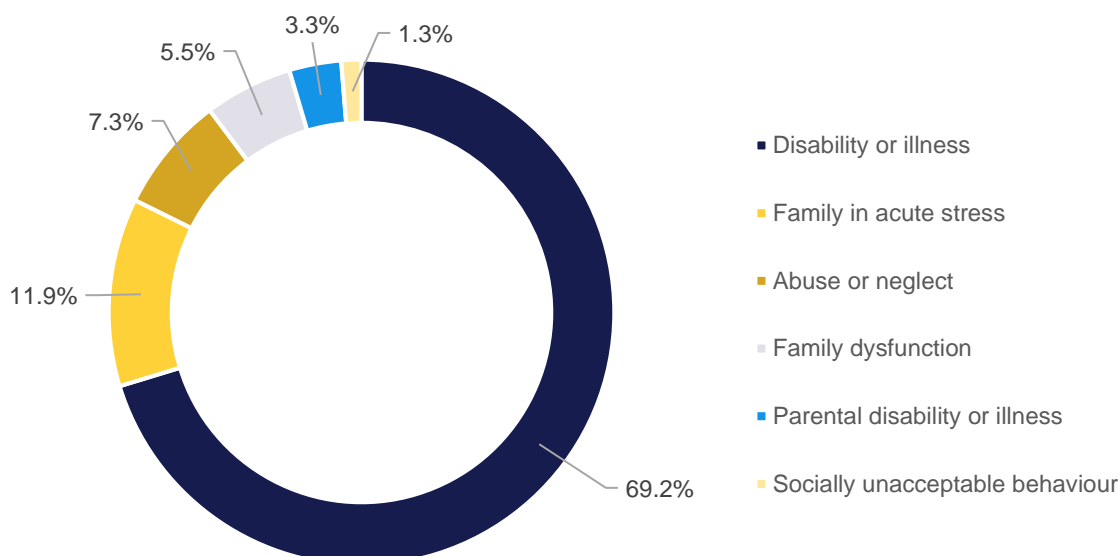
- **The mean length of time to convert a compulsory action varied considerably between local authorities and did not appear to be related to the proportion of adolescents entering care under a voluntary arrangement.**

Adolescents entering care under V1 short-term breaks (respite care)

Over 9% (793) of our adolescent cohort entered care for the first time under a short-term break as part of their care and support plan between 2007/08 and 2020/21. The majority of these were younger adolescents (67%, 535), with 33% (258) being older adolescents. The majority of these (69%) have a category of need code recorded as disability or illness, with 7% having abuse and neglect recorded (Figure 24). In comparison to infants, only 1% have been shown to initially enter care under a short-term break (Cowley et al. 2023).

A total of 622 (78%) adolescents did not then convert to another legal status type during their care experience, whereas 171 (22%) went on to have at least one other legal status type. The most common legal statuses to convert to were an s.76 voluntary arrangement (157/793, 20%) or a care order (43/793, 5%). Adolescents could convert to several legal statuses; therefore these numbers are greater than total number of individuals who converted. A very small number of adolescents also went on to enter via child protection grounds, a youth justice legal status or a wardship legal status. The mean length of time taken for adolescents to experience a change in legal status was 12.8 months.

Figure 24: Category of need codes for adolescents entering care for the first time for short-term breaks, 2007/08 to 2020/21¹⁸



To summarise:

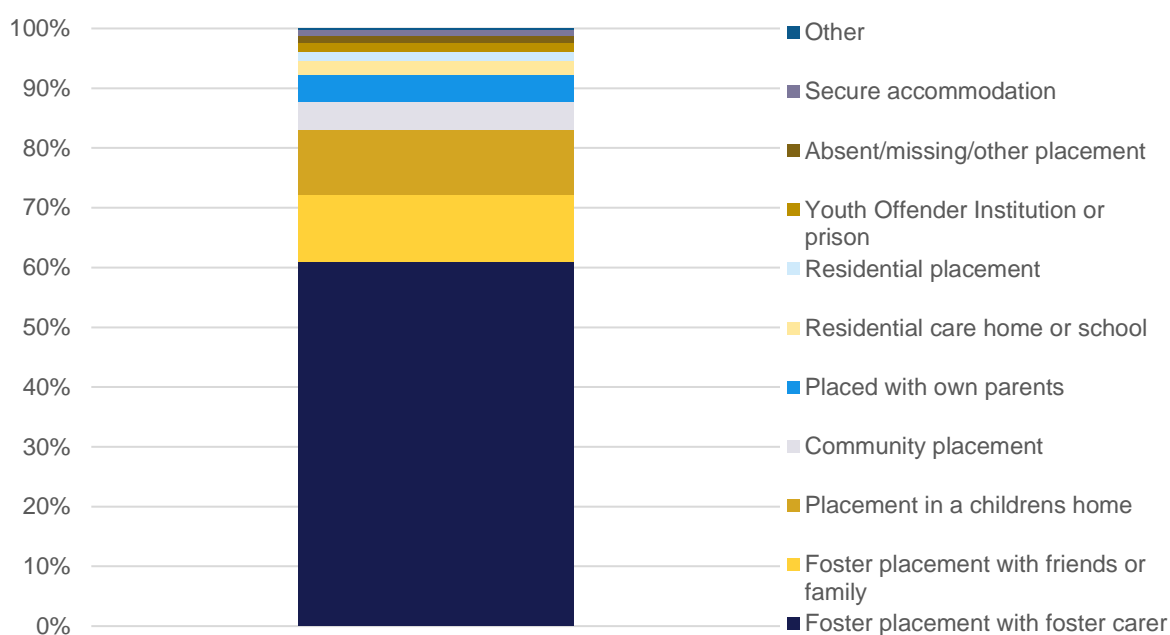
- **For the 793 of adolescents who entered care under a short-term break, 69% entered due to disability or illness, while 20% became the subject of a voluntary arrangement and 5% converted to a care order.**

Where are adolescents placed?

We examined placement types for adolescents on entry to care by legal status and age group. Figure 25 shows a detailed breakdown of placement types for adolescents entering care. Over three quarters of adolescents were placed in family-like placements at entry (77%), 20% were placed in non-family based placements. A small proportion of adolescents were placed in a non-family based placement (2.5%), with the remaining being absent or missing (1%). Due to small numbers and disclosure risk, the number of adolescents subject to a deprivation of liberty order (those placed in secure accommodation where section 119 of the 2014 Act applies) were combined as 'secure accommodation' placements. Data related to unregistered placements is not captured within the CLA data.

¹⁸ Category of need codes of absent parenting, adoption disruption and low income have been masked due to small numbers and statistical disclosure reasons, and therefore percentages do not equal 100%

Figure 26: Placement types for adolescents on entry to care (2007/08 to 2020/21)¹⁹

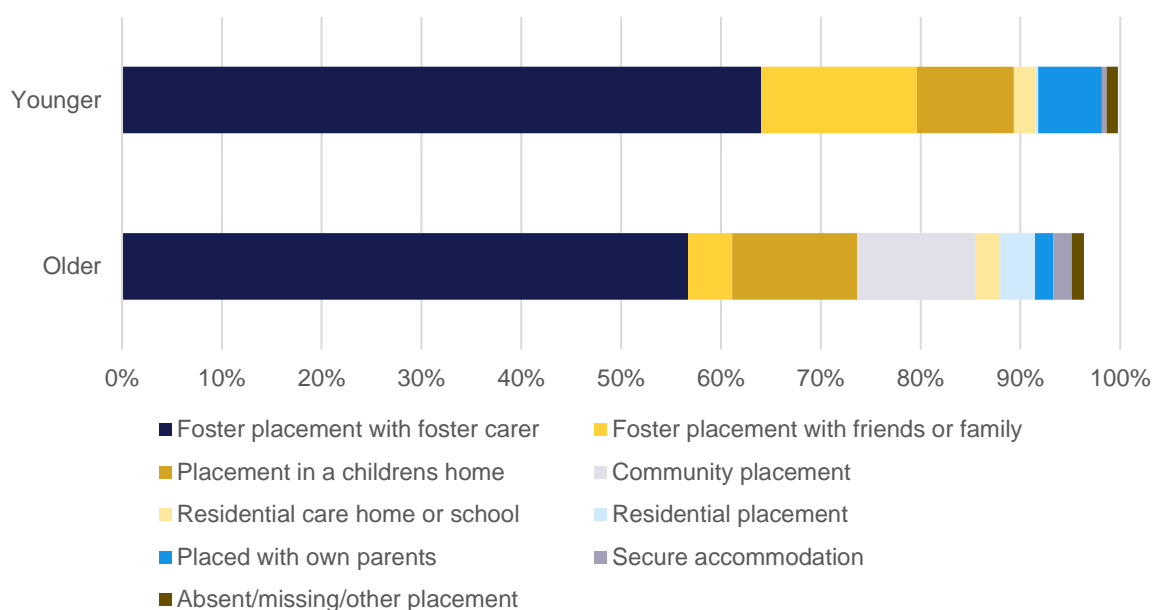


This pattern remained consistent across younger and older adolescents (

Figure 27). However, younger adolescents were more likely to be placed in family-based placements (86%) compared to older adolescents (63%). Whilst older adolescents were more likely to be placed in both not secure (31%) and secure (5%) non-family placements than younger adolescents (12% and 0.5%, respectively).

¹⁹ Adolescents with 'other' placements include those placed in a family centre or mother and baby unit and those placed in a residential setting providing medical or nursing care

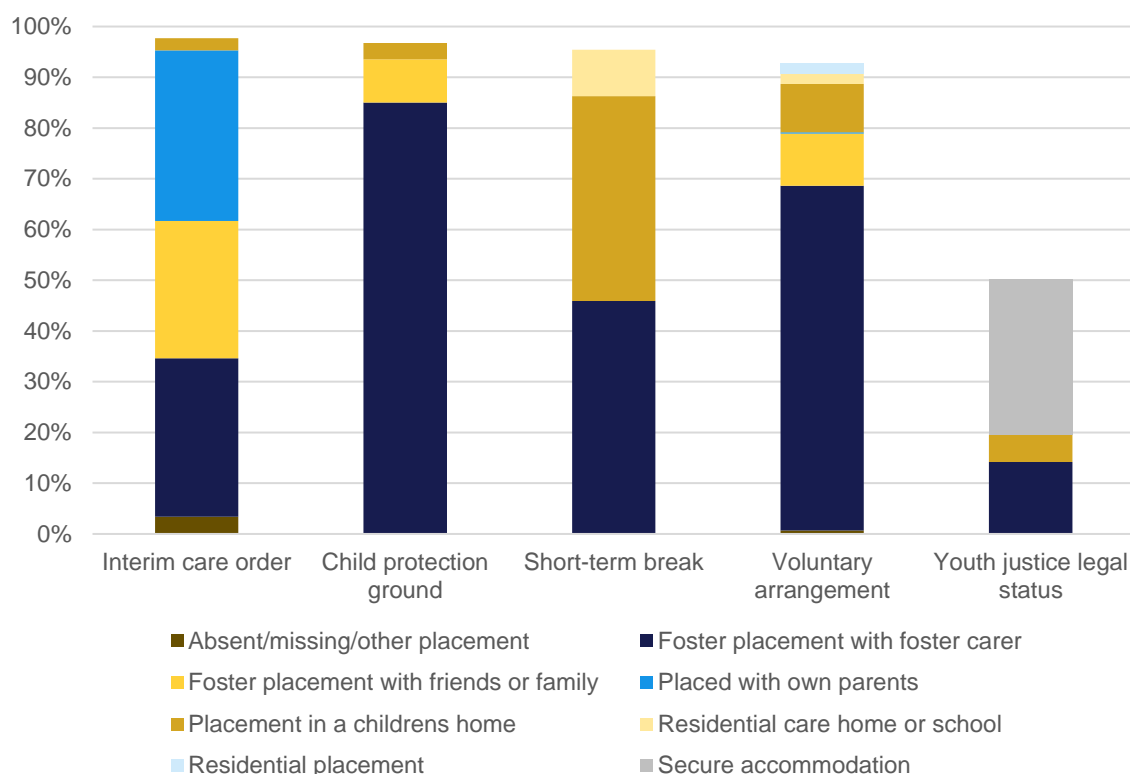
Figure 27: Placement types for adolescents on entry to care, by age category (2007/08 to 2020/21)²⁰



We also examined placement types for adolescents on entry to care by legal status. Most adolescents who entered care under voluntary arrangements were initially placed with foster carers (68%), with 10% placed in foster care with friends or family and 10% placed in a children's home (Figure 28). For adolescents who entered under an interim care order, around a third were placed with their own parents, 27% were placed in foster care with friends or family and 30% were placed with unrelated foster carers. A large proportion (85%) of adolescents who entered on child protection grounds were initially placed with an unrelated foster carer.

²⁰ Some placement types have had to be masked due to small numbers, and therefore percentages do not equal 100%

Figure 28: Placement types for adolescents on entry to care by legal status (2007/8 to 2020/21)²¹



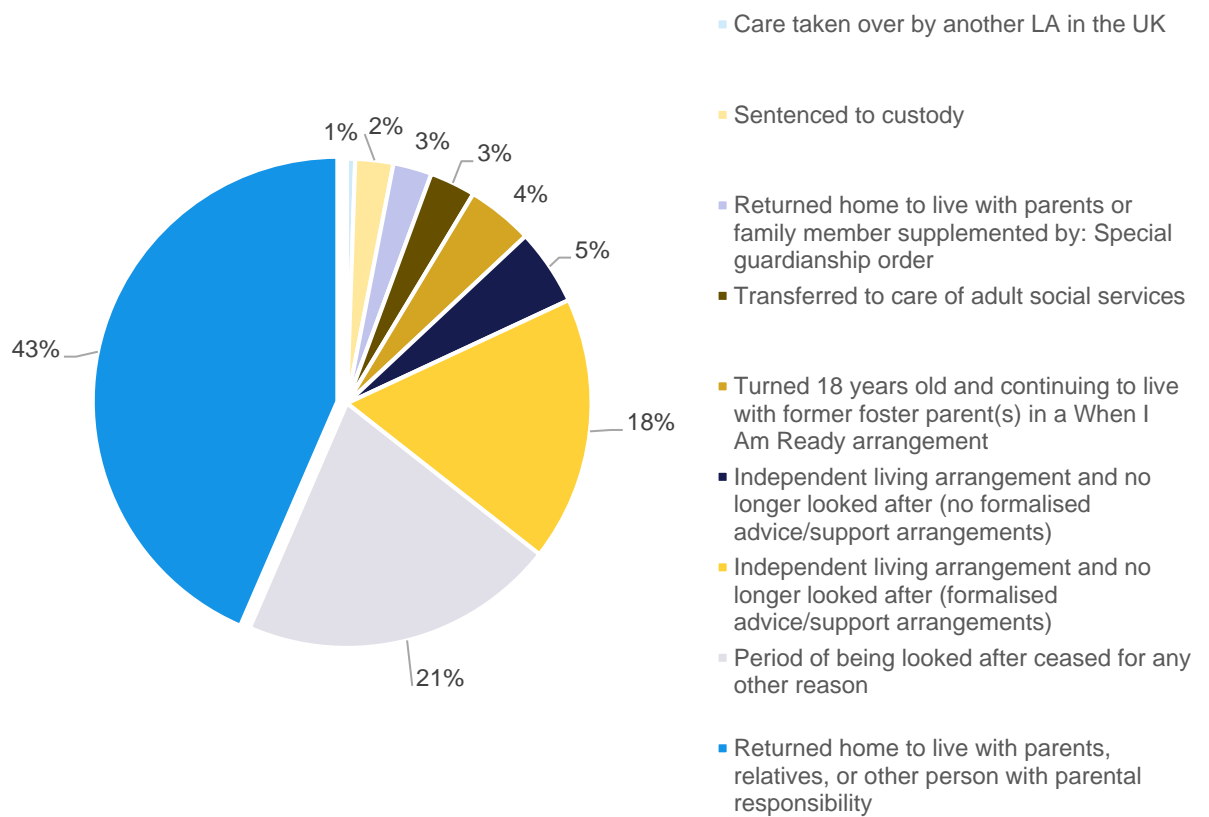
In addition, we examined the reasons for adolescents leaving care from their most recent period of care. The majority of adolescents were no longer in care by the end of the study, 31 March 2021 (83%), while 1,486 remained in care (17%). Of those who had left care by 31 March 2021, 29% had turned 18 years old at the end of their last care episode. A breakdown of the age that adolescents left care during their last care episode by 31 March 2021 is shown in Table 3. The reasons for leaving care on their last care episode are shown below in Figure 29. Nearly half of adolescents who had left care returned home to live with parents or family members (43%). Another common reason for leaving care included moving into independent living arrangements with formalised advice or support arrangements (18%), while 5% moved into independent living arrangements with no formalised advice or support arrangements. A high proportion of adolescents (21%) left care for 'any other reason'. Such a high proportion suggests the need for better data collection. Of the 365 (5%) individuals who did not receive any formalised advice or support, 241 (66%) were entitled to support i.e. had been in care for 13 weeks or more.

²¹ Due to small numbers and statistical disclosure reasons, some legal statuses at entry have been masked and therefore percentages may not equal 100%. It should be noted that individuals who enter care on voluntary arrangements cannot be placed with their own parents. This is likely to be an error in the data but we have kept them in for completeness

Table 3: Adolescents leaving care by age at the last care episode by 31 March 2021

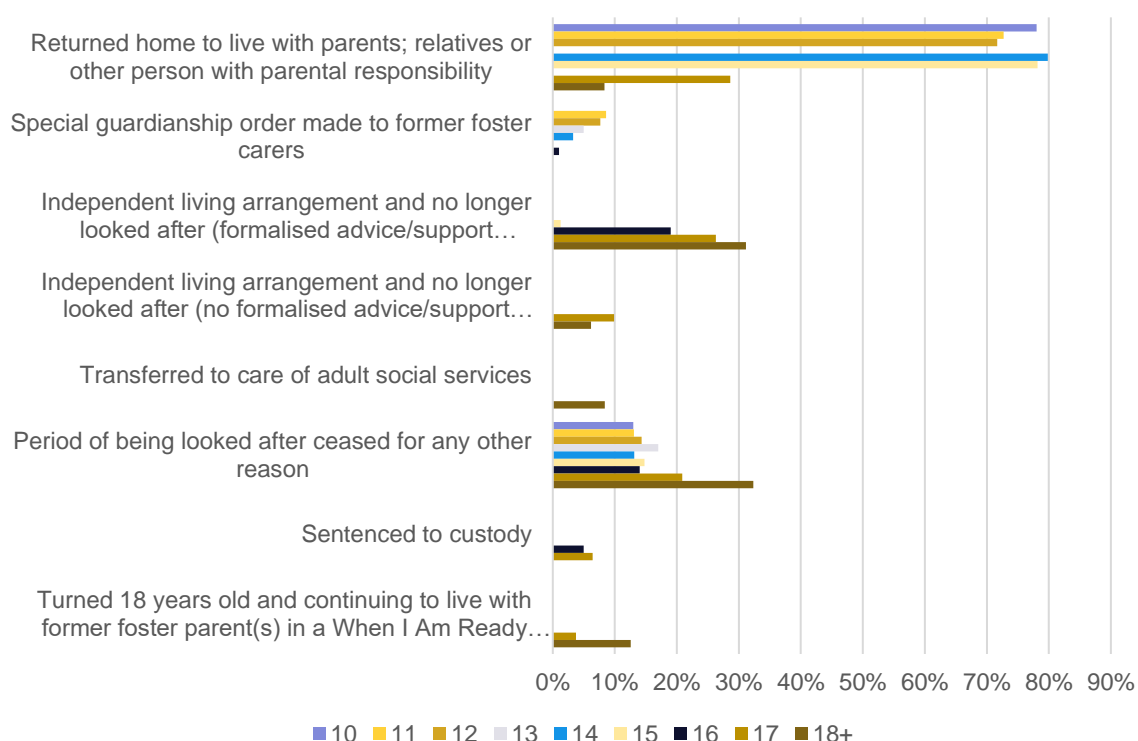
Age	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18+ years	Total
	165 [2%]	267 [4%]	314 [4%]	373 [5%]	579 [8%]	865 [12%]	1140 [16%]	1475 [20%]	2088 [29%]	7266 [100%]

Figure 29: Reasons for leaving care for adolescents who had left care by 31 March 2021²²



²² Due to small numbers and statistical disclosure reasons, some reasons for leaving care are not shown, including adopted with consent dispensed and those who died

Figure 30: Reasons for leaving care by age for adolescents who had left care by 31 March 2021²³

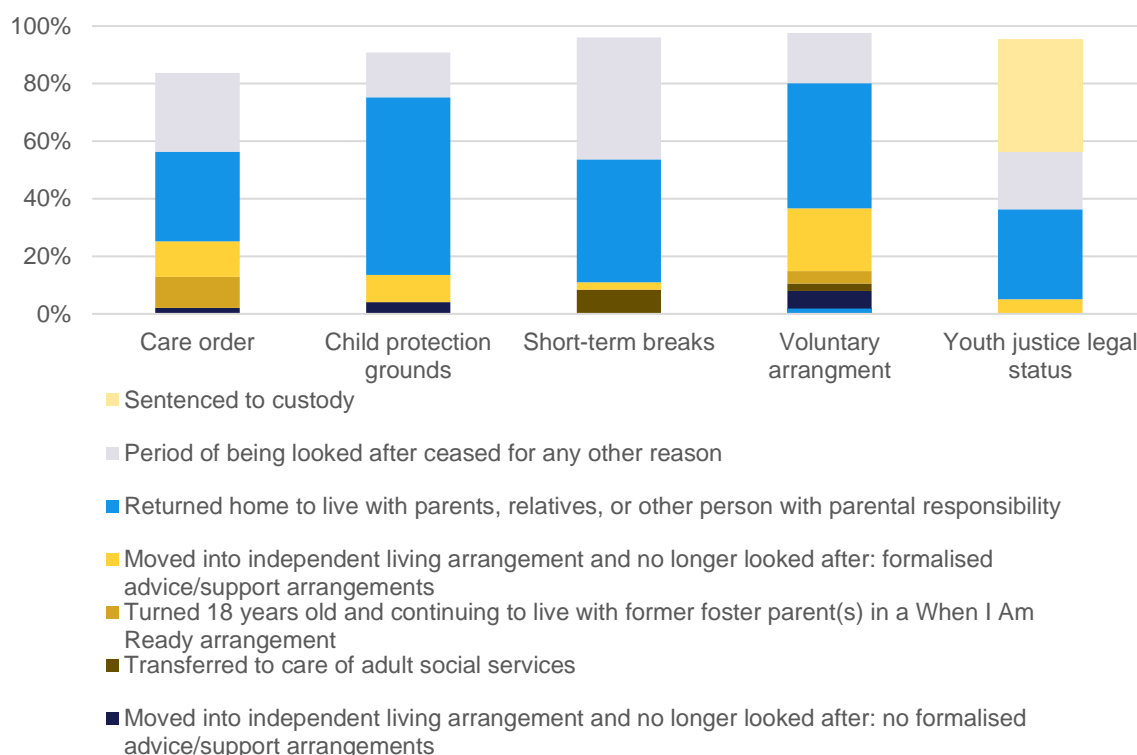


For adolescents aged 10-12 and 14-15 years old, between 72% and 80% of individuals left care to return home to live with parents or relatives (Figure 30). Interestingly, approximately 15% of individuals amongst these age groups had their care period 'ceased for any other reason'. A high proportion of 16 and 17 year olds (19% and 26%, respectively) left care to move into independent living arrangements with formalised advice or support, closely followed by care being 'ceased for any other reason'. For 18 year olds who had aged out of care, 31% also left care and moved into independent living arrangements with formalised advice or support.

For those who had left care, we also examined the reason for leaving care by legal status on entry (Figure 31). Adolescents were most likely to return home to parents or family members, particularly those who entered on child protection grounds (62%), those who entered care under voluntary arrangements (44%) or those who entered care under an interim care order (31%). A high proportion of adolescents who entered on an interim care order had their care ceased for 'any other reason' (27%). This is also the case of those who enter for respite care reasons, with one plausible explanation being a change in the health/disability of the child's needs.

²³ Due to small numbers and statistical disclosure reasons, some reasons for leaving care are not shown

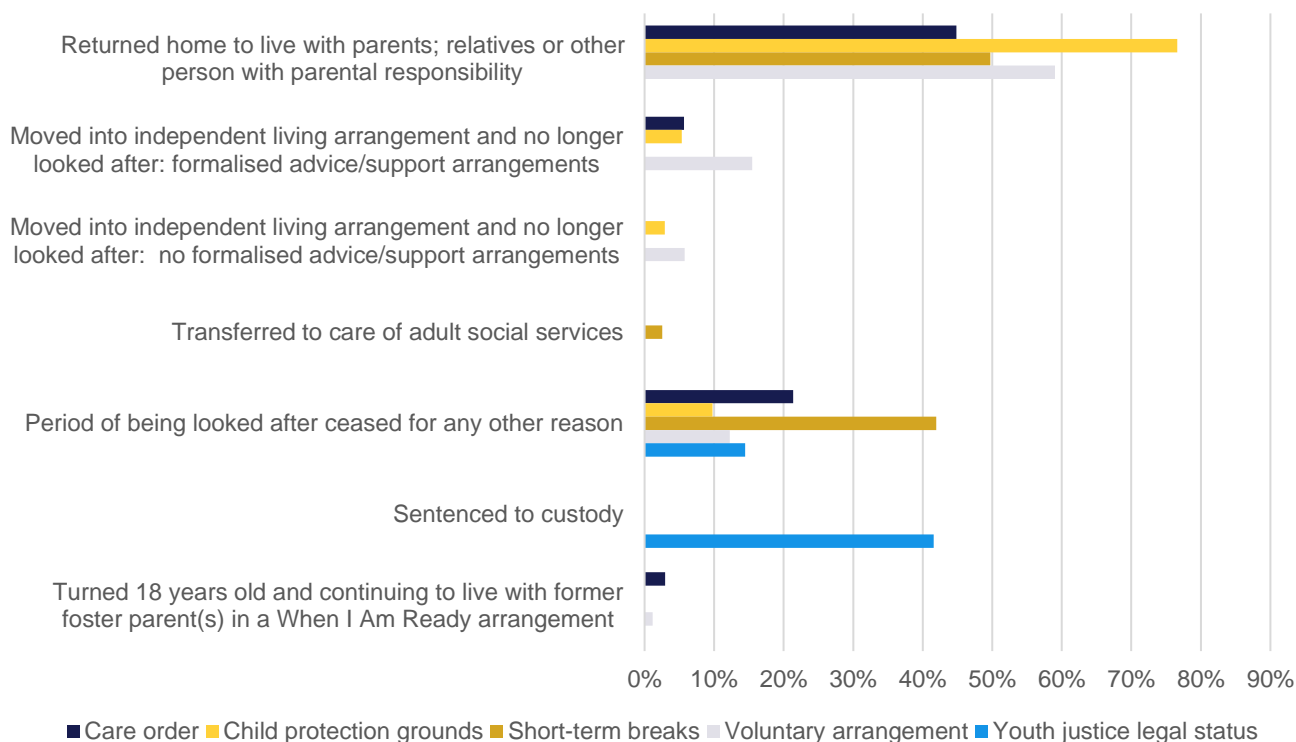
Figure 31: Reasons for leaving care for adolescents, by legal status on entry to care²⁴



We further examined the legal status on entry for adolescents who aged out of care (18+ years old) and those who left care (<18 years old). A higher proportion of adolescents aged between 10 and 17 years old returned home to live with parents or family members, with 77% having entered care on child protection grounds or under voluntary arrangements (59%) (Figure 30). Whilst adolescents aged 18+ years old were most likely to have care ceased for 'any other reason', in particular those who entered under a youth justice legal status (46%) or short-term breaks (44%) (Figure 35).

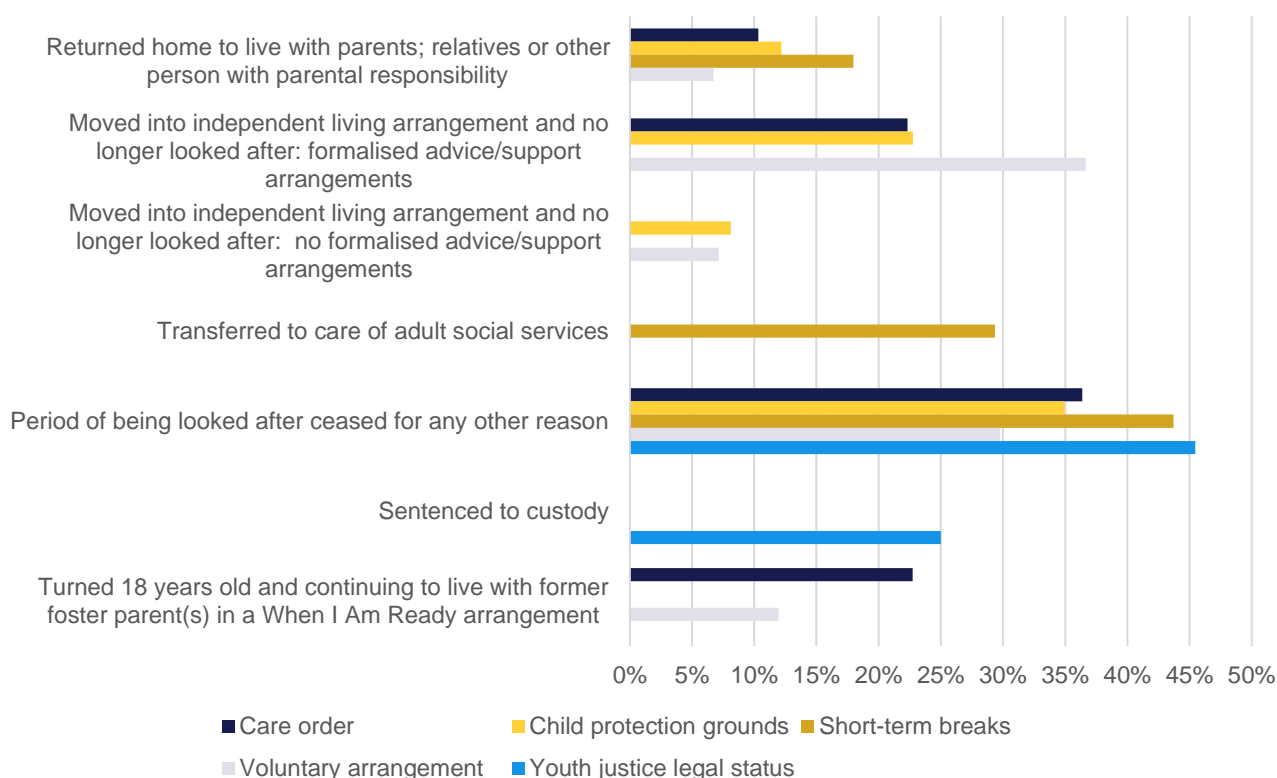
²⁴ Due to small numbers and statistical disclosure reasons, some legal statuses at entry have been masked and therefore percentages may not equal 100%

Figure 30: Reasons for leaving care for adolescents aged <18 years old, by legal status on entry to care²⁵



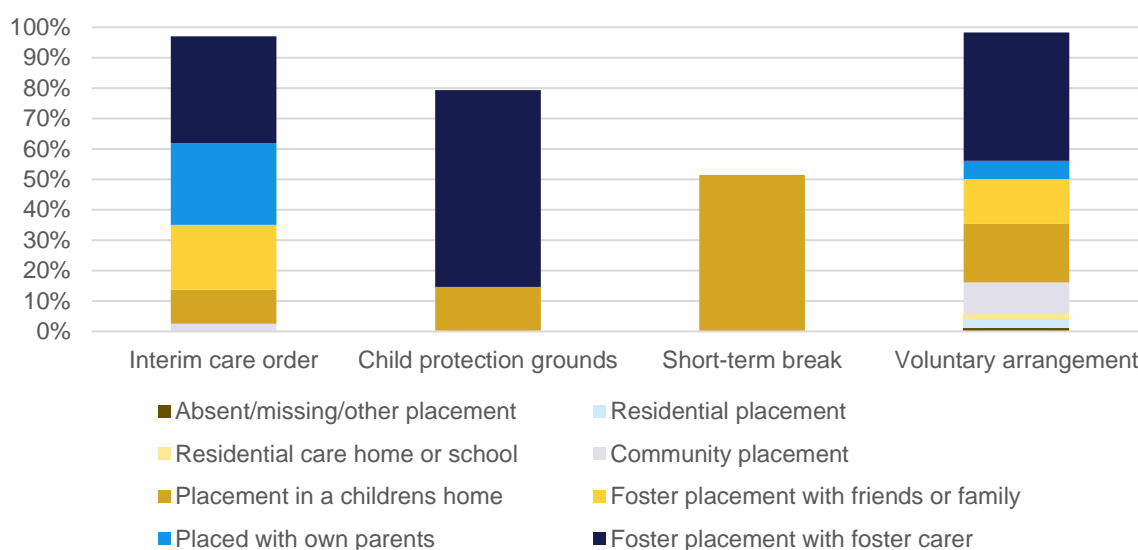
²⁵ To protect an individual's identity, only week of birth is available within SAIL Databank. Therefore, a small proportion of adolescents are recorded as being <18 years old at the age of leaving care, despite having left care because they have 'Turned 18 years old and continuing to live with former foster parents'. Visual examination of the data suggests this is due to the lack of precision

Figure 32: Reasons for leaving care for adolescents aged 18+ years old, by legal status on entry to care



Of the adolescents who remained in care (i.e. had a care episode during the last data collection) by 31 March 2021, we examined their placement type (Figure 32). Adolescents who entered under voluntary arrangements or an interim care order were most likely to be placed with foster carers, although there was a greater proportion of those who entered under voluntary arrangements (43%) compared to those who entered under an interim care order (35%). There was also a greater proportion of adolescents placed with their own parents (27%) or in foster placements with friends or family (21%) if they had entered under an interim care order in comparison to those who had entered under voluntary arrangements (6% and 15%, respectively). This means that adolescents who entered under an interim care order were more likely to have returned home to their parents under a care order than those who initially entered care under voluntary arrangements. This may indicate that a large proportion of adolescents who initially entered care under an ICO and who were placed at home with parents remained in that placement. This was also shown for infants entering care (Cowley et al. 2023), however further work is needed to confirm this.

Figure 33: Placement types for the last placement for adolescents who remained in care, by legal status on entry to care²⁶



Placement stability for adolescents

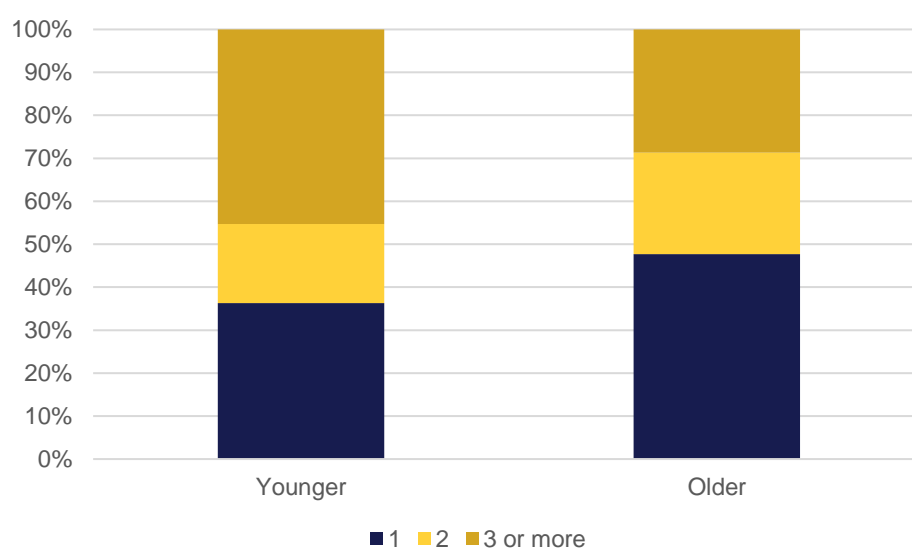
Most adolescents who entered care had one placement (41%), with over a fifth (21%) having two placements and 39% having three or more placements (more than 16 placements²⁷). Older adolescents typically had one placement (48%), whereas younger children were more likely to have three or more placements (45%) (

Figure 34). Rather than increased instability in younger adolescents, the fewer number of moves for older adolescents may reflect the limited time until they turn 18 and leave care.

²⁶ Due to small numbers and statistical disclosure reasons, youth justice legal status and some legal statuses at entry have been masked and therefore percentages may not equal 100%

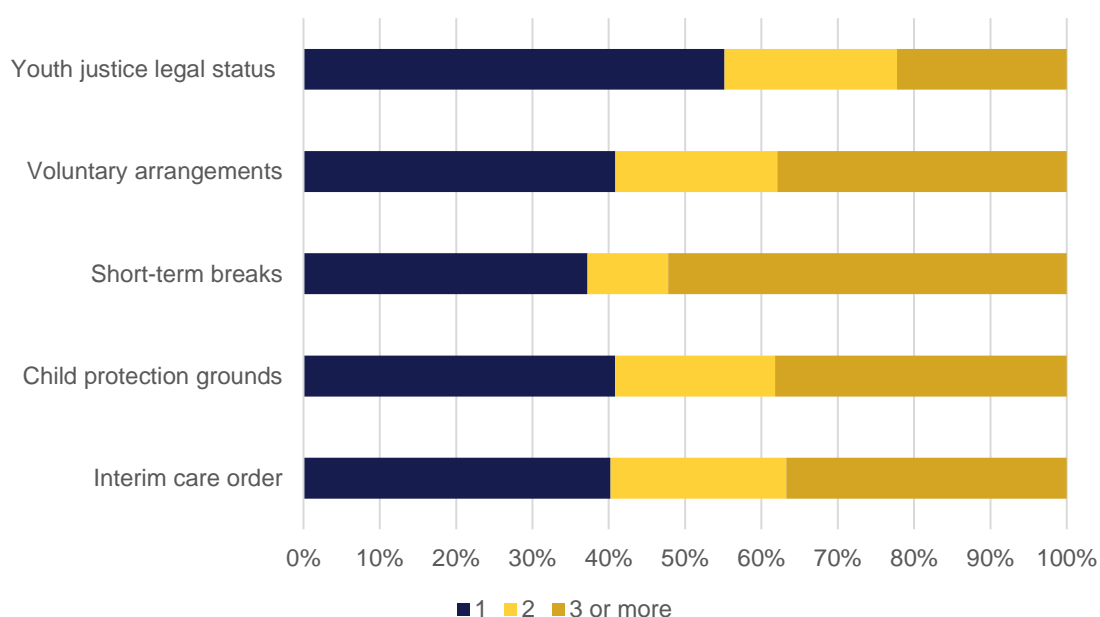
²⁷ Due to the disclosure risk, the maximum number of placements applies to groups of 10 or more

Figure 34: Number of placements adolescents' experience, by age group on entry to care



As shown in Figure 34, the number of placements by legal status was similar amongst those who had entered under an interim care order, voluntary arrangements or child protection grounds. Approximately 40% of these had one placement, around 22% had two placements and 38% had three or more placements. Those who were in care for respite reasons were most likely to have three or more placements (52%), in keeping with multiple short-term breaks. Interestingly, more than half (55%) of those who entered with a youth justice status had only one placement.

Figure 35: Number of placements adolescents' experience, by legal status on entry



Younger and older adolescents had differences in their entry routes into care (Figure 36 and

Figure 37). Of the adolescents with one placement, a higher proportion of older adolescents entered on child protection grounds, short-term breaks and voluntary arrangements, whilst interim care orders were comparable to younger adolescents. Older adolescents with two placements had a higher proportion of interim care orders and voluntary arrangements in comparison to younger adolescents. Interestingly, amongst younger adolescents with three or more placements, entry via interim care orders, child protection grounds, short-term breaks and voluntary arrangements were higher.

Figure 36: Number of placements younger adolescents' experience, by legal status on entry²⁸

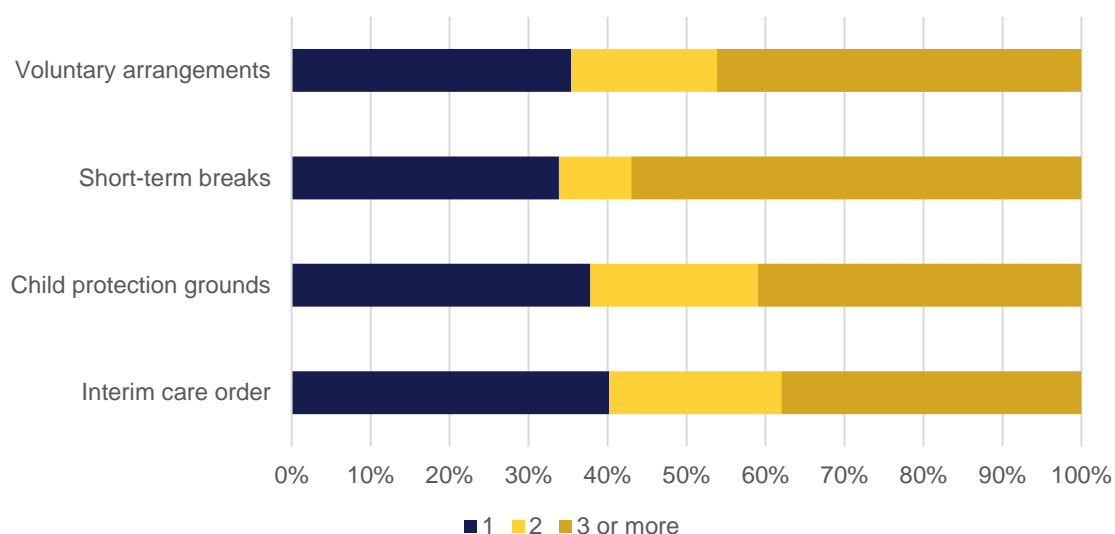
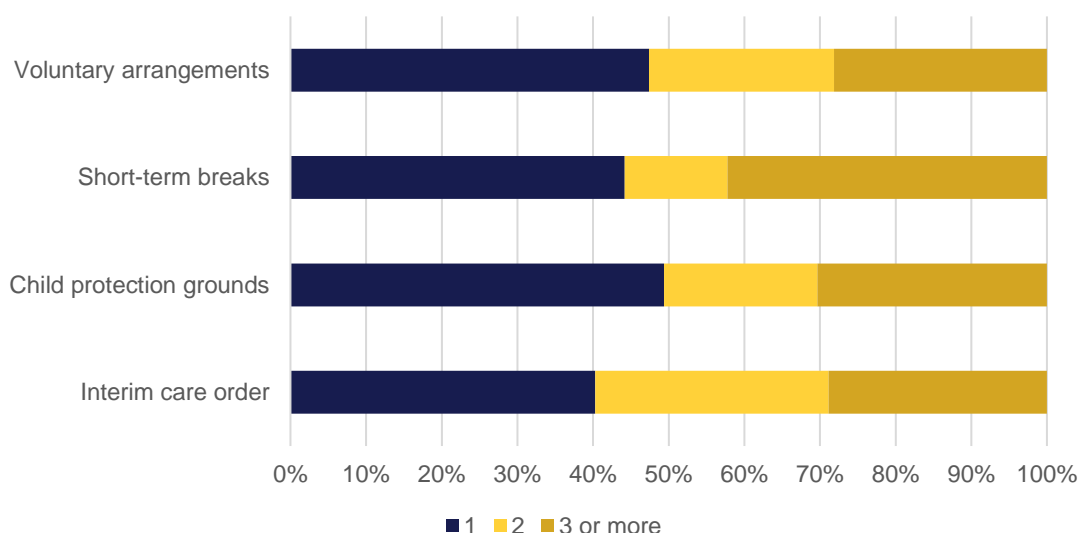


Figure 37: Number of placements older adolescents' experience, by legal status on entry²⁹



To summarise:

- **The majority of adolescents who enter care were placed in family-like placements (77%). This figure differed when looking**

²⁸ Due to small numbers and statistical disclosure reasons, youth justice legal status has been masked

²⁹ Due to small numbers and statistical disclosure reasons, youth justice legal status has been masked

at younger and older adolescents separately (86% and 63%, respectively).

- There was a greater proportion of older adolescents placed in not secure (31%) and secure (5%) non-family placements compared to younger adolescents (12% and 0.5%).
- Of adolescents who entered care under a voluntary arrangement, 68% were placed with unrelated foster carers, and only a small proportion were placed with foster placement with friends or family, in a children's home, residential care home or school, or a residential placement.
- Interestingly, those who entered on an interim care order were most likely to be placed with their parents (34%) than any other placement, indicating the widespread use of care orders at home.
- 83% of adolescents who entered care for the first time between 1 April 2002 and 31 March 2021 were no longer in care at 31 March 2021.
- Of those who had left, 43% had returned home to live with parents or family members, with 21% having care ceased for 'any other reason'. This highlights the need for improved data collection.
- For adolescents who remained in care at time of follow-up, adolescents were most likely to be placed with foster carers, particularly if they had entered on child protection grounds (65%), voluntary arrangements (42%) or an interim care order (35%). A large proportion of adolescents were also placed with their parents (27%) or in foster placements with friends or family (21%) if they had entered under an interim care order.
- Those who had entered care under voluntary arrangements had returned home to live with parents (44%), while slightly fewer had returned home to live with parents if they had entered on an interim care order (31%). Adolescents who entered on child protection grounds were most likely to return home to live with their parents (62%). Nearly 30% of those entering on an interim care order had their care ceased for 'any other reason'. This warrants further investigation.
- A higher proportion of adolescents under the age of 18 years old, returned home to live with parents or family members. The majority of these were adolescents who entered on child protection grounds (77%). On the other hand, adolescents aged 18+ years old were most likely to have care ceased for 'any other reason', particularly those who entered under a youth justice legal status (46%) or short-term breaks (44%).

- **Nearly half of younger adolescents (45%) experienced three or more placement moves, with just over 35% experiencing only one placement. A higher proportion of older adolescents experienced only one placement (48%). This is potentially due to older adolescents being in the care system for a shorter period and having fewer opportunities to change placements.**
- **Around 40% of adolescents who had entered on a voluntary arrangement, short-term break, interim care order or child protection grounds experienced one placement. Over half (55%) of those who entered with a youth justice legal status had a single placement. Those who entered on short-term breaks were most likely to experience three or more placements, which is in keeping with what is expected.**
- **Younger and older adolescents had different entries into care, depending on the number of placements**

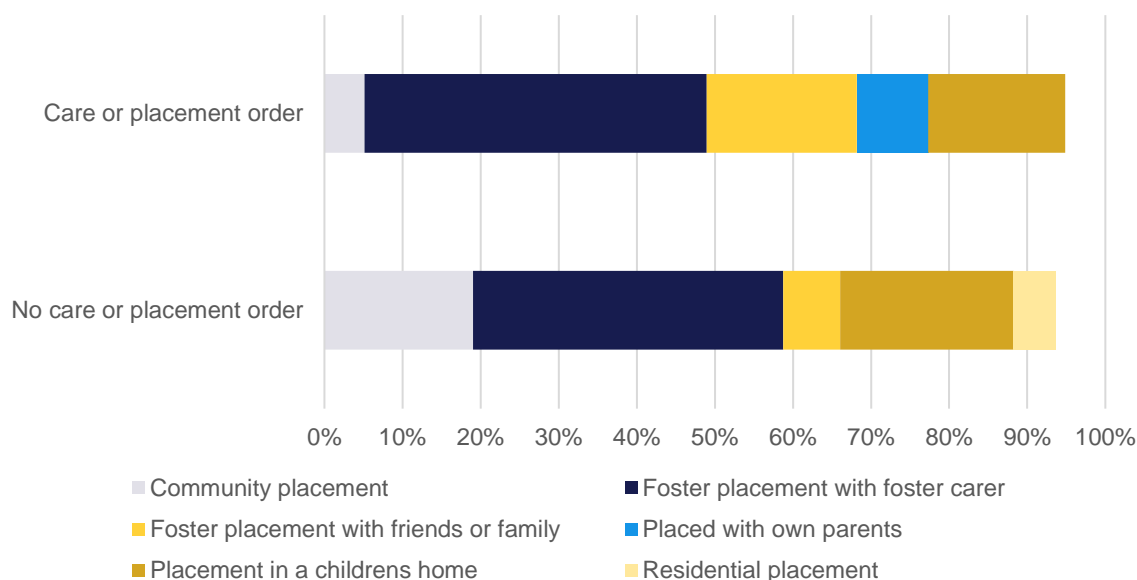
Placements for adolescents who entered care under voluntary arrangements

We examined differences in outcomes (placement types or reasons for leaving care) at the end of our study period, for adolescents who entered care under voluntary arrangements and who did, or did not, become the subject of compulsory action, i.e. an interim care order, full care order or placement order.

Of those who became the subject of compulsory action (1,287), 525 (41%) were still in care at the end of our study period, with 44% in a foster placement with a foster carer, 19% in a foster placement with friends or family, closely followed by 18% in a children's home. Less than 10% of children were placed with their own parents and a small proportion were in a community placement (5%) (Figure 38).

However, of those who did not become subject to compulsory action (4,660), only 315 (7%) were still in care on 31 March 2021, with the majority placed in foster care, and around 20% placed in the community and 20% placed in a children's home.

Figure 38: Placement types of adolescents who entered care under voluntary arrangements, and remained in care on 31 March 2021³⁰

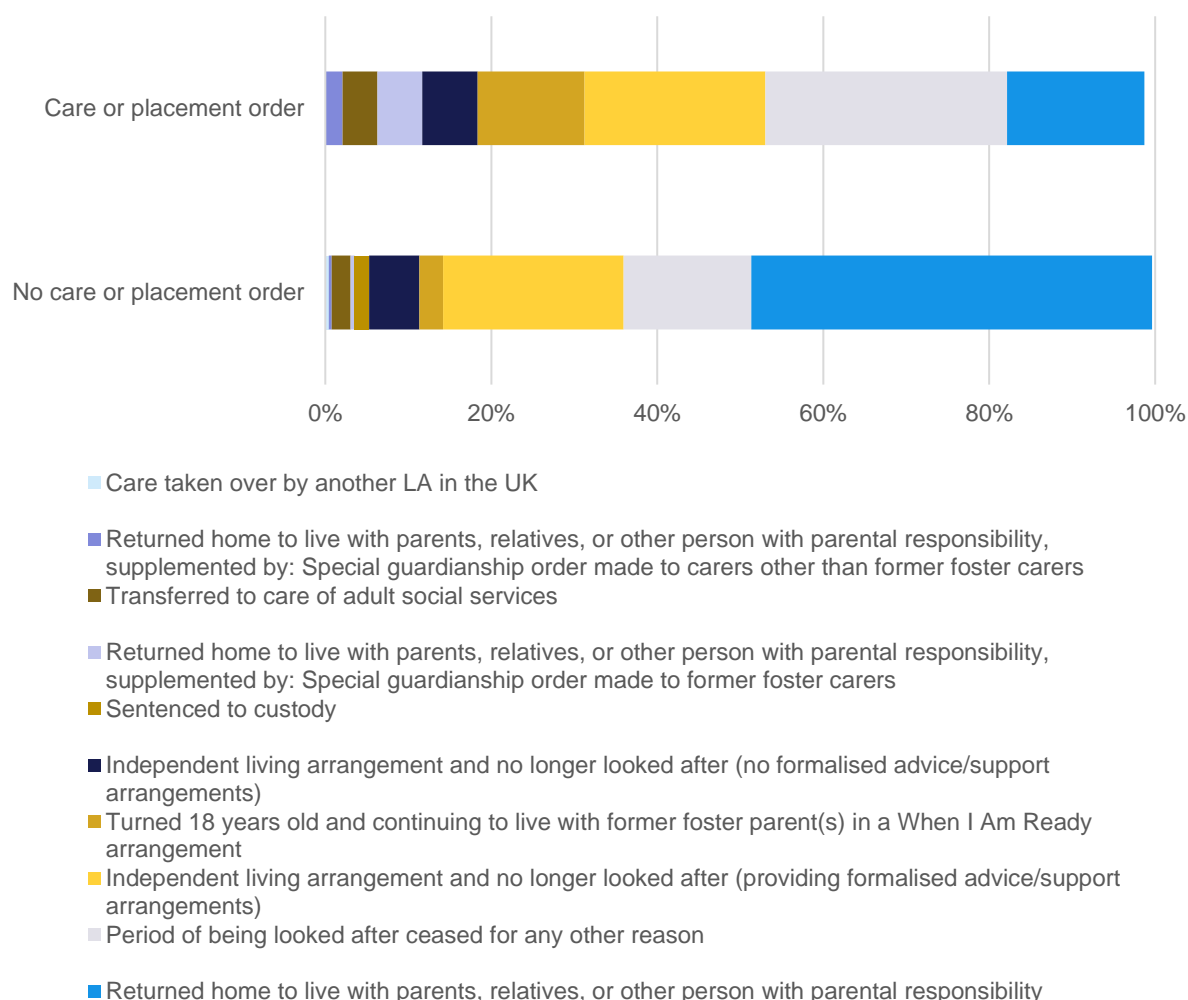


Of those who became subject to compulsory action (1,287), 763 (59%) had left care by 31 March 2021, with just under a third leaving care for any other reason (29%), and 22% no longer looked after and living independently with formalised advice or support arrangements (Figure 39).

However, of those who did not become the subject of compulsory action (4,660), 4,345 (93%) had left care at the end of study period, with around half leaving care to return home to live with parents without a special guardianship order, and over a fifth no longer looked after and living independently with formalised advice or support arrangements.

³⁰ Due to small numbers and statistical disclosure reasons, some placement types have been masked and therefore percentages may not equal 100%

Figure 39: Reasons for leaving care for adolescents who entered care under voluntary arrangements and who had left care by 31 March 2021³¹



To summarise:

- **41% of adolescents who entered care under voluntary arrangements and later became the subject of compulsory action were still in care at 31 March 2021; 44% of these children were placed with an unrelated foster carer and 19% were in a foster placement with friends or family.**
- **Conversely, 51% of adolescents who entered care under voluntary arrangements and later became the subject of compulsory action had left care, with the majority leaving for 'any other reason' (29%), and 22% moving into independent living arrangements with formalised advice or support.**

³¹ Due to small numbers and statistical disclosure reasons, some reasons for leaving have been masked and therefore percentages may not equal 100%

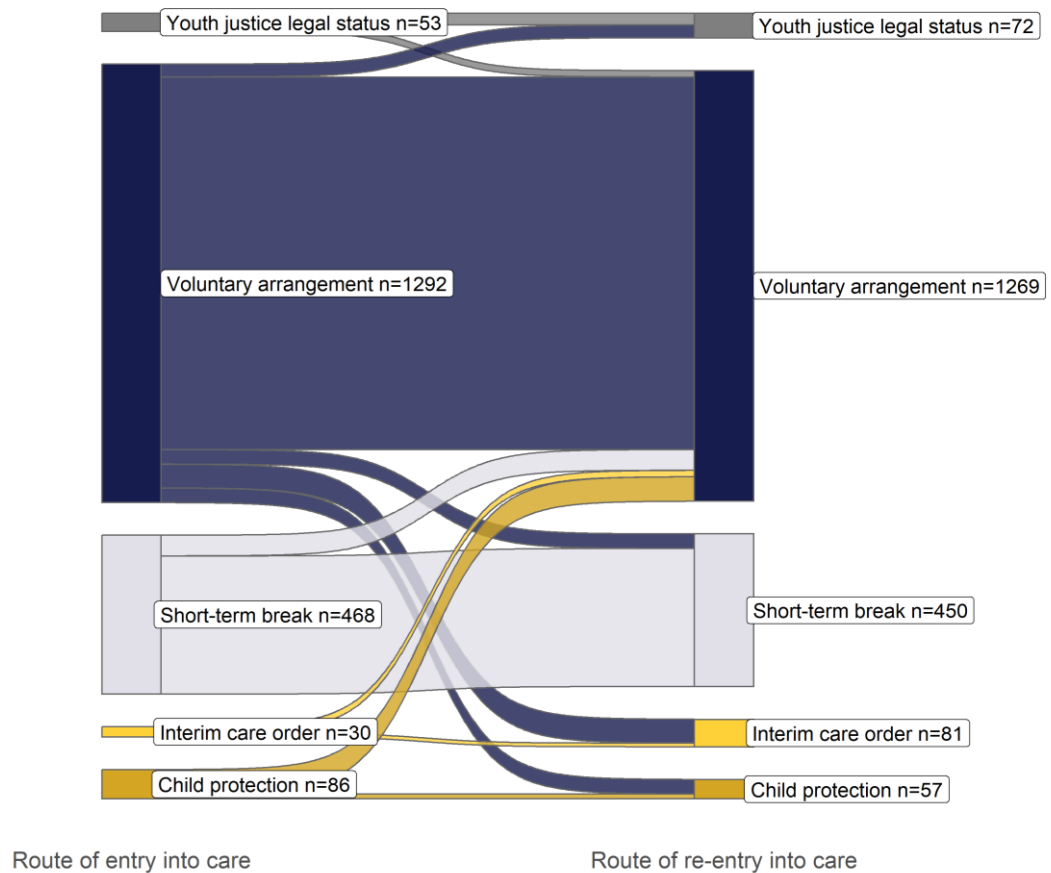
- Only 7% of those entering care under voluntary arrangements who did not become the subject of compulsory action were still in care at 31 March 2021, with the majority being placed in foster care with either family or friends, or an unrelated foster carer (46%).
- Conversely, 93% of those who entered care under voluntary arrangements and did not become subject to compulsory action had left care, with just under half of these children returning home to their parents.

How many adolescents left and returned to care

We followed all adolescents throughout the remainder of their care experience, i.e. until the data coverage ends at 31 March 2021. A total of 1,983 (23%) adolescents re-entered care at least once. When excluding those who enter on short-term breaks, this number decreases to 1,511 (19%).

A Sankey diagram (Figure 40) depicts the routes by which the adolescents who return to care had initially entered, and the routes by which they re-entered the care system. The majority of adolescents who left and returned to care re-entered by the same route. Most adolescents who left and returned to care, had initially entered care under voluntary arrangements, and returned to care under voluntary arrangements (1,098). There were fewer adolescents returning to care who initially entered on child protection ground (72), an interim care order (19) or had a youth justice legal status (19) and left on a voluntary arrangement.

Figure 40: Sankey diagram of the routes by which adolescents who returned to care entered care for the first time, and on re-entry³²



To summarise:

- 23% of adolescents had re-entered care at least once, when excluding those who enter on short-term breaks, this decreased to 19%.
- The largest proportion of adolescents who experienced instability entered care on a voluntary basis and returned to care on a voluntary basis (1,098).
- Further follow-up of this large, vulnerable group will provide insight on their longer-term outcomes.

³² Some flows are not shown due to small numbers and statistical disclosure control

Discussion

This report has identified substantial variation in entry to care for adolescents across Wales. There appears to be clear preference for voluntary arrangements with parents to secure entry to care in older adolescents compared to younger adolescents. Younger adolescents were more likely to initially enter care under a care order than older adolescents.

It is possible that this may be explained by variations in terms of the reasons that children enter care (need codes). There were greater differences in the need codes for adolescents entering care under voluntary arrangements compared to those who entered following care proceedings. A higher proportion of adolescents entering on a care order had a need code of “abuse or neglect” in comparison to entering on a voluntary basis. However, other factors may contribute to these differences, including approaches and interventions in local authorities.

This is further supported by evidence of changes over time across Wales. More recently, there appears to be a decline in the rates of adolescents entering care under voluntary arrangements likely due to criticisms made in judgments and confusion surrounding the appropriate use of section 20/76 (Care Crisis Review, 2018). This trend is consistent with a number of judgements during 2014 and 2015 which raised concerns around the use of section 20 in some local authorities, which resulted in the breach of the child’s and parent’s human rights (Use of S.20 CA 1989, 2014, EWFC 775; Children; Adoption: Jurisdiction, 2015, EWCA Civ 1112; Darlington Borough Council v M, 2015, EWFC 11; Re AS (Unlawful Removal of a Child), 2015, EWFC B150). In contrast, some local authorities are reluctant to agree to section 20 accommodation as it is viewed as a “last resort”. However, this could become problematic, leading to unplanned entry to care.

As expected, those who entered care under an interim care order had higher rates of deprivation compared to those with voluntary arrangements with parents.

Adolescents who enter care by way of voluntary arrangements or care orders were most likely to return home to parents or relatives, although there was a slightly higher proportion amongst those who entered via voluntary arrangements. More than half of those who entered on child protection grounds were also most likely to return home to parents or relatives. There was also a high proportion of adolescents leaving care for “any other reason” which warrants further investigation.

Given that a high proportion of adolescents entering care by way of voluntary, care orders or on child protection grounds do so because of “abuse or neglect”, it appears that route of entry to care may be a contributing factor in family reunification. Additional qualitative analysis would be useful to support these findings, as well as address the role that family support services or positive parental engagement may have on the adolescent’s outcomes.

Previous research in England highlights the importance of stability, which is crucial for forming positive relationships and contribute towards helping children and young people feel safe. This issue is especially prominent amongst adolescents, although three quarters of adolescents return to their birth family when leaving care, around 40% re-enter care within five years, and cycle in and out of care (Department for Education 2014; McGrath-Lone et al. 2017). Here, we found much higher rates of placement instability, with 60% experiencing more than two placement moves. In addition, we show that adolescents who first enter care on a care order, voluntary basis or on child protection grounds, had comparable proportions in terms of number of placements. Those who entered with a youth justice legal status had the lowest number of placements, whilst more than half of those who entered for short-term breaks had three or more placements. Younger adolescents were more likely to have three or more placements (45%) compared to older adolescents (29%) but this may be due to them ageing out of care. Government led initiatives such as Staying Put have been introduced which enables young people to stay with foster carers beyond the age of 18. Although this will help stability at a critical age, it remains challenging to incorporate stability into support when adolescents first enter care.

There is limited work that includes adolescents entering care by respite arrangements because it is thought to imply permanence. However, these individuals may be on the edge of care, and respite care provides planned relief, which could otherwise lead to family breakdown. Based on evidence in this report, a fifth of adolescents who entered care for the first time under a short-term break become looked-after for a different reason, with the majority converted to a voluntary arrangement or care order. These findings demonstrate that these adolescents are at a higher risk than previously thought and demonstrate the necessity for child protection systems to address the needs of these vulnerable adolescents.

Since 2016/17, the number of unaccompanied asylum-seeking adolescents entering care remained relatively stable (~10%). The majority of UASC entering care were older adolescents (12%), whilst only a small proportion were younger adolescents (1%). This overrepresentation may explain why there are differences in the analyses of younger/older age groups.

Future research

This report highlights the instability of placements in adolescents. It raises the question as to whether families are being given sufficient support to address underlying problems that result in the child being taken into care. Qualitative research would aid our understanding of why adolescents cycle in and out of care and what interventions would improve placement stability and permanence.

Family risk factors, such as parental history is likely to impact the child's future pathways (Sidebotham et al. 2001; Dixon et al. 2004; Widom et al. 2015). It would be valuable to explore whether there are any associations between parental experience of abuse and neglect and the child's routes to permanence. If parents are more likely to have experienced neglect or been in care themselves as a child, it would emphasise the need for services to be proactive in providing support to those parents (Roberts et al. 2017).

Future research could explore the relationship between legal status at follow-up and placement types. It would also be interesting to link the CLA and Cafcass Cymru data to examine final outcomes of court proceedings, including the length of time the case is open, and frequency of re-entering proceedings. This may indicate increased stressors, putting additional pressure on families, which may negatively impact placement stability.

Although we examined re-entry into care, some adolescents enter care more than once. It would be interesting to explore re-entry across adolescents' entire care experience, as well as the most common pathways.

Further work is needed to evaluate outcomes later in life. Being placed into care, even as an adolescent, is likely to have a detrimental effect on mental and physical health, and education. The opportunity to link to health and education data will produce greater insights.

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Appendix A: Information governance

The SAIL Databank

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

Information governance approval

The project proposal was reviewed by the SAIL Information Governance Review Panel (IGRP) at Swansea University. This panel ensures that work complies with information governance principles and represents an appropriate use of data in the public interest. The IGRP includes representatives of professional and regulatory bodies, data providers and the general public. Approval for the project was granted by the IGRP under SAIL project 1046. The agency considered the public interest value of the study, benefits to the agency itself, as well as general standards for safe use of administrative data.

Statistical disclosure control

SAIL has strict statistical disclosure processes and policies to prevent potential disclosure of any individual. For this project, this includes suppressing of information in tables where the number in any individual cell is less than ten, or where geographical identifiers might disclose the identity of the individual concerned either alone or in combination with

other data. Where this has been employed, it is noted within the relevant sections. For example, adolescents entering care under a police protection order, an emergency protection order or a child assessment order were grouped into a single category “child protection grounds” in certain analyses, to prevent disclosure problems related to small numbers. Unless stated otherwise, percentages were calculated on available counts only.

Appendix B:

Categorisation of placement types

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

Placed with own parents		
Placed with own parents or other person with parental responsibility	Placed with own parents	Family-like
Placements in other residential settings		
Residential care home	Residential care home or school	Non family-like, not secure
NHS/Health Trust or other establishment providing medical or nursing care	Residential setting providing medical or nursing care	
Residential family centre or mother and baby unit	Family centre or mother and baby unit	Non family-like, secure
Youth Offender Institution or prison	Youth Offender Institution or prison	
Other placements in the community		
Independent living, e.g. flat or lodgings with or without formal support staff, or in bedsit, B&B or with friends	Community placement – independent living/residential employment	Non family-like, not secure
Residential employment		
Placements in homes and hostels subject to the regulations covering children's homes / care homes for children		
Homes inside LA boundary	Placement in a children's home	Non family-like, not secure
Homes outside LA boundary		
Placements in other hostels and supportive residential settings		
Residential accommodation not subject to Children's homes regulations	Residential placement (not children's home)	Non family-like, not secure
Schools		
All residential schools, except where dual-registered as a school and children's home	Residential care home or school	Non family-like, not secure
Looked after and placed in secure unit		
Secure unit inside LA boundary	Secure accommodation	Non family-like, secure
Secure unit outside LA boundary (within Wales)		
Secure unit outside Wales		
Missing from placement		
Absent more than 24 hours from agreed placement:	Absent/missing/other placement	Absent/missing person
In Refuge (Section 51 of Children Act)		
Whereabouts known (not in Refuge)		
Whereabouts unknown		
Other placements not listed above		
Other placements	Absent/missing/other placement	Absent/missing person

Appendix C: Ethnic groupings

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

Appendix D: Clearance period for adolescents

We are primarily interested in an adolescent's first entry into care, and the earliest available data is from 2002/03. Therefore, the concept of a clearance period was explored to determine a suitable cut-off point. Figure D1 shows the cumulative proportion of all children who have multiple care periods in their care history based on number of days between periods. This excludes those experiencing short-term breaks. We can see that over 95% of children who experience multiple periods of care re-enter within 5 years (1825 days) of leaving. If we include those who experience short-term breaks (i.e. more likely to have a much shorter duration between care periods), this figure increases to over 99% (Figure D2). Therefore, to assume an adolescent's first entry into care, we add 5 years to the earliest recorded data, creating a cut-off date of 1 March 2007. We only use data where an adolescent does not have a care entry prior to this point.

Figure D1: Cumulative proportion of all children who re-enter care by the number of days between care periods (excluding those experiencing short-term breaks)

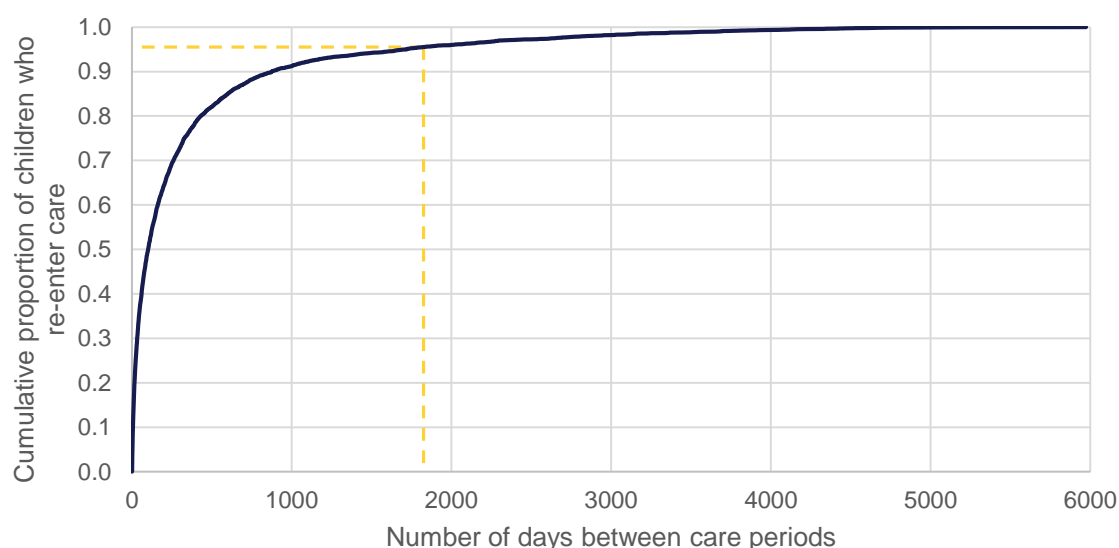
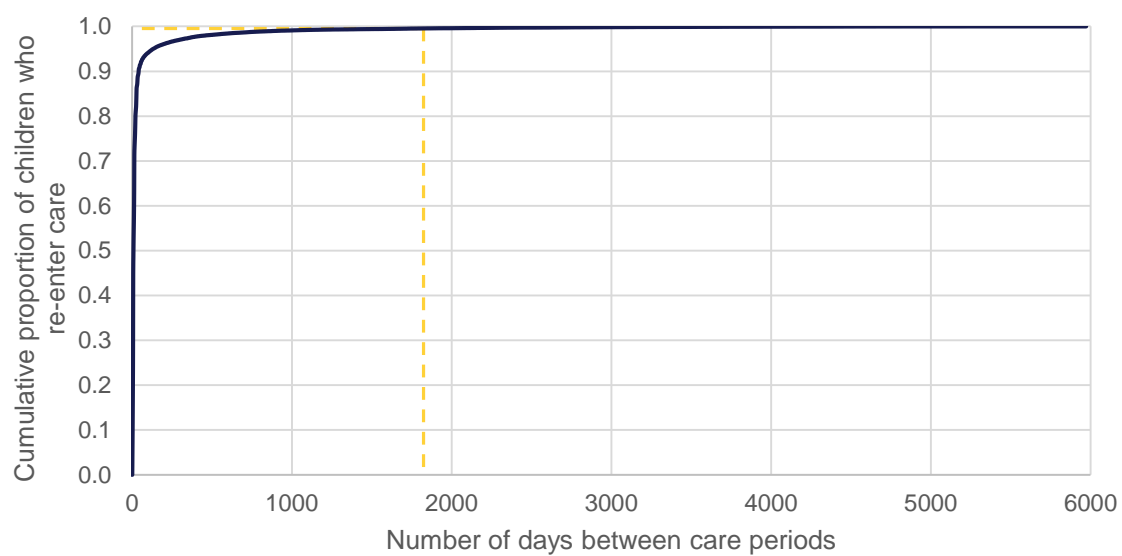


Figure D2: Cumulative proportion of all children who re-enter care by the number of days between care periods (including those experiencing short-term breaks)



Appendix E: Adolescents entering care by UASC at entry to care [2007/08 to 2020/21]³³

USAC	Yes	No	Missing	Total
Year				
2007/08	28 [5%]	456 [88%]	32 [6%]	516 [100%]
2008/09	59 [9%]	537 [84%]	43 [7%]	639 [100%]
2009/10	27 [4%]	671 [93%]	22 [4%]	720 [100%]
2010/11	~	~	8 [2%]	613 [100%]
2011/12	~	~	0	694 [100%]
2012/13	16 [2%]	639 [98%]	0	655 [100%]
2013/14	12 [2%]	644 [98%]	0	656 [100%]
2014/15	24 [4%]	614 [96%]	0	638 [100%]
2015/16	32 [5%]	607 [95%]	0	639 [100%]
2016/17	62 [10%]	535 [90%]	0	597 [100%]
2017/18	57 [9%]	565 [91%]	0	622 [100%]
2018/19	54 [9%]	557 [91%]	0	611 [100%]
2019/20	55 [9%]	555 [90%]	4 [1%]	614 [100%]
2020/21	40 [8%]	485 [92%]	0	525 [100%]
Total	488 [6%]	8142 [93%]	109 [1%]	8,739 [100%]

³³ Due to small numbers and statistical disclosure reasons, some UASC statuses have been masked

Appendix F: Funnel plots showing the incidence rates of adolescents entering care by DFJ area in 2007, 2014 and 2020

In 2007, Conwy was above the average rate (Figure F1), whilst there were no local authorities above or below the average rate. In 2020, Wrexham fell above the average rate (and outside of the upper outer line) (Figure F3). Again, there was little variation between incidence rates of adolescents entering care in the local authorities in the Cardiff and South East DFJ area in 2007 (Figure F4). However, in 2014 and 2020, Cardiff appeared above the upper outlier line (Figure F5 and Figure F6).

There was only slight differences in variations in the incidence rates of adolescents entering care between the local authorities in the Swansea and South West DFJ area. Only Pembrokeshire fell outside the expected boundaries in 2007 and 2014 (Figure F7 and Figure F8). All other local authorities had comparable incidence rates to the average in Swansea and South West Wales in 2007 and 2014, while there were no outliers in 2020 (Figure F9).

Figure F1: Incidence rates, adolescents entering care (per 10,000 population), per local authority [North Wales, 2007]

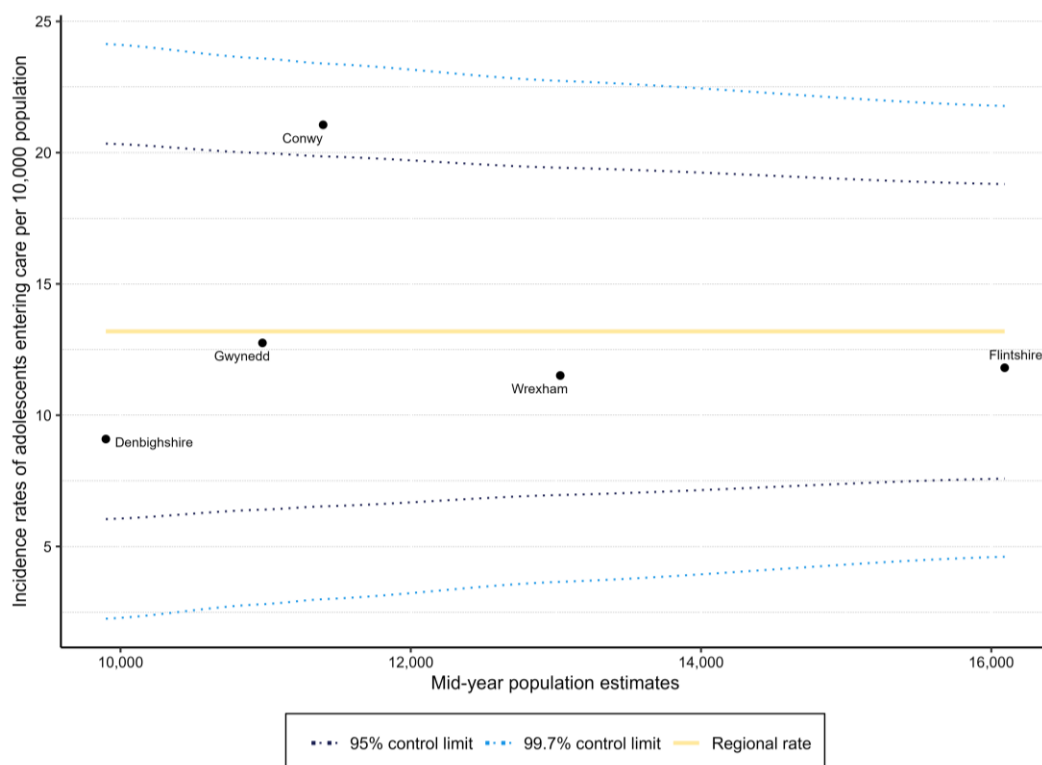


Figure F2: Incidence rates, adolescents entering care (per 10,000 population), per local authority [North Wales, 2014]

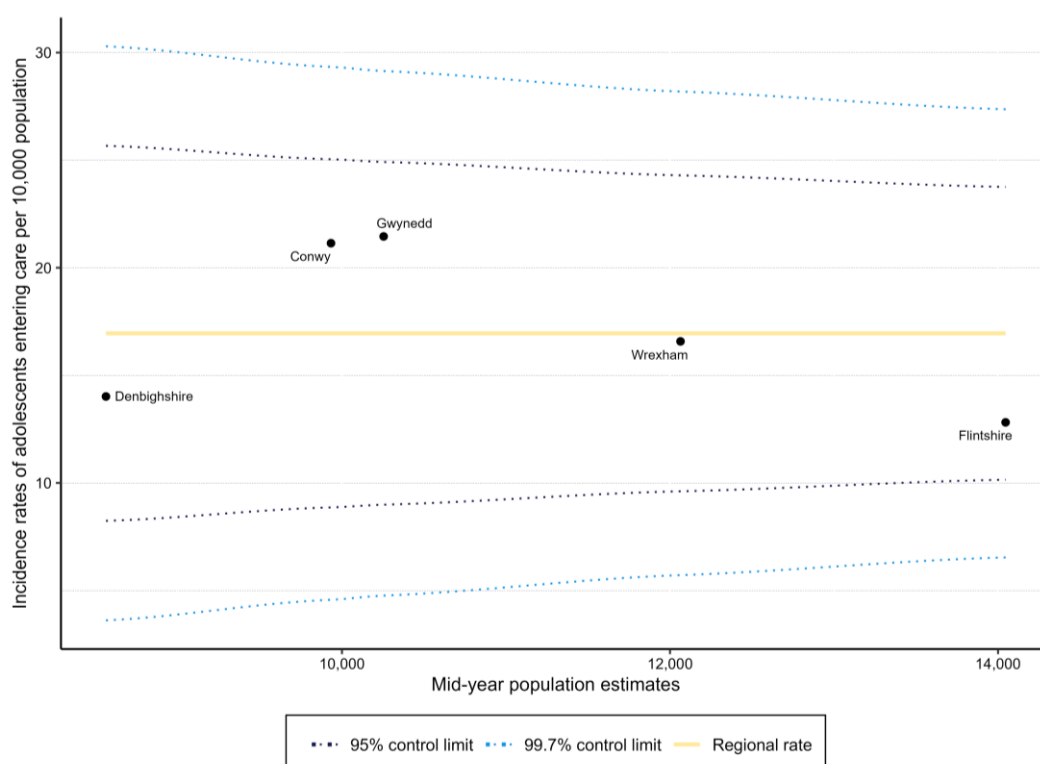


Figure F3: Incidence rates, adolescents entering care (per 10,000 population), per local authority [North Wales, 2020]

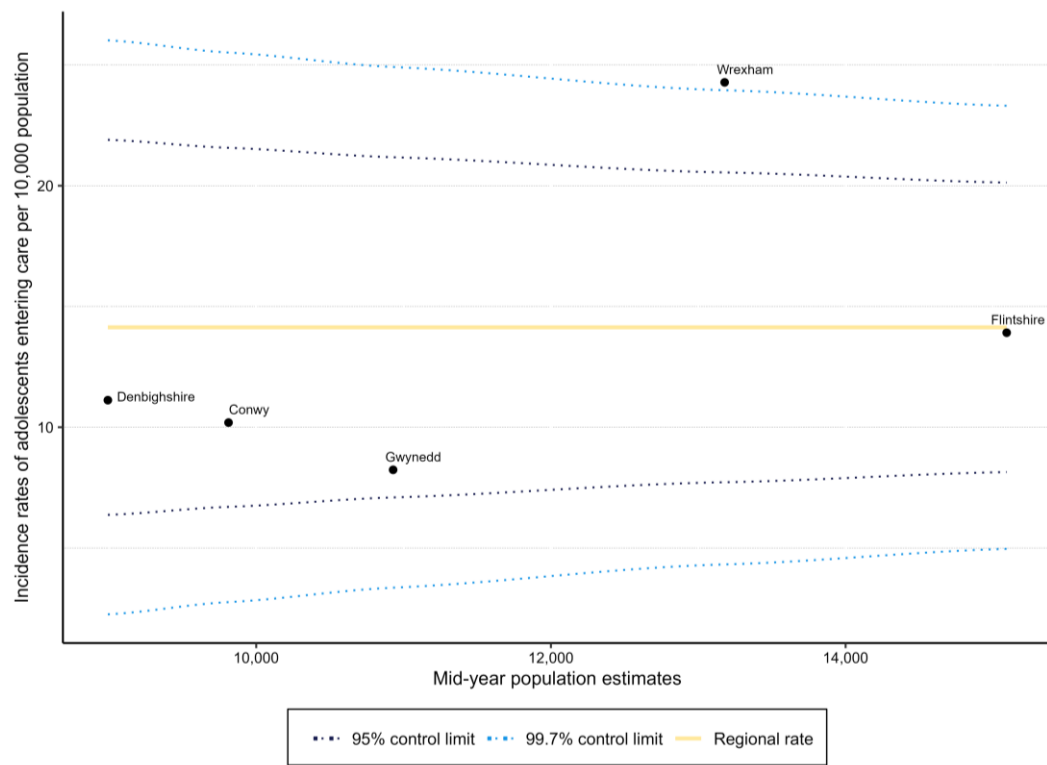


Figure F4: Incidence rates, adolescents entering care (per 10,000 population), per local authority [Cardiff and South East Wales, 2007]

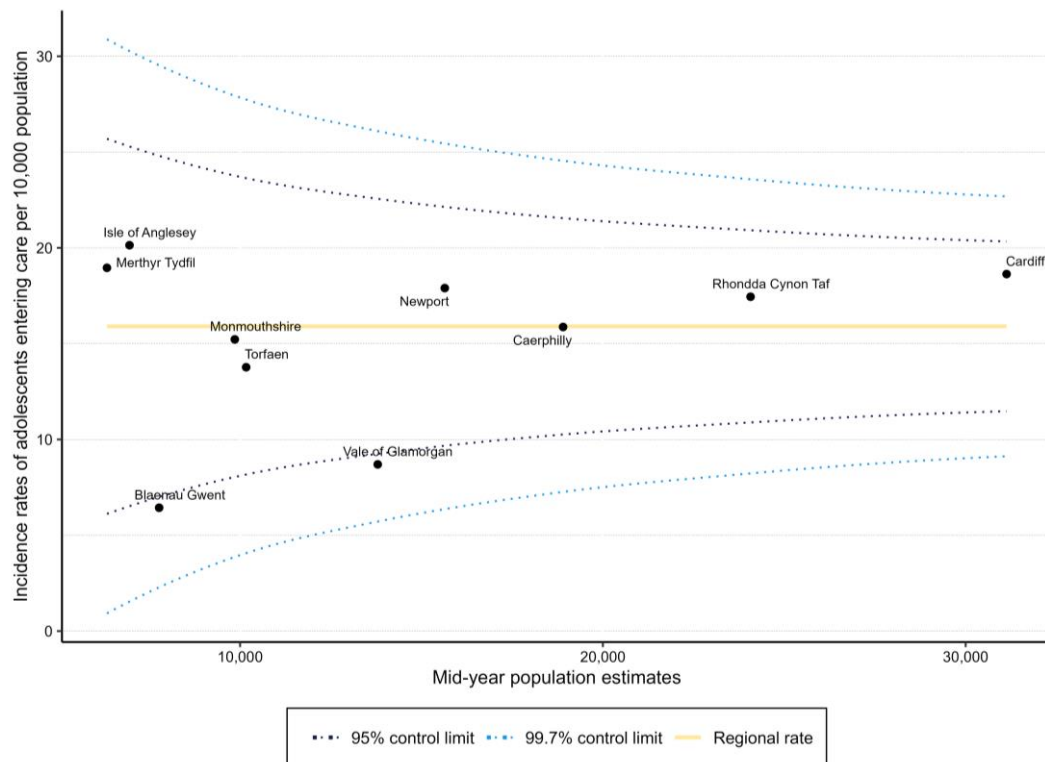


Figure F5: Incidence rates, adolescents entering care (per 10,000 population), per local authority [Cardiff and South East Wales, 2014]

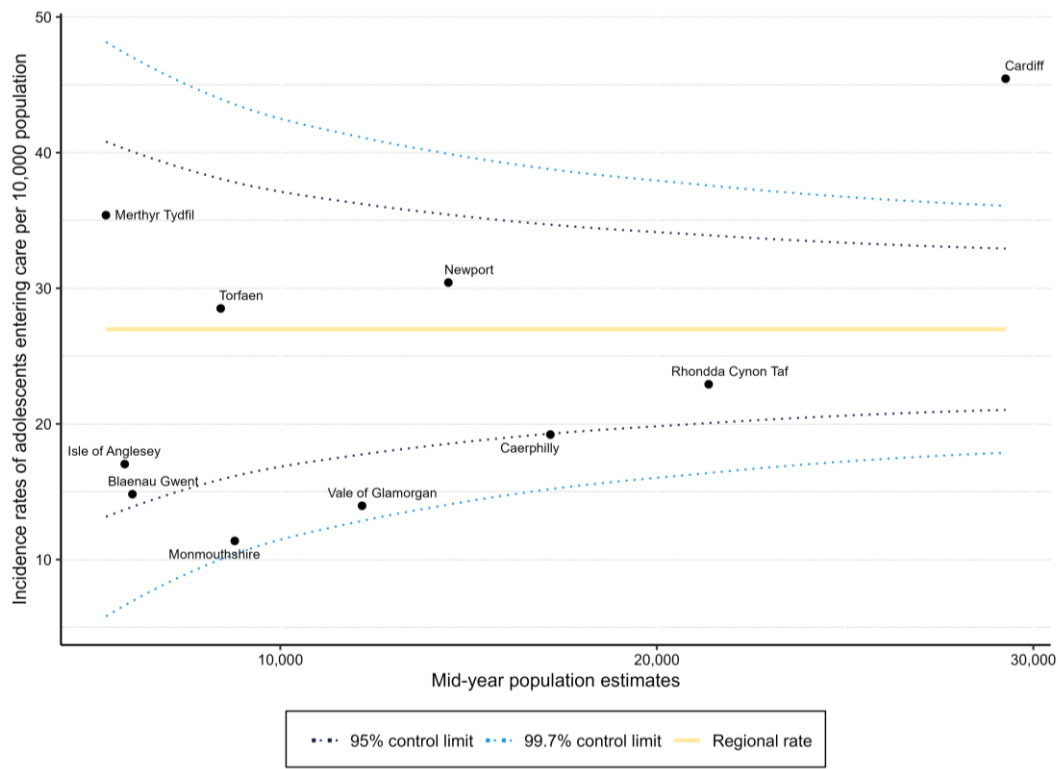


Figure F6: Incidence rates, adolescents entering care (per 10,000 population), per local authority [Cardiff and South East Wales, 2020]

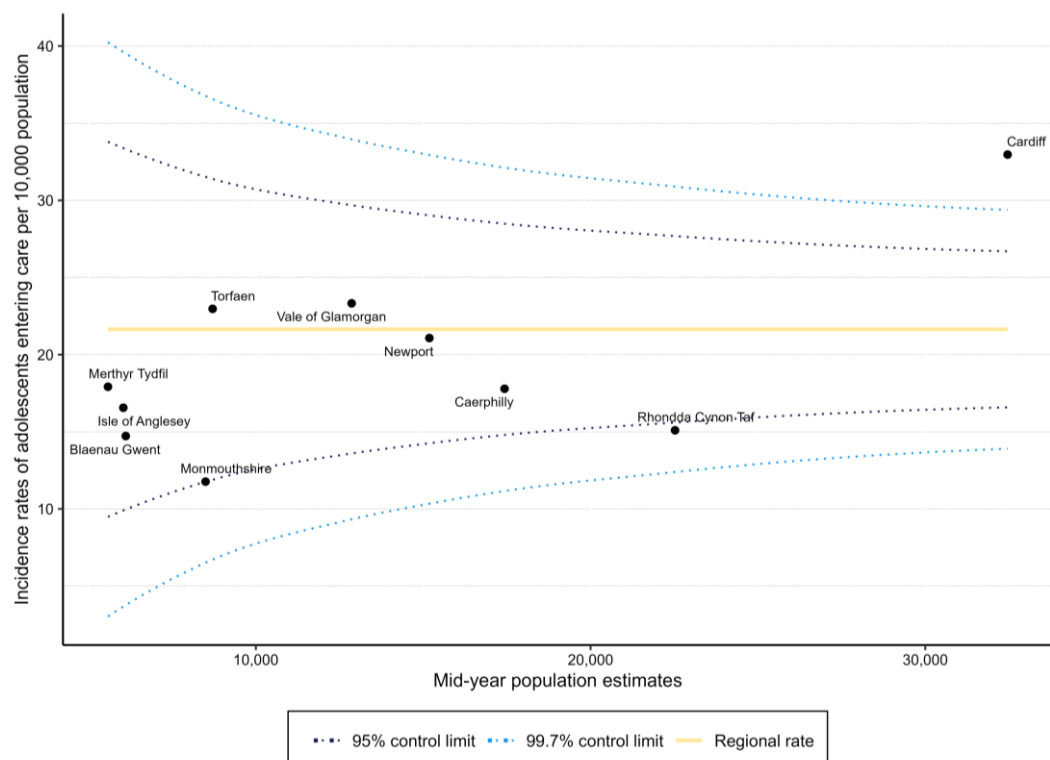


Figure F7: Incidence rates, adolescents entering care (per 10,000 population), per local authority [Swansea and South West Wales, 2007]

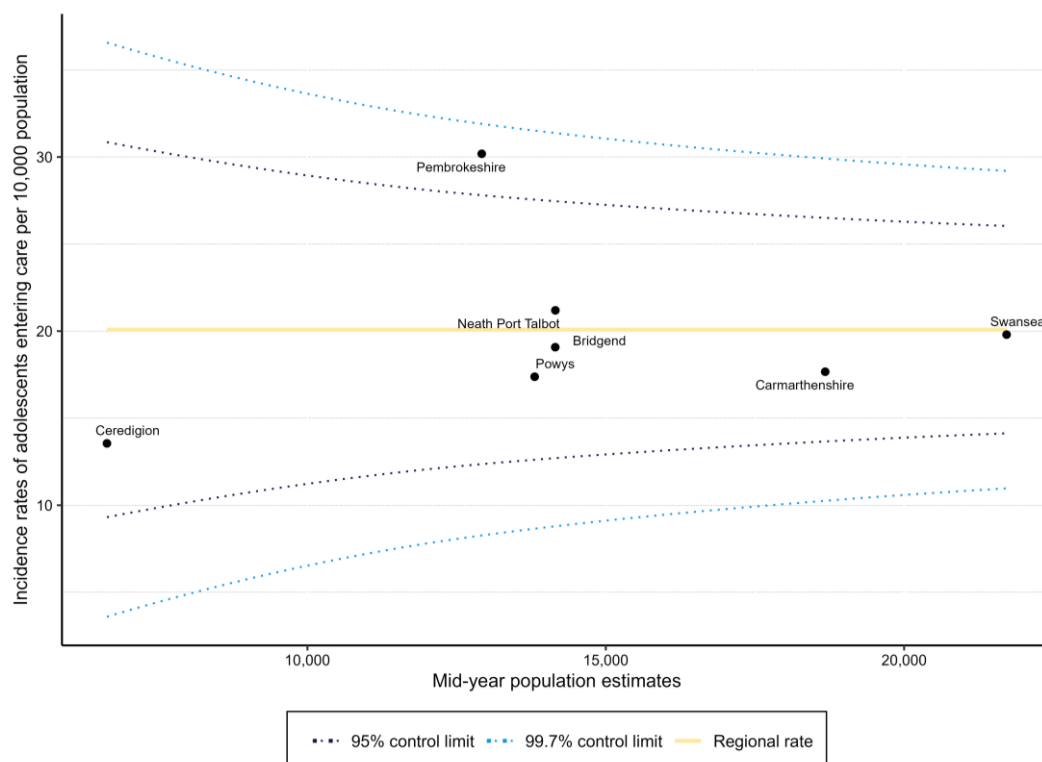


Figure F8: Incidence rates, adolescents entering care (per 10,000 population), per local authority [Swansea and South West Wales, 2014]

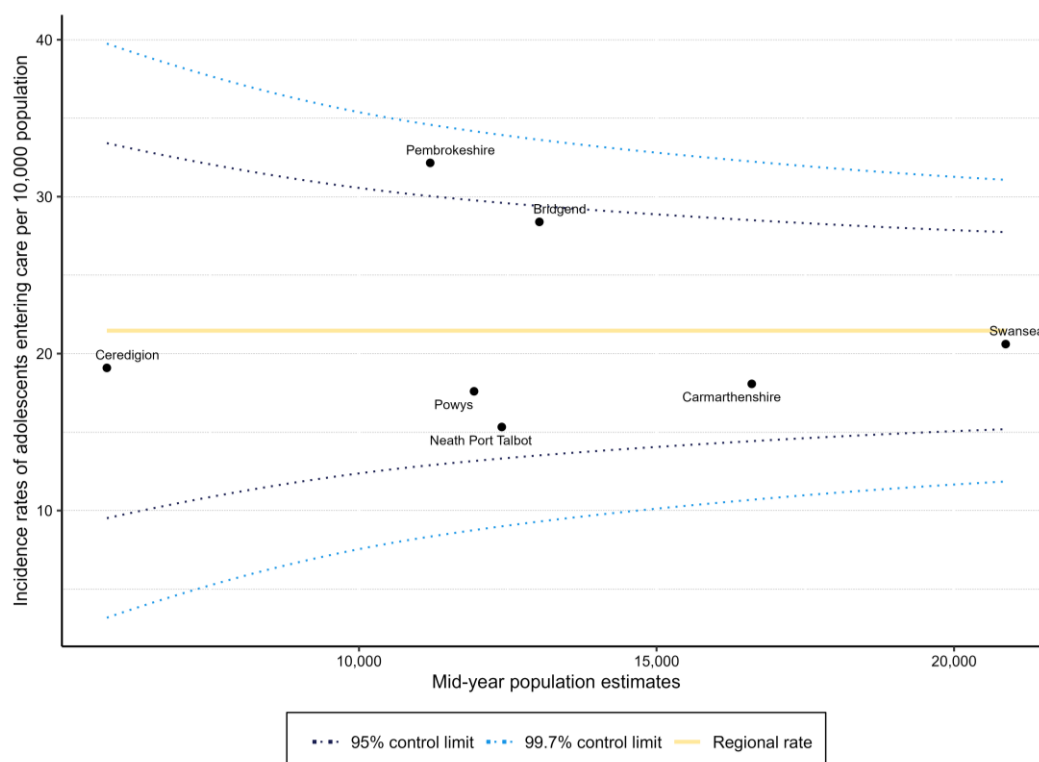
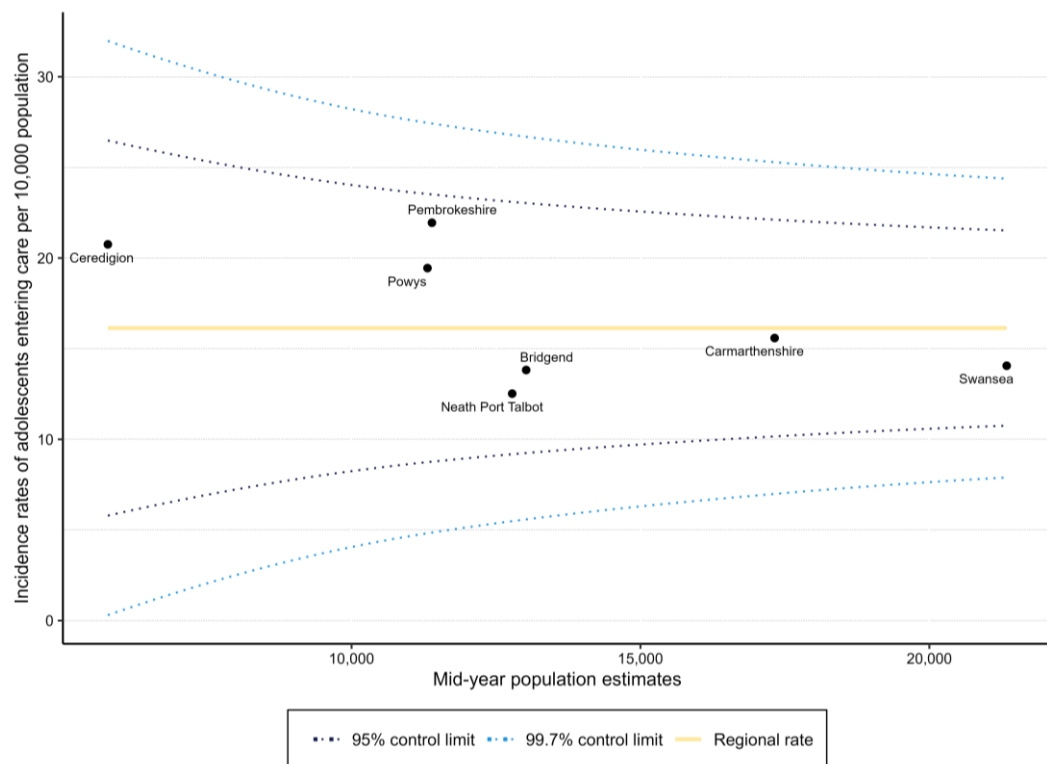


Figure F9: Incidence rates, adolescents entering care (per 10,000 population), per local authority [Swansea and South West Wales, 2020]



Appendix G: Incidence rates of adolescents entering care by DFJ area

Across the three DFJ areas, North Wales had the lowest incidence rates, (Table G1Error! Reference source not found.) whilst South East Wales, in particular Cardiff had the highest rates of incidence in more recent years (33 per 10,000) (Table G2Error! Reference source not found.). However, it is important to note that there were also differences in incidence rates within local authorities over the years, with trends in incidence rate both increasing and decreasing.

Table G1: Incidence rates, adolescents entering care (per 10,000 population), per local authority in the North Wales DFJ area

Local Authority	Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Conwy		21.1	19.7	56.6	22.3	12.3	19.3	25.8	21.1	27.7	18.6	30.0	17.6	16.5	10.2
Denbighshire		~	14.2	35.2	14.8	15.3	22.6	24.1	14.0	24.7	24.8	20.1	~	23.9	11.1
Flintshire		11.8	15.1	9.7	10.6	9.4	12.4	25.3	12.8	17.9	12.1	12.8	26.2	9.5	13.9
Gwynedd		12.8	19.0	~	11.0	17.8	19.0	15.5	21.5	16.8	13.6	~	17.1	23.3	~
Wrexham		11.5	9.3	15.7	15.8	24.0	20.3	31.3	16.6	23.0	26.9	30.6	17.5	19.4	24.3

~ value suppressed due to low numbers and statistical disclosure control

Table G2: Incidence rates, adolescents entering care (per 10,000 population), per local authority in the Cardiff and South East Wales DFJ area

Local Authority	Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Blaenau Gwent		~	~	20.6	25.5	23.7	~	16.1	~	48.4	32.0	22.1	25.5	25.4	~
Caerphilly		15.9	20.8	18.4	20.3	24.1	19.9	14.5	19.2	29.4	24.1	26.3	22.5	25.7	17.8
Cardiff		18.6	21.1	22.8	25.7	36.8	31.4	34.3	45.4	35.1	39.1	34.5	31.6	39.6	33.0
Isle of Anglesey		20.1	25.3	32.4	25.2	22.8	~	~	~	26.4	38.7	~	29.4	28.7	16.6
Merthyr Tydfil		19.0	~	28.2	27.1	38.3	29.0	20.1	35.4	~	26.6	28.4	44.8	~	17.9
Monmouthshire		15.2	47.1	~	11.5	19.1	13.2	22.4	11.4	~	20.3	13.1	16.7	22.5	11.8
Newport		17.9	26.7	27.1	12.4	14.0	24.3	22.0	30.4	25.1	22.0	31.7	37.8	30.3	21.1
Rhondda Cynon Taf		17.4	16.0	17.6	20.6	39.4	33.8	37.4	22.9	22.7	17.4	14.1	15.8	19.1	15.1
Torfaen		13.8	23.9	24.5	47.9	25.5	26.6	25.3	28.5	18.2	30.5	40.3	30.1	30.6	23.0
Vale of Glamorgan		8.7	9.4	13.3	17.3	29.4	23.9	26.7	14.0	20.8	22.7	15.8	15.6	~	23.3

~ value suppressed due to low numbers and statistical disclosure control

Table G3: Incidence rates, adolescents entering care (per 10,000 population), per local authority in the Swansea and South West Wales DFJ area

Local Authority \ Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Bridgend	19.1	19.2	19.6	27.2	29.6	28.7	25.9	28.4	23.3	~	11.7	17.8	10.1	13.8
Carmarthenshire	17.7	25.4	24.3	15.2	12.0	22.7	18.3	18.1	18.9	12.2	10.2	11.8	10.6	15.6
Ceredigion	~	21.3	34.0	34.0	26.6	37.6	17.3	19.1	~	~	~	~	28.4	20.8
Neath Port Talbot	21.2	31.6	44.2	21.6	36.4	24.1	24.7	15.3	13.8	22.7	22.8	15.3	12.8	12.5
Pembrokeshire	30.2	24.2	33.4	28.6	20.0	17.2	11.4	32.2	34.4	21.0	28.4	30.0	41.5	21.9
Powys	17.4	13.1	16.3	11.3	13.1	10.4	~	17.6	13.6	11.3	36.5	26.7	16.0	19.4
Swansea	19.8	29.1	30.2	23.9	20.2	27.3	22.5	20.6	21.3	23.6	26.4	17.2	18.5	14.1

~ value suppressed due to low numbers and statistical disclosure control

Appendix H: Incidence rates of adolescents entering care under voluntary arrangements and interim care orders by DFJ area

Figure H1: Variation in incidence rates (per 10,000 population) in North Wales of adolescents entering care under voluntary arrangements and interim care orders [2007/8 to 2020/21]

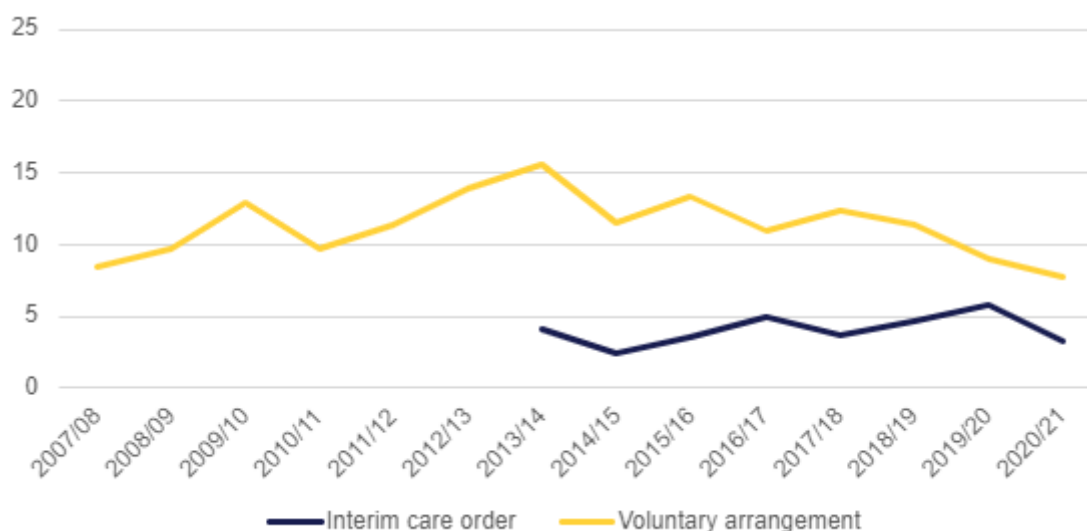


Figure H2: Variation in incidence rates (per 10,000 population) in Cardiff and South East Wales of adolescents entering care under voluntary arrangements and interim care orders [2007/8 to 2020/21]

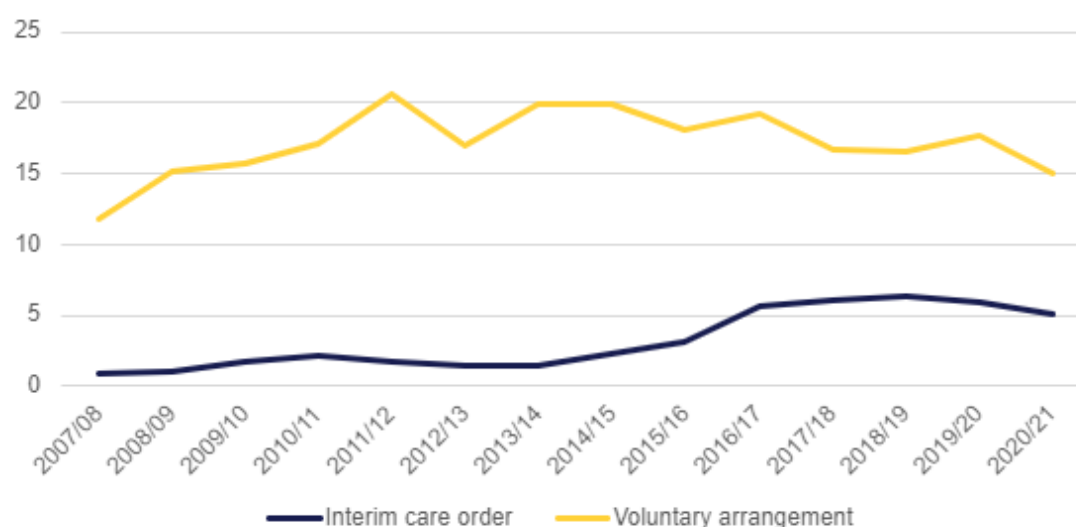


Figure H3: Variation in incidence rates (per 10,000 population) in Swansea and South West Wales of adolescents entering care under voluntary arrangements and interim care orders [2007/8 to 2020/21]

