



Centre for  
**Child & Family**  
Justice Research

# Care experienced mothers and their children in care in Wales

**Stefanie Doebler, Lancaster University**

Grace Bailey, Swansea University

Karen Broadhurst, Lancaster University

Louise Roberts, Cardiff University

Sophie Wood, Cardiff University

Laura Cowley, Swansea University

Laura North, Swansea University

Lucy Griffiths, Swansea University

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## Authors

The authors of this report are:

Dr Stefanie Doebler, Lancaster University  
Dr Grace Bailey, Swansea University  
Professor Karen Broadhurst, Lancaster University  
Dr Louise Roberts, Cardiff University  
Ms Sophie Wood, Cardiff University  
Dr Laura Cowley, Swansea University  
Dr Laura North, Swansea University  
Dr Lucy Griffiths, Swansea University

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## Disclaimer

The views expressed in this report are those of the authors and not necessarily of the Centre for Child and Family Justice Research (CfJ), Nuffield FJO, or the Nuffield Foundation.

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## About the Centre for Child and Family Justice Research

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



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# Executive summary

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

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

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

The study also describes the care profiles and legal statuses of **children born to care experienced mothers**.

Comparisons are drawn throughout to explore whether there are differences between:

- a) mothers with care experience whose children are/are not placed in care
- b) children in care, whose own mothers have/do not have a care history.

## The data sources and access

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

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

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

# Key findings

This report highlights five key findings:

1. The majority of care experienced women whose anonymised records are available in the 'Children Looked After' data, did not become mothers during the period of observation. However, of the care experienced mothers in our study, a concerning proportion experienced the care of their own children (17% or approximately 1 in every 6).

It is possible that our study underestimated the number of mothers experiencing separation from their children, due to missing data (not all women in the Welsh CLA data could be assigned an anonymous linkage field).

Nevertheless, this first study delivers **important evidence**, on the basis of 62% of all mothers appearing in the CLA, data of **intergenerational experiences of out-of-home care in Wales**.

A very useful benchmark study by Roberts et al. 2021, which included manual cases review, also found firm evidence of intergenerational care in Wales. According to Roberts et al, more than 25% of birth mothers who lost of their children to public care or adoption, were had themselves experienced out-of-home care (Roberts et al., 2017, 2021).

Further evidence of intergenerational care has been provided by researchers and service providers, involved with women experiencing repeat care proceedings (Broadhurst & Mason, 2017; Boddy & Wheeler, 2020)

2. In our cohort study, the most frequent age of mothers when their own children entered care was 19 years old. Of those whose children were removed, and 32% were younger than 19. Previous qualitative and mixed-methods studies queried the impact of child removal on young women's transitions to adulthood (Broadhurst et al., 2015; 2017, 2019; Broadhurst and Mason, 2020) calling for greater intensive support to address the trauma associated with child removal.

3. Our study also found some strong evidence of **placement instability** for all the mothers in this study. During the observation period mothers recorded on average between 5 and 7 placements. Higher placement instability was experienced by mothers whose own children were subsequently placed into care, with voluntary arrangements under s.76 of the Wellbeing and Services Act being the most likely legal status. Importantly, almost half of the study cohort of mothers, who lost their children into care, had themselves moved into independent living or residential placements at the last episode. This indicates a need for more wrap-around support for these mothers, when they leave care.

Concerns about the impact of placement instability have been voiced by multiple organisations, such as the Welsh Parliament Children, Young People and Education Committee (2023) and the Welsh Parliament Petitions Committee (2023), but much more needs to be done to explore the relationship between mothers' placement and intergenerational care. Voluntary arrangements with parents are an important option for children requiring State care, but our study found that more questions need to be asked about placement stability and support needs for the women in this study.



There is substantial policy emphasis on delaying transitions to independence for care leavers, and the findings from this report indicate a potential association between early transitioning to independence or residential placements and later parenting struggles, which supports other qualitative evidence.

4. The second study cohort of this report are the children of care-experienced mothers: The majority of the children, who enter care, are babies and many are new-borns. Children of care experienced mothers are more likely to be placed outside of their family and friends networks, and away from parents, when compared to children whose mothers have not themselves experienced care. Adoption rates are significantly higher for the children of care-experienced mothers, when compared to the comparison cohort of children whose mothers are not care-experienced.

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

5. Lastly, an important finding from this report is that there are many similarities between mothers whose own children were received into care and those whose children did not appear in care: For all the mothers in the data, 'abuse and neglect' was the most frequently recorded category of need. Early motherhood (between 18 and 19 years of age) and placement instability are also common in both the study and the comparison cohort. These findings raise critical questions about why more mothers in the comparison cohort were able to avoid having their children removed from their care, when compared to the population. For example, are there differences in the services provided to the two cohorts, which helped mothers with backgrounds showing vulnerability and adversity, to retain care for their children?

# Introduction

This report provides new evidence about intergenerational care experience, with a focus on **care experienced mothers and their children**. Given the scale of investment in family justice and children's social care, it is vital that we understand whether this investment reduces the risk of future family breakdown for care experienced girls and women. For equally important moral reasons – we need to understand far more about **the removal of children from one generation to the next**.

Based on novel linkages of administrative data, this report shares exploratory findings about the number, demographic and care profiles of women with care experience whose *own* children were placed in out-of-home care between 2014 and 2021 in Wales. The report also profiles the children born to mothers with care experience, in terms of placement types and legal statuses.

Comparisons are drawn throughout to explore whether there are differences between:

- a) mothers with care experience whose children are/are not placed in care.
- b) children in care, whose own mothers have/do not have a care history.

In taking this focus, this research speaks directly to concerns raised this year by the Petitions Committee of the Welsh Parliament (Welsh Parliament 2023) and a subsequent report from the Children, Young People and Education Committee (**Welsh Parliament Petitions Committee 2023**), both pointing to vital gaps in knowledge about the placement histories of care experienced parents and outcomes for children.

The research was conducted by the Family Justice Data Partnership (FJDP) - a collaboration between the universities of Lancaster and Swansea, and colleagues based at the Children's Social Care Research and Development Centre (CASCADE), Cardiff University. The study has been made possible given acquisition of the CLA data by the SAIL Databank, and pathfinding linkage work by FJDP (Ford et al, 2009, Griffiths et al., 2020b, Allnatt et al. 2022).

The research builds on earlier manual review of cases concerning the needs, experiences and outcomes for parents in, and leaving care in Wales (see Roberts 2021, 2017; Roberts et al., 2019, 2017). This previous work highlighted concerning levels of separation between care experienced parents and their children, providing a strong warrant for further research.

This report builds on work in the Born into Care series ((Broadhurst et al. 2018; Alrouh et al. 2019; Griffiths et al. 2020a; Griffiths et al. 2020b; Pattinson et al. 2021; Doebler et al. 2021a; Doebler et al. 2021b), which has already highlighted increasing rates of infant entry to care in Wales and associations between social adversity, parental mental health struggles and teenage motherhood (Alrouh et al., 2020, 2020; Griffiths et al., 2020).

This report aims to:

- Provide descriptive statistics of the numbers and profiles (care experience and demographics) of a cohort of young care experienced mothers, whose own children were placed in care
- Capture the number and care profiles of the children born to care experienced mothers
- Use comparison groups to further draw conclusions about intergenerational care experience



- Draw tentative recommendations about avenues for preventative intervention
- Make recommendations for further research.

### A note on terminology:

In this report we refer to 'care-experienced mothers'. This term most accurately represents the mothers in our cohort, all of whom had spent time in state care. It is important to note that the mothers in our study had varying care experiences, including those who exited the system before adulthood as well as those entitled to support as care leavers (as defined in the Social Services and Well-being (Wales) Act 2014).

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

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

## What do we know about care experienced mothers and their children?

This section is in two parts. First, we describe what the literature tells us about care experienced parents, and second, we reflect on the existing evidence concerning the children of care experienced parents.

International literature consistently highlights poorer outcomes for the care-experienced population. Research studies show consistent evidence that care experienced parents face adversity on various levels, i.e., in their relationships, education and career trajectories, physical and mental health, and life expectancy (see Achdut et al., 2022; Cameron et al., 2018; Craine et al., 2014; Gypen et al., 2023; Hagleitner et al., 2022; Murray et al., 2020; National Institute for Health and Care Excellence (NICE), 2021; Sacker et al., 2021). Such evidence provides an important backdrop to considerations of parenting. People with care experience are also more likely than people without care experience to become parents early, to be single mothers and to have relationship breakdown (Craine et al., 2014; Sacker et al., 2021). Prévost-Lemire et al (2021) analysed various experiences of trauma that are associated with care leavers becoming teenage mothers.

A number of qualitative studies have analysed first-hand interview accounts by care experienced parents. Consistent recommendations from this work, include the need for more preventative services and policy interventions, the harm caused by prejudices and stereotypes about care-experienced parents and the stigma of having one's child removed (Broadhurst et al., 2017; Morriss, 2018; Roberts, 2017). Roberts and Rutman et al. note that the notion of an intergenerational 'cycle' of both parents and their children appearing in the care system, has been a widely shared generalisation about care experienced parents among practitioners (Roberts, 2017; Rutman et al., 2002).

Morriss' work, based on qualitative interviews with mothers who lost children to the care system (including care experienced mothers) emphasises their experiences of stigma, trauma, and experienced of grief long after their child has been removed (Morriss, 2018). Similarly, Rutman

et al (2002) stress that practitioners should examine their prejudices and any imposition of normative middle-class values on teenage parents with care experience.

Several studies (Driscoll, 2013; Okland and Oterholm, 2022; Roberts, 2021) and two reports by committees of the Welsh Parliament (Welsh Parliament Children, Young People and Education Committee 2023; Welsh Parliament Petitions Committee, 2023) emphasize the importance of tailored support and policymaking to improve the life chances and outcomes for care experienced parents and their children and to reduce the numbers of children entering care. As part of its 'radical review' of children's social care, the Children, Young People and Education Committee recommended intensive, wrap around support as a statutory right for all care-experienced parents (Welsh Parliament Children, Young People and Education Committee 2023).

## **The children of care experienced parents**

Concerns regarding the disadvantaged position of care experienced parents are also evident in research related to their children. Roberts et al (2017) analysed child adoption records completed by social workers and found that over a quarter of birth mothers in Wales who had their children placed for adoption had themselves been recorded as care leavers (Roberts et al., 2017). For a third of the n=96 care leaver mothers in the study, the adoption pertained to their first child; 58% of them were placed at birth. Roberts et al (2017) found this number to be much smaller for non-care experienced mothers (18%).

An American study which used administrative linkage data from Illinois found that children of care leavers were more likely to also experience government child welfare interventions than children whose parents have not been in care (Dworsky, 2015). Dworsky found that 11% of the children of care leaver mothers were placed in out-of-home care before their fifth birthday.

A recent literature review of 38 studies (Jäggi et al., 2022) found that a majority of the studies concluded that the children of care leavers are more likely to experience out-of-home care, than the general population. This accords with Roberts et al. (2019) survey of local authorities in Wales (n=20) which found concerning levels of separation between children and their parents in and leaving the care system. The study identified 258 parents aged between 16 and 21, 238 children and 44 on-going pregnancies. The findings showed 26% of children were separated from both birth parents; 10% were in foster care, 9% had been adopted and 7% were living with friends and family.

Recent research using the ONS English Longitudinal Study (Parsons et al., 2023) also uncovered intergenerational disadvantage. However the researchers found that disadvantage was to a large extent driven by indicators of poverty, such the parents living in poor housing and in deprived areas (Parsons et al., 2023).

## **Routes into care and the CLA data**

A report by Cowley et al. (2023) in the Born into Care series, explains in detail the two primary routes into the care system; these are through formal care proceedings in The Family Court, and through voluntary arrangements. It is important to note the CLA data includes children looked after who are subject to care orders, and children who are in care through a voluntary arrangement with parents.

Care proceedings are issued by local authorities when a child has been identified as being at risk of suffering significant harm, and this harm is attributable to parents or caregivers. In such cases, the local authority will issue care proceedings under s.31 of the Children Act 1989. Children received into care may be placed with family and friends, or in foster or residential

care. For some children, the local authority may decide adoption is in the best permanency option. The CLA data holds data on all children subject to interim and final care orders, as well as orders denoting a family placement, or adoption.

The CLA data also holds data on all children subject to voluntary arrangements. Voluntary care arrangements take place outside of the Family Court, when parents agree for a child to be accommodated by the local authority under s.76 of the Social Services and Wellbeing (Wales, SSWBA) Act 2014. Prior to the SSWBA, s.20 was used as the equivalent for s76 care arrangements in Wales<sup>2</sup>.

Some children who enter care via a voluntary agreement (s.76/s.20) will go on to experience s.31 care proceedings and become the subject of a subsequent care order.

Due to small numbers, this research does not include care arrangements that are defined as short-term (respite care) breaks under Part 6 (section 76) of the Social Services Wellbeing (Wales) Act 2014.

## Data and Methods

This report utilizes four data sources: The Welsh Children Looked After (CLA) census, the Welsh Maternity Indicators (MIDs) dataset (Welsh Government, 2023), the Welsh Index of Multiple Deprivation (WIMD) — the Welsh government's official deprivation measure for small areas in Wales (WIMD 2019), and the Welsh Demographic Service Dataset (WDSD)<sup>3</sup>. The CLA data is collected annually by local authorities, the MIDS data is collected annually by Health Boards and maintained by the NHS Wales. More detailed information can be found in **Appendix A**.

Linkage of the three data sources was completed in the Secure Anonymised Information Linkage (SAIL) Databank at Swansea University (Ford et al., 2009, 2009). The analysis includes only individuals that could with confidence be linked in SAIL. The linkage rate is 62%<sup>4</sup>.

**Appendix Table B** contains a detailed flowchart of the cohort and sample sizes used for the analysis of this report.

### The study cohort and comparison cohort

The study cohort comprised mothers appearing in the CLA data who were aged between 12–17 (up until their 18th birthday) on 1 April 2014 (closed cohort), *and* had a care experience record from the start of the CLA census collection (1 April 2002) until 31 March 2020, *and* at least one of their children had a CLA record. The comparison group were care experienced mothers based on the same inclusion criteria as above, with the exception that their children did not enter care.

Mothers were identified using the maternal anonymised linkage field (ALF) which facilitates linkage to their biological children using the MIDs dataset. The rationale for the age cut-offs is to have an age range where the young women could have become mothers. The start date of 1 April 2014 was chosen because this is the first available year of the MIDS data, and the CLA census collects data covering 1 April–31 March of each year.

<sup>2</sup> In England, s20 care arrangements are still the equivalent to the Welsh s76 care arrangements.

<sup>3</sup> The WDSD dataset was used to obtain week of birth and sex. It's considered the most accurate and is a spine of individuals in Wales who are registered have been/are registered to a Welsh GP. If child/mother had no record in WDSD, then the WOB/sex from the CLA dataset was used.

<sup>4</sup> The analysis only includes data o individuals with a 'good' Anonymous Linkage Field (ALF) in SAIL. SAIL uses anonymous linkage fields to link individuals across different data sources and provide anonymous identifiers. Typically, throughout SAIL, analysts only include those with 'good' ALF matching rate (>0.9), as findings would otherwise be at a high risk of inaccuracy and bias.

## Children of care experienced mothers

The children of CLA care experienced mothers described above were also analysed. A second comparison group comprised of children of non-care experienced mothers in the CLA data who were matched on year of birth, sex and year of first entry into care, on a 1:4 ratio (a case: comparison design). To ensure that all children born to care experienced mothers had a possible matched case, we matched without replacement (controls returned to the matching pool), where four controls were randomly selected<sup>5</sup>.

For each data source within the SAIL Databank, personal identifiable data has been removed and replaced with an anonymised linkage field (ALF) for each person to enable linkage of records from different sources. Currently, 60% of the individuals included in the CLA data have an ALF; as such, only information from those with an ALF could be linked to other information (datasets) within SAIL. Thus, our sample was restricted to this group.

The data resource profile by Allnatt et al. (2022) detailed information about the CLA census. The CLA data is structured in care episodes, defined as a child being looked after for more than 24 hours, a table listing all placement types based on the Welsh government guidance about the Welsh Children Looked After census (Stats Wales, 2023) is reproduced in Appendix A.

## Study design

To summarize the cohort construction: For this report, we created a linked dataset of the Children Looked After (CLA) census, and MIDS data containing:

- Girls and young women aged 12–17 (up until their 18th birthday) on 1 April 2014, who appeared in the CLA data as having been in care between 1 April 2002 and 31 March 2020 and had at least one child. The information on whether a young woman had children was taken from the MIDs dataset.
- These care experienced young mothers who appeared in the CLA data were followed up until 31 March 2020.
- The children of care experienced mothers were identified using the MIDs dataset. We then distinguished whether the care experienced mother's children did or did not subsequently appear in care.
- Demographics and episode details of mothers whose children were also recorded in the CLA census were compared to mothers whose children did not appear in care.
- The children of care experienced mothers were followed up until 31 March 2021 (the end of CLA dataset). This allowed at least a one-year time period for any child to enter CLA.
- If a mother had a child before she entered CLA she/child has been excluded (n = 5).
- If a mother had at least one child which appeared in the CLA dataset, the mother is classed as a mother with a child who was looked after. Hence, a condition for being classed as a mother of a looked-after child is to have at *least one child* in the CLA data.
- We analysed the mothers' oldest child in the CLA data. If mother's oldest child was not in the CLA data but the mother has a CLA child, we included the next oldest CLA child in the analysis.

Values are rounded to nearest 5, therefore some totals can be greater/less than cohort size. Counts lower than 5 are not displayed due to SAIL data protection rules, to protect individuals' identities. Such small Ns were designated by a '\*'. This report used information from the (SAIL)

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<sup>5</sup> The number of children in the data was too small to match on local authorities (LA).

WDS and CLA datasets on the child's year of birth, sex, and local authority on entry to care; start and end dates of each episode of care; legal status; category of need; reason the episode started and finished; and placement type. Linkages between biological mothers and their children were identified using the MIDs dataset.

## Analytical process

This report provides descriptive statistics (frequencies, percentages<sup>6</sup>) of the socio-demographic profiles of the mothers and children in the CLA data from 2002 to 2020/2021, respectively.

We performed two sub-sets of analyses, firstly focusing on the profiles of mothers in CLA (in terms of their age at birth of the first child, and whether they had children who subsequently appeared in care) and secondly counting children in CLA and comparing children whose mothers have care experience with children whose mothers were not in care. The data are fully anonymised.

## Strengths and limitations of this study

This study faced several **limitations** that are important to consider when interpreting the findings:

- Administrative data were collected for administrative and government purposes, not for research. Hence, studies using such data are necessarily limited by the scope of the available information in this data. Hence, we do not have baseline data on the family background of the mothers, or of the care and support provided from their own parents.
- The data allowed us to only explore the care experienced mothers' and their children's categories of placements and of need, but this does not show the real distress and suffering the mothers and their children in care doubtlessly experienced. We strongly recommend reading our findings in the light of additional qualitative evidence provided by Roberts et al (2021, 2017) and Broadhurst and Mason (Broadhurst and Mason, 2020) on care leavers and their children, to obtain a fuller picture.
- The analyses for this report are descriptive. Due to the small numbers of the children of care leavers in Wales, further multivariable statistical modelling of the predictors of children of care leavers entering care was not possible. Further descriptive analyses and modelling exploiting the larger sample sizes in England would enrich the knowledge on care leavers and their children.
- The small numbers of care leavers' children necessitate special care to not disclose any identities and poses limitations to interpreting the data; e.g. we had to collapse some categories with small n into 'other' to safeguard individual identities and abide by non-disclosure and data protection rules. This is very important from an ethical standpoint.
- Because the focus of this study is on out-of-home care as a child-welfare intervention this report does not include children entering care under short-term breaks for the purposes of respite care. Their numbers would also have been too small for meaningful comparisons.
- The cohort design meant that for the majority of individuals in the study, we could only access data from 2002<sup>7</sup> up until March 2020 for the mothers, with follow-up until 30 March 2021 for their children. Hence, the data is not a complete census and we do not have information from after these cut-offs. Truncation and censoring of data poses known challenges of bias, but this is unavoidable.
- The cohort design meant that mothers could have entered care at different time points.

<sup>6</sup> Values are rounded up to the nearest 5. Hence, totals do not always add up to 100%.

<sup>7</sup> The data holds information on a very small number of individuals from before 2002. This information has been kept in the data.

The analysis did not follow individual mothers through care, but instead delivers a descriptive snapshot of the profiles of mothers who have children in care compared with mothers who do not. The study does not allow to draw conclusions about individual trajectories.

- **Missing data poses a limitation to this study:** 38% the CLA cohort had missing Anonymous Linkage Fields (ALFS) which made linkage impossible, hence the study had a linkage rate of 62%. This meant that there is possible bias in the linked data due to missingness. We carried out a bias analysis which revealed bias by age (missingness is higher for the youngest and the oldest individuals in the data, i.e. those born 1983 to 1989 and those born 2017 and later) and some clustering by local authorities (supplied in appendix C). Given the level of missing ALFS, this study must be seen as exploratory.

## Strengths

- This is the first exploratory study to have used the Welsh CLA data to examine the intergenerational care experience.
- The main strength is linkage of the CLA and MIDS datasets and the population-level longitudinal coverage (with the above caveat of missing data), allowing for analyses of intergenerational care experience between mothers and children over time.
- The study employs a complex data linkage of rich population data which is only accessible in the SAIL Databank.
- The data used in this report is the most complete and comprehensive data on care leavers available in Wales to date.
- Our missingness analysis (see Appendix) found no reason to assume that the missing data bias would affect any one of our study cohorts more than the other. The missingness affects all cohorts of this study equally.
- This study compared two groups of highly vulnerable parents (by nature of age and care-experience) and children (by nature of their care status), which is a difficult to access population.
- Our comparison groups (of vulnerable parents and children) are informative and supply important information for policymakers.
- The information provided in this report can help practitioners design interventions to support care experienced parents and their children.

## Findings

This section describes our findings. The first section is focused on mothers and the second section focused on children. As above, we use the following descriptors as shorthand, where we draw comparisons:

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



## Cohort description of care experienced mothers

This section presents descriptive statistics on mothers aged between 12 - 17 (up until their 18th birthday) on 1 April 2014 and who have had a care experience from the start of the CLA census collection (1 April 2002) until 31 March 2020. It reports on the demographic profiles of care experienced mothers, their placement type (both at entry and final placement if they are still in care in 2020) and their reasons for leaving care from their most recent period of care. The mothers' cohort is further split into two cohorts of care experienced mothers, according to whether their own children, were or were not placed in care, using the descriptors as above.

- 1) 'Mothers in the study cohort' (own children are placed in care) (n = 95)
- 2) 'Mothers in the comparison cohort' (own children are not placed in care) (n = 480).

A mother is considered a mother of a looked-after child if we have identified *at least one child* in the CLA data, born to the mother (i.e., a mother could have a child in the CLA dataset and another a child not in the CLA dataset).

Table 1 shows the mothers' cohort sizes in the CLA data. Of the **2210** girls aged 12 to 17 in the CLA data, **575 (26%)** are mothers. **95** of the mothers (17%) had at least one child who appeared in the CLA dataset, totalling **105** children. The other **480 (83%)** mothers had at least one child, none of whom were recorded in the CLA dataset, totalling **660** children.

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

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

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

Regarding mothers in the study cohort, 11% were in care at the time of giving birth to their first child. Regarding mothers in the comparison cohort, 8% were in care at the time of the birth of their first child. Thus, most of the mothers (both cohorts) did not give birth to their first child while in care. It is also noteworthy, that during the period of observation, most of the girls and women, did *not* become mothers (74%).

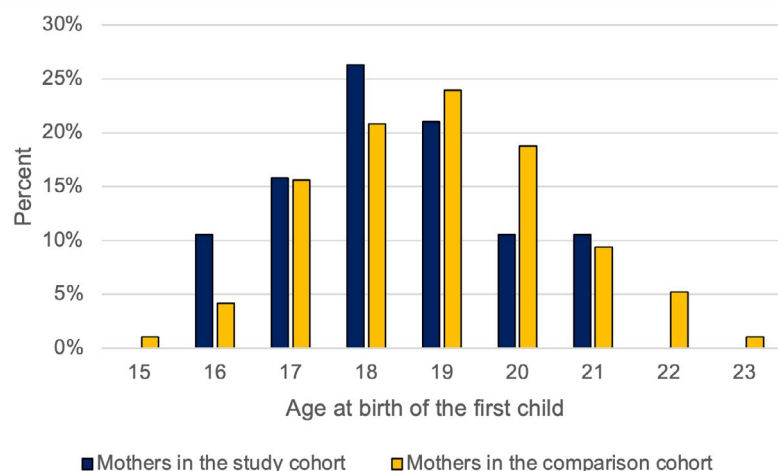
### The age profiles of mothers in the study and comparison cohorts, at the birth of their first child

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

- **27%** of mothers with at least one child in the CLA records, were younger than 18 years, at the birth of their first child.
- **21%** of mothers *without* a child in the CLA records, were younger than 18 years, at the birth of their first child.

Although, for both cohorts of mothers, they were older than 18 years at the birth of their first child, these descriptive statistics indicate that **the proportion of very young mothers in the two cohorts is sizeable**, with more than 1 in 4 mothers in the study cohort recording a first birth between the ages of 12 and 17 years. This information is depicted in **Figure 1** below.

Figure 1: Mothers' age at first birth; the study and comparison cohorts

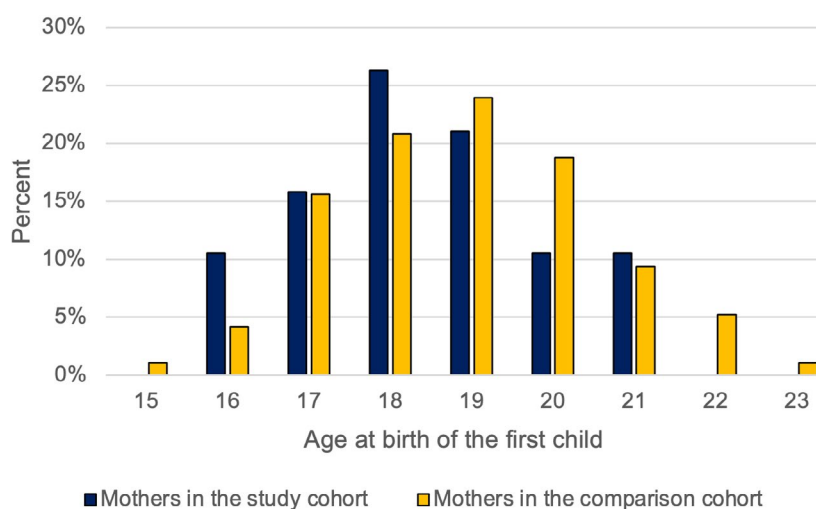


### The age profile of mothers when they first entered care

Turning now to the age of the mothers at their own entry into care (Figure 2). For both cohorts, the majority were older than 12 years at the first care episode we were able to observe, with most aged between 14 and 16 years when they entered care<sup>8</sup>. However, there are some differences between the two cohorts. Mothers in the study cohort were slightly older when they entered care, than mothers in the comparison cohort.

The largest between-group difference is at the youngest age range. **Only 15% of the mothers in the study cohort were younger than 11 years of age at their first care episode, compared to 31% in the comparison cohort<sup>9</sup>.** Differences between the two cohorts largely disappear, when we look at first care episodes after the age of 10 years.

Figure 2: The age profile of mothers when they first entered care



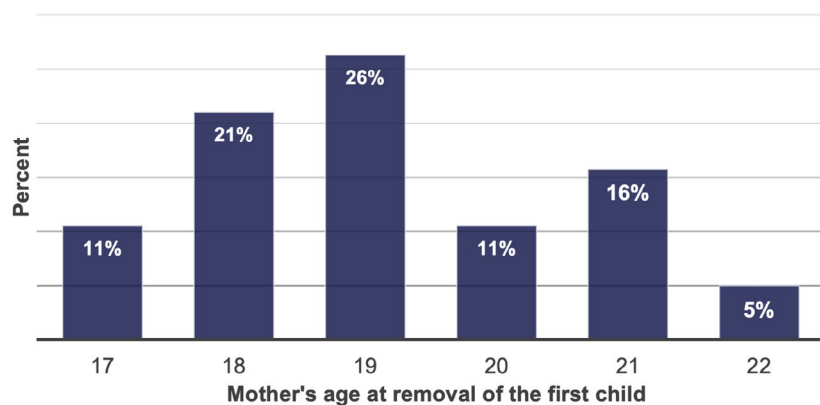
Moving on to consider the age of mothers in the study cohort, when their own children entered care, the majority (79%) were older than 18 years. However, the largest proportion of mothers were only 19 years of age, when their own child entered care. In addition, it is noteworthy that 11% were aged 17 years when their first child entered care, with a smaller number, younger still.<sup>10</sup>

<sup>8</sup> A small number of mothers could have experienced care before the start of our study. This left censoring poses a limitation to this study.

<sup>9</sup> For some age groups of mothers in the study cohort, the numbers were so small that they had to be hidden due to the associated disclosure risk. The totals therefore do not add up to 100%.

<sup>10</sup> We can only display the ages of the 89% of the sample who were aged 17 to 22 when their first child was removed but had to hide the numbers of those aged younger than 17 and older than 22, for data protection (identity protection) reasons.

Figure 3: The age of CLA mothers at the removal of their first child



Note: The numbers do not add up to 100%, as ages under 17 and above 22 had to be hidden for data protection reasons.

### In summary:

- The majority of mothers in our sample were older than 17 and younger than 23 when their first child was removed.
- Mothers with children in CLA (our study cohort) tend to be younger at birth on average than mothers without children in CLA (our comparison cohort).
- Mothers in the comparison cohort were slightly younger on average when they themselves entered care than mothers in the study cohort.
- Note that small numbers in some age groups had to be hidden. This does pose a limitation to the comparability of the two groups of mothers.

## Mothers' placement experience

This section looks at the placement histories (type and number) and legal statuses of care experienced mothers, at their first and last episodes of care. We also draw comparisons again, between the mothers in the study cohort and mothers in the comparison cohort.

### Mothers' placement type at the time of their first episode

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

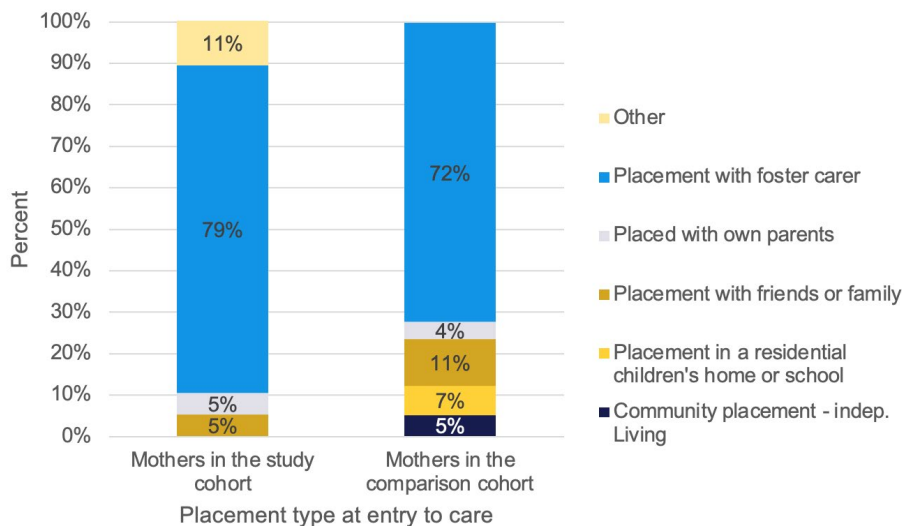
For both cohorts, only a minority were placed with parents (5% and 4% respectively).

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

In respect of community placements/independent living and children's homes and residential schools, at first episode, it has not been possible to report the full picture, because the numbers (count) are too small for the study cohort. However, when combining these three categories, less than 13% of both cohorts record a placement type in this broader category at first episode, and the difference between the two cohorts is negligible.

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

Figure 4: Placement type at entry to care



Note: Due to small numbers within some categories ( $n < 5$ ), some categories had to be collapsed under 'other'. For mothers in the study cohort these categories are: Absent/missing person/other placement, Residential setting providing medical or nursing care, Residential care home or school, Community placement - independent living/residential employment, Placement in a children's home. For mothers in the comparison cohort, these categories are family centre or mother and baby unit, and Absent/missing person/other placement. Please note that the category 'other' is not comparable for mothers with and without children in CLA, due to the different composition of this category between the two groups.

When comparing changes both cohorts, between first and last care episodes, we see some important changes **over time**, and some differences **between the two cohorts**.

Interestingly, the proportion in foster care is now 9 percentage points higher for the comparison cohort than the study cohort – a reversal compared to the first episode (where 7% more study cohort members were in foster care than members of the comparison cohort).

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

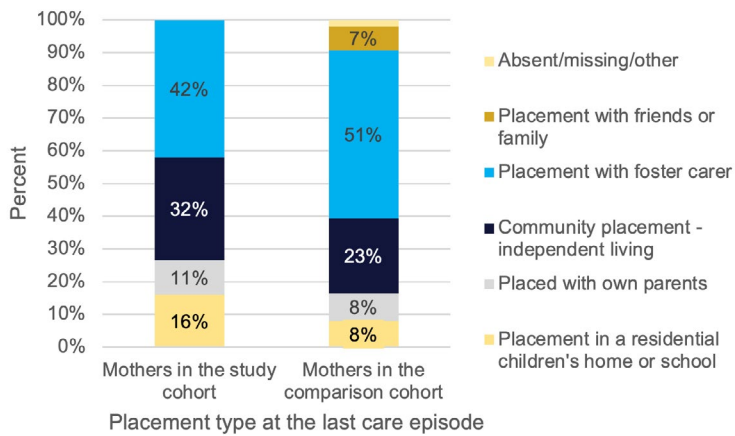
When comparing the two cohorts at final placement and this particular category (community/independent living), we see a nine percentage point difference between the two cohorts. Hence, fewer of the study cohort appear to remain in foster care than the comparison group over time, and are moving into more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

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

Regarding children's homes, the statistics are 5% (study cohort) and 3% (comparison cohort).

In summary, the most important observation from this data, is that over time, fewer mothers — especially of the study cohort — record foster care and **more mothers move into placements denoting independent living**. This trajectory is **more frequent for mothers in the study population**.

Figure 5: Placement type at the last episode of care at follow up (31 March 2020)



### In summary:

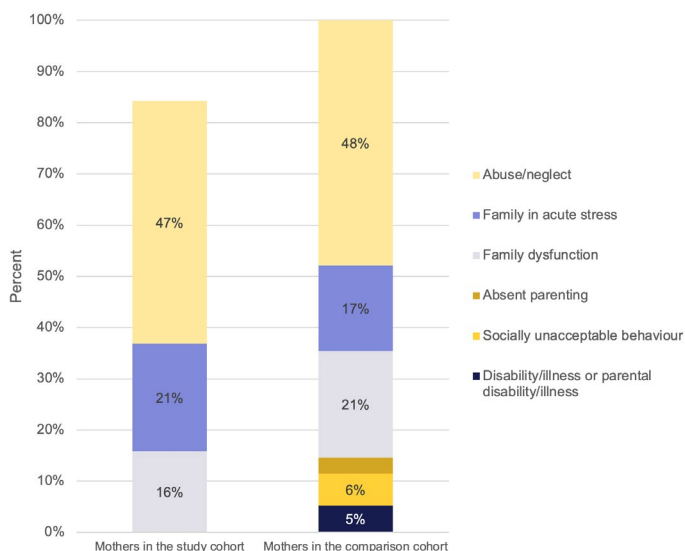
- Placement with foster carers was by far the most prevalent placement type for both mothers in the study cohort and mothers in the comparison cohort in their first care episode.
- The proportion in foster placements in their first care episode was higher for the study cohort than the comparison cohort, but this association is reversed in the last episode.
- Childrens' homes and community placements played only a marginal role in the first placements.
- At the last placement episode, foster care arrangements had been replaced by more community residential placements for considerable shares of both groups, but particularly for the study cohort of mothers whose children subsequently appeared in the CLA data. This points to a potential risk factor in that young care experienced mothers may be left to their own devices too early and may need more preventative support.
- Placement with own parents is significantly more prevalent in the last than the first care episode, especially for mothers in the study cohorts.
- Childrens' homes placements are also more prominent in the last care episode.
- Young women appear to be moving from foster care into more open and autonomous community care arrangements towards their last placement. This is especially the case for the study cohort of mothers. The reason for this could be a proportion of these mothers having their first child while in care.
- The results need to be interpreted with care, though, because the findings are merely descriptive percentages across the pooled data. This analysis did not follow individual mothers through care.

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

Turning to the categories of need associated with entry to care for mothers in both cohorts, we find other similarities and differences between the two groups (Figure 6). **The need category 'Abuse and neglect' was most commonly recorded for both cohorts**, with only 1% point between the two groups (47% of mothers in the study cohort and 48% of mothers in the comparison cohort). Regarding the remaining categories of need, both cohorts also recorded 'family in acute stress' and 'family dysfunction'. All other categories of need had much smaller proportions for either cohort<sup>11</sup>.

<sup>11</sup> Several of the smaller categories (Socially unacceptable behaviour, disability & illness, absent parenting) had to be summarised as 'other' for CLA mothers due to small numbers (<5).

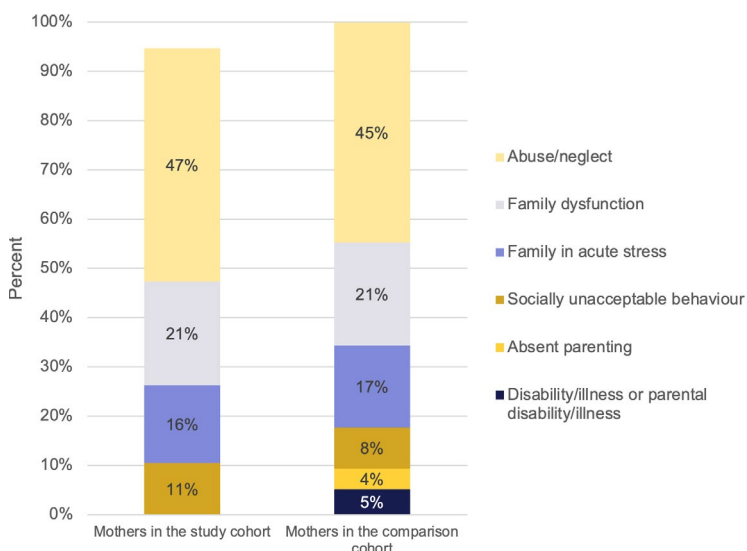
**Figure 6: The categories of need of mothers at their entry to care**



Note: The percentages for the study cohort do not add up to 100%. 16% of the study cohort recorded either 'absent parenting', 'disabilities, illness or parental disabilities' or 'socially unacceptable behaviour' as their category of need at entry to care, their numbers for these categories were so small that they could not be reported here due to data disclosure and protection policies of the data custodian.

Based on the information presented in **Figures 6 and 7**, we see that there is little difference between first and last care episode, in respect of the pattern of categories of need. Both cohorts typically record the need category 'Abuse and Neglect', with smaller proportions of mothers recording the categories 'Acute Family Stress' and 'Family Dysfunction'<sup>12</sup>. The numbers are very similar to the first care episode.

**Figure 7: Category of need at the last care episode**



Note: 5% of the study cohort had either 'absent parenting' or 'disability/illness or parental disability/illness' as their category of need of their final care episode. The numbers for these individual categories were so small that they could not be recorded due to data disclosure and protection policies of the data custodian.

<sup>12</sup> Note that, as we stated under 'limitations', the study does not follow individual mothers through care episodes over time but presents a snapshot of the two cohorts at different points in their care history.



**In summary:**

- Regarding categories of need at first and last placement, by far the most prevalent category is 'Abuse and Neglect'; there are minimal differences between the two cohorts of mothers.

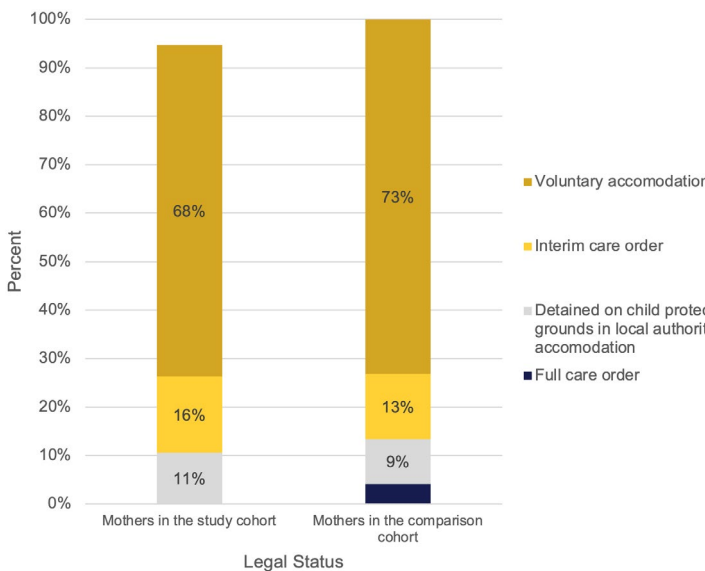
**The mothers' legal status at entry to care**

Turning to the mothers' legal care statuses at their first care episode (Figure 8) and at their last care episode, we find some commonalities but also some interesting differences. **First, for both cohorts, the most prevalent legal status at entry to care is voluntary accommodation.**

**Figure 8** also indicates that mothers in the study cohort are slightly less likely, than mothers in the comparison cohort to record a voluntary care arrangement at their first care episode (68% compared 73% respectively). Differences between the two cohorts of mothers in terms of other legal statuses are negligible.

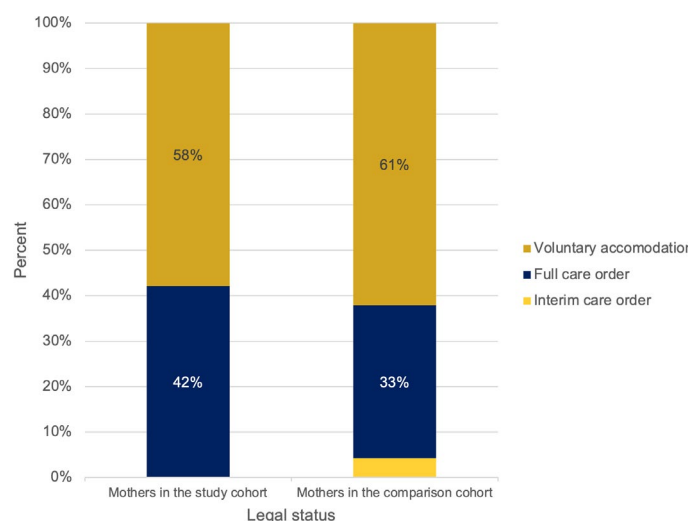
Figure 9 shows the mothers' legal statuses at their last care episode. The most prevalent legal status for both cohorts remains voluntary accommodation, but the proportions with this legal status have declined for both cohorts. However, as we might expect over time, **the proportion of mothers on a full care order at their last care episode is sizeable**, and here there is some difference between the two groups. 42% of mothers in the study cohort were subjects of care orders at their final care episode, compared to 33% of mothers in the comparison group<sup>13</sup>.

**Figure 8: The legal status of the mothers at entry to their first care episode**



<sup>13</sup> We do not know the reason for the very small number of care orders as the first care episode. It is plausible that they might be unaccompanied asylum-seeking children.

Figure 9: The legal status at the last care episode at follow-up



Note: The percentages in Figure 8 do not add up to 100%, due to the fact that small numbers for the categories 'interim care order', 'hardship/police protection in local authorities' and 'remanded to local authority accommodation' could not be reported for data protection reasons.

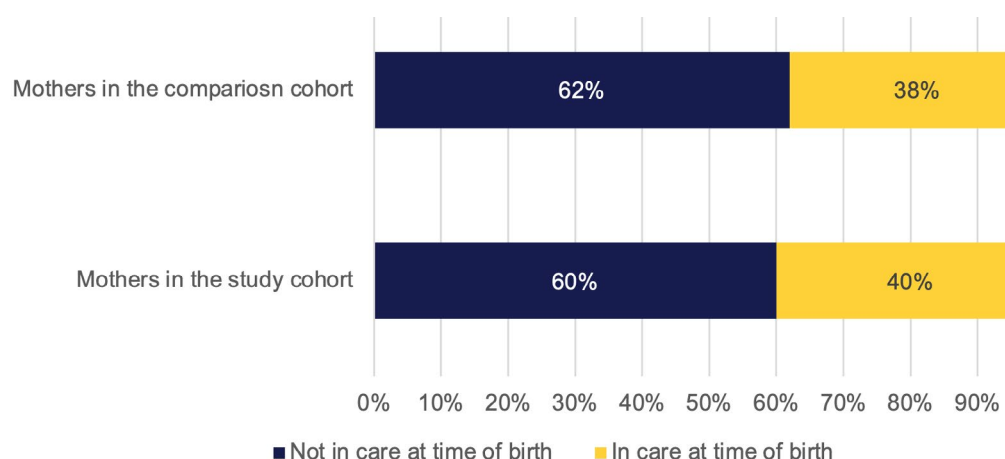
### In summary:

- Women in the comparison cohort are slightly more likely than women whose children were in the CLA data to have been in voluntary accommodation in their first care episode, though the difference is only three percentage points.
- The proportions on interim care orders and of those detained on child-protection grounds/ in local authority accommodation do not differ significantly in the first care episode between study cohort and the comparison cohort.
- We found that the proportion of mothers in voluntary care arrangements were lower in their last care episode than in their first episode at care entry for both cohorts. 10% fewer mothers with children in CLA and 12% fewer mothers without children in CLA were in voluntary care in their last episode compared to the first episode.
- A considerably larger share of mothers in both cohorts were on full care orders in their last episode before giving birth than in the first episode, and the share is larger for mothers in the study cohort (42%) compared to the comparison cohort (33%).
- The most prevalent legal status at the last placement at follow-up (March 2020) for both cohorts of women was voluntary accommodation.
- Interim care orders were not prevalent at the last episode for either cohort.
- In the last care episode, 'voluntary care order' has decreased considerably for both cohorts while the proportion on full care orders has risen, especially for mothers in the study cohort.

### Whether the mothers were in care at the time of birth, number of placements and reasons for leaving care

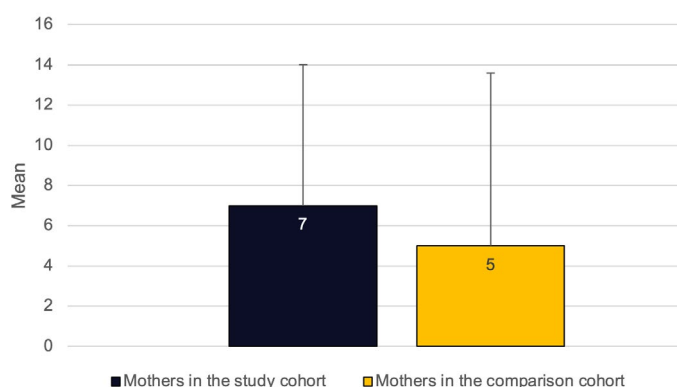
Figure 10 shows the proportions of all mothers in the data who were aged under 18 when birthing their first child in both cohorts (n=25 in the study cohort and n=105 in the comparison cohort), by whether they were in out-of-home care **at the time of birth of their first child**. The proportion is very similar for both, with only a two-percentage point difference between the two cohorts: c. 40% of both. Note that this sub-sample of the study cohort is with n=25 very small.

Figure 10: The proportions of mothers aged under 18 who were in care at the time of birth of their first child



Regarding mothers' care histories, **Figure 11** shows the average number of placements both cohorts. The figure shows that mothers in the study cohort have on average two more placements more than the comparison cohort. Hence indicating far **greater placement instability for the study cohort**. However, it is noteworthy that both groups have a high average number of placements, which is concerning (7 and 5 respectively).

Figure 11: The average number of placements of care leaver mothers



### In summary:

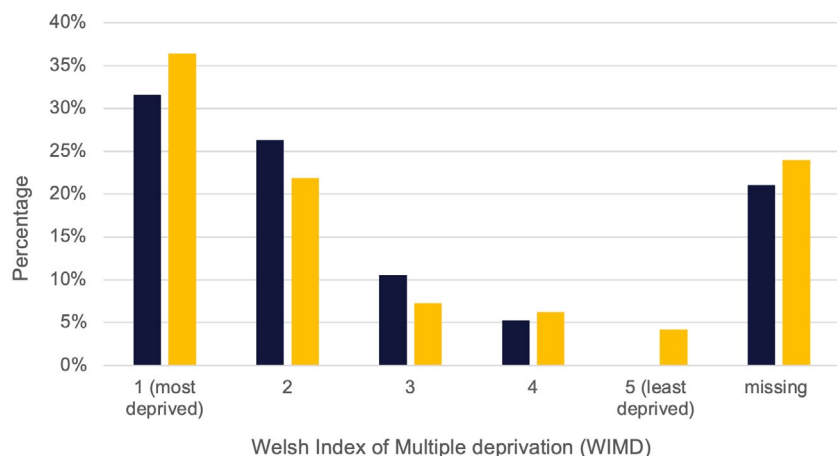
- 11% of mothers in the study cohort and 8% of mothers in the comparison cohort were in out-of-home care when giving birth to their first child.
- Mothers in the study cohort (who had at least one child in care) have two more care placements on average than mothers in the comparison cohort (i.e. those without children in care).
- The main reason for leaving care for both cohorts of mothers is returning home to live with the parents, with a higher percentage of mothers of the comparison cohort being in this category than mothers of the study cohort.
- A considerably higher proportion of mothers from the study cohort than mothers from the comparison cohort left care due to having moved into independent living arrangements or supportive accommodation.
- Unsupported independent accommodation as the next step after care is not prevalent for either group. Only 10% fall into this category.

## The geographical distribution of the mothers by local authority deprivation

It is known from previous research (Bywaters et al., 2018; Doebler et al., 2023, 2022; Webb et al., 2020) family poverty, and austerity policies play in the demand for and supply of children's services has been a contested issue in England in recent years. These relationships have begun to be explored through the concept of inequalities in child welfare, in parallel to the established fields of inequalities in education and health. This article focuses on the relationship between economic inequality and out-of-home care and child protection interventions. The work scales up a pilot study in the West Midlands to an all-England sample, representative of English regions and different levels of deprivation at a local authority (LA) that families with experience of child welfare interventions are overrepresented in deprived areas. We therefore tabulated the percentages of mothers in the study cohort and comparison cohort by deprivation according to the local authorities they lived in immediately before entering care. We used the Welsh Index of Multiple Deprivation (WIMD) for this analysis (Stats Wales, 2019). **Figure 13** shows the percentages of mothers by deprivation quantiles, we also plotted the numbers of missing values. From **Figure 13** we find that **all the mothers in both cohorts are highly overrepresented in the most deprived areas**. We do not see marked differences between the two cohorts with regards to area deprivation.

While the proportion of mothers in the most deprived quantile for the study cohort (36%) is higher than that of mothers in the comparison cohort (32%), the picture is reversed for the second most deprived quantile. Conversely, only 4% of mothers in both cohorts lived in the least deprived quantile of local authorities<sup>14</sup>.

Figure 13: Welsh Index of Multiple Deprivation (WIMD) quantiles of care experienced mothers with and without children in care



### In summary:

- Both mothers in the study cohort and mothers in the comparison cohort were over-represented in deprived areas.
- The extent of over 20% of missing data on area-deprivation levels for the mothers of our cohort limit the interpretability of our findings.
- However, the findings do concur with prior literature on child welfare interventions and children in care, all of which find strong associations with deprivation.

<sup>14</sup> Note that this analysis is limited by the high number of missing data on deprivation: for 21% of CLA mothers and 24% of non-CLA mothers, we do not have data on deprivation.

- Mothers in the study cohort are highly clustered particularly in South Wales, while in central and North Wales, their numbers are too small for meaningful comparisons.

## The children of care experienced mothers – a cohort profile

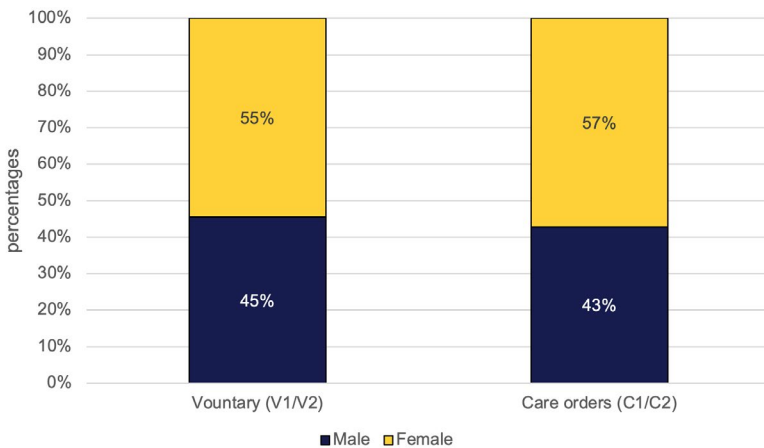
This section describes the socio-demographic profiles of the **105** children with a care record, born to care experienced mothers (children born to mothers in the study cohort). It describes the children’s placement type (both at entry and final placement) and their reasons for leaving care (from their most recent period of care). Where a mother has more than one child, the profile of **the oldest child** has been analysed. The comparison group consists of **345** children in the CLA data whose mothers were not care experienced (the children in care comparison cohort).

NB: throughout we refer to: ‘**Children born to mothers in the study cohort**’ and ‘**Children in care comparison cohort**’

## The sex and age of the children of mothers in the study cohort (care experienced mothers)

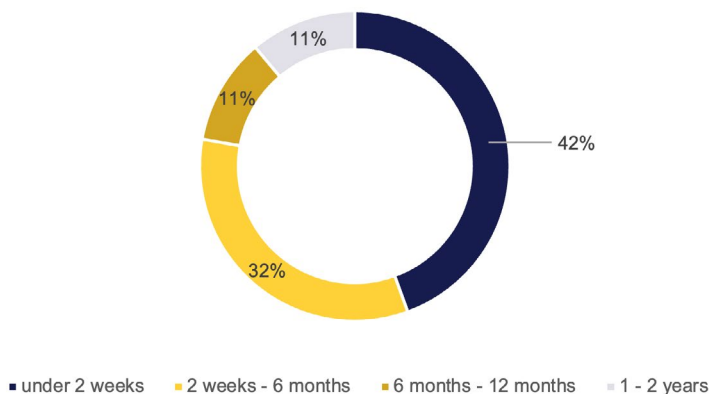
The sex distribution of the 105 ‘children born to mothers in the study cohort’ is 53% being female and 47% male., as can be seen from **Figure 14**.

Figure 14: **Children of care experienced mothers by legal order type and sex**



In terms of the children’s age when entering care, **Figure 15** shows that the vast majority (74%) are under six months old when they are taken into care. **New-borns (under 2 weeks old) are the largest age group among the 95 children of care leavers that are taken into care (42%)**, 32% are between 2 weeks and 6 months old, another 11% are taken into care when aged 6 months to 1 year and 11% are taken into care aged 1 to 2 years. This confirms previous research by the FJDP, which found that the majority of all children that are taken into care in Wales are infants under 1 year of age, among which new-borns are the largest group, and that rates of children aged under 2 weeks old taken into care have increased in Wales since 2015 (Alrouh et al., 2020; Doebler et al., 2022, 2021).

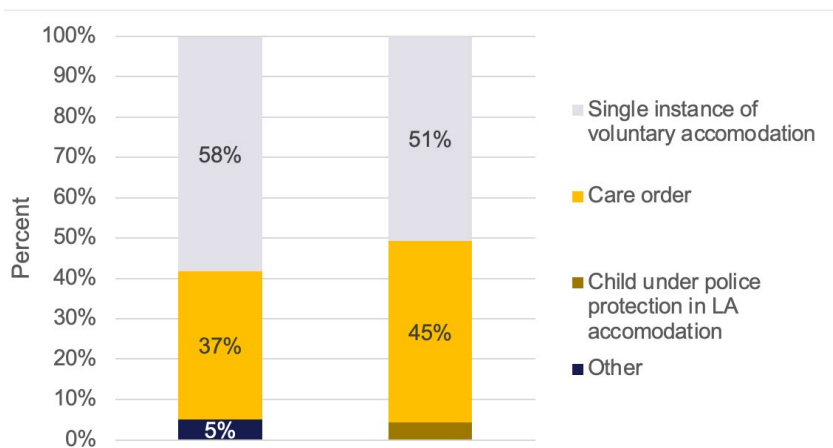
Figure 15: The age of the children of care experienced mothers at entry into care



Breaking down the age profile by the legal status of the children at care entry (Figure 16), the proportion of new-borns (under 2 weeks of age) is very similar between children of care leavers who are in voluntary care arrangements and those on compulsory care orders. However, the group of 2 weeks to 6-month-old children (infants) is much larger among those on care orders than voluntary arrangements (43% compared to 27%). There are also 1.5 times more children of care leavers in care on compulsory care orders than in voluntary care arrangements.

Those on voluntary care arrangements are slightly older on average, e.g., the group of those who were 1- to 2-years old at care entry is represented (18%) among the children in voluntary care arrangements but not among those on care orders.

Figure 16: Age at care entry by legal status



**In summary:**

- The age profile of the children born to mothers in the study cohort is consistent with prior research. Most of the children were very young at care entry (new-borns and infants).
- The children born to mothers in the study cohort who were subject to care orders tended to be younger than those subject to voluntary care arrangements.
- Regarding new-born babies however, there was an even split between babies subject to care orders and voluntary arrangements.



# The placement types and legal status of the children of care-experienced mothers

Looking at the placement types for the 95 children born to mothers in the study cohort, compared to the children in care comparison cohort, there are some important similarities and differences.

First, at entry to care (Figure 17), most of the children born to mothers in the study cohort (63%) and the children in care comparison cohort (52%) were placed with foster carers. However, the proportion was greater for the former (11% higher).

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

Figure 17: Placement types at entry to care for the study and comparison cohorts of children

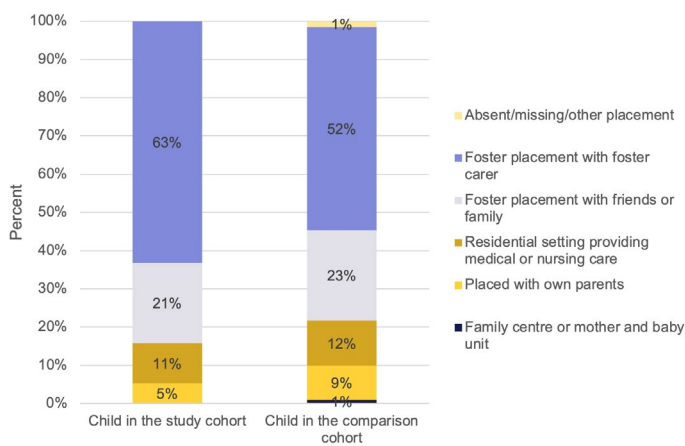
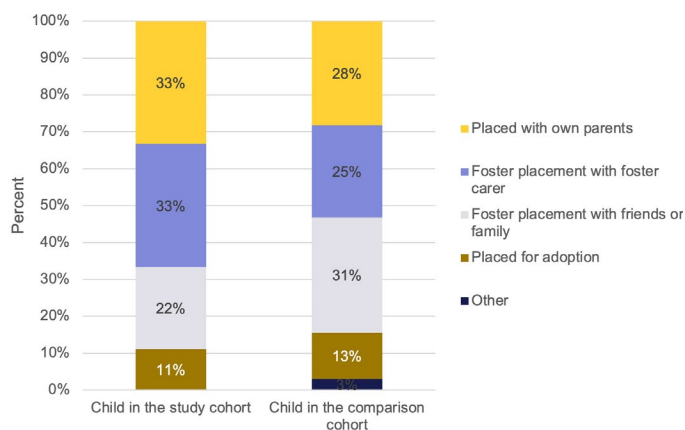


Figure 18: Placement type at the last placement of those (n=45) still in care at cohort end



Note: Categories that had fewer than five individuals were collapsed as 'other' for data protection reasons.

At final placement the profiles of placement types are markedly different for the last placement in our observational window, when compared to placement at care entry (see Figure 18 above).

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

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

There are two important observations that we can draw from this data, and one key question:

The first is that the children born to care experienced mothers **are more at risk of leaving their parents and family and friends networks at entry to care** – than a comparison group of children in care.

Over time however, just over half appear to return to their family networks and **the observed permanency outcomes for children of care experienced mothers are more similar than different**, when compared to a comparison group of children in care.

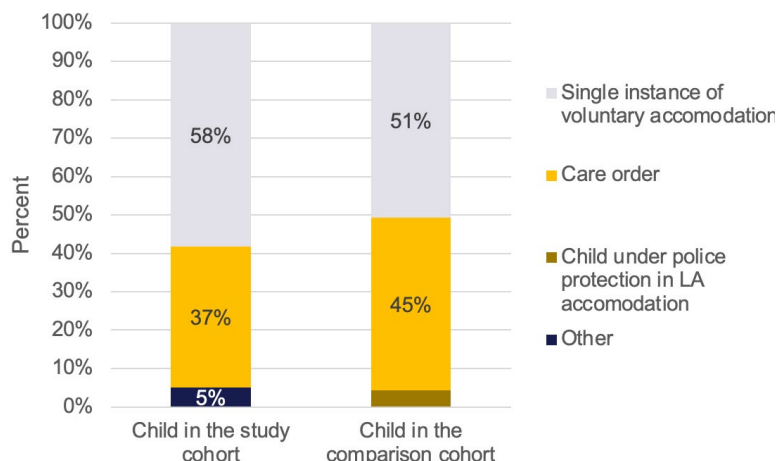
An important question raised by these findings is whether the initial separation from parents and family and friends' networks for the children of care experienced mothers, has a lasting developmental impact for this cohort of largely babies.

NB: Note, however that the cohort size for the last care episode is considerably smaller (n=45 CLA children and n=160 for non-CLA children). 47% of our cohort of CLA children have left care by the 31 March 2021, hence the percentages for the last care episode need to be interpreted with caution.

## Children's legal statuses

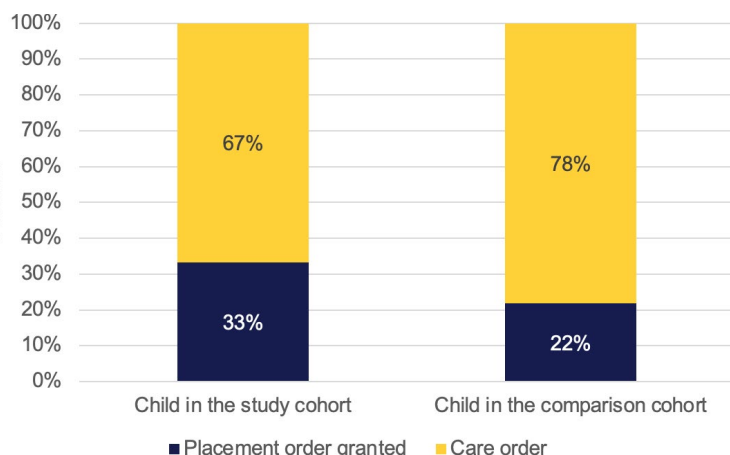
Turning to the children's legal statuses at entry to care (Figure 19), most children in both cohorts recorded a 'single instance of voluntary accommodation' at their first placement. Given the findings above, and perhaps contrary to expectations, the use of formal court proceedings for children born to mothers in the study population is lower than for the comparison group of children. Only 37% of children born to mothers in the study population recorded a care order as their first legal status. Thus, it appears that more than half of the children born to mothers in the study cohort agreed care arrangements for their children at entry.

Figure 19: Placement types by legal entry status at entry to care



However, over time, there is significant **conversion of children’s legal statuses**, indicating that for many children subject to initial voluntary arrangements, care proceedings follow (Figure 20). Over time, **67%** of children born to mothers in the study population, and **78%** of the children in care comparison group, were subject to care orders. Regarding placement orders, **33%** of children born to mothers in the study cohort recorded this type of order indicating a plan for adoption; **22%** of the children in the children in care comparison cohort.

Figure 20: Placement type by legal status at the last care episode



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

## Category of need

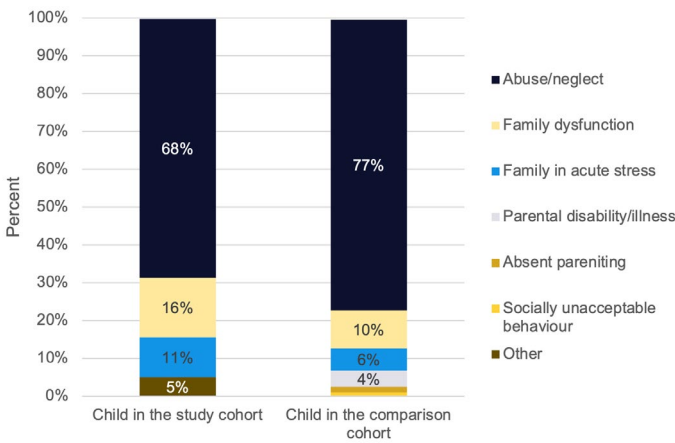
Looking at the categories of need for the first (**Figure 21**) and last care episodes (**Figure 22**), for both cohorts of children, the category ‘abuse and neglect’ is by far the most frequent. However, it is noteworthy, that this category of need is most frequent for the children in care comparison group.

A minority of children in both cohorts recorded the need codes: ‘family dysfunction’ and ‘family in acute stress’. Consistent with the observation above, fewer children in the comparison group recorded these need categories, than children born to mothers in the study population.

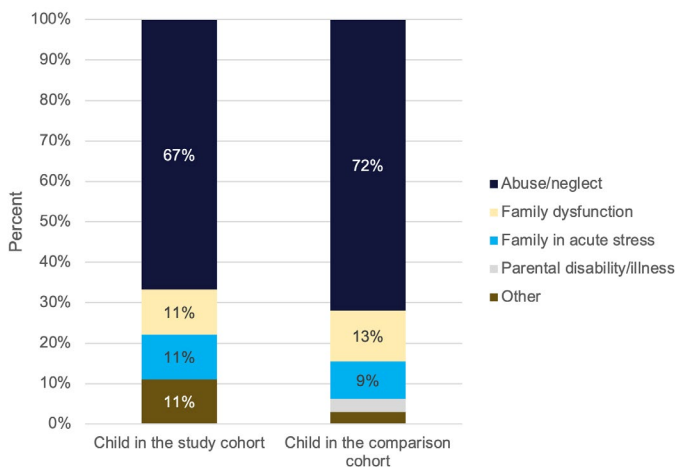
The conclusion that we can draw from this data, is that despite what appears to be high levels of concern about the babies in both cohorts, it is clear that local authorities in Wales are reducing or moderating concerns, such that more than half the children return home from care, or to family and friends. That said, based on placement order data, about one third of the children born to mothers who are care experienced, will likely lose ties to their birth families on a permanent basis.

\*The numbers for the last care episode are relatively small and therefore need to be interpreted with care.

**Figure 21: The children’s categories of need at care entry**



**Figure 22: The children’s categories of need at their last care episode**



Note: categories for which the n of children was below 5 were collapsed as ‘other’.

## In summary:

- The cohort *children born to mothers in the study cohort* (i.e. care experienced mothers) is small (n=95) and the sub-sample of those who remain in care by the end of 2021 is even smaller at n=45. Therefore, the findings need to be interpreted with care.
- The majority of both *children born to mothers in the study cohort* (care experienced mothers) and of the *children in care comparison cohort* were in foster placements with foster carers at entry to care.
- The proportion of those in foster care is significantly larger among *children born to mothers in the study cohort* than the *comparison cohort*.
- The proportion of children in foster placements with friends or family, and placement with own parents is smaller for *children born to mothers in the study cohort*.
- *Children born to mothers in the study cohort* may have fewer family and friends support networks to draw on when in need and hence may be in greater need of support from social workers and the care system.
- Foster care is less prevalent at the last care episode.

The majority of *both children born to mothers in the study cohort* and children of the comparison cohort spend their first care episode in voluntary accommodation. This number is higher for children born to mothers in the study cohort.

Care orders are more frequent (45%) for the *comparison cohort* of children in care than for *children born to mothers in the study cohort*, both at entry to care and in the last care episode. The gap is largest at entry to care.

'Abuse and neglect' is by far the most prevalent category of need for both *children born to mothers in the study cohort* and *the comparison cohort*. This number is slightly larger for the comparison cohort of children not born to care experienced mothers than for the children of CLA mothers.

Acute family stress and family dysfunction are significantly more prevalent categories of need for *children born to mothers in the study cohort* than those in the comparison cohort of children in care.

At the end of our observation, 53% of the *children born to mothers in the study cohort* and 54% of the comparison cohort of children had left care.

As for reasons for leaving care, 30% of children born to mothers in the study cohort and 35% of the comparison cohort left care to live with their parents, which might suggest potentially successful family reunions for approximately a third of cases.

20% of *children born to mothers in the study cohort* and 14% of the children in the *comparison cohort*, who left care, did so due to adoption with the application being unopposed. But another 20% of children born to mothers in the study cohort (and 19% of the comparison cohort of children) were adopted and parental consent was dispensed with.

- Special guardianship was awarded to the former foster carers in 20% of cases.

# Discussion

This report delivers the first comprehensive description of the socio-demographic profiles of a cohort of all care experienced mothers in Wales and their children in the Welsh Children Looked After (CLA) census. Our descriptive analysis of Welsh care experienced mothers in the CLA data and their children in care yielded some important new insights.

## Care experienced mothers and their children in CLA

Our cohort description of the care-experienced mothers of children in care in Wales raises some important policy and practice concerns.

Care experienced mothers are younger on average when they gave birth to their first child, than non-care-experienced mothers, however the gap is smaller than expected. It is plausible to assume that development and maturity are protective factors in adjusting to parenthood. The need for social care support tends to be stronger for teenage mums. Having said that, our data also showed that the majority of mothers of both cohorts were not very young teen Mums when giving birth but were 18 years and older. Given what we know about the higher vulnerability of teenage Mums, this is good news.

Foster placement with foster carers was by far the most prevalent placement type for both care experienced mothers with children in care (our study cohort) and without children in care (our comparison cohort), and the percentage of mothers who experienced foster placements as their first care episode was considerably higher for our study cohort than the comparison cohort.

We also found that a larger proportion of mothers in the study cohort than the comparison cohort were placed with friends and family. However, this is not reflected in their children's placements. Children born to mothers in the study cohort had smaller numbers in foster placements with friends or family, and smaller numbers of placements with their own parents than the children in care comparison cohort. This points to a higher prevalence of isolation and broken intergenerational support networks of this population group – hence their greater prevalence of early child welfare interventions and subsequent care arrangements. The finding also raises questions as to why care-experienced families have a smaller chance of being kept together.

For both the parent and the children's cohorts, foster care was the most prevalent care arrangement. Children's homes and community placements played a much smaller role.

### Categories of need

'Abuse and neglect' is the most prevalent category of need for all care experienced mothers (with and without children in care) and also for the children of care experienced mothers.

Family dysfunction has become somewhat more prevalent for mothers in the study cohort in their last care episode compared to the first (increase for 16% to 21%).

### Numbers of placement episodes

We found that our study cohort of care-experienced mothers who had children in care had experienced two more care placement episodes on average than care-experienced mothers

without children in care. This, again, points to a greater placement instability and precarity and a greater need for support of this group of mothers in care. The aim should be to keep families together wherever possible.

## Leaving care

For both mothers in our study cohort and mothers in the comparison cohort, the main reason for leaving care is the return home to live with their parents, though this percentage is higher for the study cohort (care-experienced mothers without children in care). Qualitative research has found that oftentimes young women move back in with their parents before officially leaving care.

A significantly higher proportion of mothers in the study cohort (32%) than mothers in the comparison cohort (20%) left care to 'move into independent living arrangements, supportive accommodation'. The fact that care experienced mothers with children in care are overrepresented in independent living arrangements post-care is concerning, as this points to a much greater support need to prevent them from losing their children later. Young women in this situation are more likely to lose their children to the care system than those receiving more wrap-around support.

We observe young women of both cohorts aging out of care, once they reach age 17 to 18. However, CLA mothers do still require more social care support after leaving care, especially if they are already pregnant or have already given birth. Independent living arrangements leave these young women to fend for themselves and our analysis did find that more mothers in this situation have children who find themselves in the care system subsequently.

Follow-up qualitative research should explore how well care experienced mums and their children are doing after having been placed back with their kin and after having been referred into independent living post-care.

One of our most relevant findings is that care experienced mothers with children in care differ far less from non-care experienced mothers with children in care than one might expect. While care experienced mothers show some specific vulnerabilities (i.e. with regards to a slightly younger age at birth and a greater likelihood of experiencing acute family distress as a reason for their children to require care interventions), we found that both showed – in many ways – largely the same profiles: Both groups have placement moves (episodes above 3 - which is classed as an adverse trajectory); have babies early; have a history of harm themselves. But care experienced mothers do not tend to lose their children (into care) earlier than mothers without care experience. The point at which they enter care, and return rates home, fit with earlier 'Born into Care' research by the Nuffield FJO. Our findings thus refute some persistent stereotypes about and stigmatization of care experienced mothers: Despite the considerable adversity this population of mothers has faced early in their lives, they are not exhibiting significantly worse outcomes for their children than other mothers with children in care.

This chimes with previous research in Wales (Roberts 2021), which has pointed to the remarkable resilience of young people, the availability of informal support, as well as parents' relationships with professionals and access to services that are acceptable to them. However, it is also important to note that whilst parents may not have experienced separation from their child, they may still be experiencing adversity and children's services intervention.

Further qualitative research, looking at the mothers and their children's care files could shed more light on sources of resilience and also the specific support needs of care experienced mothers and their children.



## Geography and deprivation

All care experienced mothers and their children were over-represented in deprived areas. This finding is concerning and it conforms with the previous literature on children in care (Alrouh et al., 2020; Bywaters et al., 2016; Doebler et al., 2023, 2022; Featherstone et al., 2019; Webb et al., 2020). Care experienced mothers with children in care are highly clustered especially in South Wales, as our choropleth maps have demonstrated. Unfortunately, 21% of the mothers had missing data on area-deprivation, which limits the interpretability of our findings on deprivation. The area-level analysis nevertheless flags up some areas, particularly in South Wales where policy support needs of care experienced mothers are greater than elsewhere.

## The profiles of the children of care experienced mothers

Like the overall population of children in care (Alrouh et al., 2020), the children of care experienced mothers have a young age profile, the vast majority having been taken into care at a very young age (as infants). We found further that the children of care experienced mothers on care orders tended to be younger on average than those on voluntary care arrangements which may reflect a greater need for earlier social work interventions in this group.

Abuse and neglect' is by far the most prevalent category of need for both the children of care experienced mothers and the comparison cohort, though this number is slightly larger for the comparison cohort of children not born to care experienced mothers.

Notably, regarding the children's category of need, acute family stress and family dysfunction are far more prevalent among children of the study cohort than among the comparison cohort of children whose mothers were not in care. This suggests that more tailored early wrap-around preventative support to ameliorate the stress experienced by care experienced young mothers would be helpful in reducing the need for more invasive interventions later down the line.

For the children of care experienced mothers (the study cohort), the most prevalent type of placement at entry to care was foster care and the percentage of those in foster care was significantly larger among them than among the comparison cohort. Likewise, a smaller percentage of the children of care experienced mothers than of the comparison cohort of children, whose mothers were not in care, had placements with own parents.

Much like their mothers, the children born to mothers in the study cohort have fewer family and friends support networks to draw on and therefore likely develop a greater need of support from the care system.

The most prevalent legal status of the first care episode for both children born to mothers in the study cohort and children of the comparison cohort, is voluntary arrangement, as opposed to care orders. The most common form is a single instance of voluntary accommodation. We found this number to be higher for children born to mothers in the study cohort than in the children in care comparison cohort.

At the last care episode, foster care is less prevalent than at the first. We think that this could be an effect of successful support received during earlier care arrangements, which later on allows social workers to place more children who still need care back with their parents or with extended family.

An important finding is that 30% of the children born to mothers in the study cohort and 35% of the children in care comparison cohort have, by the end of the observation period, left care to reunite with their parents. Again, the study cohort and the comparison cohort differ far less than one might expect based on the common stereotypes about care experienced mothers and their children.

The finding might point to earlier care interventions proving unnecessary, or it might indicate that prior social care interventions may have been successful in bringing families back together in a third of cases. Future qualitative research with care experienced parents and with social care case files could shed more light on this.

Importantly, we found a large disparity in the numbers placed for adoption: 40% of the children born to mothers in the study cohort and 23% of the children in care comparison cohort left care to move into adoption. For 20% of the children born to mothers in the study cohort, the application was unopposed, but another 20% of children born to mothers in the study cohort

(and 19% of the children in care comparison cohort) were adopted with parental consent having been dispensed. In these cases, birth families were not successfully reunited. The finding resonates with earlier research findings of a higher prevalence of adoption among care leavers' children (Roberts et al. 2017). Critical further research into this is vital in order to evaluate if and how the numbers of children of care experienced mothers who are placed for adoption can be reduced.

For 20% of the children born to mothers in the study cohort and 19% of the children of mothers without care experience, special guardianship was awarded to the former foster carers.

The interpretation of our findings on the children of care experienced mothers is limited by the fact that this cohort is small (n=95) and the number of children in the study cohort, who remain in care by the end of 2021 is even smaller at n=45. More studies with other population level data will help to check for the robustness of our findings in future.

## Concluding remarks

Future research should explore the positive resilience care experienced mothers appear to show, and also their specific support needs in preventing as many as possible from losing their children to the care system.

Future research should also carefully explore the large differences we found in the numbers placed for adoption of the children born to mothers in the study cohort compared to the children of mothers without care experience. Particularly given that, despite the considerable stigma that surrounds them, care experienced mothers' profiles were not found to differ much from non-care experienced mothers with children in care, a careful reassessment of the need for this radical intervention is merited.

More research is needed to also evaluate how early wrap-around preventative support could help care experienced mothers and keep families together, to break the stigma of care experienced Mums. The research of this report suggests that wrap-around preventative support is highly promising in reducing the numbers in care, but more research is needed to explore what this support could look like.

Future research should also consider further longitudinal data sources from a range of countries and care contexts to gain a fuller picture of the intergenerational care experience. Larger sample sizes would also allow for more elaborate longitudinal and multivariate modelling. Secondly, there is a need for in-depth mixed-methods studies of care-experienced mothers and their children in care. Studies by Roberts et al., research teams at UCL and Lancaster have already delivered some important insights, but this field is only just emerging and more qualitative insights from the perspective of care-experienced families is very much needed.

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# Appendix A: Information governance

## The SAIL Databank

The administrative data used in this report was collected and maintained by Welsh Government and accessed the SAIL databank. The SAIL Databank (Ford et al., 2009; Jones et al., 2017; Lyons et al., 2009) contains a wealth of anonymised health and administrative data about the population of Wales, accessible via a secure data sharing platform.

For all researcher data within the SAIL Databank individuals' identities have been removed and replaced with a unique anonymous linkage field for each person, to enable linkage of their records across datasets. The SAIL data environment is explained in Lyons et al (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).

## SAIL Datasets

### Children Looked-After Dataset (CLA)

An annual census (1 April – 31 March) dating back to 2002, which contains information on children who are looked after by a local authority. Data includes detailed personal information of the child, episodes of care, and 'milestone' data such as adoption. This dataset is structured in episodes, an episode is when a child is deemed as 'looked-after' if they have been provided accommodation by the local authority for more than 24 hours or placed in the care of a local authority. A new episode starts every time a child is looked after; the legal status changes; or the child's placement changes. 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 and then re-enters later, would have experienced both multiple 'episodes' and multiple 'periods' of care.

The table below shows the categorisation of placement types which were used.

Placement type categories	
Code	Definition
A3	Placed for adoption with consent with current foster carer
A4	Placed for adoption with consent not with current foster carer
A5	Placed for adoption with placement order with current foster carer
A6	Placed for adoption with placement order not with current foster carer
A8	Placed with prospective adoptive parents
F1	Foster placement with relative or friend (inside LA boundary)
F2	Foster placement with other foster carers, provided by LA (inside LA boundary)
F3	Foster placement with other foster carers, arranged through agency (inside LA boundary)
F4	Foster placement with relative or friend (outside LA boundary)
F5	Foster placement with other foster carers, provided by LA (outside LA boundary)
F6	Foster placement with other foster carers, arranged through agency (outside LA boundary)

H1	Secure unit inside LA boundary
H21	Secure unit outside LA boundary (within Wales)
H22	Secure unit outside Wales
H3	Placement in homes and hostels inside LA boundary (subject to children's homes regulations)
H4	Placement in homes and hostels outside LA boundary (subject to children's homes regulations)
H5	Placement in residential accommodation not subject to children's homes regulations
M1	Absent more than 24 hours – in refuge
M2	Absent more than 24 hours – whereabouts known (not in refuge)
M3	Absent more than 24 hours – whereabouts unknown
P1	Placed with own parents (or person with parental responsibility)
P2	Independent living (other placement in the community) e.g. without formal support staff
P3	Residential employment
R1	Placement in residential care home
R2	Placement in NHS/health trust providing medical or nursing care
R3	Placement in family centre or mother and baby unit
R5	Placement in youth offender institution or prison
S1	All residential schools, except where dual-registered as a school and children's home
Z1	Other placements

Note: This Table is based on the placement type categories used in the Children Looked After census and described in the online guidance notes by the Statistics Agency (Stats Wales, 2023). These can be accessed on the Welsh Government website, with the most recent for 2022/2023 here: <https://www.gov.wales/sites/default/files/statistics-and-research/2023-05/children-looked-after-census-2022-23-notes.pdf>.

## Welsh Demographic Service Dataset (WDSD).

This is a dataset containing demographic information such as age and sex, as well as address history about all individuals who are or have been registered at a Welsh General Practice (GP). It is held and managed by the NHS Wales Information Services (NWIS).

## Welsh Index of Multiple Deprivation 2019 (WIMD 2019)

The WIMD is a relative measure of deprivation for small areas, known as Lower-layer Super Output Areas (LSOAs) in Wales. It ranks all areas in Wales from 1 (most deprived) to 1909 (least deprived) which are comprised of around 1600 individuals. Deprivation scores were derived using the most recent WIMD 2019, although they are fully updated every four to five years. The quintile groupings split the areas into five roughly equal groups, with 1 being the most deprived and 5 being the least deprived. The WIMD was assessed using the home postcode, which is available in the CLA dataset. It is based on the postcode of the address when the child first entered care.

WIMD is made up of eight weighted domains, including income, employment, health, education, access to services, housing, community safety and physical environment. Guidance on WIMD 2019 is available here: <https://www.gov.wales/sites/default/files/statistics-and-research/2022-01/welsh-index-multiple-deprivation-2019-guidance.pdf>

## Maternity Indicators Dataset (MIDs)

A register of children born in Wales, containing data collected by the local health board at the mother's initial assessment and labour/birth. This dataset also contains a maternal ALF which allows linkage between children and their biological mothers.

## Statistical Disclosure Control

SAIL has procedures and policies in place to prevent potential disclosure of any individuals. For this project, this includes suppressing of information in tables where the number in any individual cell is less than five, or where geographical identifiers might disclose the identity of individuals. Counts were rounded to the nearest five.

Where this has been employed, it is noted within the relevant sections. This includes collapsing categories for some variables in certain analyses, to prevent disclosure problems related to small numbers. Percentages were calculated on available counts only.

Numbers had to be rounded to the nearest multiple of five and percentages displayed to zero decimal places because this project contained Higher Education Statistics Agency (HESA) data.

## Ethical Approval

The Nuffield FJO has obtained ethical approval by the SAIL Information Governance Review Panel (IGRP) at Swansea University and by the ethics board at Lancaster University. The IGPR ensures that work complies with Information Governance principles and uses data appropriately and 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 1266. All statistics abide by non-disclosure principles.



## Appendix B: Linkage rate and descriptives

**Table B1: Anonymous Linkage Fields (ALFS)**

	<b>good ALFs</b>	<b>all ALFs</b>	<b>Hybrid_ID</b>
Count of individuals with ALF	2210	2455	3670
Percentage ALF rate	62%	67%	

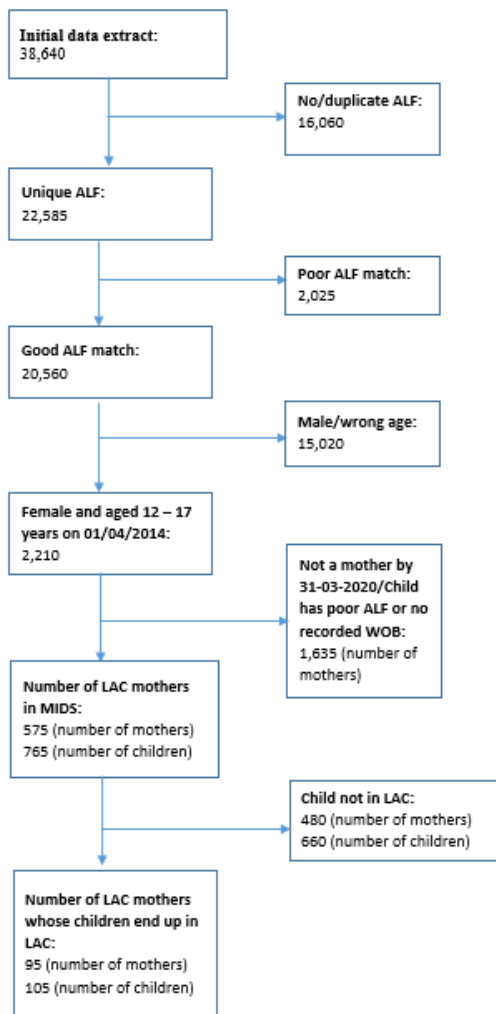
Note: Good ALFs are ALFS that can be linked with confidence in SAIL. Poor ALFS mean that we cannot be sure that the ALFS pertain to the correct individuals.

**Table B2: Categorisation of placement types (Cowley et al 2023)**

<b>Placement type as recorded in the Children Looked After data</b>	<b>Placement type derived by the research team</b>
<b>Foster placements</b>	
Carer lives inside LA Boundary	
Foster placement with relative or friend	
Placement with other foster carers, provided by LA	
Placement with other foster carer, arranged through agency	
Carer lives outside LA Boundary	
Foster placement with relative or friend	
Placement with other foster carers, provided by LA	
Placement with other foster carer, arranged through agency	Foster placement with friends or family
Foster placement with foster carer	
<b>Placed for adoption</b>	
Placed for adoption with consent	
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	
Placed for adoption with placement order	
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	
Placed with prospective adoptive parents	
Placed with prospective adoptive parents (under section 81(11) of the 2014 Act and regulation 25 of the 2015 Regulations)	Placed for adoption
<b>Placed with own parents</b>	
Placed with own parents or other person with parental responsibility	Placed with own parents
Placements in other residential settings	
Residential care home	
NHS/Health Trust or other establishment providing medical or nursing care	
Residential family centre or mother and baby unit	Residential care home
Residential – medical	
Mother and baby unit	
<b>Placements in homes and hostels subject to the regulations covering children’s homes / care homes for children</b>	

Homes inside LA boundary	
Homes outside LA boundary	Placements in homes and hostels
Missing from placement	
Absent more than 24 hours from agreed placement:	
In Refuge (Section 51 of Children Act)	
Whereabouts known (not in Refuge)	
Whereabouts unknown	Absent more than 24 hours from placement
Other placements not listed above	
Other placements	Other

**Table B3: Data flowchart of the cohort used for this report**



## Appendix C: Cohort Bias Analysis

A considerable proportion of individuals in the CLA data could not be linked because they do not have an ALF (anonymous linkage field in SAIL). The percentage with an ALF, hence possible to link is 62%. The below table gives the total numbers of individuals with and without an ALF in the CLA data.

**Table Appendix C1: Totals in the CLA cohort**

Total number of individuals in CLA, n = 38,640

	count	percentage
missing ALF	14815	38
ALF	23830	62
rounded total	38645	

**Figure Appendix C2: Missing ALFS by the year of birth**

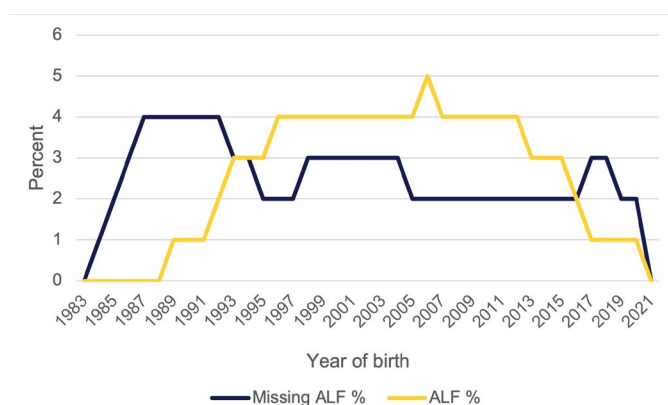
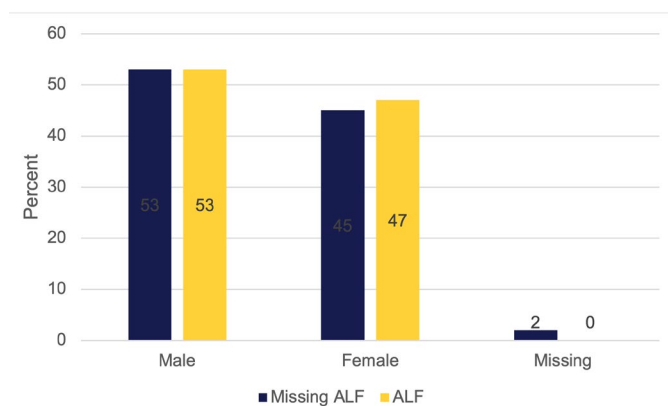


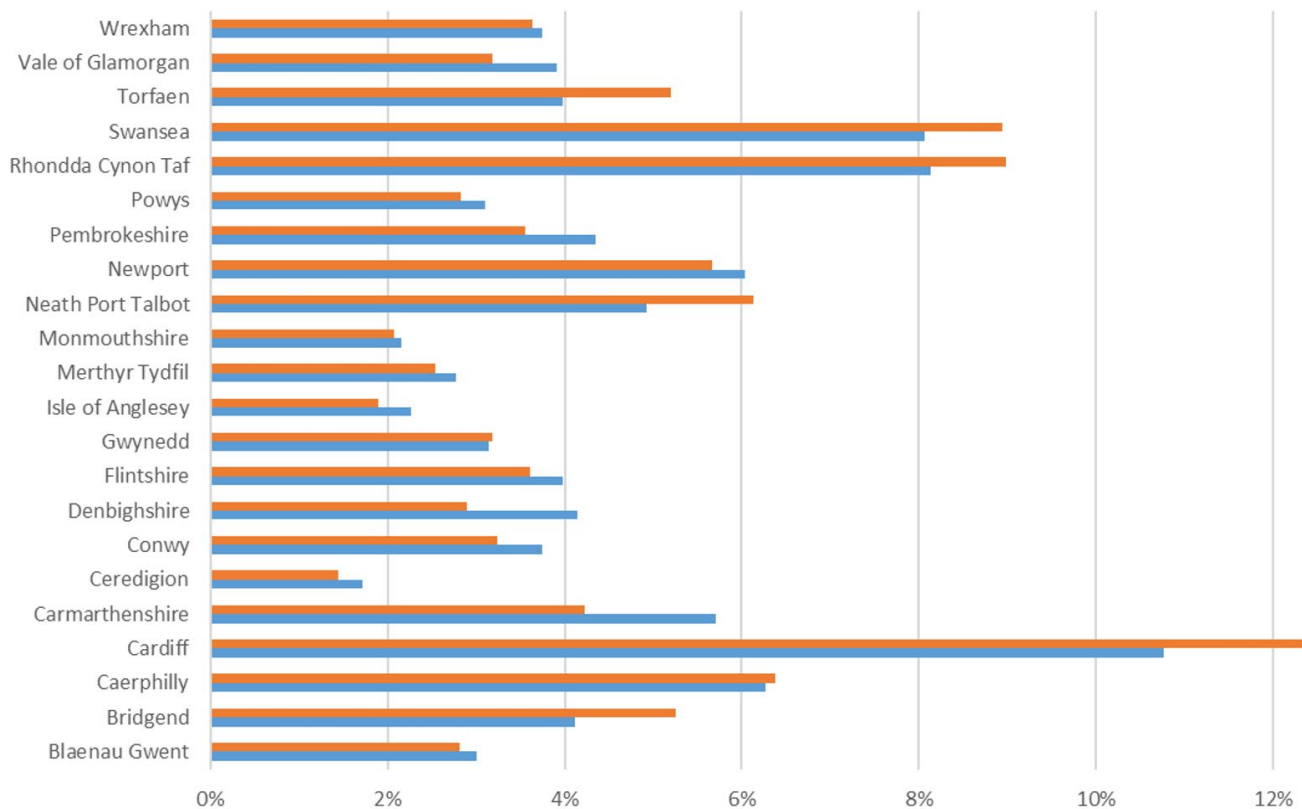
Figure Appendix C shows the distribution of missing ALFs by the year of birth. We see missingness especially among older and the youngest individuals in the data.

**Figure Appendix C3: Missing ALFS by Sex**



Missingness of ALFs is slightly more prevalent for women than for men.

Figure Appendix C4: **Missing ALFS by Local Authority**



Missing ALFS are more prevalent in some rural local authorities than urban ones. This is good news for our report, because care leavers and their children cluster much more in the urban areas in South Wales that have a lower rate of missing ALFs.

## Family Justice Data Partnership

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

## SAIL Databank

All data used in this study was accessed and is available at 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). After approval has been granted, the data is access through a privacy-protecting safe-haven and remote access system, the SAIL Gateway. Anyone wishing to access data should follow the application process guidelines available at: [www.saildatabank.com/application-process](http://www.saildatabank.com/application-process).