

Born into care Newborns in care proceedings in England

Nuffield Family Justice Observatory Stakeholder Event (9th October, 2018) The Friends Meeting House, Manchester

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> > Professor Harriet Ward & Dr Lisa Holmes The Rees Centre, Oxford University Mary Ryan & Dr Susannah Bowyer Research in Practice, Dartington Hall



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Nuffield Foundation: Rob Street, Carey Oppenheim & Fran Bright.

Cafcass: Teresa Williams, Emily Halliday & Jigna Patel.

External Reviewers: Martha Cover (ALC), Maud Davies (TV Edwards LLP), Teresa Williams (Cafcass), Prof. Marian Brandon (UEA).

Dr Yang Hu and Dr Stuart Bedston (Lancaster University)



Why study newborns in <u>care proceedings</u>?

Over-arching messages from stakeholders:

- Generate better knowledge about children's pathways through the FJS and outcomes
- Make better use of national administrative data
- Tackle contested issues
- Support development and innovation

Newborns are largely invisible in:

- National statutory practice guidance
- National statistics

Despite multiple calls from different stakeholders groups, for example:

- improved support during pregnancy (mental health)
- Better shared understanding of good practice regarding removals at birth



Methodology

- Data source: population-level data [Cafcass]
- Extract: 2007/08 to 2016/17. n= 47, 172 infants [3 samples]
- Permissions: Lancaster University; Cafcass
- **Privacy**: pseudo-anonymisation
- Analysis: descriptive statistics
- Interdisciplinary skills: computing, statistics, social work, family law
- Outputs: summary and full reports via the Nuffield FJO website.



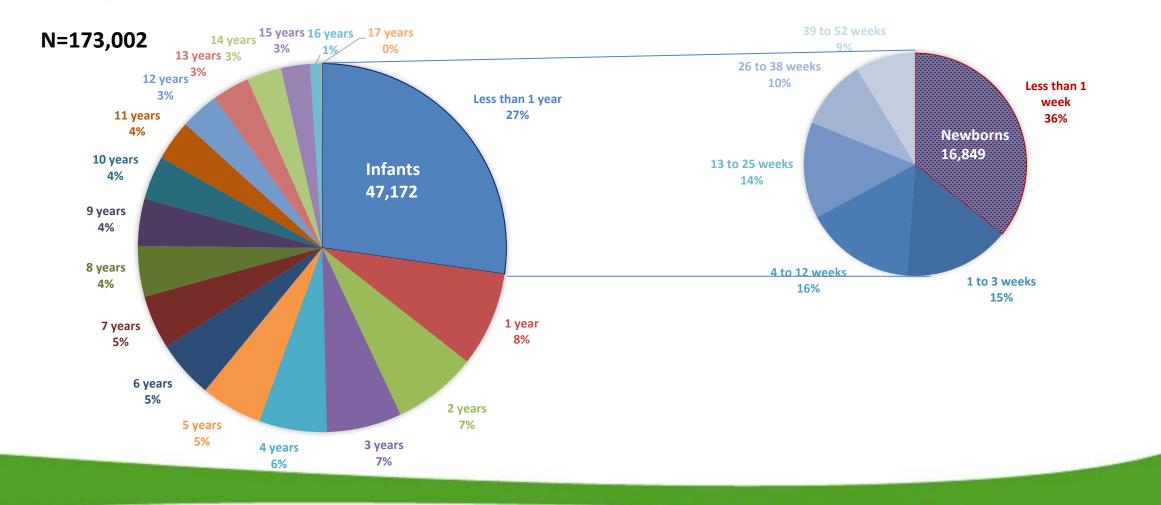
Study objectives

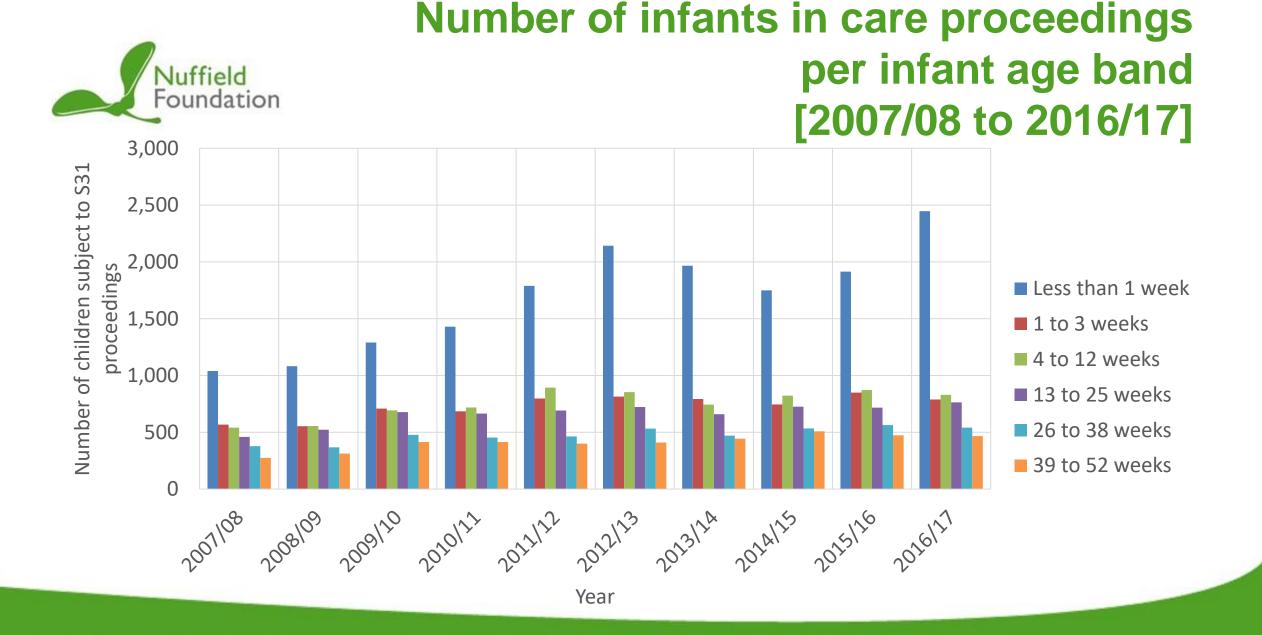
A first descriptive picture [newborns in s.31 proceedings]

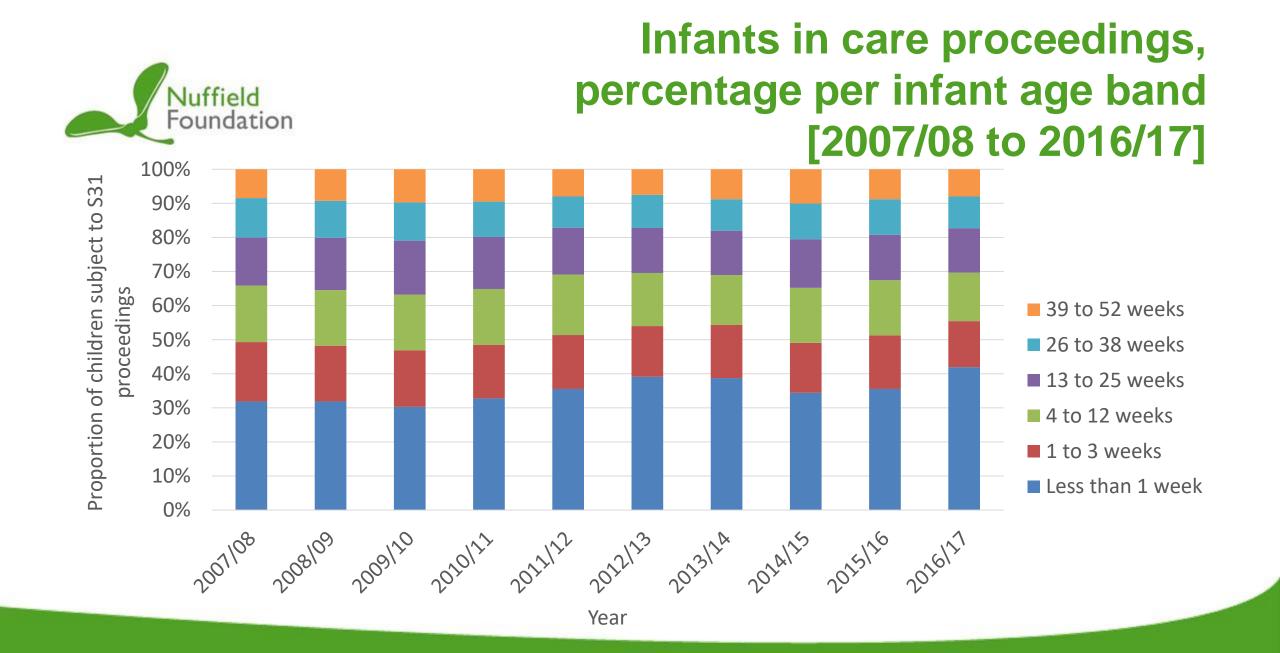
- 1) Quantify the **volume and proportion** of newborn cases and **incidence rates** over time
- 2) Describe variation in incidence rates **between regions and between local authorities over time**
- 3) Identify the number of newborn cases in which an older sibling had previously been subject to care proceedings ("subsequent infants")
- 4) Quantify the **duration of care proceedings** over time
- 5) Describe the pattern of **final legal orders** and trends over time

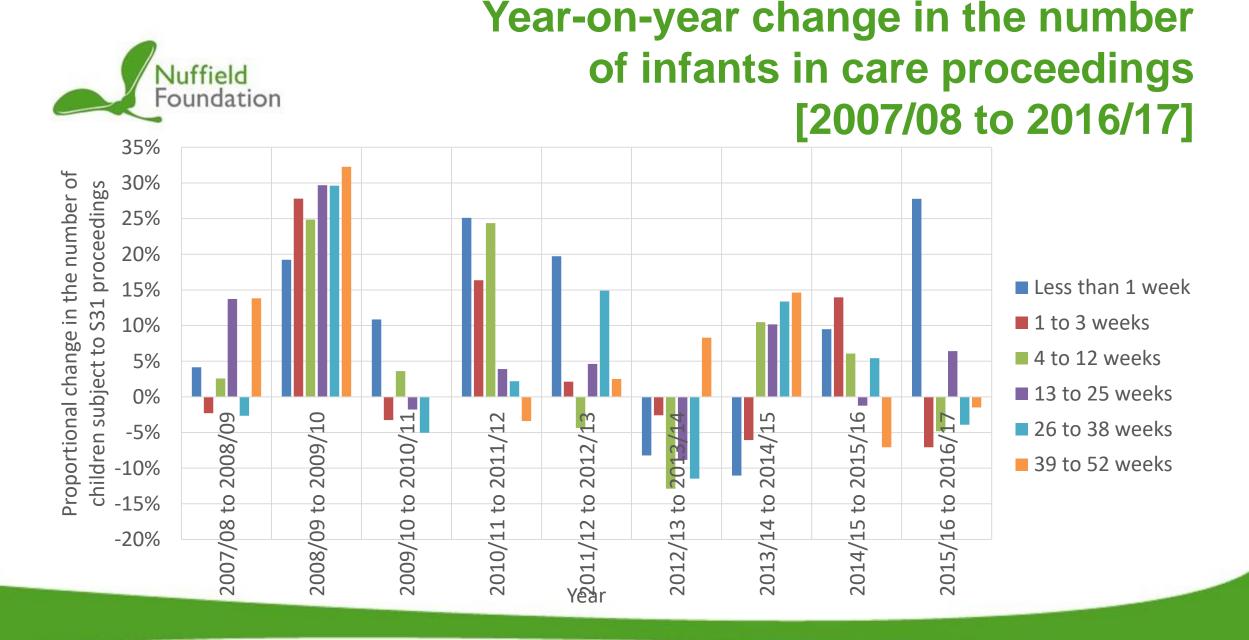


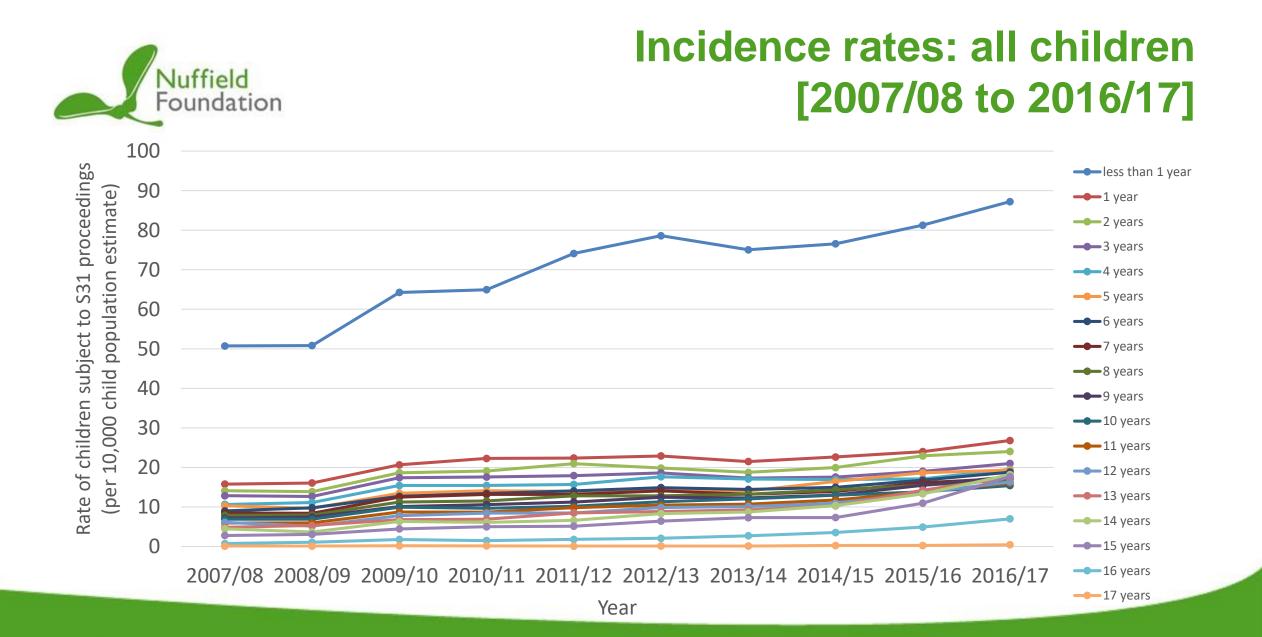
Age of children in care proceedings [2007/08 to 2016/17]

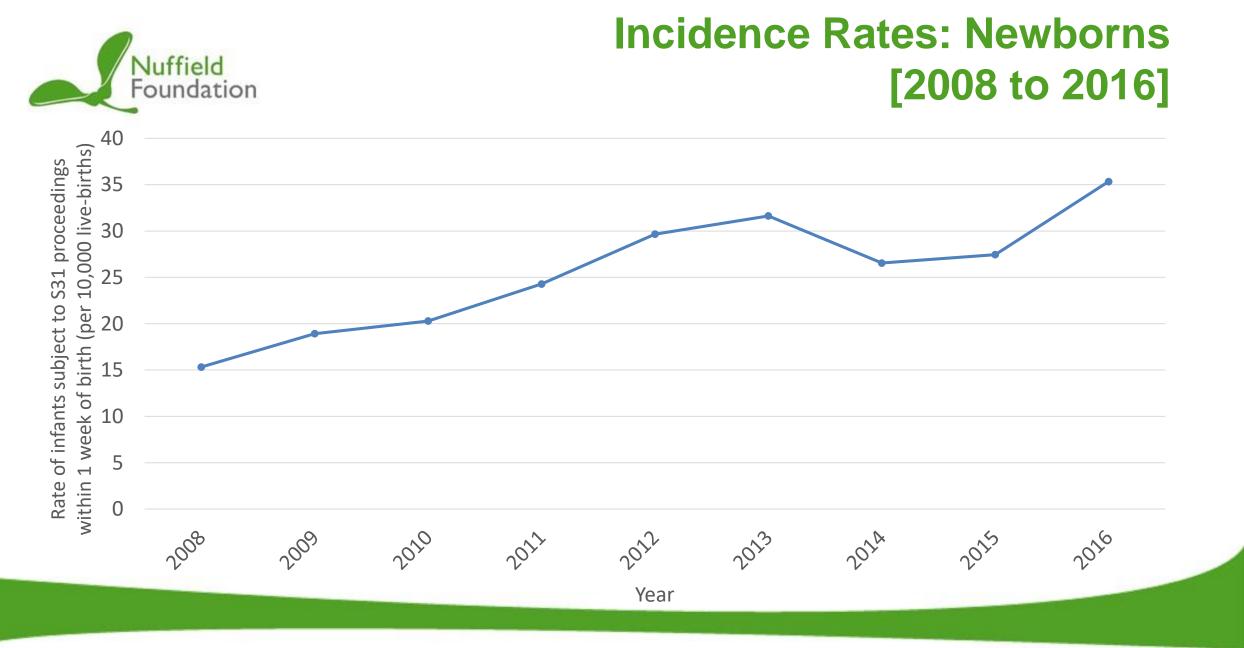


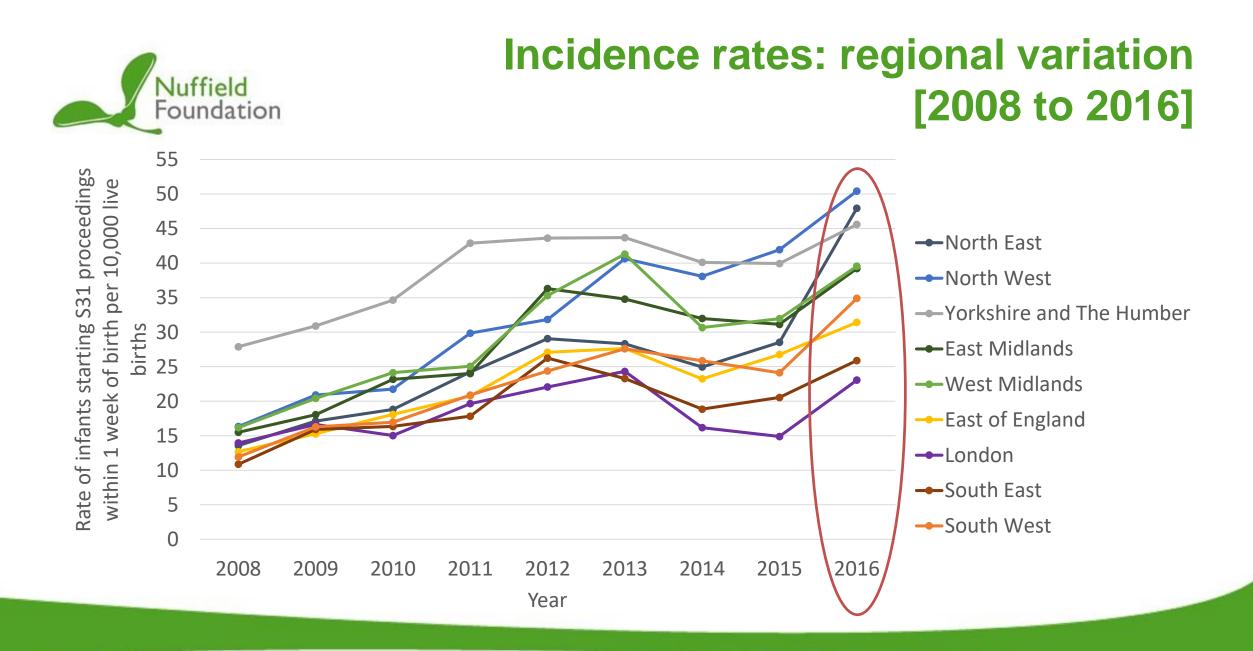






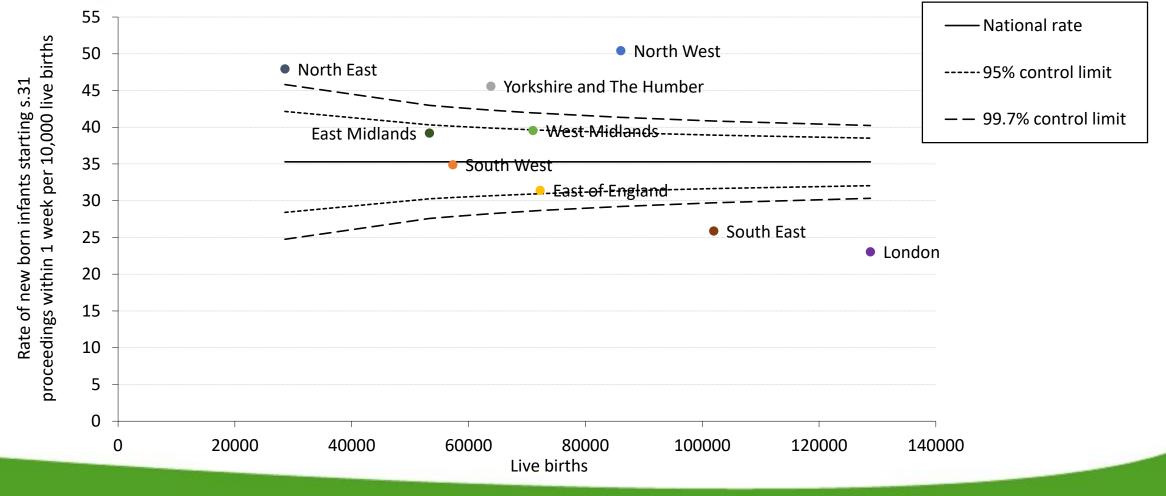






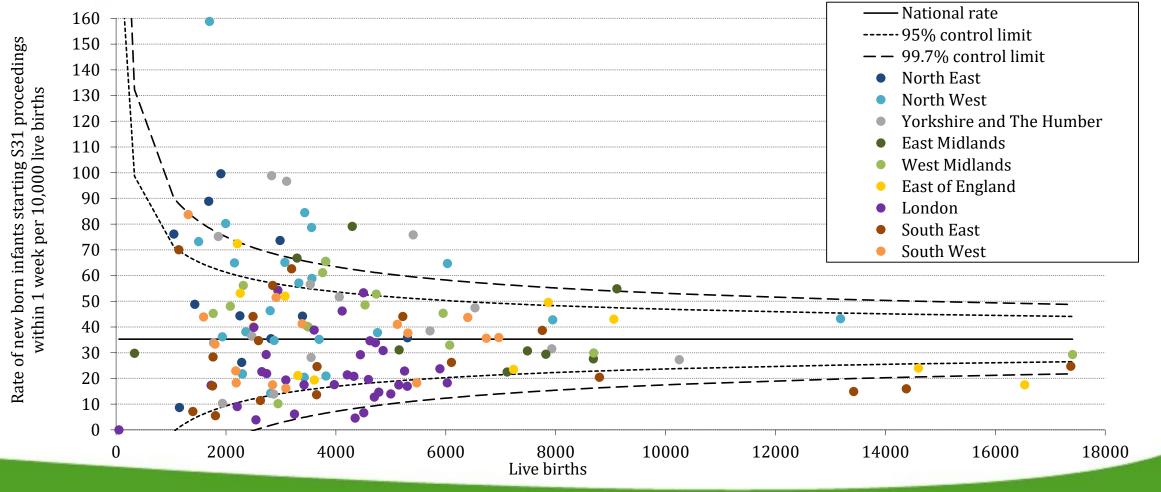


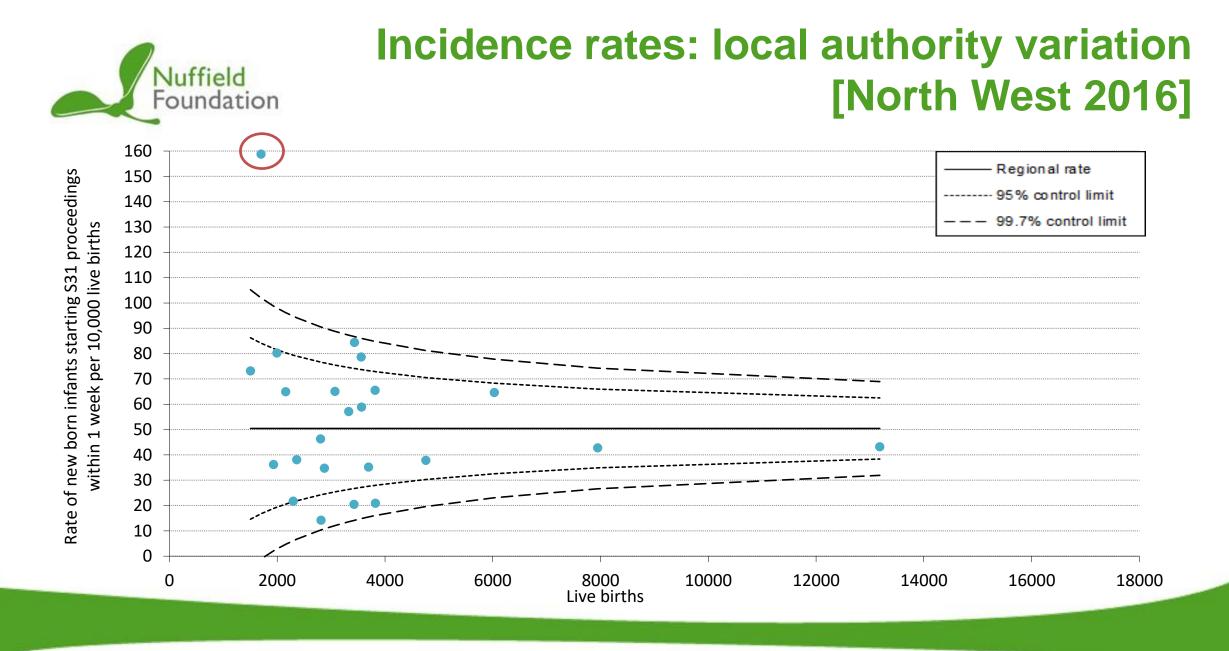
Incidence rates: regional variation [2016]





Incidence rates: local authority variation [England 2016]





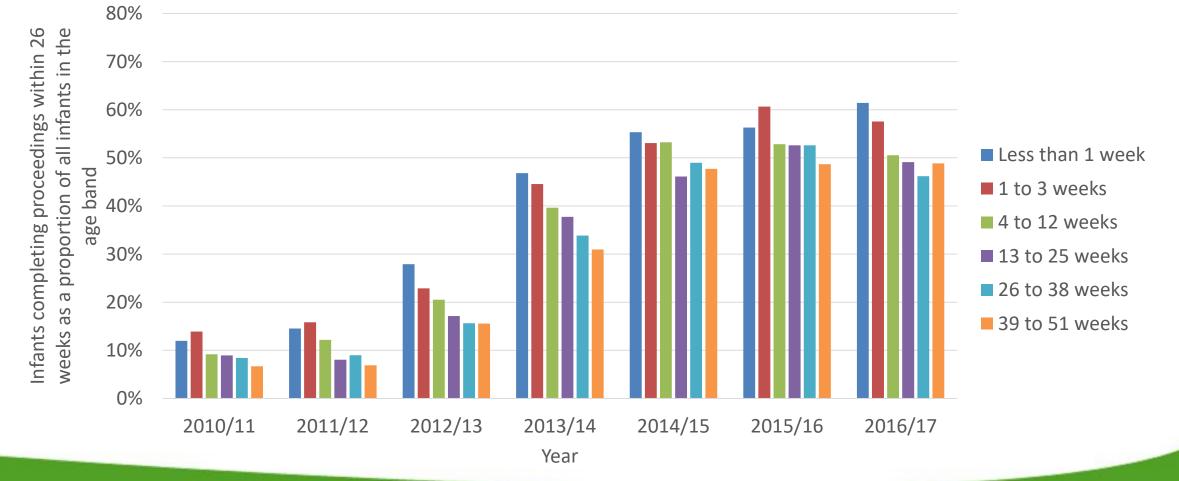


"Subsequent infants" [2012/13 to 2016/17]



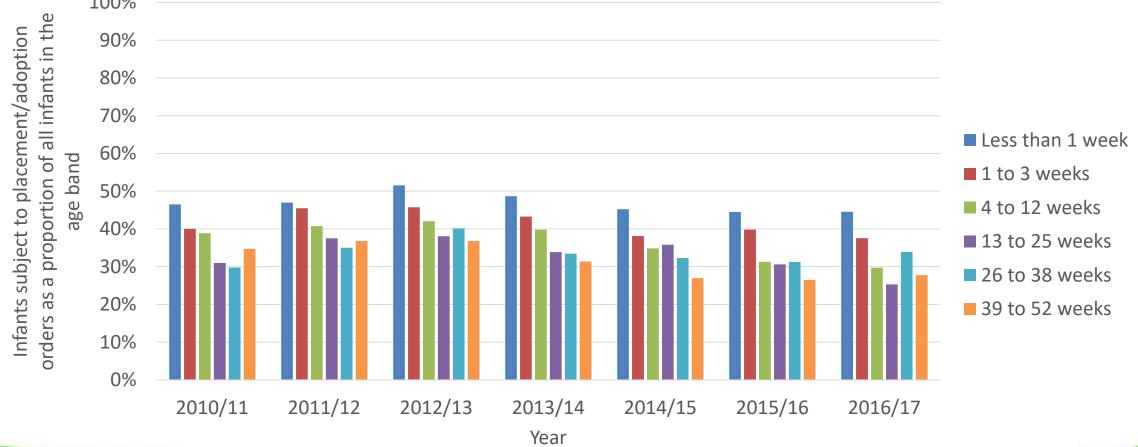


Case duration [2010/11 to 2016/17]



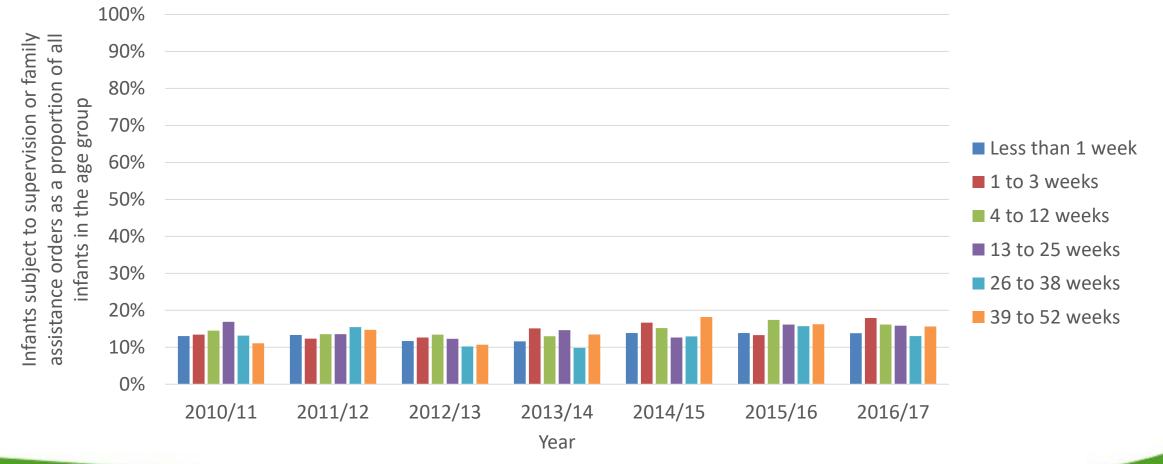


Legal orders: placed for adoption [2010/11 to 2016/17]





Legal orders: with parents [2010/11 to 2016/17]







1) Upward trend against all measures

- nationally: 42% of infant cases were issued for newborns
- 2) Marked regional differences regarding incidence rates North West is above the national expected average
- 3) Shorter care proceedings over time

but 39% do not complete within 26 weeks

4) Fewer subsequent infants than we might have expected **54% of newborns are NOT subsequent infants**

5) High rates of adoption – but divergent legal outcomes



Stakeholder response

What questions do these findings raise for:

- Policy?
- Practice?
- New knowledge/knowledge synthesis?



Some of our thoughts

- A greater focus is needed on newborns in policy and practice given the proportion of infant cases that are issued for newborns
- In particular, we need to develop best practice guidance regarding separation of mothers and babies at birth
- Differences both between and within regions warrant further analysis infants appear to have an unequal chance of being born into care – we need to understand what accounts for outliers above and below an expected rate range
- Given more than 50% of infants are NOT "subsequent infants" we need to better understand the basis of claims of likely (future) significant harm .
- New knowledge is needed about the longer-term outcomes of newborn cases, given divergent pathways



Discussion Groups

• Move to allocated groups

- Group 1 G4
- Group 4 F11
- Group 7 G3

• All other groups in main hall (tables are numbered)



Questions

- What are your thoughts on the analysis presented this morning?
- Should we be concerned about regional variation?
- What further questions do you have regarding this data?
- What are the practice issues regarding infant removal at birth and is their sufficient policy and practice guidance ?



CLOSING SUMMARY





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