

Older children and young people | September 2021

Older children and young people in care proceedings in England and Wales

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Report

This is the first in a series of reports about 10 to 17-year-olds in the family justice system in England and Wales. It provides a descriptive analysis of the number and proportion of older children in care proceedings over time as well as incidence rates. New evidence is also presented about case characteristics and legal order outcomes.

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Recommended citation

Roe, A., Alrouh, B., and Cusworth, L. (2021). *Older children and young people in care proceedings in England and Wales*. London: Nuffield Family Justice Observatory.

Summary available from: www.nuffieldfjo.org.uk

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Nuffield FJO has funded this project, but the views expressed are those of the authors and not necessarily those of Nuffield FJO or the Foundation.

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Acknowledgements

The authors would like to thank the project team at the Nuffield Family Justice Observatory for their contributions to the design, planning and revisions of this report: Mary Ryan (Associate), Jordan Rehill (Researcher), Beverley Barnett-Jones (Associate Director for Practice and Impact), Lisa Harker (Director) and Dan Jones (Service Manager, Newport City Council). We would also like to thank Dr Lucy Griffiths and Rhodri Johnson, Swansea University/Family Justice Data Partnership, for their support assisting with SAIL access and developing the study concept. This report could not have happened without the contributions of these individuals. In addition, we would like to thank all external reviewers who commented on early iterations of this report. Their comments were incredibly helpful in refining the report and in ensuring its accessibility to a range of stakeholders.

We would like to acknowledge all the data providers who make anonymised data available for research.



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Executive summary

In recent years there has been growing recognition of the increasing number of older children and young people coming before the family courts, and the diversity and complexity of their needs. Responding to their needs presents a challenge to the child protection and family justice systems, which have, until recently, primarily focused on protecting younger children from risks within the family home.

Older children and young people: a focus on adolescence

While definitions of adolescence are the subject of some debate, it is usually taken to mean the period that encompasses the transition from childhood to adulthood, and the series of biological, behavioural, cognitive and social changes that occur at this time (Patton et al. 2016).

Under the Children Act 1989, a child is defined as anyone under the age of 18. The World Health Organization (WHO) applies the term 'adolescent' to those aged between 10 and 19 years old.

For the purposes of this research, we categorised children and young people aged between 10 and 17 years old as adolescents. Those between 10 and 14 years old are referred to as 'younger adolescents', and those aged 15 and over as 'older adolescents'.

While we use the term 'adolescents' when presenting findings, we refer to 'older children' and 'young people' in general terms wherever possible.

About the data

This study is based on electronic case management data routinely produced by Cafcass and Cafcass Cymru. Data relates to all cases of s.31 care proceedings concerning adolescents that started between 1 April 2011 and 31 March 2020 in England (54,509) and Wales (2,649). The data was available in the privacy-protecting SAIL [Secure Anonymised Information Linkage] Databank, hosted by Swansea University (Ford et al. 2009; Lyons et al. 2009; Jones et al. 2014; Jones et al. 2019).

A key limitation of the Cafcass and Cafcass Cymru data is that voluntary accommodation of children under s.20 of the Children Act 1989 and s.76 of the Social Services and Well-being Act (Wales) 2014 is not captured. This is because Cafcass is not involved in these cases. The majority of teenagers (70%) enter care as a result of voluntary arrangements (Clarke and Penington 2021), and the situation of these children is not captured in the data.

This report provides the first national overview of 10 to 17-year-olds (referred to in the data and analysis as ‘adolescents’) subject to care proceedings under Section 31 of the Children Act 1989 (s.31, CA 1989) in England and Wales. The study uses administrative data collected routinely by the Children and Family Court Advisory and Support Service (Cafcass) and Cafcass Cymru between 2011/12 and 2019/20 in England and Wales.

Key findings

How many adolescents enter into care proceedings?

While most children enter care proceedings before the age of 10, the number of older children and young people (aged 10–17) subject to care proceedings has increased substantially in the last decade—particularly in the over 15s (see sub-section below).

- In 2011/12, 3,081 adolescents were subject to care proceedings in England. By 2019/20, this number had increased to 6,013, representing an increase of 95%.
- In Wales, 219 adolescents were subject to care proceedings in 2011/12, rising to 323 by 2019/20—an increase of 47%.

There is evidence of a particularly sharp increase in the number of adolescents subject to care proceedings in the two years between 2014/15 and 2016/17. In both England and Wales, numbers increased by over 20% each year—the highest percentage increase recorded across the observational window. This coincided with changes in practice to s.20 (England) and s.76 (Wales) voluntary care arrangements in response to concerns about their use, which likely resulted in an increase in these cases coming before the court.¹

In the last two years, there has been a slight reduction in the number of adolescents entering care proceedings—part of an overall trend. Further analysis is necessary to understand if this represents a short-term fluctuation in rates, an overall reduction in the number of adolescents in care proceedings, or if rates have flat-lined.

Do adolescents make up a smaller or larger proportion of children in care proceedings?

Adolescents now constitute a greater proportion of children in care proceedings than they did nine years ago:

- in 2011/12, adolescents constituted just 18% of all children in care proceedings in England; by 2019/20, this had risen to 27%
- in Wales, the proportion of adolescents in care proceedings has increased from 18% to 23%.

This represents a significant shift in both England and Wales.

¹ As a result of case law in *Re N* [2015].

How many adolescents are in care proceedings as a rate of the overall adolescent population?

The rate of adolescents subject to care proceedings per 10,000 adolescents in the population has also increased over time:

- in 2011/12, 6.1 adolescents per 10,000 were subject to care proceedings in England, which increased to 11.6 per 10,000 by 2019/20
- in 2011/12, 7.5 adolescents per 10,000 were subject to care proceedings in Wales, which increased to 11.5 per 10,000 by 2019/20.

The rates of young people in care proceedings in England and Wales are very similar, with a similar rate of increase over time. This is in contrast to trends relating to children of other ages, where rates in Wales are higher than in England.

The increase in the number of adolescents subject to care proceedings has occurred within the context of an overall increase in the number of children in care proceedings. However, **the average year-on-year percentage increase has been larger for adolescents than** younger age groups in both England and Wales. This suggests that the rate of increase for adolescents in care proceedings is higher than for other age groups.

How does the picture vary by region?

The **North East of England** has by far the highest rate of adolescents subject to care proceedings, with this divergence becoming particularly apparent from 2014/15 onwards. In 2019/20, the rate in the North East was 26.0 per 10,000 adolescents, compared to the national average of 11.6 per 10,000. Other regions with higher rates include the **North West, Yorkshire and the Humber, and London**. In Wales, the rate of adolescents in care proceedings across the three designated family judge (DFJ) areas has fluctuated over time. The **Cardiff and South East Wales DFJ** area recorded the highest incidence rate, followed by North Wales. Swansea and South West Wales had by far the lowest incidence rate, at almost half that of Cardiff and South East Wales. There has been minimal change over time in Swansea and South West Wales, which goes against the trend seen elsewhere in both Wales and England. Further collaborative work is required to understand the drivers of these regional variations, which might in part be explained by the variation in use of voluntary arrangements under s.20 of the Children Act 1989 and s.76 of the Social Services and Well-being Act (Wales) 2014 for adolescents. Anecdotal evidence suggests that the impact of changes to case law about use of s.20 arrangements to accommodate children in care, which led to a reduction in their use nationally, may have been particularly acute in the North East, and there may be continued perceptions that use of s.20 arrangements are discouraged by the courts. Other factors contributing to regional variation may include: the impact of deprivation; cultural practice and local decision-making with regard to adolescents; and access to early support for adolescents and their families.

Are adolescents involved in care proceedings with their siblings?

The majority of adolescents (over 70%) are involved in care proceedings with siblings. However, there has been an increase in the number of adolescents being brought into

care proceedings on their own in the last nine years. Further work is needed to understand the reasons for this, and how their needs and outcomes might differ to sibling cases.

What are the final legal order outcomes?

The majority of adolescents are made subject to a care order at the close of proceedings in England and Wales. This has remained relatively consistent over the last decade.

In England, there has been a notable increase in the number of younger adolescents (10 to 14-year-olds) placed with family members (under a special guardianship, child arrangements or residence order), rising from 16% to 23% between 2012/13 and 2019/20. Relatively little is known about adolescent journeys into kinship care or their outcomes.

There are notable differences between England and Wales. A care order was more common at the close of proceedings in Wales, granted to the vast majority (over 80%) of adolescents, compared to just over half of adolescents in England. Judges in Wales appear less likely to use the full range of legal orders available to them with regard to adolescents, compared to those in England.

Further research is needed to understand outcomes for adolescents subject to care proceedings, including placement stability. This should include qualitative research to understand children's experiences of care proceedings and social work intervention in adolescence, as well as research to understand how outcomes might differ by ethnicity.

What is the experience of older adolescents?

The journeys of older adolescents (15 to 17-year-olds) in care proceedings emerged as a particular focus in the research, with a sharp increase in the number of older children entering care proceedings in England.

Between 2011/12 and 2019/20, there was an increase of almost 150% in the number of 15-year-olds in proceedings, and a 285% increase among 16-year-olds. There is a need for further research to understand the reasons why older children are being brought into care proceedings in increasing numbers.

The number of care orders granted is of note within the older adolescent population (recorded in over 50% of cases in England and around 80% in Wales), representing a significant level of intervention in young people's lives as they transition to adulthood. Further work is needed to understand their trajectories into care, how long they were known to children's services prior to proceedings being issued, and the type and quality of care and support they receive as a late entry into care. This should include consultation with young people about their experiences of family justice intervention in late adolescence.

The research found that almost a third of adolescents aged 16 and above received no final legal order outcome at the close of proceedings in England. The same pattern was not observed in Wales.

The majority (80%) of those aged 16 and above were in care proceedings with younger sibling(s), and it is possible that they may age out of care proceedings (reaching 17 before a final legal order is given), or that their younger sibling(s) may be subject to an order. The number of cases in which this has occurred, however, raises questions about the grounds for bringing older adolescents into care proceedings, and the capacity of the family justice system—and the final legal orders available—to meet their needs.

Recommendations

- Further work is needed to understand the factors leading to the increase in adolescents being brought into care proceedings, including exploration of the overlap between children appearing in the family courts, youth justice and mental health systems, and the use of secure accommodation and deprivation of liberty under the inherent jurisdiction to accommodate adolescents with complex needs.
- There is a clear need to look at use of s.20/s.76 arrangements for adolescents. Further work is needed to understand how far changes in practice relating to s.20/s.76 arrangements have been a factor in the increase in the number of adolescents in care proceedings, regional variation in the use of s.20/s.76, and the differences in the characteristics and needs of adolescents in care proceedings compared to those on voluntary arrangements.
- We identified marked regional differences in the rates at which adolescents are subject to care proceedings. Understanding this variation in more detail—including the variations in professional practice, available preventative services, and the role of deprivation—will be important to enable services to respond to local needs.
- The report throws into focus the journeys of older adolescents (15+) into and beyond the family justice system. There is a need to understand more about the grounds for older adolescents being brought into care proceedings, including details of safeguarding concerns and risk factors, and what care plans propose, to inform the system's response to older adolescents. Currently very little is known about their entry into and outcomes following care proceedings.
- In this report it has not been possible to explore ethnic disproportionality in the rates of adolescents entering care proceedings due to gaps in the data. We recommend that this should be a priority for future research. Nuffield FJO and the Family Justice Data Partnership are working with Cafcass and other data providers to improve the recording of ethnicity data in administrative datasets.

Introduction

This report provides the first national overview of older children and young people aged 10 to 17-years old subject to care proceedings under Section 31 of the Children Act 1989 (s.31, CA 1989) in England and Wales.² Using administrative data collected routinely by the Children and Family Court Advisory and Support Service (Cafcass) and Cafcass Cymru between 2011/12 and 2019/20, it seeks to quantify trends relating to:

- the volume and proportion of older children and young people ('adolescents') subject to care proceedings compared to all children
- rates of applications across England and Wales as a whole and across the nine regions in England, and three designated family judge (DFJ) court areas in Wales
- the number of siblings involved in a case; case duration; and the pattern of legal orders made over time.

The timeframe for this report covers applications received by Cafcass and Cafcass Cymru up to 31 March 2020, just as the COVID-19 pandemic was unfolding in the UK. Exploring the impact of the pandemic on rates of adolescents in care proceedings is therefore out of scope for this study. However, it appears that the pandemic will have added to many of the existing challenges facing adolescents and their families, and the family courts. The impact of continuous lockdowns and school closures is expected to be particularly heightened for vulnerable teenagers, with the CCO predicting that 120,000 teenagers in England are now falling through the gaps in the school and social care system (2020b). In addition, the family courts are facing an increasing backlog and inevitable delays to care proceedings (see Rehill and Roe 2021), although the extent of the delays is likely to vary across court areas in England and Wales. Moving forward, it will be important to explore the impact of COVID-19 on adolescents in the family justice system.

What do we mean by 'adolescence'?

Definitions of adolescence are the source of some debate. For the purpose of this report we have defined 'adolescents' as young people aged between 10 and 17 years old. This reflects the World Health Organization (WHO)'s definition of 'adolescence' starting at 10 years old, and the increasing understanding of the developmental changes and biological, behavioural, cognitive and social transitions that occur between childhood and adulthood (Patton et al. 2016). In recent years, earlier puberty

² Although social care policy and legislation is devolved in Wales, England and Wales largely share the same legal and statutory frameworks with regard to family justice. The Children Act 1989 provides the legal framework for care applications in England and Wales.

has accelerated the onset of adolescence, while understanding of continued growth and brain development has led to calls to extend its endpoint well into the twenties (Sawyer et al. 2018; Fuhrmann, Knoll and Blakemore 2015). Under the Children Act 1989, a child is defined as anyone under the age of 18, which provides the upper age limit of the population included in this study. Although the court cannot make care orders in respect of children aged 17 and above, some do appear in care proceedings. Our definition also reflects the age range of the criminal justice system, where the age of criminal responsibility is 10 years old. Many children appearing in the youth justice system have appeared in the family courts at some point, with the likelihood of offending and being subject to public law proceedings sharing a large number of familial and extra-familial risk factors (Forty and Sturrock 2017).

While we refer to ‘older children’ and ‘young people’ in the report title, summary, discussion and in general terms, we use the term ‘adolescents’ when presenting the findings of this study. We use the term ‘younger adolescents’ to refer to children aged 10 to 14, and ‘older adolescents’ to refer to young people aged 15 and above.

Why focus on older children and young people in the family justice system?

Although most children (around 70%) enter care proceedings before they reach adolescence, the number of applications concerning older children and young people is increasing (MoJ 2020b). At the same time, there has also been an increase in the number of these older children and young people entering care in England and Wales in the last decade (through care proceedings or voluntary arrangements) (DfE 2020a; StatsWales 2021). These trends have raised concerns about the capability of the family justice and child protection systems to meet the complex needs and vulnerabilities of older children.

Over the past decade there has been a growing awareness and understanding of the range of risk factors that older children and young people face, many of which are distinct from those experienced by younger children (Hanson and Holmes 2014; Holmes and Smale 2018; Children’s Commissioner’s Office (CCO) 2019). This includes poor mental health, exposure to violence, exploitation, abuse and neglect. Increasingly attention has been paid to the risks faced by older children and young people outside the family home—in schools, public places and online platforms, and from peer groups—including child sexual and criminal exploitation, peer-on-peer abuse, and gang affiliation (Firmin 2017; Hanson and Holmes 2014; Firmin, Wroe, and Lloyd 2019; Hodges and Bristow 2019). These risk factors are often inter-connected and on the interface of criminality. Children’s services referral data provides some indication of the reasons why adolescents may come to the attention of child protection services, and their distinct needs compared to younger children. While over half of children aged 10 to 17 years-old are referred to children’s services because of concerns around familial abuse or neglect (the most common reason), this is a much lower rate than for younger children (DfE 2020b). Analysis by the Children’s Commissioner’s Office (CCO) has identified the factors recorded by children’s services at first assessment for children who enter care (2019). It shows that, after neglect and abuse, teenagers (aged 13 and over) are most likely to be at risk from factors including poor mental health (in 23.5% of cases), socially unacceptable behaviour (18.9%), going missing (14.9%), and

child sexual exploitation (12.3%). Compared to younger children, teenagers are far more likely to enter care with identified risks from factors such as child sexual exploitation, going missing, gang involvement, their own drug misuse, or mental health problems (CCO 2019).

The complex needs and vulnerabilities of adolescents are therefore distinct from those of younger children and necessitate a different safeguarding response. In recent years, children's social care professionals have reported on the growing complexity of child protection cases involving adolescents, and the rising costs of protecting these individuals from harm, often in expensive and inappropriate accommodation (Association of Directors of Children's Services (ADCS) 2016; ADCS 2021; Thomas 2018; CCO 2020a; Williams et al. 2020). There has been increased recognition that wider safeguarding practices, primarily designed to meet the needs of younger children facing harm from within the family, do not always work well for adolescents (ADCS 2013; DfE 2014; Hanson and Holmes 2014). Within the family justice system, concern regarding the system's ability to meet the needs of adolescents has been captured in various debates and judgements about the availability of secure accommodation, the rise in deprivation of liberty cases, provision of mental health care, child sexual exploitation, and the overlap between children appearing in the family and youth justice systems.³

In response to this growing challenge, several local areas, researchers and organisations in England and Wales have been developing new initiatives to better respond to and prevent extra-familial harm and exploitation faced by adolescents (see for example Sebba et al. 2017; Firmin, Wroe, and Lloyd 2019; Holmes and Smale 2018; ADCS 2021). This includes the contextual safeguarding model, which considers the wider environmental and extra-familial factors that might put children at risk (Firmin 2017), initially piloted in the London Borough of Hackney and since rolled out to several other pilot areas in England and Wales (Firmin and Lloyd 2020).⁴ Other initiatives include the Achieving Change Together (ACT) model in Greater Manchester, which aims to reduce the number of young people placed in high-cost, out-of-borough placements by managing risks in collaboration with young people, in their own communities.⁵ Newport children's services has developed a Single Approach to Exploitation model, exploring combined responses to criminal and sexual exploitation within one overarching harm response. The No Wrong Door model is another example of multi-agency working to meet the needs of adolescents in or on the edge of care. Developed in North Yorkshire, it provides a range of accommodation options, services and outreach from central 'hubs' (Lushey et al. 2017). New approaches in transitional safeguarding are also being developed in response to the need for ongoing support for young people transitioning from child to adult services (Holmes and Smale 2018).⁶

³ See for example: case Re Z (A Child: DOLS: Lack of Secure Placement) [2020] EWHC 1827; Sir James Munby lecture (2018); Sir Andrew McFarlane's Nicholas Wall Memorial Lecture (2019) (<https://www.judiciary.uk/wp-content/uploads/2019/05/nicholas-wall-memorial-lecture-may-2019.pdf>).

⁴ <https://contextualsafeguarding.org.uk/>

⁵ <https://innovationcsc.dev.bbdtest.co.uk/projects/achieving-change-together/>

⁶ Examples include the Sexual Exploitation Hub in Newcastle, which supports both children and adults who have experienced sexual exploitation, and the Rescue and Response project supporting young

Other programmes leading work across multiple sites include the Tackling Child Exploitation Support Programme, led by Research in Practice, which aims to support local areas to develop an effective strategic response to child exploitation, and the Innovate Project, led by the University of Sussex, which is exploring how local areas across the UK are innovating to address extra-familial risks faced by young people.^{7,8}

To date, however, these initiatives have largely been driven by local areas and there is a lack of data to understand trends on a national level. While the family justice system has expressed concern with regard to the increasing numbers of older children coming before the court, there is a lack of understanding of how decision-making in the family courts affects outcomes for adolescents. The Ministry of Justice publishes annual figures about the age range of children in public law proceedings (MoJ 2020b), however, this data is not broken down further, and does not provide information about regional variation or legal order outcomes for adolescents specifically. The purpose of this foundational report therefore is to begin to describe the population of adolescents in the family justice system, in order to stimulate collaborative discussions about its role, alongside the wider child protection system, in responding to the complex needs of adolescents.

What data is used?

Cases

This study is based on electronic case management data routinely produced by Cafcass and Cafcass Cymru. Data relates to all cases of s.31 care proceedings concerning adolescents that started between 1 April 2011 and 31 March 2020 in England (54,509) and Wales (2,649). The data was available in the privacy-protecting SAIL [Secure Anonymised Information Linkage] Databank, hosted by Swansea University (Ford et al. 2009; Lyons et al. 2009; Jones et al. 2014; Jones et al. 2019).

It is the first independent analysis of Cafcass and Cafcass Cymru data concerning older children and young people subject to care proceedings. It builds on the work of the Family Justice Data Partnership in using Cafcass and Cafcass Cymru data held at the SAIL Databank for research purposes (Bedston et al. 2020; Johnson et al. 2020). To date this work has focused predominantly on infants and newborn babies in care proceedings (Broadhurst et al. 2018; Alrouh et al. 2019; Alrouh et al. 2020; Griffiths et al. 2020a; Pattinson et al. 2021) and private law proceedings (Cusworth et al. 2020; Cusworth et al. 2021).

Data for analysis is at the child level. Relationships between children are not recorded by Cafcass, however, for the purposes of this analysis, children included on the same case were assumed to be siblings.

people in London affected by criminal exploitation until they reach 25 (see Holmes and Smale 2018; Firmin, Wroe, and Lloyd 2019 for further examples).

⁷ <https://tce.researchinpractice.org.uk/>

⁸ <https://theinnovateproject.co.uk/about-the-project/>

Case duration is calculated as the number of weeks between the date the s.31 application was issued and the date of final legal order. In this study, final legal orders are those orders made at the final hearing of care proceedings, sufficient for Cafcass to close the case. Multiple combinations of legal orders can be made for children at the close of proceedings, so the data in this study has been rationalised for analytical purposes. Categories of orders were created that reflect the typical outcomes for children at the close of care proceedings (see Table 1). This follows the same protocol outlined in Alrouh et al. (2019).

Table 1: Categorisation of legal order outcomes

Legal order (as recorded by Cafcass)	Legal order category (derived by the research team)
Care order	In care
Placement order Adoption order	Placed for adoption
Special guardianship order Child arrangements order Residence order	With family members*
Supervision order Family assistance order	With parents
Application refused/dismissed/suspended Order of no order Order not made	No order/ case withdrawn
All other orders (e.g. emergency protection order, recovery order, secure accommodation order)	Other

Note: *Children can be placed with family members, family friends or long-term foster carers under a special guardianship order. We use the term 'with family members' to cover these cases.

Regions

The report covers the nine regions of England, comprising groups of local authorities as used by the Department for Education (DfE) and the Office for National Statistics (ONS): the North East, North West, Yorkshire and the Humber, West Midlands, East Midlands, East of England, London, South East and South West.

Equivalent regional boundaries are not used in official statistics in Wales. Hence, Welsh local authorities are mapped to the three DFJ court areas in Wales in order to explore local area variation, as follows: North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham); Swansea and South West Wales (Bridgend, Neath Port Talbot, Swansea, Powys, Carmarthenshire, Pembrokeshire and Ceredigion); and Cardiff and South East Wales (Cardiff, Merthyr Tydfil, Rhondda Cynon Taf, Vale of Glamorgan, Newport, Caerphilly, Torfaen, Blaenau Gwent and Monmouthshire).⁹

⁹ As Powys-North is in the North Wales DFJ area, and Powys-South is in the Swansea and South West Wales DFJ area, and it was not possible to disaggregate the Powys-North and Powys-South cases, for the purposes of this report, all Powys cases are included in the Swansea and South West Wales DFJ area.

For full details of study methodology, see Appendix A.

Data gaps and limitations

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

The majority of teenagers (70%) enter care as a result of voluntary arrangements under s.20 of the Children Act 1989 and s.76 of the Social Services and Well-being Act (Wales) 2014 (Clarke and Penington 2021), and the situation of these children is not captured in the data used for this study. This is because Cafcass is not involved in these cases. DfE and StatsWales publish limited annual data about the number of children accommodated under voluntary arrangements, which is not broken down by age.

In order to ascertain a full picture of adolescents in care, data linkage between Cafcass and social care data is required. Nuffield Family Justice Observatory (Nuffield FJO) and the Family Justice Data Partnership—a collaboration between Lancaster University and Swansea University—are working with government departments to understand how future linkages might be achieved.

Unaccompanied asylum-seeking children constitute a growing proportion of the older looked-after population, currently accounting for some 20% of 13 to 17-year olds in care (CCO 2019). There is also significant regional variation in the number of these children in care, with London and the South East having by far the highest rates in England (ACDS 2016). Unaccompanied asylum-seeking children tend to be looked after under s.20 or s.76 arrangements, and are therefore not captured in this study.

Another limitation of the Cafcass and Cafcass Cymru data is that it does not contain detailed information about children's or parent's ethnicity. This is a pressing concern given significant evidence of ethnic disproportionality and inequalities in the child protection system (Bywaters et al. 2017; 2019), and in rates of children entering care as teenagers (Clarke and Penington 2021). Without this data, a full picture of the characteristics of children subject to care proceedings cannot be reported, nor can we gain an understanding of how children's journeys through the system may differ according to ethnicity and other intersections of their identity. Work is ongoing with Cafcass and Cafcass Cymru to improve the recording of ethnicity data, and to explore data linkage opportunities to capture more detailed information about ethnicity and other protected characteristics.

In addition, Cafcass and Cafcass Cymru do not currently record child placement information alongside final legal order. It is therefore not possible to ascertain the final placement for children given a care order, be this at home, with kin, in foster care or in residential care. In future, planned linkage of Cafcass and social care data will allow closer investigation of outcomes for children following care proceedings.

Legal context

England and Wales largely share the same legal and statutory frameworks with regard to family justice. The Children Act 1989 (CA 1989) provides the legal framework under which care applications are made in England and Wales. However, since the implementation of the Social Services and Well-being Act (Wales) 2014, social care provision, such as early support and the voluntary accommodation of a child under s.76, is now a devolved matter.

Care proceedings

Under Section 31 (s.31) of CA 1989, a local authority may apply to the court for a care or supervision order if there is a concern that a child is suffering or is likely to suffer significant harm and:

- the harm is attributable to the care being given to the child not being what it would be reasonable to expect a parent to give them; or
- that the child is beyond parental control.

A care order places a child in the care of a designated local authority, with parental responsibility being shared between the parents and the local authority. The child may remain in (or return to) the parents' home, or be accommodated elsewhere (e.g. with a foster carer or in residential care). A care order can only be made if the court has 'reasonable grounds' to believe that the threshold criteria have been met. The court also needs to consider what is in the best interests of the child's welfare; which order, if any, will be most appropriate (s.1 CA 1989); and whether the making of that order will be proportionate (Article 8, Human Rights Act 1998).

At the beginning of proceedings, the court can consider whether or not to make an interim care order (ICO) which places the child temporarily under the care or supervision of the local authority whilst care proceedings are ongoing.

There are a range of final legal orders available to the courts at the close of proceedings. If a child is to be placed with relatives on a long-term basis, the courts may choose to place the child with relatives under a care order or may make a special guardianship order. If a child is to remain in foster care or in residential care, this is usually authorised through a care order. If a child is to return or remain at home with parents at the close of proceedings, a supervision order can be made, which requires the local authority to 'advise, befriend and assist' the child without assuming parental responsibility, or, in some cases, care orders are made in these circumstances. Recently questions have been raised about the use of supervision orders when a child is placed at home. This includes concern about variation in the support provided to children and families during supervision orders, children's outcomes and likelihood of returning to court, and regional variation in their use (Harwin et al. 2019; Public Law Working Group 2021). The court can also give a final legal order of no order if a judge

considers there are not reasonable grounds for taking a child into care. In some cases, the local authority can seek permission to withdraw the applications where the threshold criteria are unlikely to be met, or—if met—orders are unlikely to be made.

Age of children

A child is defined in CA 1989 as any person under the age of 18 (s.105). However, a care or supervision order cannot be made with respect to a child who has reached the age of 17 (or 16 if the child is married).

If a child turns 17 during care proceedings, a recent judgement in the case *Re Q* [2019] has confirmed that the court has no power to make an interim care or supervision order. It was said that in many such cases, discontinuance of the proceedings was likely to be the most proportionate outcome; however, the judge acknowledged that, in some instances, care proceedings should continue where there is a ‘useful forensic and welfare-driven purpose’ and to ‘determine the basis for future decision making by a local authority, for example, as to the type of support available to the child or family concerned’.¹⁰

Care orders continue until a child reaches 18 years old, unless discharged earlier. CA 1989 places duties on local authorities towards ‘looked after’ and previously ‘looked-after’ children as they exit the care system. Its duties towards previously looked-after children depend on the young person’s age, when they left care, and for how long they were in care.

The local authority can still apply for the court to exercise its power under the inherent jurisdiction, subject to s.100 of CA 1989, with respect to children aged 17. The inherent jurisdiction applies to children of all ages, where the issues concerning the child cannot be resolved under the Children Act 1989. This includes cases concerning the deprivation of liberty of a child, potential abduction of a child, or medical treatment. In recent years, there is some evidence of increased use of the inherent jurisdiction to deprive children of their liberty (CCO 2020a), and growing concern within the family courts about its use in response to a lack of availability of secure accommodation under s.25 of CA 1989.¹¹

Voluntary accommodation of children under s.20 (England) and s.76 (Wales)

In England and Wales s.20 of the Children Act 1989 and s. 76 of the Social Services and Well-being (Wales) Act 2014 places a duty on local authorities to provide accommodation to children who have no-one to look after them, or where their carer is

¹⁰ See article by Hazel Samuriwo for more detail: <https://www.familylawweek.co.uk/site.aspx?i=ed211731>

¹¹ See for example case *Re Z* (A Child: DOLS: Lack of Secure Placement) [2020] EWHC 1827 and Sir Andrew McFarlane’s Nicholas Wall Memorial Lecture 2019 (<https://www.judiciary.uk/wp-content/uploads/2019/05/nicholas-wall-memorial-lecture-may-2019.pdf>)

prevented from providing them with suitable accommodation or care. The duty is dependent on those with parental responsibility agreeing to the arrangement and does not involve the courts.

In England, s.20 also provides for local authorities to reach agreement with parents about providing accommodation if that would safeguard or promote the child's welfare. Statutory guidance makes clear that s. 20 could be an important part of family support, organised in agreement with parents as a way of providing respite support, or short-term help, or in some cases longer-term accommodation for children.

R (G) v London Borough of Southwark [2009] also set out the responsibilities of children's services in relation to young people aged 16 or 17 who present as homeless. Where a 16 or 17-year-old presents as homeless and is assessed as requiring accommodation, the local authority are under a duty to accommodate the young person under s.20. This led to an increase in the numbers of 16 and 17-year-olds in care under s.20 arrangements from 2009 onwards.

In *Re N [2015]* the court expressed concern about the 'misuse and abuse' of s.20 agreements by local authorities and issued new guidance on their use. Criticisms included failure to get informed consent from parents, the recording of consent, and the length of s.20 arrangements. Further guidance was issued by ADCS, Cafcass and ADSS Cymru in April 2016 which confirmed that local authorities should review all open s.20 cases and the equivalent s.76 cases in Wales (ADCS, Cafcass and ADSS Cymru 2016). This change in guidance led to increased anxiety and confusion from local authorities in using s.20/s.76 arrangements and is thought to have contributed to an increase in applications for care orders (Thomas 2018).

Case law about use of s.20 arrangements was clarified in 2018, following the Supreme Court judgement in *Williams v LB Borough of Hackney [2018]*. This confirmed that it was acceptable to use s.20/s.76 arrangements provided that the parents, and child if old enough, properly understood what the legal effects of this were, and in particular, that they could ask for their child's return home at any time. It was also confirmed that there were no time limits on how long s.20/s.76 could be in use for, provided that consent remained, and the LA were complying with all their duties to children looked after, such as planning and review. Further guidance on use of s.20/s.76 arrangements was issued by the Public Law Working Group in March 2021 (PLWG 2021).

DfE statistics confirm that, following the change in guidance, there has been a steady decline in the proportion of children looked after under s.20 arrangements, from 28% in 2014/15 to 17% in 2019/20 (Department for Education (DfE) 2020a). In Wales, use of s.76 arrangements has declined from 18% in 2014/15 to 8% in 2019/20 (StatsWales 2021).

Timescales for completion of care proceedings

Shorter timescales for the completion of care proceedings were introduced with the Children and Families Act 2014. Cases must now complete within 26 weeks, unless an extension is necessary to resolve the case justly.

Findings

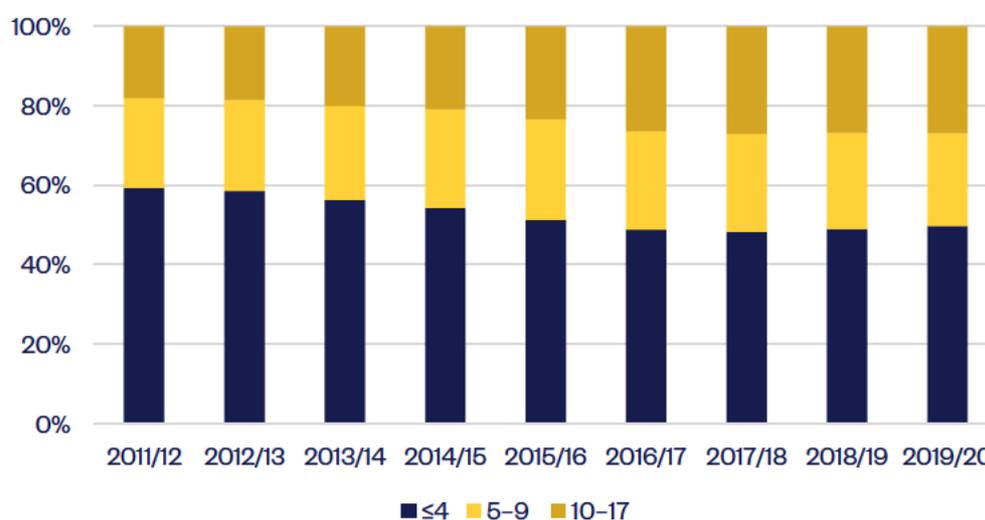
Number of cases and change over time

England

Children aged between 10 and 17 years old ('adolescents') constitute around 24% (44,907) of approximately 190,000 children who entered care proceedings between 1 April 2011 and 31 March 2020 in England.¹² The majority of care proceedings include children aged four and under—a pattern that has remained consistent over time. Nonetheless, there has been a sustained increase in the number of adolescents subject to care proceedings. In 2011/12, adolescents constituted just 18% of all the children in care proceedings; by 2019/20, this had risen to 27%.

In 2011/12, 3,081 adolescents were subject to care proceedings. By 2019/20, this number had almost doubled, rising to 6,013—a percentage increase of 95%. This represents a significant increase in the number of older children coming before the family court.

Figure 1: Proportion of children subject to s.31 care proceedings by age category at issue of proceedings, per year, England



Between 2011/12 and 2019/20, there was an increase in the number of children subject to care proceedings across all age groups. Table 2 demonstrates the percentage year-on-year change in the number of cases. It shows that the greatest average year-on-

¹² Note: all ages refer to the child's age at the date of proceedings being issued.

year change is for adolescents. The rate of increase for adolescents is 8%, compared to a range of 1–3% for all other age categories.

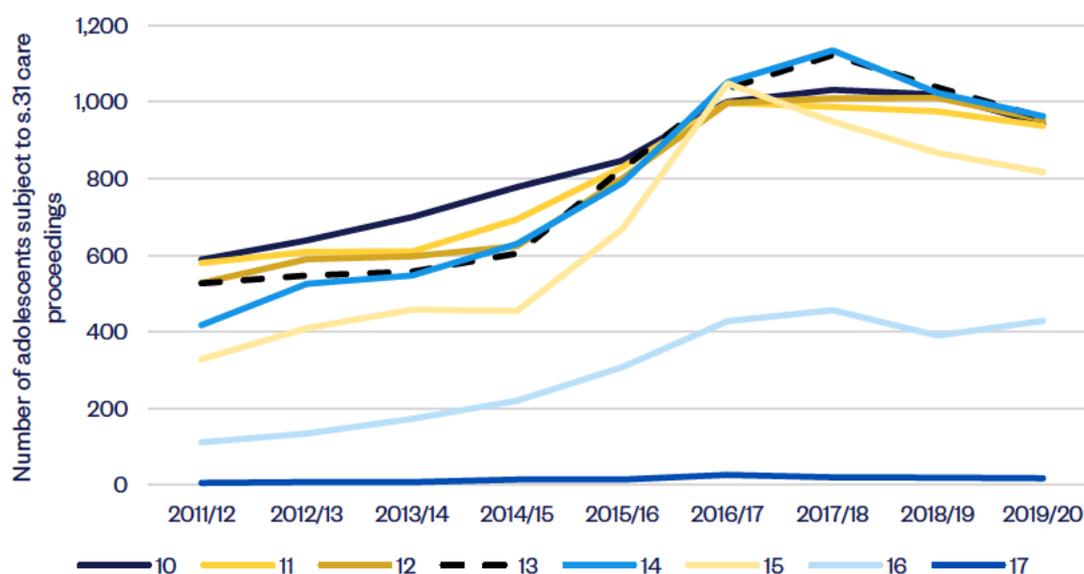
Across all age categories, there has also been a slight reduction in the number of care proceedings issued in the last two years.

Table 2: Year-on-year change in the number of children subject to s.31 care proceedings by age category at issue of proceedings, England

Age (years)	2011/12–2012/13	2012/13–2013/14	2013/14–2014/15	2014/15–2015/16	2015/16–2016/17	2016/17–2017/18	2017/18–2018/19	2018/19–2019/20	Average year-on-year change
≤4	6.6%	-6.2%	1.8%	6.2%	8.5%	-1.6%	-3.4%	-4.0%	1.0%
5–9	8.0%	1.7%	9.6%	13.6%	10.3%	-0.9%	-6.8%	-10.1%	3.2%
10–17	10.9%	5.1%	9.3%	20.9%	22.8%	1.9%	-5.8%	-5.4%	7.5%
Total	7.7%	-2.1%	5.3%	11.6%	12.7%	-0.5%	-4.8%	-5.8%	3.0%

Figure 2 provides a breakdown of the number of adolescents subject to care proceedings per year in England. An increase is evident for adolescents of all ages over the timeframe, although the number of 17-year-olds in care proceedings has remained small.

Figure 2: Number of adolescents subject to care proceedings, per age at issue of proceedings, per year, England



The majority of care proceedings relate to younger adolescents. The number of 10 to 14-year-olds has approximately doubled over the last nine years (see Table 3). At the same time, however, there has been a noticeable increase in the number of older adolescents subject to care proceedings. Between 2011/12 and 2019/20, the number of 15-year-olds in proceedings increased by almost 150%, and the number of 16-year-olds

by 285%. Although the total number of adolescents aged 15 and above subject to care proceedings remains relatively small—in 2019/20, 15-year-olds constituted just under 4% of all children in care proceedings for example—this represents a sustained increase in the number of older children coming before the courts.

Across the adolescent population, there were particularly large increases between 2014/15 and 2016/17, with yearly increases of around 27%–30% (see Table B.3). It is of note that this coincides with change in practice in relation to s.20 arrangements and a likely increase in these cases coming to court.¹³ At this time, children’s social care data shows a decrease in the proportion of children in care under voluntary arrangements in England (DfE 2020a). However, this decrease appears to occur more sharply from 2016/17 onwards, just as the increase in rates of adolescents in care proceedings is beginning to slow. In addition, rates were increasing in England prior to 2014/15. Therefore, although changes in practice relating to s.20 cases are likely to explain a proportion of the increased number of adolescents in care proceedings, it does not explain the rise in cases fully.

There has also been a slight reduction in the number of care proceedings issued in the last two years. This reflects a similar pattern to that seen for all children (see Table 2). It is not possible to draw immediate, firm conclusions about a reduction in the number of adolescents entering care proceedings from this data. It will be important to continue to monitor the trend over the coming years to understand if the number of adolescents in care proceedings has stabilised, is decreasing or fluctuating, and how this compares to trends for younger age groups.

¹³ As a result of case law in *Re N* [2015]. See Chapter 2 for more detail.

Table 3: Adolescents subject to care proceedings by age at issue of proceedings, per year, England

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
10	588 [19.1%]	638 [18.5%]	699 [19.2%]	777 [19.4%]	846 [16.7%]	1,000 [15.2%]	1,031 [15.4%]	1,019 [16.1%]	942 [15.7%]	9,524 [17.5%]
11	579 [18.8%]	608 [17.6%]	609 [16.7%]	693 [17.3%]	829 [16.3%]	997 [15.2%]	986 [14.7%]	975 [15.4%]	937 [15.6%]	9,011 [16.5%]
12	527 [17.1%]	589 [17.0%]	596 [16.4%]	623 [15.5%]	800 [15.8%]	996 [15.1%]	1,009 [15.0%]	1,010 [15.9%]	953 [15.8%]	8,814 [16.2%]
13	526 [17.1%]	546 [15.8%]	556 [15.3%]	604 [15.0%]	825 [16.2%]	1,034 [15.7%]	1,122 [16.7%]	1,037 [16.4%]	958 [15.9%]	8,694 [15.9%]
14	417 [13.5%]	525 [15.2%]	546 [15.0%]	629 [15.7%]	788 [15.5%]	1,051 [16.0%]	1,134 [16.9%]	1,023 [16.1%]	962 [16.0%]	8,371 [15.4%]
15	328 [10.6%]	409 [11.8%]	457 [12.5%]	454 [11.3%]	668 [13.2%]	1,048 [15.9%]	948 [14.1%]	866 [13.7%]	816 [13.6%]	6,964 [12.8%]
16	111 [3.6%]	134 [3.9%]	172 [4.7%]	220 [5.5%]	307 [6.0%]	427 [6.5%]	456 [6.8%]	390 [6.2%]	428 [7.1%]	2,971 [5.5%]
17	5 [0.2%]	7 [0.2%]	7 [0.2%]	14 [0.3%]	14 [0.3%]	26 [0.4%]	20 [0.3%]	19 [0.3%]	17 [0.3%]	160 [0.3%]
Total	3,081 [100%]	3,456 [100%]	3,642 [100%]	4,014 [100%]	5,077 [100%]	6,579 [100%]	6,706 [100%]	6,339 [100%]	6,013 [100%]	54,509 [100%]

Wales

The number of adolescents in care proceedings has also increased in Wales. Adolescents constituted 20% (2,516) of all the approximately 12,300 children who entered care proceedings between 2011/12 and 2019/20. In 2011/12 adolescents constituted just 18% (or 210) of all children in care proceedings. By 2019/20, this had increased to 23% (or 309). This represents an increase of 47% in the number of adolescents subject to care proceedings in Wales.

Figure 3: Proportion of children subject to s.31 care proceedings by age category at issue of proceedings, per year, Wales

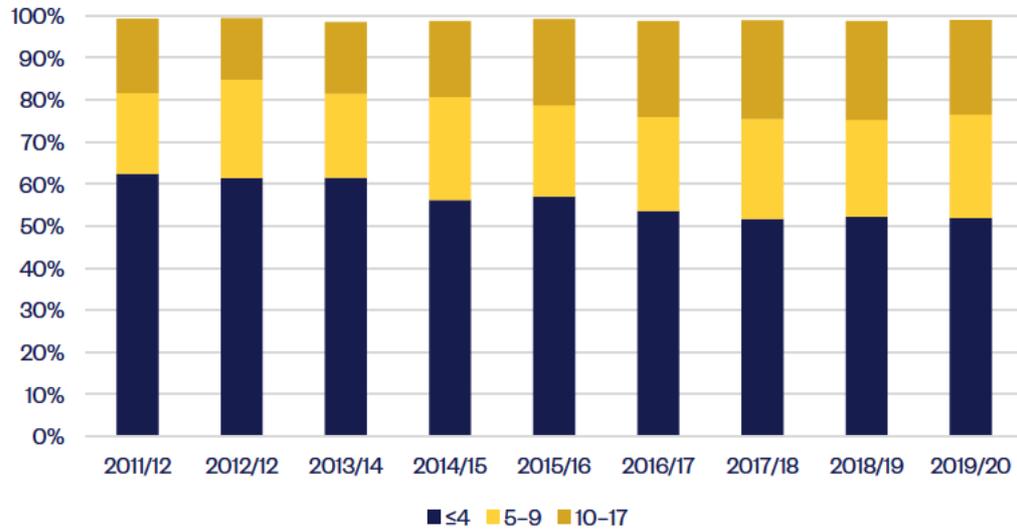


Table 4 demonstrates the percentage year-on-year change in the volume of care proceedings for each age category. As in England, the greatest average year-on-year increase is for adolescents, with a rate of increase of 3%; although this is only slightly higher than for 5 to 9-year-olds.

Compared to England, adolescents constitute a slightly lower proportion of all children in care proceedings. In 2019/20 adolescents constituted 23% of all children in Wales, compared to 27% in England. The average increase in the number of adolescents subject to care proceedings is also less stark in Wales (3%) compared to England (8%), although this difference is not statistically significant ($p > 0.05$).

Table 4: Year-on-year change in the number of children subject to s.31 care proceedings by age category, Wales

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	Average
≤4	-0.1%	-15.1%	7.2%	9.8%	13.0%	-3.9%	-2.3%	-17.4%	-1.1%
5-9	19.6%	-35.1%	30.4%	-3.8%	21.5%	5.8%	-6.8%	-9.8%	2.7%
10-17	-18.6%	1.1%	20.1%	19.4%	26.3%	2.3%	-2.7%	-21.7%	3.3%
Total	1.6%	-15.3%	15.1%	8.4%	18.3%	-0.2%	-3.3%	-16.8%	1.0%

The total number and proportion of adolescents subject to care proceedings over time are reported in Table 5 and Figure 4.¹⁴ Over time, there has been an increase in the number of adolescents subject to care proceedings of all ages. As in England, the majority of care proceedings relate to younger adolescents. There are particularly noticeable increases among 14 and 15-year-olds, where the number has approximately doubled in the last nine years.

¹⁴ Note that in the analysis for Wales, 16 and 17-year-olds have been combined due to low numbers and statistical disclosure control.

The number of 16 and 17-year-olds subject to care proceedings has remained low across the time period.

As with England, there is evidence of a particular increase in the number of adolescents entering care proceedings between 2014/15 and 2016/17 (see Figure 4). Again this coincides with changes in practice to s.76 arrangements in Wales, and a likely increase in these cases coming to court. The social care data shows a decrease in the proportion of children in care under voluntary arrangements, decreasing from 21% of all children in care in 2013/14 to 12% by 2016/17 (StatsWales 2021).

Figure 4: Adolescents subject to care proceedings by age at issue of proceedings, per year, Wales

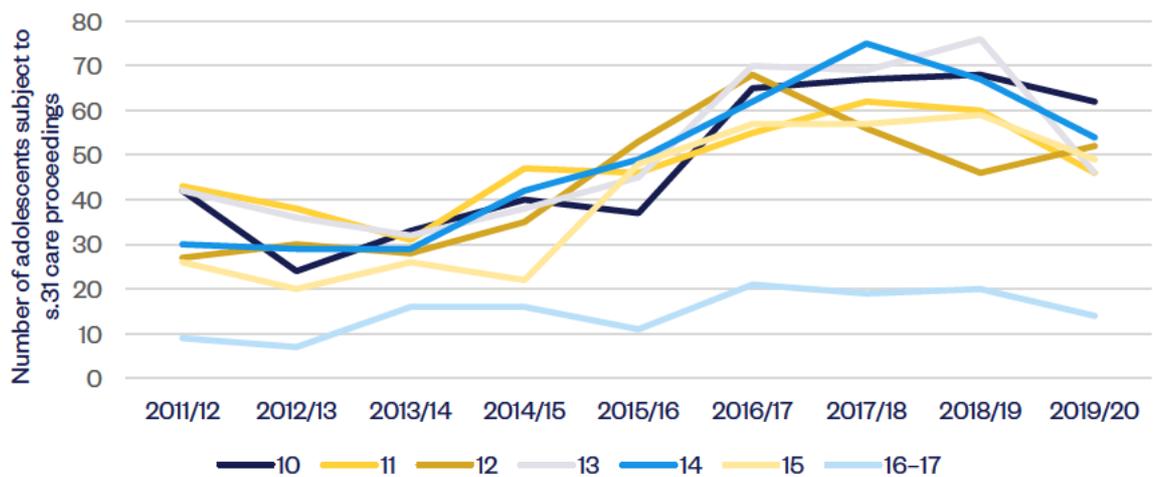


Table 5: Adolescents subject to care proceedings by age at issue of proceedings, per year, Wales

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
10	42 [19.2%]	24 [13.0%]	33 [16.9%]	40 [16.7%]	37 [12.8%]	65 [16.3%]	67 [16.5%]	68 [17.2%]	62 [19.2%]	438 [16.5%]
11	43 [19.6%]	38 [20.7%]	31 [15.9%]	47 [19.6%]	46 [15.9%]	55 [13.8%]	62 [15.3%]	60 [15.2%]	46 [14.2%]	428 [16.2%]
12	27 [12.3%]	30 [16.3%]	28 [14.4%]	35 [14.6%]	53 [18.3%]	68 [17.1%]	56 [13.8%]	46 [11.6%]	52 [16.1%]	395 [14.9%]
13	42 [19.2%]	36 [19.6%]	32 [16.4%]	38 [15.8%]	45 [15.6%]	70 [17.6%]	69 [17.0%]	76 [19.2%]	46 [14.2%]	454 [17.1%]
14	30 [13.7%]	29 [15.8%]	29 [14.9%]	42 [17.5%]	49 [17.0%]	62 [15.6%]	75 [18.5%]	67 [16.9%]	54 [16.7%]	437 [16.5%]
15	26 [11.9%]	20 [10.9%]	26 [13.3%]	22 [9.2%]	48 [16.6%]	57 [14.3%]	57 [14.1%]	59 [14.9%]	49 [15.2%]	364 [13.7%]
16-17	9 [4.1%]	7 [3.8%]	16 [8.2%]	16 [6.7%]	11 [3.8%]	21 [5.3%]	19 [4.7%]	20 [5.1%]	14 [4.3%]	133 [5.0%]
Total	219 [100%]	184 [100%]	195 [100%]	240 [100%]	289 [100%]	398 [100%]	405 [100%]	396 [100%]	323 [100%]	2,649 [100%]

Incidence rates

The increase in the number of adolescents subject to s.31 proceedings may reflect changes in the population size of adolescents in England and Wales. Therefore, in order to explore whether the number of adolescents subject to care proceedings has increased relative to the wider adolescent population, incidence rates were calculated as the number of adolescents in care proceedings per 10,000 of the adolescent population. Incidence rates also allow for meaningful comparisons to be made across different areas, by adjusting for population size.

Incidence rates for England and Wales are reported in Table 6. In the most recent year, adolescents were subject to care proceedings at a rate of 11.6 per 10,000 in England, and 11.5 per 10,000 in Wales.

Figure 5 visualises the increase in rates of adolescents subject to care proceedings in England and Wales. It shows a sharp increase between 2012/13 and 2016/17, when the rate approximately doubled, from 7.4 to 13.4, and 7.0 to 14.6 per 10,000 in England and Wales respectively. England and Wales show broadly similar rates of adolescents in care proceedings, with a similar pattern of increase over time. Rates in Wales appear to have increased more sharply from 2015/16, however, have since fallen slightly to show very similar incidence rates across England and Wales in 2019/20. This contrasts to newborns in care proceedings, where Wales shows significantly higher rates compared to England over time (Pattinson et al. 2021), and children of all ages (MoJ 2018).

Figure 5: Incidence rates, care proceedings per 10,000 adolescents in the population, England and Wales

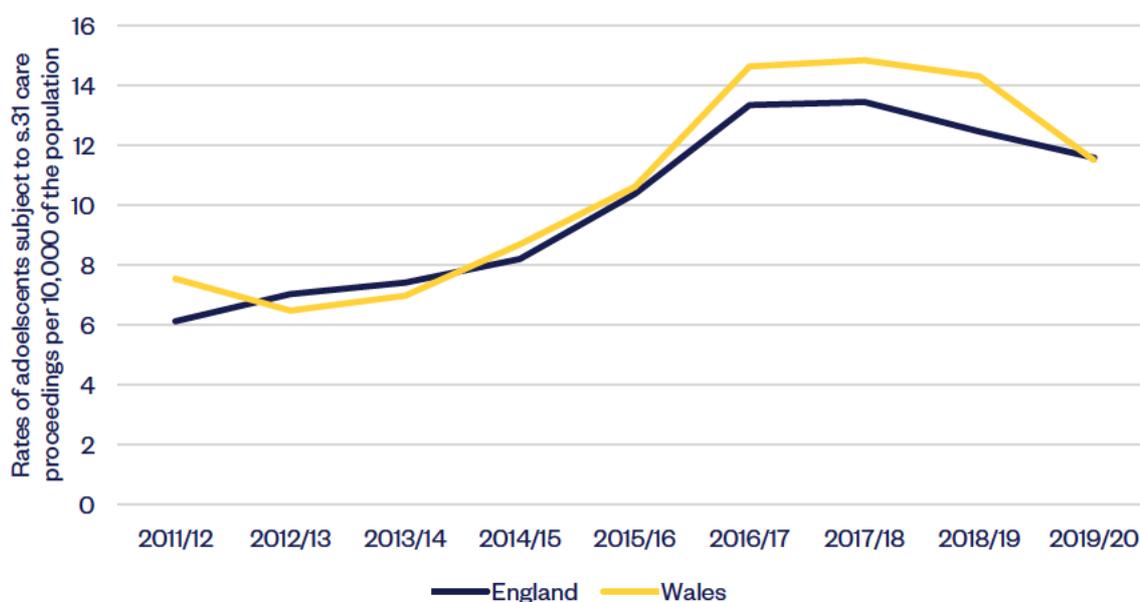


Table 6: Incidence rates, care proceedings per 10,000 adolescents in the population, per year, England and Wales

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
England	6.1	7.0	7.4	8.2	10.4	13.4	13.5	12.5	11.6	8.4
Wales	7.5	6.5	7.0	8.7	10.6	14.6	14.8	14.3	11.5	10.6

Gender of adolescents in care proceedings

We also explored the gender of adolescents subject to care proceedings. In general, similar numbers of boys and girls are subject to care proceedings, with girls being slightly more likely to enter care proceedings than boys in both England (51% to 49%, on average) and Wales (52% to 48%, on average).

Regional variation in England

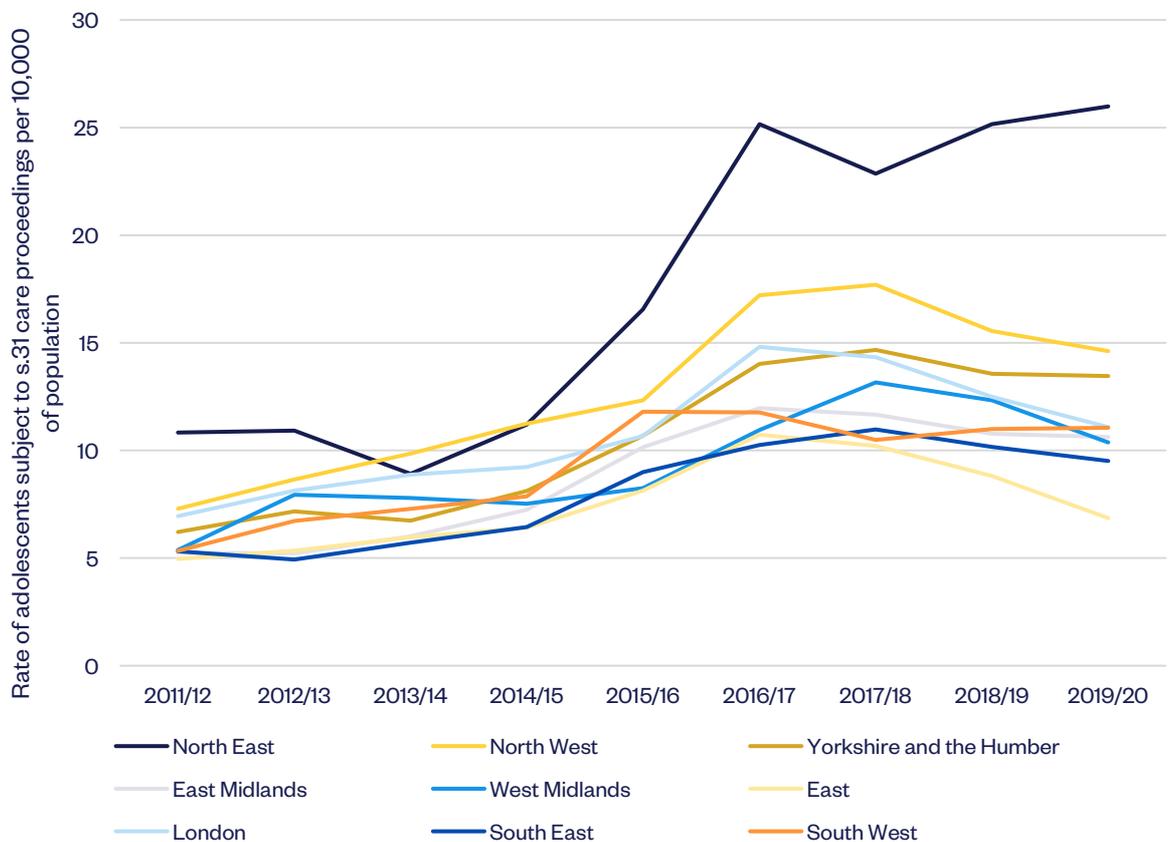
There is evidence of considerable regional variation in incidence rates for adolescents in care proceedings across England. The North East in particular has noticeably higher incidence rates over time (see Figure 5 and Table B.5 in Appendix B). This variation in the North East has been particularly apparent since 2014/15. By 2019/20, the rate in the North East was 26.0 per 10,000, compared to the national average of 11.6 per 10,000. This is substantially higher than the North West, the region with the second highest incidence rate of 14.6 per 10,000 adolescents in the population. In addition, while most regions have recorded a slight fall in rates in the past two years, rates in the North East have continued to rise. Higher rates in the North East are also observed for all children in care proceedings (MoJ 2018) and newborn babies (Pattinson et al. 2021).

The reasons behind variation in the North East are unclear and warrant further investigation with local stakeholders. It is possible that regional variation may be explained in part by differing practices in use of s.20 arrangements for adolescents. DfE data indicates that the North East has one of the lowest proportions of children looked after on s.20 arrangements, although this data is not broken down by age (DfE, 2021). Initial consultation with stakeholders suggests that the impact of Re N [2015]—alongside Re A [2015] where a North East local authority was strongly criticised for its use of s.20—which led to a reduction in use of s.20 arrangements nationally, may have been particularly acute in the North East. Although further case law has clarified guidance on use of s.20 (e.g. Williams v LB Borough of Hackney [2018], see Chapter 2 for further information), there may be continued perceptions in the North East that its use is discouraged by the courts. Anecdotal evidence also suggests that there may be an expectation in the North East that sibling groups are included in proceedings, which may also impact higher rates of adolescents in proceedings if practice differs elsewhere.

It is also important to situate this finding within the broader context, where factors including local deprivation, vulnerability and exposure to risk may vary. Research has previously shown a link between the level of deprivation in an area and rates of care proceedings (Bywaters et al. 2017; Johnson et al. 2020; Griffiths et al. 2020b).

The North East has one of the highest concentrations of the most deprived neighbourhoods in England, and the region has had the biggest increase in child poverty rates between 2014/15 and 2019/20 in the UK (End Child Poverty 2021). However, deprivation alone does not explain why rates in the North East were so much higher than the North West and Yorkshire and the Humber—regions with similar levels of deprivation. Further collaborative research is required to explore what factors may be driving increased rates in the North East. This may include variation in the use of s.20 arrangements, the role of deprivation, variation at the local authority level, local decision-making and cultures of practice in working with adolescents, and the availability of preventative services to support young people and their families on the edge of care.

Figure 6: Incidence rates, care proceedings per 10,000 adolescents in the population, per region, per year, England



It is also of note that London has one of the highest rates of adolescents in care proceedings. This contrasts sharply to incidence rates reported for newborn babies in Pattinson et al. (2021), where London has markedly lower incidence rates compared to all other regions in England, with minimal change over time. There may be a number of possible explanations for this, including increased exposure to extrafamilial risk factors for adolescents in London. London has one of the highest number of teenagers (aged 13–17) entering care in England (including under s.20) (Clarke and Pennington 2021) and the highest number of unaccompanied asylum-seeking children in care (ACDS 2016). Although the majority of unaccompanied asylum-seeking children will be in care under s.20 arrangements and are therefore

not included in this study, it may be that these children are made subject to care proceedings in some cases.

All regions demonstrate an overall increase in incidence rates over the period. Again, there is evidence of a particularly sharp increase between 2014/15 and 2016/17 across all regions, coinciding with change in practice relating to s.20 voluntary accommodation and a likely increase in the number of care applications. This may explain why there is a particularly stark increase in the number of adolescents in care proceedings at this time, as this change would have been felt nationally.

Variation by court area in Wales

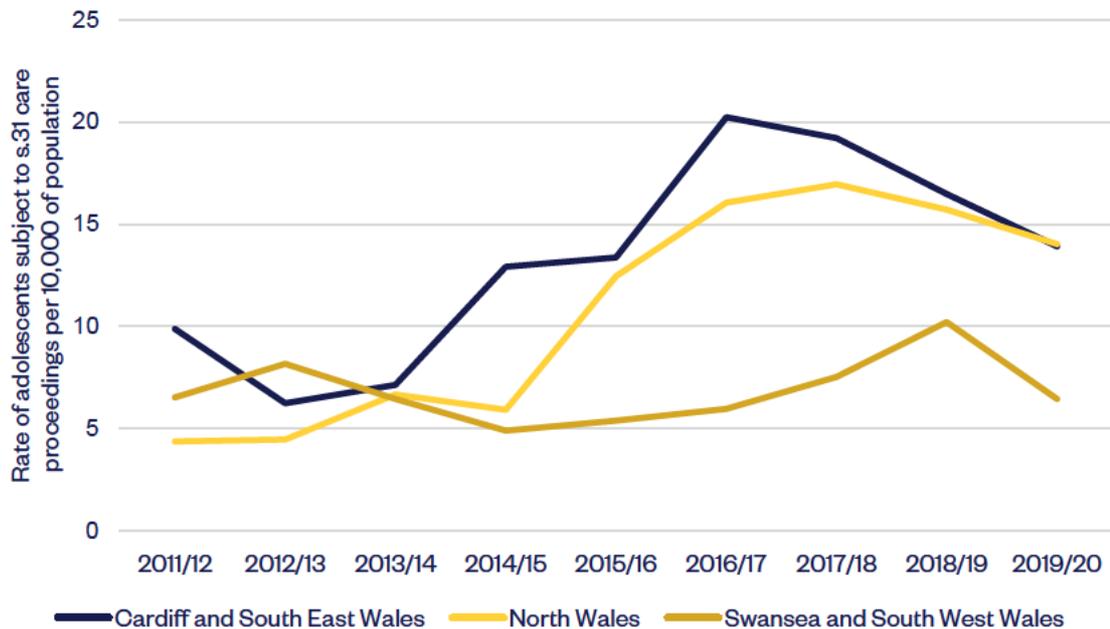
In Wales, variations were explored by calculating incidence rates in the three DFJ areas. This is a different unit of analysis than that reported above for England (regions). This is because there are not regional equivalent boundaries used in official statistics in Wales.

There are differences in incidence rates for adolescents across DFJ areas and over time (see Figure 7 and Table B.6 in Appendix B). Based on an overall rate (for the period from 2011/12 to 2019/20), the Cardiff and South East Wales DFJ area recorded the highest incidence rate, with 13.2 cases per 10,000. This was followed by North Wales, with a rate of 10.7 per 10,000. Swansea and South West Wales had the lowest rate, at 6.8 per 10,000.

In 2013/14, all DFJ areas recorded very similar incidence rates of around 6.8 per 10,000 adolescents. From this point onwards, however, there is evidence of significant divergence across the three areas. Rates began to increase sharply in Cardiff and South East Wales, and North Wales. In particular, Cardiff and South East Wales appears to have experienced relatively 'one-off' increases between 2013/14 and 2014/15, and again, between 2015/16 and 2016/17, while the pace of increase has been steadier in North Wales. By contrast, in Swansea and South West Wales the rate of increase is much slower, with minimal change over time.

This suggests the need to explore the drivers of change at a local level, including adolescents' exposure to contextual risk factors, and how practice and decision-making with regard to adolescents might differ across areas and local authorities in Wales.

Figure 7: Incidence rates, care proceedings per 10,000 adolescents in the population, per DFJ area, per year, Wales



Case characteristics

Siblings

The vast majority of adolescents are involved in care proceedings with siblings (73% in England; 72% in Wales). This is higher than for children of all ages, where around 63%–64% are in care proceedings with siblings in England and Wales. However, this shows that over 25% of adolescents are brought into proceedings on their own, where the welfare concern lies solely with the adolescent. There has also been an increase in the number of adolescents being brought into care proceedings on their own over time. The trend is particularly noticeable from 2015/16. This coincides with changes in practice relating to s.20/s.76 voluntary accommodation arrangements, which may, in part, explain the increase in single child adolescent proceedings.

In cases involving multiple children, the average number of children was 2.2 in both England and Wales.

Case duration

Figures 8 and 9 indicate a trend towards shorter care proceedings for adolescents in England and Wales. The same trend is noticeable for children of all ages, following the introduction of 26 week statutory timescales for care proceedings under the Children and Families Act 2014.

In England, in 2012/13 only 23% of adolescent cases completed within 26 weeks; by 2016/17, this had risen to 67%. From 2016/17 onwards there appears to be a slight downward trend in the proportion of cases completing within 26 weeks, falling to 45% by 2019/20.

Differences are noticeable within the adolescent population (see Figure 8). Older adolescents (aged 15 and above) consistently have the highest proportion of cases completing within 26 weeks—reaching over 70% in 2016/17—compared to younger adolescents.

Figure 8: Proportion of adolescent cases completing within 26 weeks, per age category, per year, England

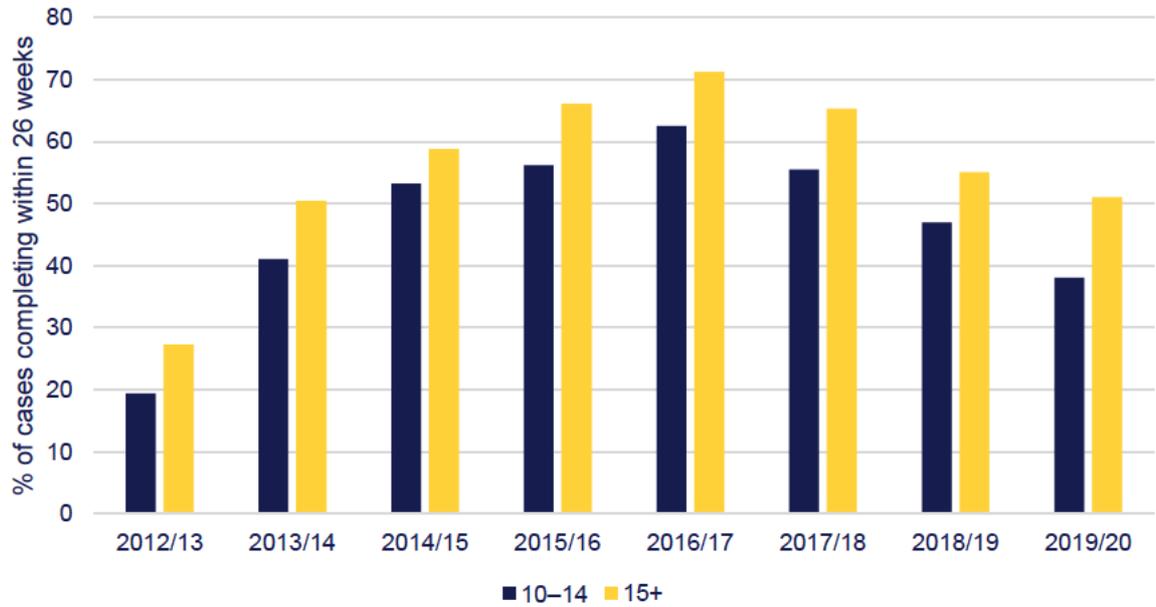
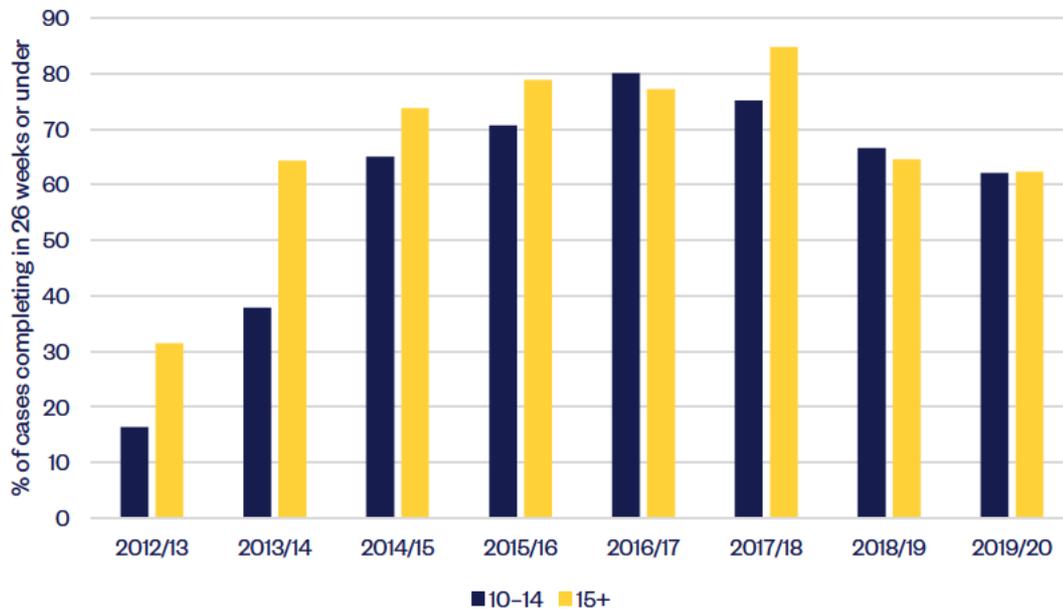


Figure 9: Proportion of adolescent cases completing within 26 weeks, per age category, per year, Wales



In Wales a similar trend towards increasing timeliness of care proceedings up until 2016/17 is observed, as seen in Figure 9 above. On average, 63% of adolescent cases completed within 26 weeks between 2012/13 and 2019/20—a higher proportion of cases than in England.

In 2012/13 and 2013/14, there were noticeable differences in timeliness within the adolescent population, with older adolescent cases completing faster—a similar trend to that observed in England. However, in Wales, differences within the adolescent population appear to have narrowed over time. In the most recent year (2019/20), there is minimal difference between adolescents aged 10 to 14, and those aged 15 and above.

Overall, adolescents in England and Wales experience shorter care proceedings than younger children. It is not clear what difference the length of proceedings has on outcomes for adolescents.

Final legal order outcomes

England (2012/13 to 2019/20)

Table 7 shows the legal order category for adolescents at the close of care proceedings, according to age category.

Table 7: Final legal order outcomes, per adolescent age category, per year, England

Age	Final outcome	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
10-14	In care	2,007 [61.2%]	2,214 [62.4%]	1,891 [61.5%]	2,151 [58.7%]	2,873 [61.3%]	2,927 [59.0%]	2,924 [60.2%]	2,579 [57.9%]
	Placed for adoption	54 [1.6%]	45 [1.3%]	46 [1.5%]	44 [1.2%]	45 [1.0%]	49 [1.0%]	50 [1.0%]	36 [0.8%]
	With family members ⁱ	517 [15.8%]	634 [17.9%]	535 [17.4%]	719 [19.6%]	822 [17.5%]	1047 [21.1%]	1033 [21.3%]	1001 [22.5%]
	With parents	456 [13.9%]	485 [13.7%]	449 [14.6%]	558 [15.2%]	690 [14.7%]	699 [14.1%]	608 [12.5%]	592 [13.3%]
	No order/case withdrawn ⁱⁱ	211 [6.4%]	153 [4.3%]	139 [4.5%]	177 [4.8%]	234 [5.0%]	224 [4.5%]	230 [4.7%]	231 [5.2%]
	Other	32 [1.0%]	17 [0.5%]	17 [0.6%]	15 [0.4%]	23 [0.5%]	19 [0.4%]	16 [0.3%]	14 [0.3%]
	Total	3,277 [100.0%]	3,548 [100.0%]	3,077 [100.0%]	3,664 [100.0%]	4,687 [100.0%]	4,965 [100.0%]	4,861 [100.0%]	4,453 [100.0%]
15+	In care	246 [45.1%]	389 [56.2%]	371 [56.1%]	423 [51.7%]	821 [60.5%]	808 [59.3%]	722 [57.0%]	644 [55.2%]
	Placed for adoption	6 [1.1%]	7 [1.0%]	5 [0.8%]	5 [0.6%]	~	11 [0.8%]	11 [0.9%]	~
	With family members	50 [9.2%]	66 [9.5%]	64 [9.7%]	96 [11.7%]	116 [8.5%]	159 [11.7%]	156 [12.3%]	156 [13.4%]
	With parents	86 [15.8%]	102 [14.7%]	88 [13.3%]	143 [17.5%]	190 [14.0%]	191 [14.0%]	185 [14.6%]	149 [12.8%]
	No order/case withdrawn	146 [26.7%]	118 [17.1%]	128 [19.4%]	146 [17.8%]	211 [15.5%]	184 [13.5%]	181 [14.3%]	198 [17.0%]
	Other	12 [2.2%]	10 [1.4%]	5 [0.8%]	5 [0.6%]	~	10 [0.7%]	12 [0.9%]	~
Total	546 [100.0%]	692 [100.0%]	661 [100.0%]	818 [100.0%]	1,358 [100.0%]	1,363 [100.0%]	1,267 [100.0%]	1,167 [100.0%]	

~ value suppressed due to low numbers and statistical disclosure control

Notes: i) This category includes children placed with family members under a special guardianship order (SGO), child arrangements order or residence order. Given the multiple types of final legal orders that can be made at the close of proceedings, these categories have been derived by the researchers to reflect the typical outcomes for children. However, it is also possible that children may be placed with relatives or parents under a care order. Full details of the categorisation used are included in Table 1. (ii) This includes cases that ended with an order of no final legal order or where the case was withdrawn or dismissed.

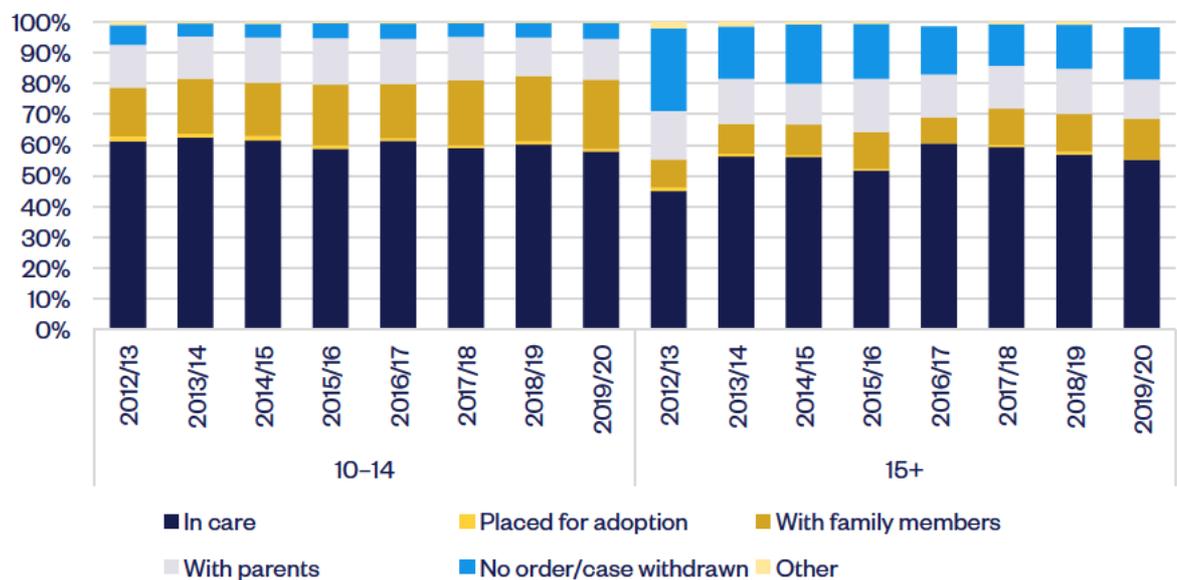
It is also important to note that while it has been possible to explore variation in final legal order outcome by age and gender, variation by ethnicity could not be explored with the Cafcass data (see Introduction). Research suggests that older Black children are substantially more likely to be taken into care than children from other ethnic groups (Bywaters et al. 2019). As data quality improves, it will be important to consider how children's outcomes might differ according to the intersections of their identity, including age, gender and ethnicity.

Across the entire population of adolescents, a very small number of children are placed for adoption at the close of proceedings (around 1%), which is not surprising. The most common outcome was a care order (see Figure 10). In 2011/12, 61% of

younger adolescents (aged 10–14) were made the subject of a care order, and 45% of older adolescents (15 years and over).

The proportion of younger adolescents subject to a care order at the close of proceedings has remained relatively consistent, ranging from 58%–62% across the timeframe. There has been a notable increase in the number of children placed with family members (under an SGO, CAO or residence order), rising from 16% to 23% over time. This is in line with an overall increase in the use of special guardianship orders for all children (Harwin et al. 2019). The proportion of children returning or remaining in a parent’s care (under a supervision order) at the end of proceedings has remained relatively consistent, at around 13%–15%.

Figure 10: Proportion of final legal order categories, per adolescent age category, per year, England



Within the **older adolescent** category (15+), the use of care orders has increased over time, from 45% to 55% of cases (see Figure 10). Far fewer older adolescents are placed with family members than younger adolescents.

It is also of note that a substantial proportion of care proceedings for older adolescents end without a final legal order being granted (i.e. case withdrawn or dismissed), or an order of no order. Although this has decreased slightly over time, it was the second most common outcome for older adolescents at the close of proceedings (following a care order). We investigated this further to better understand which cases were most likely to end without an order.

The data showed that 16 and 17-year-olds were most likely to receive no final legal order (compared to 15-year-olds), affecting almost a third of adolescents aged 16+ in proceedings each year. The proportion has fallen slightly over the time, from 36% of 16 and 17-year-olds in care proceedings in 2011/12, to 31% in 2019/20. The reasons for this are unclear and warrant further collaborative research. It is possible that this group of children may ‘age out’ of proceedings, reaching 17 before a final order is made and leading to the discontinuance of proceedings. In the case *Re Q [2019]*, it was stated that:

When the jurisdiction to make interim and final public law orders is no longer available (i.e. when the child reaches age 17), careful scrutiny of the circumstances of each case is required by the court in order to discern whether the proceedings themselves lack merit and whether it is proportionate and in the child's welfare interests for them to continue. Discontinuance of the proceedings is likely to be the proportionate, welfare-driven outcome in many such cases and, if that is so, the local authority should be permitted to withdraw its application. There will, however, be some cases where a useful forensic and welfare-driven purpose might be served by the continuation of public law proceedings albeit without the structure provided by interim public law orders.

Nonetheless, the number of cases in which this appears to have occurred in recent years raises questions about the grounds for bringing older adolescents into care proceedings, often as a last resort, and the capacity of the family justice system—and the final legal orders available—to meet their needs. It will also be important to investigate older adolescents' experience of care proceedings when no order is made, the impact of 'no order' on the availability of support services, and outcomes.

We also explored whether these children are made party to proceedings alongside younger siblings. It is possible that older children may be brought into care proceedings alongside younger siblings, with the older child 'ageing out' of care proceedings as in *Re Q* [2019]. 80% of adolescents aged 16 and above who received no final outcome at the close of proceedings also had a younger sibling involved in their case. This is slightly higher than the overall proportion of adolescent cases involving a sibling (74%). However, this does not explain all cases where no legal order outcome is made. Further research should explore the outcomes for younger siblings in these cases, and the impact of different legal outcomes on family and sibling relationships.

The number of older adolescents subject to a care order is also of note, representing a significant level of intervention in late adolescence. We explored whether these children were also subject to secure accommodation orders. Under Section 25 (s.25) of CA 1989 a secure accommodation order can only be made for children who are the subject of a care order, or who are accommodated under s.20. However, only a minority (16% average) of older adolescents received a care and secure accommodation order in the same case over the timeframe. The issue of adolescents subject to secure accommodation applications will be explored in more detail in future work.

It is also possible that consideration is made regarding care leaver support in making a care order. This would mean the child is entitled to longer-term support upon leaving care under s.23 and s.24 of the Children Act (1989).

There were no noticeable differences in final legal order outcome by gender.

A limitation of the Cafcass and Cafcass Cymru data is that placement information is not currently recorded alongside legal order. It is therefore not possible to ascertain the final placement for adolescents given a care order, be this at home, with kin, in foster care or in residential care.

Wales (2012/13 to 2019/20)

In Wales, by far the majority of adolescents are subject to a care order at the close of proceedings, in both the younger and older adolescent age category (see Figure 11). In 2014/15 almost 90% of all adolescents in care proceedings were subject to a care order. Across the observational window, the use of care orders has remained relatively consistent for younger adolescents; there has been an increase in the proportion of older adolescents, aged 15 and above, subject to a care order.

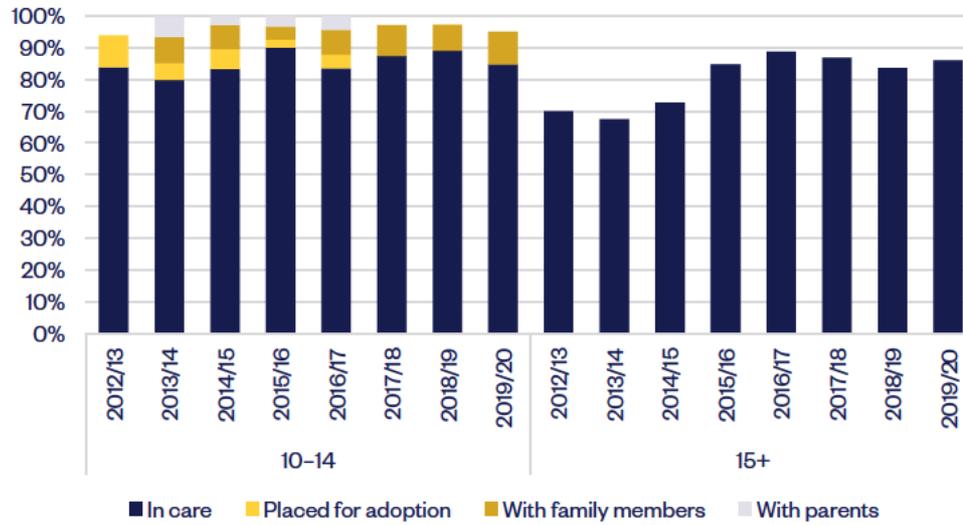
Table 8: Final legal order outcomes, per adolescent age category, per year, Wales

Age	Final outcome	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
10-14	In care	109 [83.8%]	135 [79.8%]	145 [83.3%]	182 [90.0%]	192 [83.5%]	243 [87.4%]	226 [89.0%]	167 [84.8%]
	Placed for adoption	13 [10.0%]	9 [5.3%]	11 [6.3%]	5 [2.5%]	10 [4.3%]	~	~	~
	With family members	~	14 [8.2%]	13 [7.5%]	8 [4.0%]	18 [7.8%]	27 [9.7%]	21 [8.2%]	20 [10.2%]
	With parents	~	11 [6.5%]	5 [2.9%]	7 [3.5%]	10 [4.3%]	~	~	~
	Total	130 [100%]	169 [100%]	174 [100%]	202 [100%]	230 [100%]	278 [100%]	254 [100%]	197 [100%]
15+	In care	21 [70%]	27 [67.5%]	24 [72.7%]	39 [84.8%]	55 [88.7%]	58 [86.8%]	46 [83.6%]	37 [86%]
	Placed for adoption	~	~	~	~	~	~	~	~
	With family members	~	~	~	~	~	~	~	~
	With parents	~	~	~	~	~	~	~	~
	Total	30 [100%]	38 [100%]	33 [100%]	46 [100%]	62 [100%]	67 [100%]	55 [100%]	43 [100%]

Note: ~ value suppressed due to low numbers and statistical disclosure control

There has been a slight increase in the number of 10 to 14-year-olds placed with family members, rising from 8% in 2013/14 to 10% in 2019/20. Placement with parents and family members appears to be slightly less common in Wales than in England, although anecdotal evidence suggests that there is more use of care orders at home in Wales, which may explain this difference.

Figure 11: Proportion of final legal order categories, per adolescent age category, per year, Wales



Note: some values have been suppressed due to low numbers and statistical disclosure control. Hence, totals may not equal 100%.

There were no noticeable differences in final legal order outcome by gender.

Comparing England and Wales, it is noticeable that the use of care orders for adolescents is much more common in Wales. In addition, almost all adolescents who are subject to care proceedings in Wales receive an order at the close of proceedings. The number of children for whom no final legal order was recorded was negligible in Wales. However, in comparing outcomes in England and Wales, it is worth bearing in mind that the number of adolescents in care proceedings in Wales is relatively small, especially within the older adolescent age category.

Recommendations

This report quantifies the increase in the number of older children and young people ('adolescents') in care proceedings over time in England and Wales.

Overall, the drivers of the increase in numbers are unclear and likely to be the result of a combination of factors. The reduction in use of s.20 and s.76 voluntary arrangements following *Re N* [2015] is likely to have led to an increase in the number of adolescents in care proceedings, given that voluntary arrangements are used for a majority of adolescents entering care (Clarke and Pennington 2021). Further analysis of s.20/s.76 data will be necessary to explore this in more detail. However, the rate of older children and young people in care proceedings was increasing in both England and Wales prior to 2015, and other factors are likely to be at play. This may include greater awareness of neglect in adolescence (Stein et al. 2009; Raws 2016); and greater awareness of 'extra-familial' risks, including child sexual exploitation and gang violence, and understanding of how to identify children at risk (Thomas 2018; Hodges and Bristow 2019). In particular, a series of high-profile inquiries and reports about child sexual exploitation has led to increasing awareness of the prevalence of child sexual exploitation and guidance on identifying children at risk.¹⁵

Increased awareness of child criminal exploitation may also contribute to increasing number of adolescents subject to care proceedings. There has been an 85% decrease in the number of children and young people entering the youth justice system in the last 10 years (MoJ 2020a). It is possible that these children may now be entering the child protection system. In addition, unmet mental health need and a lack of available inpatient child and adolescent mental health beds (Frith 2017) or suitable alternative placements may also be contributing to an increasing number of adolescents referred to children's services at the point of crisis.

This report has shown that the increase in the number of older children and young people in care proceedings is evident across local areas in England and Wales, although some areas have seen a higher rate of increase. All local areas should therefore prioritise developing a multi-agency response to understanding and meeting the needs of adolescents, working across children's services, family courts, police, youth justice, mental health, and schools. Currently a handful of local areas have been at the forefront of piloting new models of working with adolescents in need (see for example Sebba et al. 2017; Firmin, Wroe, and Lloyd 2019; Holmes and Smale 2018); there is a need to evaluate and share this best practice nationally.

The increase in the number of adolescents entering care through care proceedings also has implications for looking after the population of children in care. The majority

¹⁵ For example: Independent Inquiry into Child Sexual Abuse 2018; Independent Inquiry into Child Sexual Exploitation in Rotherham 2014; Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups 2013.

of adolescents in care proceedings are made subject to a care order, and may require foster or residential care placements. There is a need to ensure sufficient suitable placements, particularly for older adolescents.

Priorities for future research

Further research is needed to better understand older children and young people's trajectories into the family justice system and their outcomes following contact with the system. This report has raised some areas where further collaborative research and conversations with stakeholders would be particularly valuable in terms of informing policy and practice.

- There is a clear need to look at use of s.20/s.76 arrangements for adolescents alongside those subject to care proceedings. In focusing on adolescents in care proceedings, this report does not cover a large proportion of all adolescents in the care system, including unaccompanied asylum seekers. Further work is needed to understand how far changes in practice relating to s.20/s.76 arrangements have been a factor in the increase in adolescents in care proceedings, regional variation in use of s.20/s.76, and the differences in the characteristics and needs of adolescents in care proceedings compared to those on voluntary arrangements.
- We identified marked regional differences in the rates at which adolescents are subject to care proceedings. The North East in particular has noticeably higher rates. Understanding this variation in more detail, including at a local authority level, and the multiple factors at play—including professional practice, available preventative services, and deprivation— will be important to enable services to better respond to local needs.
- This report has identified a particular need to understand the reasons why older adolescents (aged 15+) are entering care proceedings in increasing numbers, and their outcomes following proceedings. There is a need to look beyond these statistics at the grounds for older children being brought into care proceedings, details of safeguarding concerns and risk factors, and what care plans propose. This could be achieved through a detailed review of casefiles of a representative sample of older adolescents. There is also a pressing need to understand how adolescents themselves experience the family justice system.
- Further work is also needed to understand the factors leading to the increase in adolescents being brought into care proceedings, including exploration of the overlap between the family, youth justice, and mental health systems; and the use of secure accommodation and deprivation of liberty under the inherent jurisdiction to accommodate adolescents with complex needs. This will require better data sharing protocols between MoJ (family justice and youth justice) and Department of Health to access data. Learning from other jurisdictions—for example, the Children's Hearings System in Scotland where child protection and child justice cases are integrated into one system—may also be useful.
- In this report it has not been possible to explore ethnic disproportionality in the rates of adolescents entering care proceedings. We recommend that this should be a priority for future research. Nuffield FJO and the Family Justice Data Partnership are working with Cafcass and other data providers to improve the recording of ethnicity data within administrative datasets.

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Appendix A: Methodology

Study design

Focusing on adolescents (aged 10–17) subject to s.31 care proceedings, this study analyses trends in the volume of care proceedings and case characteristics between 1 April 2011 and 31 March 2020 in England and Wales. It seeks to quantify trends relating to:

- the volume and proportion of adolescents subject to care proceedings compared to all children
- rates of applications across England and Wales as a whole and across the nine regions in England, and three designated family judge (DFJ) court areas in Wales
- the number of siblings involved in a case; case duration; and the pattern of legal orders made over time.

Data sources

The primary data source for this study is electronic case management data routinely produced by Cafcass and Cafcass Cymru, held securely in the SAIL Databank for research purposes (Ford et al. 2009; Lyons et al. 2009; Jones et al. 2014; Jones et al. 2019;).¹⁶ Cafcass and Cafcass Cymru are involved in all public law proceedings concerning children (see Bedston et al. 2020 and Johnston et al. 2020 for more details on Cafcass data).

All cases of s.31 care proceedings that started between 1 April 2011 and 31 March 2020 in England and Wales were included (see Bedston et al. 2020 and Johnson et al. 2020 for more information about Cafcass and Cafcass Cymru data). Electronic data of sufficient quality for research is not available before 2011 in Wales; earlier data for England was excluded to align results for England and Wales to allow comparison. Relevant case information included: child's week of birth and gender, date of issue for the s.31 application, local authority, court area, date and type of final legal order. Cases were analysed at the child-level.

¹⁶ The SAIL Databank contains a wealth of anonymised health and administrative data, accessible via a secure data sharing platform. All proposals to use SAIL data are subject to review and approval by the IGRP. All data within the SAIL Gateway are treated in accordance with the Data Protection Act 2018 and are compliant with the General Data Protection Regulation.

In addition, publicly available mid-year population estimates produced by the Office for National Statistics (ONS) were used to calculate incidence rates.

Analytical sample and timeframe

Two samples were created for analysis.

The first sample included all child-level records related to s.31 care proceedings issued within the timeframe described above. This provided a nine-year retrospective observational window (2011/12 to 2019/20) comprising all children entering s.31 proceedings each year in England (n=189,867 child cases; of which 54,509 were adolescents) and Wales (n= 12,342; of which 2,649 were adolescents) (see Table B.1 and B.2). This sample was used to analyse the volume and proportion of adolescent cases over time, gender of children, calculate incidence rates for adolescents subject to care proceedings over time, and to identify the proportion of adolescents involved in cases with siblings.

The second sample included all adolescent cases that had closed and for which a valid final legal order was recorded between 1 April 2012 and 31 March 2020.¹⁷ Cases must be complete in order to be able to investigate case outcomes. For legal orders, the length of our observational window was 8 years, comprising all completed s.31 proceedings concerning adolescents within each year in England (n=40,666 cases) and Wales (n=2,309 cases). This sample was used for calculating case durations and categories of legal order outcomes.

Data curation and derived variables

Variables were derived to answer the research questions from the raw data collected by collected by Cafcass and Cafcass Cymru deposited in the SAIL Databank. This followed similar methodology as set out in Pattinson et al. (2021) and Alrouh et al. (2019). Dr Bachar Alrouh led on the curation of the dataset for this report.

Age of child: the age of a child at the start of care proceedings was calculated using the child's week of birth and the date the s.31 application was issued. An adolescent was defined as a child aged between 10 and 17 years old.

Incidence rates: population estimates produced by ONS were used to calculate incidence rates per year for the adolescent age group. Incidence rates were calculated for England and Wales, the nine regions of England, and three DFJ court areas in Wales.

Regions of England: for this report we have used the nine regions of England, comprising groups of local authorities, as used by the Department for Education (DfE) and the ONS. The nine regions of England are: the North East, North West,

¹⁷ Within this timeframe, missing data was minimal (>1%) for England. Missing data levels were higher for Wales (average of 11.4% across the eight-year period). See Appendix C for missing data tables.

Yorkshire and the Humber, West Midlands, East Midlands, East of England, London, South East and South West.

Court areas in Wales: Welsh local authorities were mapped to the three DFJ court areas in Wales as follows:

- North Wales: Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham
- Swansea and South West Wales: Bridgend, Neath Port Talbot, Swansea, Powys, Carmarthenshire, Pembrokeshire and Ceredigion¹⁸
- Cardiff and South East Wales: Cardiff, Merthyr Tydfil, Rhondda Cynon Taf, Vale of Glamorgan, Newport, Caerphilly, Torfaen, Blaenau Gwent and Monmouthshire.

Siblings: data for analysis was at the child level. In order to identify whether another child was included in the case, data was restructured at the case level, using the case ID recorded by Cafcass. This allowed identification of the number of children included in the case as subjects. A variable was created to identify if a child's case involved multiple children. Relationships between children are not recorded by Cafcass, however, for the purposes of this analysis, children included on the same case were assumed to be siblings.

Case duration: case duration was calculated as the number of weeks between the date the s.31 application was issued and the date of final legal order.

Legal order data: final legal orders were defined as the orders made at the final hearing of care proceedings, sufficient for Cafcass to close the case.

Reduction of final legal order data was required, given the multiple combinations of legal orders that can be made for children at the close of proceedings. By rationalising the legal order data, we also ensured that children were only counted once. Categories of orders were created that reflect the typical outcomes for children at the close of care proceedings (see Table A.1). This follows the same protocol outlined in Alrouh et al. (2019).

¹⁸ Powys-North is in the North Wales DFJ area, while Powys-South is in the Swansea and South West Wales DFJ area. However, it was not possible to disaggregate the Powys-North and Powys-South cases. For analytic purposes, all Powys cases were included in the Swansea and South West Wales DFJ area.

Table A.1: Categorisation of legal order outcomes

Legal order (as recorded by Cafcass)	Legal order category (derived by the research team)
Care order	In care
Placement order	Placed for adoption
Adoption order	
Special guardianship order	With family members*
Child arrangements order	
Residence order	
Supervision order	With parents
Family assistance order	
Application refused/dismissed/suspended	No order/ case withdrawn
Order of no order	
Order not made	
All other orders (e.g. emergency protection order, recovery order, secure accommodation order)	Other

Note: *Children can be placed with family members, family friends or long-term foster carers under a special guardianship order. We use the term 'with family members' to cover these cases.

A limitation of the Cafcass data is that final placement information is not recorded. In the absence of precise data on placements, we can only draw inferences about the child's actual permanency placement—based on the final legal order. This is an unavoidable limitation and is highlighted in the main body of the report.

Missing data: levels of missing data are reported in Appendix C.

Analytical process

Data analysis comprised the calculation of descriptive statistics, including frequencies, proportions and incidence rates. Frequencies and proportions were calculated to understand the number of adolescents in care proceedings as a proportion of all children subject to care proceedings, and the volume of adolescent cases within the family courts. Incidence rates provide a clearer picture of the likelihood of adolescents in the general population becoming subjects of care proceedings. Incidence rates were also used to probe variation between English regions and the Welsh DFJ areas, allowing for meaningful comparisons to be made across areas with different population sizes.

Descriptive statistics were also calculated to describe the frequency of legal order outcomes against the categories defined above, the proportion of adolescent cases involving siblings, and to calculate case durations.

Inferential statistics have not been reported as the descriptive analysis represents the whole population of children in care proceedings.

Separate analyses were conducted for England and Wales. Where appropriate, comparisons between England and Wales are made.

Analysis was conducted in IBM SPSS Statistics v.26.

Information governance approval

The project proposal was reviewed by the SAIL Information Governance Review Panel (IGRP) at Swansea University. This panel ensures that work complies with information governance principles and represents an appropriate use of data in the public interest. The IGRP includes representatives of professional and regulatory bodies, data providers and the general public. Approval for the project was granted by the IGRP under SAIL project 0929. Cafcass and Cafcass Cymru, the data owner, also approved use of the data for this project. The agency considered the public interest value of the study, benefits to the agency itself, as well as general standards for safe use of administrative data.

Statistical disclosure control

Statistical disclosure control is applied to outputs using administrative data to prevent identification of individuals within the data, and the release of confidential information pertaining to these individuals. This includes suppressing information in tables where counts are small or where the combination of data disclosed may lead to the identification of an individual. In this report, where numbers were greater than zero but less than five, they have been suppressed, in line with SAIL's statistic disclosure control processes. Percentages were calculated on available counts only.

Appendix B: Additional tables

Table B.1: Children subject to s.31 care proceedings, by one-year age category, per year, England

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
Under 1	5,039 [29.5%]	5,521 [29.8%]	5,108 [28.2%]	5,098 [26.6%]	5,368 [24.8%]	5,843 [23.5%]	5,926 [24.0%]	5,860 [24.9%]	5,717 [25.7%]	49,480 [26.1%]
1	1,501 [8.8%]	1,560 [8.4%]	1,504 [8.3%]	1,529 [8.0%]	1,614 [7.5%]	1,791 [7.2%]	1,703 [6.9%]	1,631 [6.9%]	1,554 [7.0%]	14,387 [7.6%]
2	1377 [8.1%]	1342 [7.2%]	1293 [7.1%]	1401 [7.3%]	1555 [7.2%]	1618 [6.5%]	1544 [6.3%]	1,412 [6.0%]	1,347 [6.1%]	12,889 [6.8%]
3	1193 [7.0%]	1234 [6.7%]	1178 [6.5%]	1206 [6.3%]	1350 [6.2%]	1460 [5.9%]	1410 [5.7%]	1,362 [5.8%]	1,282 [5.8%]	11,675 [6.1%]
4	1003 [5.9%]	1176 [6.4%]	1120 [6.2%]	1153 [6.0%]	1190 [5.5%]	1393 [5.6%]	1,330 [5.4%]	1,261 [5.4%]	1,179 [5.3%]	10,805 [5.87%]
5	874 [5.1%]	949 [5.1%]	964 [5.3%]	1,102 [5.8%]	1,257 [5.8%]	1,354 [5.5%]	1,299 [5.3%]	1,225 [5.2%]	1,100 [4.9%]	10,124 [5.3%]
6	852 [5.0%]	931 [5.0%]	934 [5.1%]	1,012 [5.3%]	1,139 [5.3%]	1,298 [5.2%]	1,298 [5.3%]	1,154 [4.9%]	1,119 [5.0%]	9,737 [5.1%]
7	787 [4.6%]	857 [4.6%]	844 [4.7%]	913 [4.8%]	1,092 [5.0%]	1,161 [4.7%]	1,180 [4.8%]	1,087 [4.6%]	1,024 [4.6%]	8,945 [4.7%]
8	741 [4.3%]	773 [4.2%]	812 [4.5%]	929 [4.9%]	1,024 [4.7%]	1,152 [4.6%]	1,131 [4.6%]	1,144 [4.9%]	990 [4.4%]	8,696 [4.6%]
9	633 [3.7%]	713 [3.9%]	741 [4.1%]	793 [4.1%]	987 [4.6%]	1,168 [4.7%]	1,168 [4.7%]	1,081 [4.6%]	938 [4.2%]	8,222 [4.3%]
10	588 [3.4%]	638 [3.4%]	699 [3.9%]	777 [4.1%]	846 [3.9%]	1,000 [4.0%]	1,031 [4.2%]	1,019 [4.3%]	942 [4.2%]	7,540 [4.0%]

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
11	579 [3.4%]	608 [3.3%]	609 [3.4%]	693 [3.6%]	829 [3.8%]	997 [4.0%]	986 [4.0%]	975 [4.1%]	937 [4.2%]	7,213 [3.8%]
12	527 [3.1%]	589 [3.2%]	596 [3.3%]	623 [3.3%]	800 [3.7%]	996 [4.0%]	1,009 [4.1%]	1,010 [4.3%]	953 [4.3%]	7,103 [3.7%]
13	526 [3.1%]	546 [2.9%]	556 [3.1%]	604 [3.2%]	825 [3.8%]	1,034 [4.2%]	1,122 [4.5%]	1,037 [4.4%]	958 [4.3%]	7,208 [3.8%]
14	417 [2.4%]	525 [2.8%]	546 [3.0%]	629 [3.3%]	788 [3.6%]	1,051 [4.2%]	1,134 [4.6%]	1,023 [4.3%]	962 [4.3%]	7,075 [3.7%]
15	328 [1.9%]	409 [2.2%]	457 [2.5%]	454 [2.4%]	668 [3.1%]	1,048 [4.2%]	948 [3.8%]	866 [3.7%]	816 [3.7%]	5,994 [3.2%]
16	111 [0.6%]	134 [0.7%]	172 [0.9%]	220 [1.1%]	307 [1.4%]	427 [1.7%]	456 [1.8%]	390 [1.7%]	428 [1.9%]	2,645 [1.4%]
17	5 [0.0%]	7 [0.0%]	7 [0.0%]	14 [0.1%]	14 [0.1%]	26 [0.1%]	20 [0.1%]	19 [0.1%]	17 [0.1%]	129 [0.1%]
Total	17,081 [100.0%]	18,512 [100.0%]	18,140 [100.0%]	19,150 [100.0%]	21,653 [100.0%]	24,817 [100.0%]	24,695 [100.0%]	23,556 [100.0%]	22,263 [100.0%]	189,867 [100.0%]

Table B.2: Children subject to s.31 care proceedings, by one-year age category, per year, Wales

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
Under 1	373 [31.2%]	385 [31.7%]	342 [32.5%]	371 [29.9%]	392 [29.0%]	471 [28.4%]	477 [28.8%]	459 [28.7%]	382 [27.8%]	3,652 [29.6%]
1	108 [9.0%]	97 [8.0%]	92 [8.7%]	100 [8.1%]	120 [8.9%]	125 [7.5%]	89 [5.4%]	114 [7.1%]	88 [6.4%]	933 [7.6%]
2	102 [8.5%]	105 [8.6%]	72 [6.8%]	87 [7.0%]	98 [7.2%]	96 [5.8%]	100 [6.0%]	100 [6.2%]	88 [6.4%]	848 [6.9%]
3	83 [7.0%]	87 [7.2%]	74 [7.0%]	78 [6.3%]	94 [6.9%]	108 [6.5%]	98 [5.9%]	86 [5.4%]	94 [6.9%]	802 [6.5%]
4	80 [6.7%]	71 [5.8%]	67 [6.4%]	61 [4.9%]	69 [5.1%]	88 [5.3%]	91 [5.5%]	77 [4.8%]	60 [4.4%]	664 [5.4%]
5	55 [4.6%]	74 [6.1%]	57 [5.4%]	70 [5.6%]	61 [4.5%]	89 [5.4%]	92 [5.6%]	84 [5.2%]	74 [5.4%]	656 [5.3%]

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
6	50 [4.2%]	59 [4.9%]	43 [4.1%]	64 [5.2%]	64 [4.7%]	80 [4.8%]	84 [5.1%]	83 [5.2%]	73 [5.3%]	600 [4.9%]
7	44 [3.7%]	47 [3.9%]	40 [3.8%]	53 [4.3%]	57 [4.2%]	61 [3.7%]	82 [5.0%]	70 [4.4%]	78 [5.7%]	532 [4.3%]
8	47 [3.9%]	50 [4.1%]	34 [3.2%]	54 [4.4%]	61 [4.5%]	79 [4.8%]	68 [4.1%]	66 [4.1%]	57 [4.2%]	516 [4.2%]
9	33 [2.8%]	55 [4.5%]	37 [3.5%]	62 [5.0%]	49 [3.6%]	63 [3.8%]	69 [4.2%]	67 [4.2%]	55 [4.0%]	490 [4.0%]
10	42 [3.5%]	24 [2.0%]	33 [3.1%]	40 [3.2%]	37 [2.7%]	65 [3.9%]	67 [4.0%]	68 [4.2%]	62 [4.5%]	438 [3.5%]
11	43 [3.6%]	38 [3.1%]	31 [2.9%]	47 [3.8%]	46 [3.4%]	55 [3.3%]	62 [3.7%]	60 [3.7%]	46 [3.4%]	428 [3.5%]
12	27 [2.3%]	30 [2.5%]	28 [2.7%]	35 [2.8%]	53 [3.9%]	68 [4.1%]	56 [3.4%]	46 [2.9%]	52 [3.8%]	395 [3.2%]
13	42 [3.5%]	36 [3.0%]	32 [3.0%]	38 [3.1%]	45 [3.3%]	70 [4.2%]	69 [4.2%]	76 [4.7%]	46 [3.4%]	454 [3.7%]
14	30 [2.5%]	29 [2.4%]	29 [2.8%]	42 [3.4%]	49 [3.6%]	62 [3.7%]	75 [4.5%]	67 [4.2%]	54 [3.9%]	437 [3.5%]
15	26 [2.2%]	20 [1.6%]	26 [2.5%]	22 [1.8%]	48 [3.5%]	57 [3.4%]	57 [3.4%]	59 [3.7%]	49 [3.6%]	364 [2.9%]
16-17	9 [0.8%]	7 [0.6%]	16 [1.5%]	16 [1.3%]	11 [0.8%]	21 [1.3%]	19 [1.2%]	20 [1.2%]	14 [1%]	133 [1.1%]
Total	1,194 [100.0%]	1,214 [100.0%]	1,053 [100.0%]	1,240 [100.0%]	1,354 [100.0%]	1,658 [100.0%]	1,655 [100.0%]	1,602 [100.0%]	1,372 [100.0%]	12,342 [100.0%]

Table B.3: Percentage year-on-year change in the number of adolescents subject to s.31 care proceedings by age, England

Age (years)	2011/12 –2012/13	2012/13–2013/14	2013/14–2014/15	2014/15 –2015/16	2015/16 –2016/17	2016/17 –2017/18	2017/18 –2018/19	2018/19 –2019/20	Average year-on-year change
10	8.5%	9.6%	11.2%	8.9%	18.2%	3.1%	-1.2%	-7.6%	7.5%
11	5.0%	0.2%	13.8%	19.6%	20.3%	-1.1%	-1.1%	-3.9%	9.0%
12	11.8%	1.2%	4.5%	28.4%	24.5%	1.3%	0.1%	-5.6%	9.2%
13	3.8%	1.8%	8.6%	36.6%	25.3%	8.5%	-7.6%	-7.6%	10.7%
14	25.9%	4.0%	15.2%	25.3%	33.4%	7.9%	-9.8%	-6.0%	12.7%
15	24.7%	11.7%	-0.7%	47.1%	56.9%	-9.5%	-8.6%	-5.8%	15.5%
16	20.7%	28.4%	27.9%	39.5%	39.1%	6.8%	-14.5%	9.7%	21.6%
17	40.0%	0.0%	100.0%	0.0%	85.7%	-23.1%	-5.0%	-10.5%	20.7%
Total	12.2%	5.4%	10.2%	26.5%	29.6%	1.9%	-5.5%	-5.1%	10.6%

Table B.4: Percentage year-on-year change in the number of adolescents subject to s.31 care proceedings by age, England

Age (years)	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	Average year-on-year change
10	-42.9%	37.5%	21.2%	-7.5%	75.7%	3.1%	1.5%	-8.8%	10.0%
11	-11.6%	-18.4%	51.6%	-2.1%	19.6%	12.7%	-3.2%	-23.3%	3.1%
12	11.1%	-6.7%	25.0%	51.4%	28.3%	-17.6%	-17.9%	13.0%	10.8%
13	-14.3%	-11.1%	18.8%	18.4%	55.6%	-1.4%	10.1%	-39.5%	4.6%
14	-3.3%	0.0%	44.8%	16.7%	26.5%	21.0%	-10.7%	-19.4%	9.4%
15	-23.1%	30.0%	-15.4%	118.2%	18.8%	0.0%	3.5%	-16.9%	14.4%
16-17	-22.2%	128.6%	0.0%	-31.3%	90.9%	-9.5%	5.3%	-30.0%	16.5%
Total	-16.0%	6.0%	23.1%	20.4%	37.7%	1.8%	-2.2%	-18.4%	6.5%

Table B.5: Incidence rates, care proceedings per 10,000 adolescents in the population, per region, per year, England

Region	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Overall rate
North East	10.8	10.9	8.9	11.2	16.6	25.2	22.9	25.2	26.0	14.3
North West	7.3	8.7	9.8	11.3	12.3	17.2	17.7	15.6	14.6	10.3
Yorkshire and the Humber	6.2	7.2	6.7	8.1	10.7	14.0	14.7	13.6	13.5	8.7
East Midlands	5.2	5.2	6.0	7.2	10.2	12.0	11.7	10.8	10.6	7.2
West Midlands	5.4	7.9	7.8	7.5	8.3	11.0	13.2	12.3	10.4	7.7
East	5.0	5.3	6.0	6.4	8.1	10.7	10.2	8.8	6.9	6.4
London	7.0	8.1	8.9	9.2	10.7	14.8	14.3	12.5	11.1	9.3
South East	5.3	4.9	5.7	6.4	9.0	10.3	11.0	10.2	9.5	6.7
South West	5.3	6.7	7.3	7.9	11.8	11.8	10.5	11.0	11.1	7.6
Total (England)	6.1	7.0	7.4	8.2	10.4	13.4	13.5	12.5	11.6	8.4

Table B.6: Incidence rates, care proceedings per 10,000 adolescents in the population, per DFJ area, per year, Wales

Area	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
Cardiff and South East Wales	9.9	6.2	7.1	12.9	13.4	20.2	19.2	16.5	13.9	13.2
North Wales	4.4	4.5	6.7	5.9	12.5	16.1	17.0	15.7	14.0	10.7
Swansea and South West Wales	6.5	8.2	6.5	4.9	5.4	6.0	7.5	10.2	6.4	6.8
Total	7.5	6.5	6.8	8.7	10.5	14.6	14.8	14.2	11.5	10.5

Appendix C: Missing data

Table C.1: Level of missing data by case start year, England (all ages)

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
No. of records	17,253	18,620	18,203	19,259	21,759	24,903	24,787	23,643	22,371
Child's age	1.0%	>1%	>1%	>1%	>1%	>1%	>1%	>1%	>1%
Child's gender	>1%	>1%	>1%	>1%	>1%	>1%	>1%	>1%	>1%
Local authority	>1%	0	0	>1%	>1%	0	>1%	>1%	>1%

Table C.2: Level of missing data by case start year, Wales (all ages)

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
No. of records	1,213	1,222	1,055	1,241	1,356	1,659	1,665	1,647	1,425
Child's age	1.4%	>1%	>1%	>1%	>1%	>1%	>1%	>1%	>1%
Child's gender	>1%	0	0	0	0	0	>1%	2.5%	3.2%
Local authority	0	0	0	0	0	0	0	0	0

Table C.3: Level of missing data by case end year, England (adolescents only)

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
No. of records	3,839	4,253	3,757	4,529	6,094	6,366	6,170	5,658
Legal order	>1%	>1%	>1%	>1%	>1%	>1%	>1%	>1%
Case duration	>1%	>1%	>1%	0	>1%	>1%	>1%	0

Table C.4: Level of missing data by case end year, Wales (adolescents only)

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
No. of records	200	235	238	280	335	381	355	285
Legal order	19.0%	3.8%	12.6%	10.4%	11.3%	8.1%	11.5%	14.7%

Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

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

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