



Infants born into care in Scotland

Updated report: including data to July 2021

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Summary

- The latest release of data on children under one year (infants) entering care shows different patterns in Scotland and in England. The rates per 10,000 live births have declined in Scotland both for all infants and those entering care under 1 week (newborns). In England the equivalent rates have risen and are largely driven by the rise in rates. Since our previous report that showed higher rates in Scotland in the period to 2018, the rates in the two counties seem to have converged. (Figure 2 and Section 2.2).
- Since 2018 the largest decline in infants entering care in Scotland is seen for those entering care with foster parents, while the numbers starting care with parents or with relatives have remained fairly constant.
- In England it is the rates for the youngest children entering care that have risen most steeply in recent years. In Scotland the decline in rates is similar for the youngest children to that for all those starting care between one week and one year of age (Section 2.2).
- In Scotland a proportion of children entering care under one year, and particularly under 1 week, do so with the voluntary agreement of their parents (Section 2.3). Within a few weeks many of these children will have been to a Children's Hearing changing the legal basis for their care to a supervision order. This proportion has not changed in recent years.
- In contrast, the proportion of infants entering voluntary care in England has reduced steeply in recent years, following judgements that criticised this practice (Section 2.3).
- By their 12th birthday 47% of children who started care under 1 week have been adopted. The percentage is lower at 23% for those starting care between 1 week and 1 year. (Section 5).
- The report describes the many different pathways through care that these young children follow. Some children will have complex patterns, moving between different households and where parent and child have many interactions with the Children's Hearings and the courts. While some groups have relatively short periods in care, others who enter care under one year may remain in care or have periods in and out of care throughout their childhoods (Section 6).
- Of all children entering care aged under 1 year, 14% are still in some form of care by their 15th birthday. This percentage is much higher in some groups, especially those where care placements include parents as well as other forms of care (Section 6).
- The COVID-19 lockdown has affected the numbers of children entering care, but this is less pronounced for these youngest children than for children entering care over one year. The most pronounced effect of lockdown is seen in a reduction in the number of children being adopted at the end of their first episode during lockdown, but this appears to be rising again in the most recent period (Section 3).
- Rates of infants entering care are very different in different local authorities. While some of these differences can be explained by the prosperity of each area, as measured by the index of deprivation, there are some local authorities where the differences depart from what would be expected from their deprivation profile (Section 3).

Acronyms

SCADR	Scottish Centre for Administrative Data Research
LA	Local Authority
CLA-S	Data for Children Looked After in Scotland
CLA-E	Data for Children Looked After in England
NFJO	Nuffield Family Justice Observatory
CSO	Compulsory Supervision Order (Issued by Children's Hearings)
ICSO	Interim Compulsory Supervision Order (Issued by Children's Hearings)
CPO	Child Protection Order (Issued by family courts)
SCRA	Scottish Children's Reporter Administration
CAFCASS	Children and Family Courts Advisory Service
S25	Section 25 Children (Scotland) Act 1995
S20	Section 20 of the Children's Act, 1989. England and Wales.
CPCC	Child Protection Case Conference
SIMD	Scottish Index of Multiple Deprivation
GIRFEC	Getting it Right for Every Child

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We would also like to acknowledge the contribution of the children whose personal information was used in this study. We recognise that the journeys that they and their families undergo through the social care system are lived in unique and very personal ways that escape this report, and hence we may not do justice to them, but we are committed to using these findings to improve the lives of these children, their families and the ones to come.

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1. Introduction:

1.1 Background and summary

This is an update of our previous report that compared rates of children under one year of age becoming looked after by Local Authorities (LAs) in Scotland and in England. Statistical data on Looked after Children are collected by LA social work departments in Scotland and England, who submit returns to the relevant Government Departments¹. We will refer to these data sources as Children Looked After in Scotland (CLA-S) and Children Looked after in England (CLA_E) data.

The CLA-S data we have analysed for this report is made available to researchers as individual child records. The dataset was created by Scottish Government and the accompanying user guide² and metadata³ provide details of the contents and how the dataset was produced. We analysed the data from the secure setting of the PHS national safe haven. We used methods like those described in the Technical Report that accompanied our original report⁴ to create a data set fit for longitudinal analysis. This has involved a considerable task of editing and cleaning the raw data, carried out with the support and cooperation of Scottish Government statisticians. An overview of the approach to data cleaning can be found in the SCADR website⁵. The data used in this report includes all children who were looked after in Scotland and started care between 1/4/2008 and 31/7/21, as well as full care histories for children who started care before 1/4/2008 but were in care on 1/4/2008.

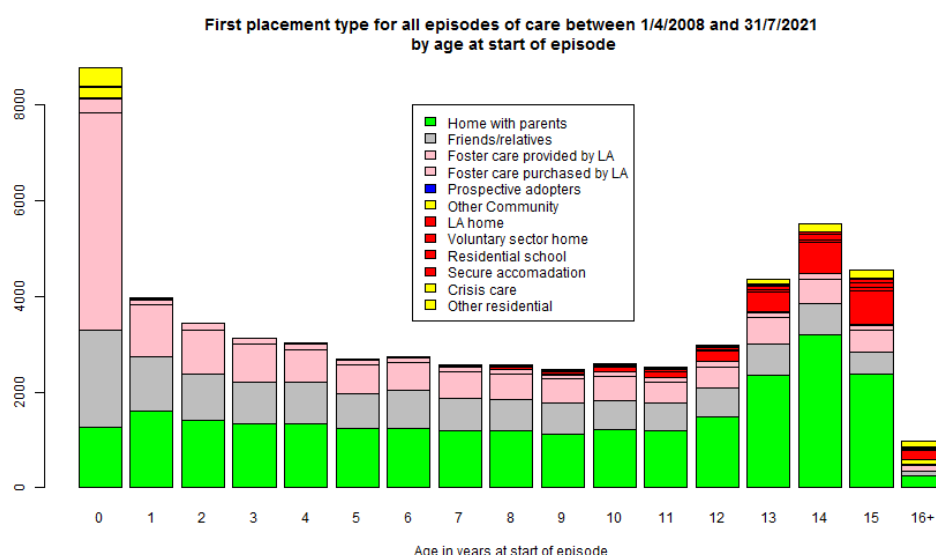


Figure 1: Numbers of episodes of care for all children starting care from 1/4/2008 by age in years at the start of the episode and placement type at the start of each episode..

¹ In Scotland this is the Education Analytical Services Division of the Scottish Government [Scottish Exchange of Data: looked after children - gov.scot \(www.gov.scot\)](https://www.gov.scot) and in England the Department of Education see: <https://www.gov.uk/government/publications/looked-after-children-statistics-in-england>

² [Looked After Children Data \(User Guide\) \(scadr.ac.uk\)](https://www.scadr.ac.uk/sites/default/files/technical_report_accompanying_Infants_born_into_care_in_scotland-final0411_0.pdf)

³ [ADR Scotland Data Catalogue | Research Data Scotland](https://www.scadr.ac.uk/sites/default/files/technical_report_accompanying_Infants_born_into_care_in_scotland-final0411_0.pdf)

⁴ https://www.scadr.ac.uk/sites/default/files/technical_report_accompanying_Infants_born_into_care_in_scotland-final0411_0.pdf

⁵ <https://www.scadr.ac.uk/about-us/our-impact/impact-case-study-improving-utility-data-care-experienced-children>

The focus of this report is on children starting care under one year (infants), who make up a large proportion of children in care (Figure 1). As well as updating the trends we found in our previous report, we have used the longitudinal data to map the pathways of individual children who started care as infants and characterise different types of care history. The full data set has the potential to extend such analyses to those entering care at older ages.

1.2 Differences between legislation and procedures in Scotland and England

There are major differences between England and Scotland in legislation and decision-making for children who commit offences and those in need of care and protection. See McGhee, Bunting et al. (2018) and Bywaters, Scourfield et al. (2020) for a detailed outline. In both jurisdictions the routes by which young children enter the care system are complex and involve different agencies and reporting mechanisms.

In Scotland, following the report of the Kilbrandon Commission (1964), the Children's Hearing System was established in 1971 by virtue of the Social Work (Scotland) Act 1968. The Commission considered juvenile courts were not best-placed to make decisions about the welfare of children. The hearings replaced a somewhat limited juvenile court system to deal with children under 16 years and in some instances those aged 16-17 years who had committed offences and/or were in need of care and protection. Hearings are lay tribunals staffed by citizen volunteers who are recruited, trained and supported by Children's Hearings Scotland⁶ and local volunteer area support teams. These volunteers are the decision makers when a child is referred to a hearing which brings together parents, children and professionals. The latter will provide reports⁷ in advance, to discuss the child's needs and to consider if a Compulsory Supervision Order (CSO) is necessary. A CSO may include supervision at home or provide that the child be looked-after away from home, for example with kin, in foster care or residential settings. Annual review of supervision orders is required. Interim Compulsory Supervision Orders (ICSOs) may be made where the child is at risk or a risk to others. The Children's Hearings System is administered by the Scottish Children's Reporter Administration⁸ (SCRA).

In Scotland, criminal courts may deal with children involved in more serious offences and those aged 16-17 years who are not subject to a supervision order. Adoption, kinship care orders and permanence orders are all dealt with in the sheriff courts. In cases of urgent child protection application is made to the sheriff court for a Child Protection Order (CPO) but the case is then transferred to the children's hearings for further measures within 2 working days.

England, in contrast, retained juvenile courts (Youth Courts) and a Youth Justice Board for England and Wales oversees the youth justice system. Children in need of care and protection are dealt with in the family courts. The Children and Family Courts Advisory Service (CAFCASS) is a non-departmental body sponsored by the Ministry of Justice that represents the interests of the child and provides an independent perspective on the child's best interests in both public and private law cases. The court can issue care orders (Section 31, Children Act 1989) which place the child in the care of local authority children's services. Supervision orders (Section 31, Children Act 1989) also permit children's services to supervise the care of a child for 1 year with the potential to extend yearly up to 3 years. Unlike the care order parental responsibility is not conferred on the local authority. Until a final court decision is made (within a 26-week time frame) interim care or

⁶ <https://www.chscotland.gov.uk/about-us/>

⁷ The hearing may appoint a safeguarder to provide an independent report on the child's best interests.

⁸ <https://www.scra.gov.uk>

supervision orders are possible. Emergency protection orders to remove a child to a place of safety (Section 44 Children Act 1989) for 8 days (with a possible further 7 day extension) are available.

In both Scotland and England there is provision for local authorities to provide accommodation for a child with the agreement of the parent⁹ (or person with parental responsibilities) under Section 20 of the Children Act 1989 (S20) and Section 25 Children (Scotland) Act 1995 (S25). In both jurisdictions the child becomes a looked after child and local authorities owe a range of duties towards the child. These provisions were intended to positively recast accommodation of a child as another form of family support alongside preventive services, such as day care, home help, material support rather than 'an unfortunate outcome which such services are specifically designed to prevent' (Packman and Hall, 1998, p.4). These provisions sit alongside the 'no order' principle which is intended to reduce the use of compulsory measures and enable local authorities to work with families on voluntarily agreed solutions.

The subtlety and complexities that underpin these provisions and their operation in practice have been apparent from their inception. Packman and Hall (ibid.) in their major study of the use of S20 found support was primarily focused on children seen as at risk, that they were 'first in line for family support':p.258. However, they also suggested it may well be that 'risk' arising from 'need' was dominating social work perspectives and perhaps 'risks' were being emphasised to ensure access to support services that needs alone might well have released. Use of S20/S25 are both underpinned by the principle of working in partnership but even at this early stage there was disquiet about the voluntariness of some of the accommodations, an ongoing concern to date, especially regarding children who might be seen as at risk. Packman and Hall (ibid.) suggest parents might experience little difference if there is an implied threat of court action (or children's hearings action in Scotland) if s/he decides to exercise his/her right to remove the child from accommodation or indeed agrees to the accommodation of the child under such threats. This is a complex area and research incorporating parental perspectives include experiences of manipulation, coercion and 'sham partnerships' (Packman and Hall, 1998; Hunt et al 1999). English cases including in the Supreme Court in England¹⁰ have clarified LA's legal powers and this may well have influenced the reduction in the use of S20 for infant removals, Bilson and Bywaters (2020). This is discussed further in S2.3.

A major difference between Scotland and England is that children in Scotland can be looked after by the local authority but remain living at home with parents under a Compulsory Supervision Order. There is no directly equivalent provision in England although the LAC-E data show that some children in England are looked after at home¹¹. Over all age groups only 6% of CLA-E children are looked after at home, compared to 25% in Scotland. From the LAC-S data we find an average of 12% of children under 1 year start care with their parents. Although we do not have this information broken down by age group for England, it is likely that this percentage is lower than 6% for this youngest group.

⁹ Although generally referred to as voluntary care legally it operates via the absence of objection by parents.

¹⁰ Williams and another v London Borough of Hackney [2018] UKSC 37

¹¹ Data for 2018-2022 from <https://explore-education-statistics.service.gov.uk/data-tables>

And from publication Table 1.1 of

<https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2020-21/documents/>

In certain circumstances a child can be subject to a care order and placed with parents (see <https://childlawadvice.org.uk/information-pages/care-orders/>)

Recent trends for children starting care under 1 year

1.2 Four more years of CLA-S data and three of CLA-E

We examine trends for children who started being looked after by a LA in Scotland as infants, between 1st April 2008 to 31st July 2021. We use the term **newborns** for those entering care under 1 week and **older infants** for those entering care for the first time between 1 week and 1 year. We have records for 8,450¹² children, 2820 (34%) *newborns* and 5530 *older infants*. Figure 2 presents rates per 10,000 live births by administrative year to 31st July. In Scotland children can be in the care of a LA but living with their parent(s)¹³. The darker blue line gives rates for all *infants* and the pale blue line gives the rates for all infants, excluding those starting care at home. The dashed lines provide the same rates for *newborns*.

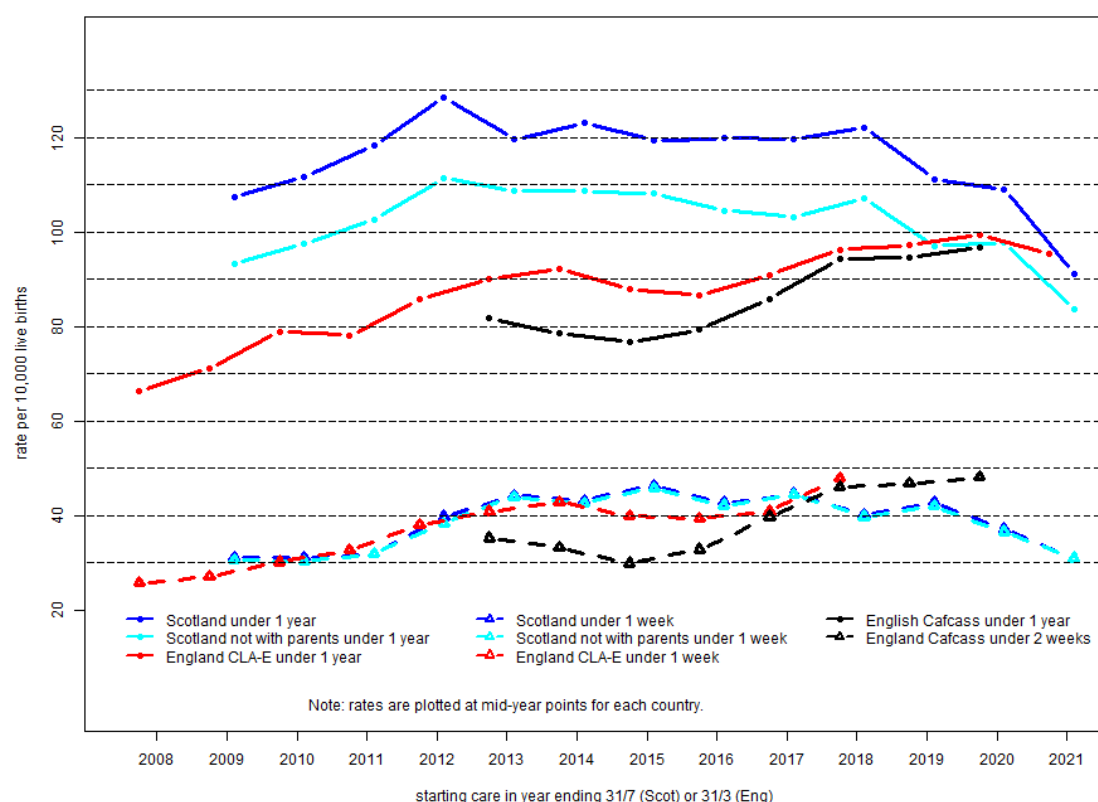


Figure 2 Rates of children starting care for the first time under 1 year of age by administrative year (1st August to 31st July for Scotland) and (1st April to 31st March England).

¹² All numbers from the CLA-S data are rounded to the nearest 10, in this report and in the Tables in the accompanying spreadsheet (add link).

¹³ Figure 1 in our original report used administrative year to 31st March, to match the English data. We have changed to 31st July in this report in order to use the most recent data available.

Data on children looked after by LAs in England (CLA-E) are published by the department of Education¹⁴ by administrative year to 31st March. The solid red line in Figure 2 gives the rate of all children starting care in England under 1 year as **infants and newborns** per 10,000 live births. The Department of Education does not publish data on the numbers of **newborns** starting care in England, but our previous report used data obtained by a Freedom of Information (FoI) request made available by Prof A Bilson, see Bilson & Bywaters (2020). The dashed red line gives these rates for CLA-E **newborns** up to 2017/18.

The summary of the original report highlighted the higher rate of **infants** entering care in Scotland, compared to England; a rate of 1 in 85 children in Scotland compared to 1 in 115 in England for the period 2008 to 2017. As we can see in Figure 2, the last three administrative years (2018/19 to 2021/2022) have seen the rates for **infants** in Scotland fall, while those in England have risen. For the most recent administrative years the rates for children under 1 year appear to be similar in the two countries. The Scottish data for children who are looked after away from home (solid pale blue line) has fallen in a similar manner to that for all children looked after under one year. The blue dashed lines shows that rates for **newborns** entering care in Scotland have declined for Scotland in the last two administrative years. Very few **newborns** in care in Scotland are with their parents: the dotted dark blue and pale blue lines in Figure 2 can barely be distinguished.

In the absence of more data on **newborns** entering care in England, we include the rates of children entering care proceedings in England as **infants and newborns**¹⁵ as reported to the Children and Family Court Advisory and Support Services (CAFCASS). These data are taken from Pattison et al. (2021), one of the reports in the Born into Care Series produced by the NFJO. This will be discussed in the next Section.

The last two administrative years in Figure 2 include the period of covid lockdowns and the concomitant changes in social work and children's hearings practice and their impact on rates and numbers of children entering and exiting the Scottish care system. As the latest Scottish Government data has shown, the rate of episodes starting for all children fell dramatically in the first month of lockdown (April 2020), rising somewhat in the following months¹⁶. However, as we show in Section 3, the youngest children who are the focus of this report are less affected by this than older age groups. In Section 2.2 we will compare information available from different data sources in Scotland and in England. All the data plotted in Figure 2 and further breakdowns by the age of the child, as well as links to the data sources are part of detailed tables made available [in the spreadsheet](#) accompanying this report.

1.3 Data differences between CLA-S and SCRA and between CLA-E and CAFCASS.

Since our first report was published several new reports have been published as part of the Born into Care series from NFJO¹⁷. This series includes statistical reports that use data on legal decisions taken to give LAs power to look after children under one year, sourced from SCRA in Scotland and CAFCASS in England.

¹⁴ Tables can be found at <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

¹⁵ The CAFCASS data reported by Pattison et al. uses a definition of under two weeks for newborns.

¹⁶ Add ref to annual report – <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2020-21/pages/4/>

¹⁷ See <https://www.nuffieldfjo.org.uk>

Neither the CAF/CASS data in England nor the SCRA data in Scotland encompass all children counted in the CLA-S or CLA-E data. Both sources exclude children ‘looked after’ and accommodated by voluntary agreement; S25 in Scotland and S20 in England, see Section 1.2.

The SCRA data presented by Cusworth et al. (2022) for the administrative years 2013/14 to 2019/20 also excludes looked after children living with their parents. Many of these are the same children who are counted in the CLA-S data presented in Figure 3. Although the NFJO report agree with us that the trend in children entering care in Scotland has remained stable over this period, they note that the Scottish rates of children entering care under one year, and especially those entering care under 1 week, were much lower than those in England, contrary to our results in Figure 2.

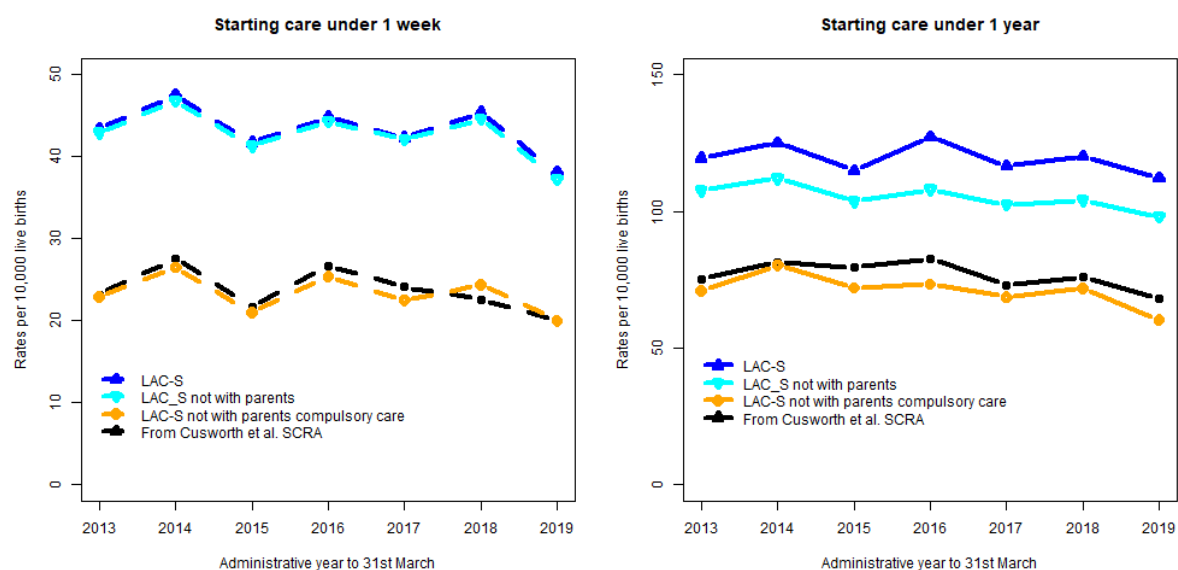


Figure 3 Rates of starting care from 2013/14 to 2019/20 compared to the SCRA data as used by Cusworth et al, the upper two lines in each plot match the data in Figure 2

The black lines in Figure 3 compare Cusworth et al.’s rates with the rates from the LAC-S data (Blue lines) recalculated to match their administrative years. The CLA-S data includes not only a record of every place where a child was accommodated, but also the dates of every legal reason that applied during their time in care. The data from SCRA is reported to the LAs and then returned along with the placement data to the Scottish Government. The data quality of the legal reason data varies by LA¹⁸ and is poorer than information on where the child is placed. Despite these reservations, the legal reason data allows us to recalculate each child’s age at starting care according to how this would be obtained from the SCRA data as follows. Firstly, we exclude children who are cared for at home giving the light blue lines in Figures 2 and 3. Secondly, we recalculate the age at which a child starts care from their age of their first CSO, ICSO or CPO, not counting children in care under S25. The orange lines in Figure 3 present rates based on this approach after both of these adjustments.

The SCRA data for newborns averaged only 53% of the CLA-S data over this period. Adjusting for being looked after away from home made very little difference, as very few newborns entering care are living with their parents; but using the age of first episode of compulsory care brought the two data sources into very close agreement. For all infants the SCRA rate averaged 64% of the CLA-S data. Again, using the start of the first episode of compulsory care had the biggest effect, reducing the difference from 64% to 90%. Adjusting the CLA-S data by excluding those living at home with

¹⁸ In particular the data from Glasgow is reported in less detail than is the case for other LAs.

their parents had a small effect reducing the ratio of SCRA data to CLA-S from 64% to 73%. Using both of these adjustments together (orange line) brings the CLA-S data into reasonable agreement with the SCRA data (93% ratio SCRA to CLA-S). Full details of all these adjustments are in the accompanying spreadsheet.

The most recent NFJO report on Children Born into Care, Pattison et al. (2021), presents rates of children starting care under 1 year and under 2 weeks from the CAFCASS data. These are shown as black lines in Figure 2. The difference between these lines and rates calculated from the LAC-E data (shown in red) are largely due to children starting care under S20 being excluded from the CAFCASS data. We can see that the difference between the red and black lines in Figure 2 has narrowed over the years from 2015 to 2020. This is in line with Bilson and Bywaters' (2020) findings that the number of children starting care under 1 year in England through voluntary measures (S20 1989 Act) has fallen over this period, with a corresponding increase in the numbers starting care with a Care Order (Section 31 Children Act 1989). In Figure 2 the difference between the solid black line and the dashed black line is fairly constant over the years. This means that the increase in children entering care under 1 year in England is mainly being driven by the increase in the rates for those under 2 weeks. More details are presented in the accompanying spreadsheet.

1.4 Starting care by voluntary agreement (S25 or S20)

We have shown that in Scotland a large proportion of children under 1 year and, especially those starting care under 1 week become looked after by voluntary agreement under S25 1995 Act. We can understand this by examining the changes in legal reasons during the first weeks after a child becomes looked after. This was presented in Figure 7 of our original report, an updated version of which is given in Figure 4¹⁹. In their first week most newborns in care enter care either through an emergency application to the Sheriff Court via a Child Protection Order or through a voluntary agreement by virtue of S25. By their second week most infants who started care via a CPO and a large proportion of those in care under S25 will have attended a Children's Hearing and continue to be looked after by virtue of a CSO or an ICSO. The children who start care under voluntary measures quickly become subject to compulsory measures of care; this accounts for the differences between the CLA-S and the SCRA data.

For those entering care in their first week, the changes in legal reasons by their second week will often be in the context of a Child Protection Case Conference (CPCC), see Critchley (2019). The Scottish Child Protection system includes an administrative system involving interdisciplinary multi-agency case conferences and LA-maintained registers of children at potential risk of maltreatment. These can decide whether legal measures to safeguard a child should be taken forward including for children not yet born. When Pre-Birth CPCCs are held the unborn child can be entered on the LA Child Protection Register with a recommendation that a CPO be applied for when the child is born. What is clear is that across the UK pre-birth child protection practices have become more common (Bunting, et al., 2018), with neglect and emotional abuse the central child protection concerns.

¹⁹ There are large differences between by LA in the patterns of legal reasons at the start of care for newborns, The proportion of newborns first in care under Section 25 varies from 60% for Aberdeen City to 22% for North Ayrshire. Some of this may relate to differences in how such data are reported, The data plotted in Figure 3 are in the accompanying spreadsheet.

In Scotland, there are temporal guidelines for these pre-birth CPCCs deciding whether a child should be removed at birth from the mother's care^{20 21}.

This explains the transition from a CPO to ICSOs and CSOs from the second week onwards. The number of infants under S25 also falls from their first to their second week in care. This temporary use of the voluntary route may allow social workers time to evaluate the child's circumstances, for example to evaluate provisions for kinship care. For newborns it would delay the time when a young mother has to face a Court proceeding or a Children's Hearing until after the post-partum period. However, concerns remain about the 'voluntariness' of S25, especially given the quick transfer of cases into the children's hearings. The potential misuse of voluntary measures has been considered by the Supreme Court in relation to equivalent voluntary measures of care in England (S20 1989 Act). Cusworth et al (2021) suggest this is an area that would benefit from further exploration especially given the variation in practice in its use in across Scotland (Anderson et al.2020).

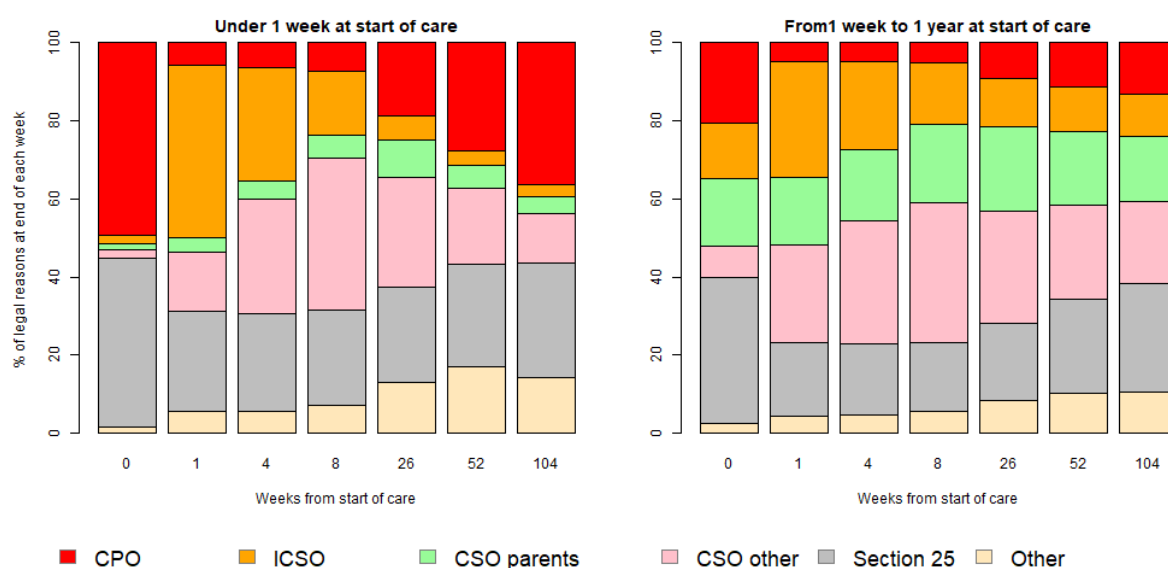


Figure 4 Percentage of first legal reasons by weeks from start of care

To summarise, we find that in England the proportion of **infants** and **newborns** in voluntary care is lower than in Scotland and this proportion has declined over the period 2016 to 2020, continuing the trend reported by Bilson and Bywaters (2020) for greater use of care orders. Over the same period the total number of infants and babies entering care in England has increased. In contrast, in Scotland the much higher proportions starting care under a voluntary agreement under S25 has remained stable over the same period and the total number of infants and newborns entering care, including under S25, has fallen.

²⁰ National Guidance for Child Protection in Scotland 2014, <https://www.gov.scot/publications/national-guidance-child-protection-scotland/> accessed 13 October 2020

²¹ Working together to Safeguard Children 2018 and Wales Safeguarding Procedures outline child protection guidance for each jurisdiction, <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> and <https://safeguarding.wales/chi/> accessed 13 October 2020

1.5 Trends in starting care by first placement type

Figure 5 shows the numbers entering care in Scotland, illustrated in Figure 2, according to their first placement type. The other category could include categories of residential care that do not appear in the data for infants (see legend for Figure 1). The majority of other placements in Figure 4 are those where this information is missing or unknown in the records.

We can see that for both newborns and older infants the main decline has been in the numbers of children starting care with foster parents. The latest report of the Care Inspectorate (2022) shows the decline in the number of approved foster care households over the period 2017 to 2022. The decrease over time is more pronounced in the local authority sector compared to other providers of foster care. This may be part of the explanation for the decline in numbers of children starting care with foster parents.

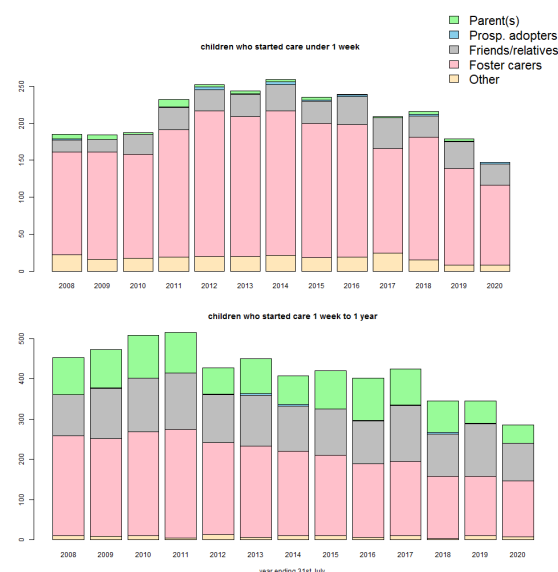


Figure 5 Number of Children entering care in Scotland under 1 year of age by first placement and start of administrative year

Effect of COVID-19 on starting care and on remaining in care

The start of COVID-19 lockdown had a profound effect on the procedures for children of all ages starting and ending their periods in care. From April 2020, children's hearings were mainly held online. The Coronavirus (Scotland) Act (2020), which came into force on 1st April, relaxed some of the requirements for people attending Children's Hearings and increased the lengths of time where some rulings (e.g. ICSOs) remained in force without renewal.²²

The results for all children in care in Scotland by month are illustrated in Chart 2 of the 2021 cross-sectional report, Scottish Government (2022). This shows that the number of children of all ages starting care in April 2020 was only 40% of the numbers in the previous April. A similar decline was seen in the numbers of children ceasing to be looked after. In the following months the numbers starting care persisted in being lower than the equivalent month in the previous year, but the numbers ceasing to be cared for returned to their previous numbers by September of 2020.

²² <https://www.scra.gov.uk/2020/05/coronavirus-legislation-changes-to-the-law/> and <https://www.chip-partnership.co.uk/resources/coronavirus-childrens-hearings-data/>

For children under 1 year, the numbers starting care April 2020 to April 2021 was only 70% of the numbers in the previous year, compared to 40% in England. Figures 6a) and 6b) display the numbers starting and ceasing to be looked after in 4-month periods, with the first period running from December to March, and the last one ending on 31st July.

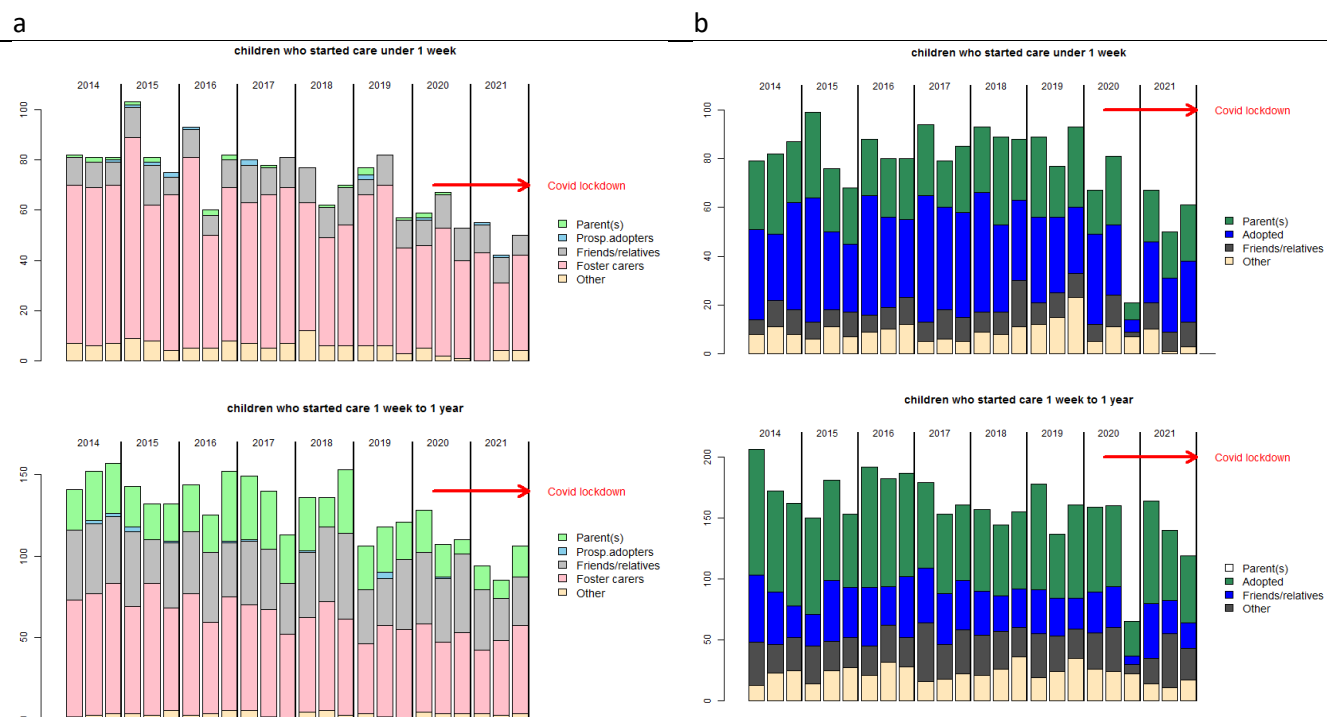


Figure 6: Numbers of children starting care (a) and ending their first episode (b) for all children who started care under 1 year. By four-month periods from December 2014 to July 2021.

We do not see the same sharp reduction in the numbers starting care in the April to July 2020 as was seen for children of all ages, Scottish Government (2022). The pattern for both newborns and older infants could be interpreted as part of a general decline rather than the sudden effect of COVID-19. A sudden change in the numbers leaving care is seen in Figure 6b, but this does not take effect until the 4 month period starting in August 2020 and the numbers rebound in subsequent periods.

A different approach to the effect of COVID-19 lockdown consisted of finding how the rates of first episodes ending changed when lockdown started, using a similar approach to the survival analysis described in Section 6²³. This showed an overall reduction of the rates of leaving care by a factor of 0.7 for the time period starting at April 2020. The greatest reduction in rates (factor of 0.45) was seen for children who had started care under 1 week and leaving care to adoption. This pattern is also evident in the Figure 6b.

A fuller analysis of the patterns of care for all age groups, based on the [dataset described here](#), is in preparation (Soraghan et al. 2023, [Report on 'Looked After' Children Post Covid](#)).

²³ The method used was a Cox proportional Hazards model with lockdown as a time-dependent covariate, and competing risk models for leaving care to different destinations.

1.6 Differences in rates starting care by LA

In this section, we explore the extent to which the rates of infants entering care proceedings vary by Local Authority in Scotland.

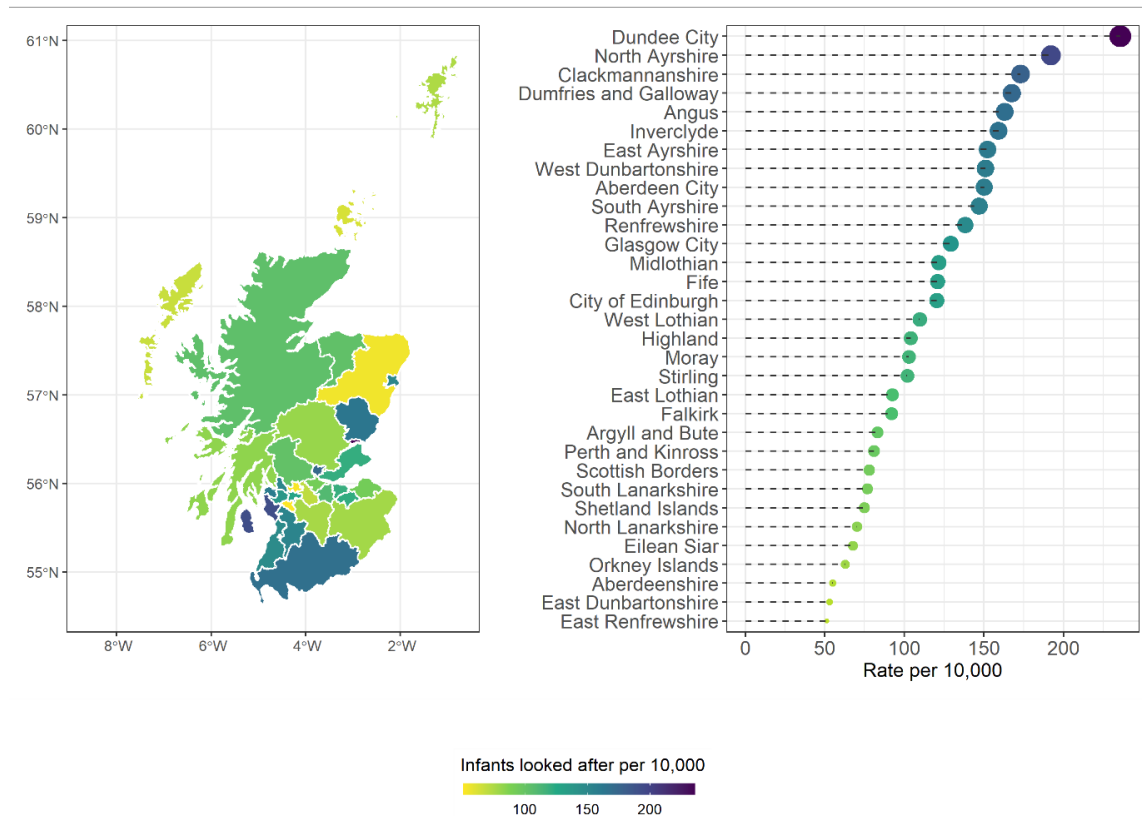


Figure 7 Rates of Children entering care in Scotland under 1 year of age per 10,000 live births by Local Authority

Figure 7 illustrates the overall rates per 10,000 live births in the period 2008-2021, across the 32 local authorities in Scotland. Here, we can observe that Dundee City and North Ayrshire have the highest rates with over 150 infants looked after per 10,000 live births. On the other hand, East Renfrewshire, East Dunbartonshire and Aberdeenshire have the lowest rates with just over 50 infants looked after per 10,000. The ranking of LAs is in good agreement with the LA rates presented in Figure 2 of Cusworth et al. (2022), although the rates are higher because of the differences between the CLA-S and SCRA data described in S2.2.

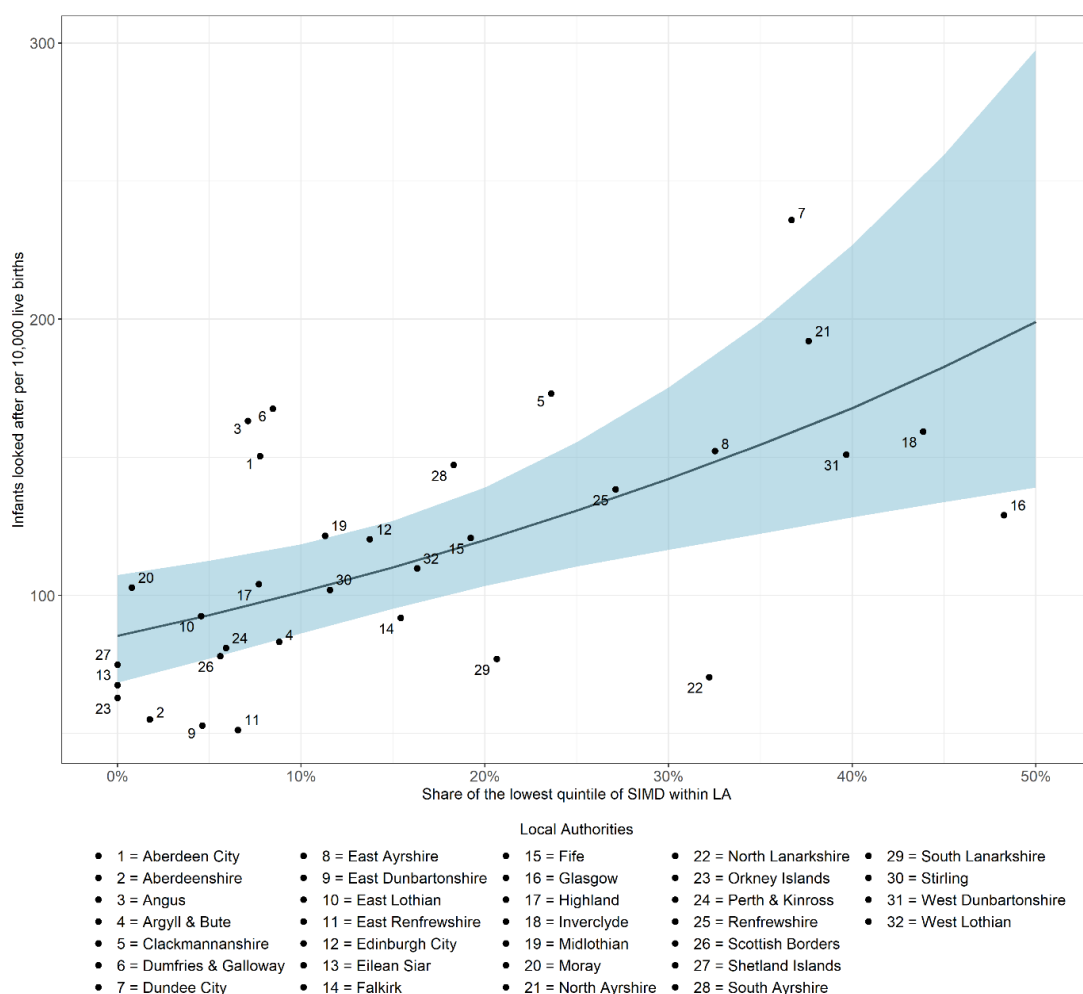


Figure 8 Number of Children entering care in Scotland under 1 year of age per 10,000 live births by Local Authority and SIMD 2016

To assess how these rates are associated with the level of deprivation of each area, we fitted a negative binomial regression for the infant in care rates for each local authority, adjusting by the share of the population living in the lowest quintile of the Scottish Index of Multiple Deprivation (SIMD). We used the cumulative rates over the entire study period (1/4/2008 to 31/7/2021) and for the local deprivation measure, the SIMD 2016. Figure 8 illustrates the predicted rate at each level of the SIMD along with its 95% confidence intervals.²⁴ LAs with rates higher than would be predicted from their SIMD measure are Dundee, Angus and Dumfries and Galloway. Those with lower rates than predicted include North and South Lanarkshire and to a lesser extent, Glasgow.

²⁴ Again results are similar to those presented in Cusworth et al. (2022), despite differences in study period and methodological differences.

Where are newborns and older infants at birthdays to age 12?

In the original report we summarised the children's pathways through care according to where they were placed at each of their birthdays from ages birth to age 7. Figure 8 extends this analysis to age 12, now using all children who started care between 1/3/2008 and 31/7/2021. Lighter shading shows children still in care, while the darker colours are the equivalent location, but no longer in care.

Figure 9 is similar to the version in the original report (as Figure 6) and there is relatively little change between age 7 and age 12. The numbers and rates plotted in Figure 6 are in the accompanying spreadsheet. By ages 7 to 12 just under 50% of children taken into care under 1 week, and 23% of those entering care from 1 week to 1 year, are with adoptive parents. The equivalent percentages for being at home with parents are 20% and 30%.

The percentages in Figure 9 are based on the children who still had follow up data available at each birthday, with the total number of children diminishing at older ages. None of the children starting care from April 2008²⁵ will have reached the ages 12 to 16 where we saw in Figure 1 there is an overall increase in episodes of care starting. But we will show in the next section how this analysis can be extended by looking at individual pathways through care.

There is an increase in the "other"²⁶ group of destinations at older ages. By far the largest group in this category was "Not known".

The numbers of children who are living with friends and relatives, but no longer in care increases at older ages, especially for those starting care over 1 week. Another aspect of this is discussed in Section 5.3.

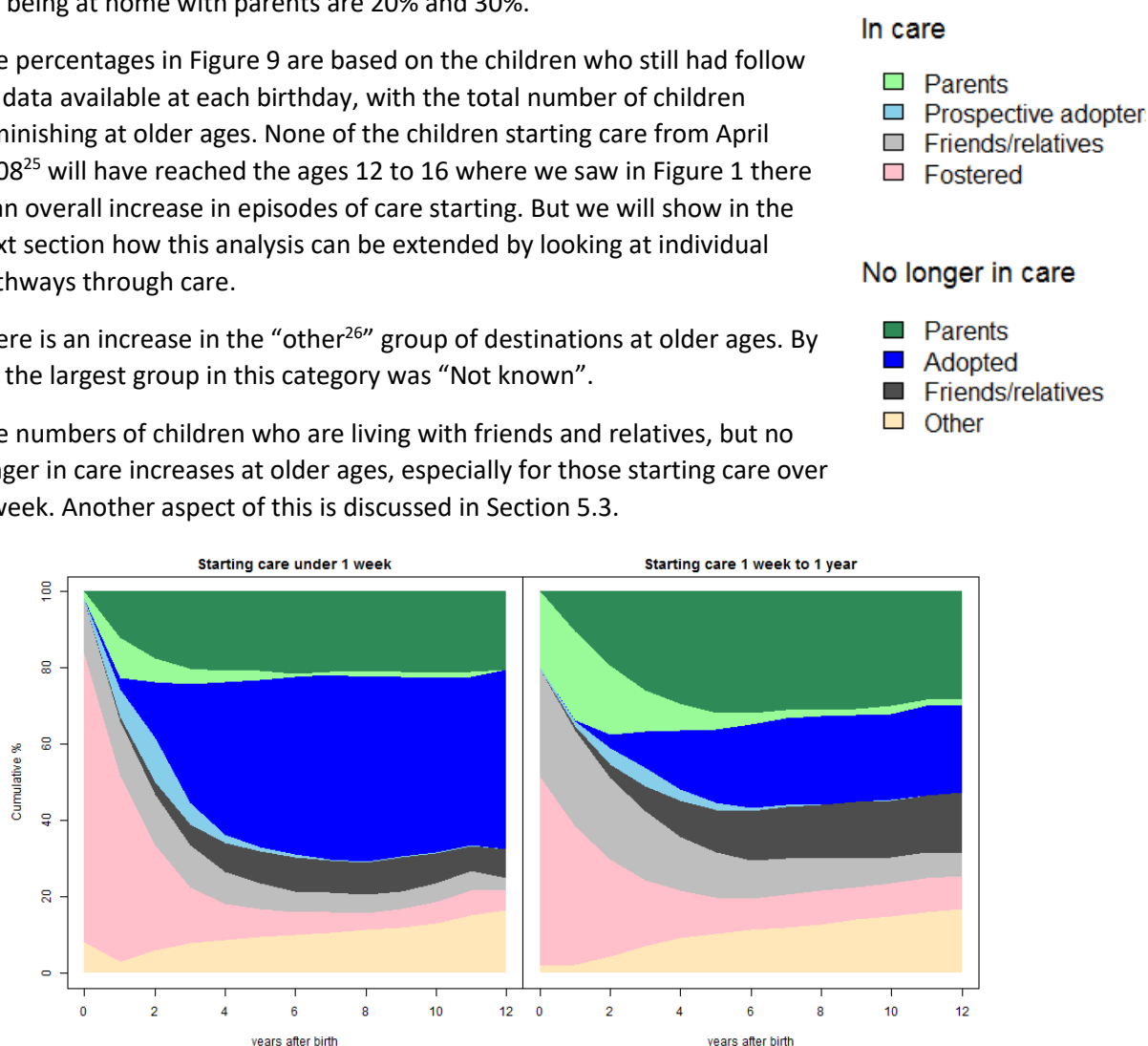


Figure 9 Location of infants at the of care and at ages 1 to 12 years for all infants starting care from 1/4/2008 to 31/7/2021

²⁵ The date from which we have records for every child starting care.

²⁶ See Figure 1. These consist of "Other Community", "LA home", "Voluntary sector home", "Residential school", "Secure accommodation", "Crisis care", "Other residential", "Not known", most of which are not found for the youngest children.

Although the summary in Figure 9 tells us the overall picture for this group of children it does not tell us about the journeys of individual children through care. The apparent stability of this figure disguises a wide range of different patterns of care as children move between different types of care placement and into subsequent episodes of care after their first. In Section 6 we use survival analysis techniques to make a start on understanding these journeys.

Children's pathways through care

1.7 Survival analysis methods

In our data most of the children are only followed up until the end of July 2021, so in some cases we will not know when their current episode of care will end and for more we will not know whether they will continue to have any further episodes of care until the end of their childhood. In Figure 10 we illustrate 5 fictitious possible examples of children's pathways on a Lexis diagram of time (x-axis) against age (y axis). Examples B and C have 2 episodes of care observed while the others have one.

The data we have analysed to look at trends in starting care in Sections 2 and 3 consist of all children who started care from April 2008. The pathways for children starting care as infants at points C, D and E in Figure 9 are in this group. Infant E is still in their first episode at the end of follow up (July 2021); we can say that the length of their first episode is "censored" (i.e. they are in care at this cut-off point but we do not yet know their future care experience). Children who start care from April 2008 are followed for different lengths of time in care, with the earliest group giving from 12 to 13 years of follow-up, but those starting care recently having only very short follow-up times. This allows us to calculate a survival curve, or a "leaving-care-curve", for the first episode for different types of child, but only up to the age of 12 or 13. At every point in time we calculate the proportion of those still being followed up, who survive (i.e. are still in care) by the next time point and we combine the proportions over all children. In Section 6.2 we present an analysis of the length of a child's first episode of care using the group who started care from March 2008.

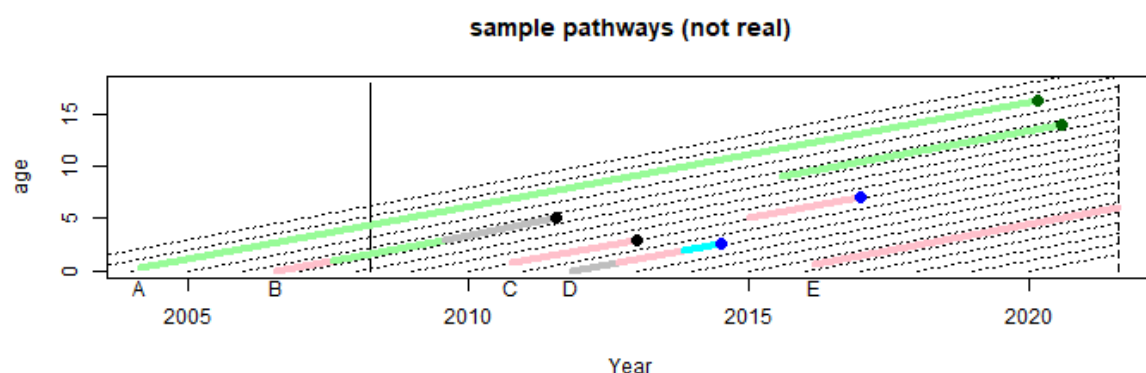


Figure 10 Lexis diagram for patterns of care for 5 sample children, Line segments represents episodes of care coloured according to placement type. The dots at the end of each episode show the destination at the end of the episode. Colour codes are those used in Figure 8.

We also have full care histories for all children who were in care on 1st March 2008 but started care at earlier times. Samples A and B are possible examples from this group, each followed up until they are over the age of 16. This allows us to calculate the leaving-care curves to the end of childhood²⁷.

²⁷ The method used to calculate these estimates of time in care is known as left truncated and right censored survival analysis presented as Kaplan-Meier curves, See for example Bogaerts et al. (2018) or Moore (2016) chapter 3.

We use this method to obtain full leaving-care curves up to age 17 for all the records. We use this approach in Section 6.3 to examine pathways through care for the whole sample. We can think of this as putting together a whole picture of a person from several photos that show different parts of a person's body.

1.8 Length of first episode by first placement type and period of start

The first survival analysis used data for children entering care from 1/4/2008. Figure 11 shows leaving-care curves by the first placement type, and by periods of entering care.

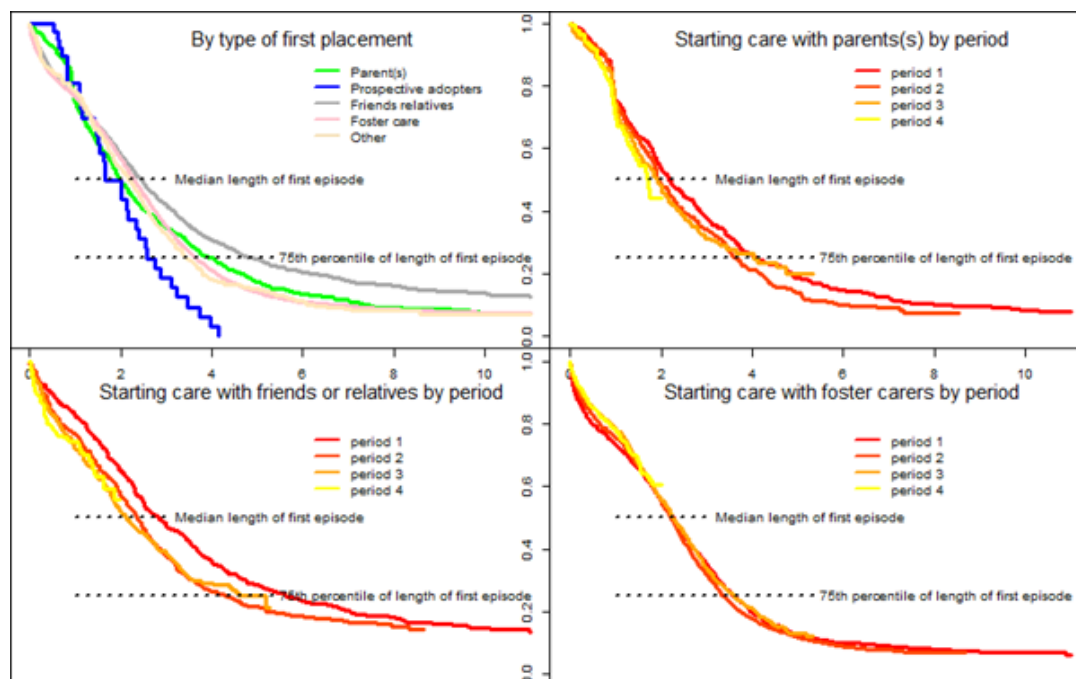


Figure 11 Leaving Care curves for children starting care from 1/4/2008 by first placement type and period starting care when Period 1 is 2008-2011, period 2 2012-2015, period 3 2015-2017 and period 4 from 2018 to 2021.

The top left panel of Figure 11 shows the survival curves for all children by first placement type. The small group of under 40 children over the whole period who start care with prospective adopters shows a different pattern from the others. This group are largely newborns and become adopted steadily over time until all are adopted by four years in care. Most have only a single placement with prospective adopters. The other groups have longer first episodes of care, with those starting care with friends and relatives having the greatest proportion of long episodes. The other three panels in Figure 11 show the other three sub-groups by type of first placement subdivided by four periods of follow-up. Note that the curves for later periods can only be plotted to the maximum follow-up time for the period. The survival curves by periods are fairly close for all three graphs. The biggest difference is for children starting care with friends and relatives, where children are leaving care at a greater rate for the most recent cohort. This pattern may relate to the Scottish Government funding, made available to LAs from October 2015, to allow kinship carers to have allowances matching those for foster carers²⁸.

²⁸ See <https://www.gov.scot/policies/looked-after-children/kinship-care/>

1.9 Survival analysis to the end of first episode or to the end of care

Apart from the last two years, where COVID 19 changes are seen (see Section 3) patterns of care appear to have remained fairly stable over the period. One possible exception is the increase in the rate of leaving care in the most recent period for children who started care with friends and relatives described in the last section. Neither of these differences were large enough to invalidate the summary of the complete data set from the earliest records to the end of follow-up.

We would like to describe a child's full care history, not just their first episode of care, as we did in the last section and in our first report. A complication is that we do not know about future episodes of care for those children who have completed their first episode. To ensure that we include a high proportion of later episodes, we have only used children starting care before 1st August 2014²⁹. We then carried out two survival analyses. The first estimating the length of time from starting care to the end of a child's first episode of care, and the second estimating the length of time to the end of their last episode of care. The analysis used a total of children almost 6,000 children of whom 2,000 started care before April 2008.

We sought methods of grouping children into patterns of care as has been carried out for all children in the CLA-E data by McGrath-Lone et al. (2020). The method they used is not directly applicable to our data because of our censored data³⁰ and because it does not make use of placement types that we found discriminated between patterns of care for infants. We carried out several exploratory analyses of lengths of care by placement patterns but decided on a relatively simple grouping based on where a child was cared for during their first episode of care that we describe in the next section.

1.10 Grouping children by placements in first episode

As we would expect, the length of time a child is in care differs greatly by where they are cared for during their first episode, not just their first placement type that we examined in the previous section. Most children entering care under one year are in the care of their parents, of foster carers or cared for by friends or relatives (kinship care) or with prospective adoptive parents. The definitions we have used to group children are:

- 1 Only parents** All placements in first episode are with parents.
- 2 Only foster care** All placements in first episode are with foster carers.
- 3 Only kinship care** All placements in first episode are with foster carers.
- 4 Any prospective adopters** Any combination of placements in first episode where one or more placements (usually one) are with prospective adopters.
- 5 Foster care and parents** All placements in first episode are either with foster carers or parents, at least one of each in any order or combination.
- 6 Parents and kinship care** All placements in first episode are either with kinship carers or parents, at least one of each in any order or combination.
- 7 Foster and kinship care** All placements in first episode are either with foster carers or kinship carers, at least one of each in any order or combination.
- 8 Foster kinship parents** At least one of each in any order or combination

²⁹The analysis to the end of the last episode of care will miss a few children who will go on to have later episodes 7 years after starting care.

³⁰ McGrath-Lone et al. used historic data for children starting care from 1992 to 1994.

The grouping ignored information on the small proportion of other types of care. This excluded fewer than 40 children who had all records in the “other” category, most commonly just one episode where information on the type of placement was missing.

Table 1: *Properties of 8 groups of children defined by patterns in first episode (Part1)*

Pattern of care in first episode	Total	% Under 1 week	N episodes		N placements			N legal reasons		
			>1	>3	>1	>3	>5	>1	>3	>5
1 Only parents	559	4%	29%	4%	4%			19%	4%	
2 Only foster care	1409	33%	25%	5%	32%	4%	4%	45%	16%	9%
3 Only kinship care	898	17%	17%	3%	18%	1%	1%	51%	15%	9%
4 Any prospective adopters	1234	45%	1%	0%	99%	22%	6%	86%	44%	24%
5 Foster care and parents	828	27%	21%	4%		33%	12%	90%	52%	29%
6 Parents and kinship care	340	10%	19%	4%		14%	5%	91%	39%	20%
7 Foster and kinship care	444	28%	8%	1%		20%	5%	85%	38%	22%
8 Foster and kinship & parents	264	15%	15%	1%		78%	36%	97%	69%	47%
All children	5976	27%	17%	3%	31%	16%	6%	66%	31%	17%

The children in each of the eight groups have very different experiences of being looked after. Table 1 summarises numbers of episodes, and the placements and legal reasons in the first episode for each group. Most children have only one episode of care but 3% have four or more episodes. Those only cared for by parents or only by foster parents in their first episode are the group most likely to have multiple episodes. Many children have a large number of legal reasons in their first episode, especially those with complex patterns of care. This means that the parents can have many discussions with Children’s Hearings during the time their child is looked after.

The largest contribution to this number comes from ICSOs, short term measures, that last only 21 days until they must be renewed, and also from repeated CSOs within long episodes (CSOs must be reviewed annually). Those children who have a CPO or are in care under S25, only have one such reason usually at the start point of care.

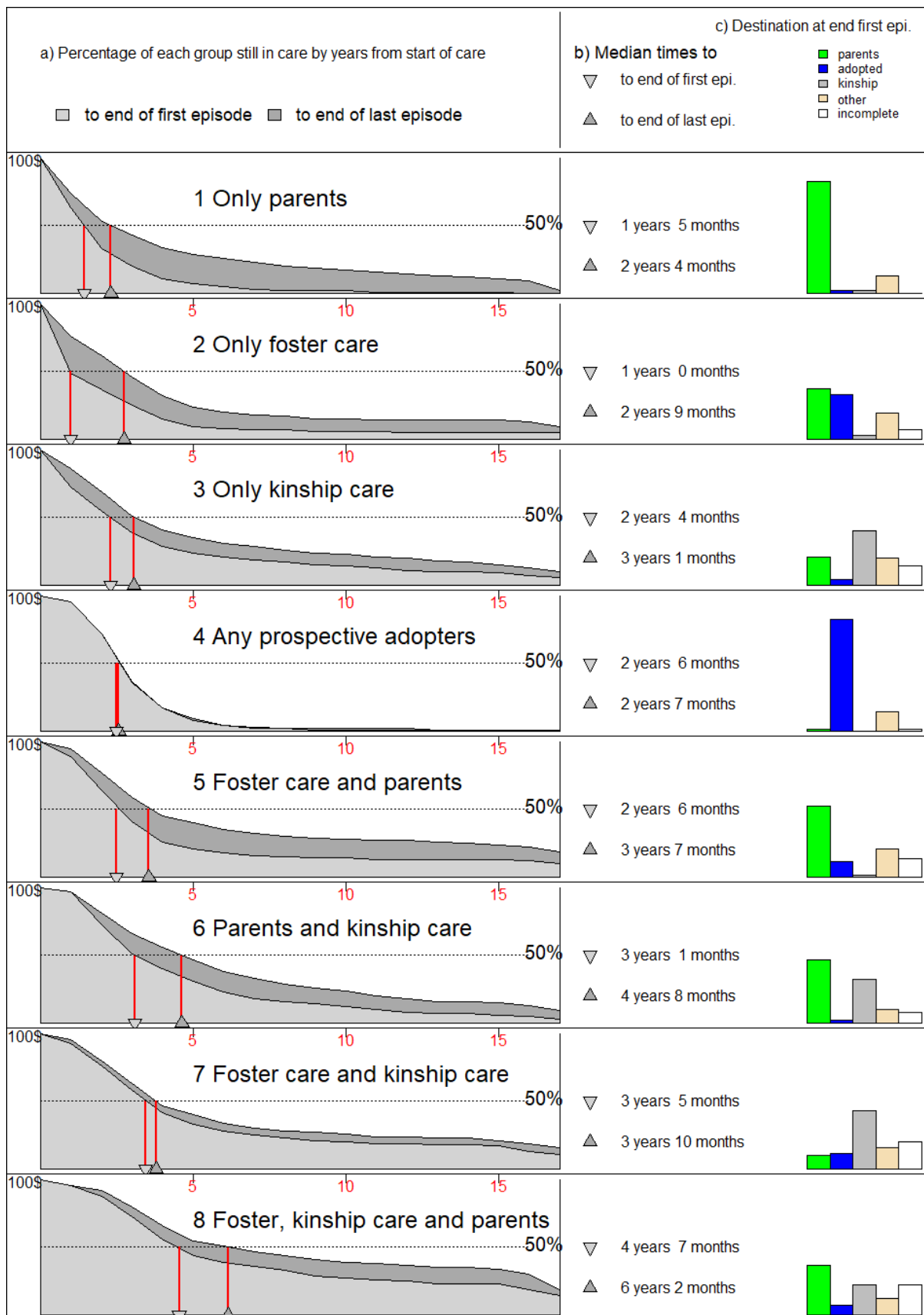


Figure 12 Survival analysis for children starting care under 1 year, by groups from pattern of care in first episode. a) Proportion still in 1st and last episodes by years from start of care. b) Median length of first episode and length of time to end of last episode c) Proportion of destinations for each group at the end of their first episode.

Figure 12 displays the survival curves and median time in the first episode and to the end of the last episode for each group as well as the destinations at the end of the first episode. The upper curve in Figure 12 (dark shading) shows the length of time until the end of a child's last episode of care. Destinations at the end of the first episode, shown in Figure 12³¹, also vary by group. The "other" destination is mainly made up of children where the destination was not known, but a small proportion, under 10% of all "other" destinations, were those such as "former foster carers" or "supported accommodation" that only occur for first episodes ending aged 16 or over (see Figure 1).

A more detailed presentation of the survival analysis shown in Figure 12 is in the accompanying spreadsheet. Table 2 presents some simple summaries from the survival analysis. By age 15 years 7% of children will still be in their first episode of care, and a further 7% will be in a second or later episode. These percentages vary by group and are longest for the groups with more complex first episodes. Groups 1 and 2 have the shortest first episodes, but they are the most likely to have multiple episodes.

Table 2: Details of survival analyses shown in Figure 12

Pattern of care in first episode	% in care at 15 years		Age at end of first episode			
	in 1st episode	in last episode	under 5	5 to 12	13 plus	in 1st episode
1 Only parents	1%	11%	85%	12%	2%	1%
2 Only foster care	5%	14%	83%	7%	3%	7%
3 Only kinship care	9%	15%	64%	16%	5%	14%
4 Any prospective adopters	1%	1%	87%	11%	1%	1%
5 Foster care and parents	13%	24%	65%	12%	10%	14%
6 Parents and kinship care	6%	15%	54%	30%	7%	8%
7 Foster and kinship care	17%	21%	59%	17%	5%	20%
8 Foster and kinship & parents	23%	34%	40%	26%	11%	22%
All children	7%	14%	73%	13%	4%	9%

As expected, a high proportion of Group 4 (83%) are adopted at the end of their first episode (Figure 8). But these children account for only 60% of all the children who were adopted at the end of their first episode. Note that the other 40% of children do not appear to have been placed with prospective adopters. The largest number come from those who were in *Group 2 Only foster care*. This needs further investigation. Some Foster Parents have dual registration as Foster Carers and Prospective Adopters, known as concurrent planning, which may be part of the explanation.

³¹ And also in accompanying spreadsheet.

We now profile the groups.

- **Group 4: Any time with prospective adopters** This group contains a higher proportion of newborns than others. A very small number of children (under 40 in total) are placed with adoptive parents at the start of their care, and these leave care steadily from young ages until age 4 (see Fig 11). The remaining members of this group do not start being adopted until they are between ages 1 and 2 and have many placements in their first episode. At the end of their first episode 83% are adopted. Very few children in this group remain in care beyond primary school age or return for later episodes of care after the first³².
- **Group 1: Only with parents** Very few of this group start care before 12 weeks of age. They have the shortest first episodes (median length 2 years 3 months) and mainly only a single placement and 2 or fewer legal reasons. At the end of the first episode of care 81% are back living with their parents. However, 29% will return for later episodes of care. For 20% of this group their first episode ends after close to 1 year in care³³, the time when a CSO needs to be renewed.
- **Group 2: Only with foster carers** This is the largest group (24% of all children) Many have a short first episode, with half of all episodes lasting less than 1 year, but 25% go on to have later episodes. At the end of the first episode 40% leave care to return to their parents and 35% to be formally adopted.
- **Group 3: Only kinship care** This group is similar to group 2, but with longer periods in care. In particular we do not see the same number of short episodes in the first year that were found in group 1. Also fewer of group 3 compared to group 2 started care as newborns.
- **Groups 5 to 8.** These groups, especially group 8, had the longest and most complex care histories. They are characterised by long first episodes, some lasting into their teenage years as well as large number of placements and of legal reasons. A small proportion are adopted at the end of their first episode³⁴, while the others return to either their parents or to friends/relatives. Note that the groups where parents shared any of the care in the first episode were more likely to go on to have repeated episodes of care.

In this short report we can only summarise the main features of these groups. Further research could describe them further in terms of the detailed patterns of placements and interactions with the Children's Hearings and the Courts.

³² It is possible that some adopted children become looked after at later ages in a different LAs but under their adopted name and unconnected to their birth parents.

³³ The survival curves in the accompanying spreadsheet show this in more detail.

³⁴ See details in accompanying spreadsheet.

Discussion

1.11 Data quality issues

The data used in this report required extensive cleaning and adjusting to make them suitable for longitudinal analyses. This was a joint project with statisticians from the Scottish Government. The process was carried out for the complete data set that included almost 65,000 children in care. Records of placements and legal reasons had to be altered to make them consistent by, for example, adjusting placements within episodes so as to be concurrent and not overlapping. For children who had an unfinished last placement in an earlier year, but no subsequent episodes, the end of the placement was imputed. We attempted to retain as many records as possible and only 0.2% of children had to be excluded from the analysis. Another approach would have been to exclude any children with inconsistent records, but this could distort the trends seen in S2. Children with complicated patterns of care are more likely to have inconsistent records. The data on legal reasons for entering care had more issues with data quality than did the data on placements. There were large differences between LAs in the legal reasons data that could not be due to differences between areas³⁵.

The CLA-S data are available to researchers who apply to carry out a project at the Scottish Centre of Administrative Data Research³⁶. The metadata is available³⁷ as is also a longitudinal user guide detailing the data quality flags³⁸. This **Data Explained document** can be found [here](#).

In an ideal world these data would be checked for consistency with previous returns when they are supplied to the Scottish Government, and corrections made at this stage. Also the protocol for supplying the legal reasons data should be reviewed to improve the quality and consistency of this data.

1.12 Data linkage existing research

The CLA-S have already been linked to other administrative data. The Annual Reports of the Children and Families Directive of the Scottish Government e.g. Scottish Government (2022a) link the CLA-S data to the Child Protection Register. Their annual reports on Education outcomes (e.g. Scottish Government 2022b) link CLA-S to the Pupil Census records, School Leaver Destinations and attainment data throughout school education. These linkages use only a single year's data, so for example, outcomes for school leavers refer to children who are in care in the year they leave school. Linkage is carried out via the Scottish Candidate Number (SCN), so is only possible for school-age children.

Two further linkage studies have been carried out. MacMahon et al. (2018) linked the LAC data to dental health records for school children. More recently, Allik et al. (2021, 2022) have created the Children's Health in Care Cohort (CHiCS) who were in care in 2009/2010 and used their follow-up data over the next 7 CLA-S returns.

³⁵ For example returns from Glasgow usually contain one legal reason per yearly return, whereas other LAs return all legal reasons.

³⁶ See here for how to apply <https://www.scadr.ac.uk/administrative-data/accessing-data> Accessed 2/2/2023

³⁷ <https://www.researchdata.scot/adr-scotland-data-catalogue>

³⁸ <https://www.scadr.ac.uk/sites/default/files/pictures/Longitudinal%20Looked%20After%20Children%20data%20analysis%20-%202020%20-%20User%20guide%20%28no%20logo%29.pdf>

The CHiCS links to education outcomes and NHS data. Both of these linkage studies use the SCN for linkage, and thus do not include those starting care as infants, except to pick up some of their records at a later time.

1.13 Data linkage for children starting care under 1 year

Further linkage of the infants born into care, who are the main focus of this report, will be more difficult. Also, it would be impossible for children who are adopted. However, a linkage of the CLA-S data to the SCRA data (discussed in Section 2.2) could have many advantages, especially for understanding the processes of entry into care and given the rapid conversion from ‘voluntary’ to compulsory measures of care provide a comprehensive map of both processes. It could provide better quality data on legal reasons and their exact timing than those collected as part of CLA-S. The CLA-S data are currently in the process of being linked to SCRA data in Scotland for the Growing Up in Kinship Care³⁹ project. This will provide information on mothers of these infants, with the potential to link them to maternity records. Such a linkage study has already been carried out in Wales (Driffiths et al. 2020).

1.14 Supporting parents and children together?

The removal of an infant at birth or in the first year of life from a parent’s care is a serious intervention by a state. In our previous report ((Raab et al. 2021) we documented such state intervention during an 8 year period to 2017; just over 6,000 infants became looked after during this period.

This update of all infants under 1-year becoming looked after, including those subject to ‘voluntary measures’, indicates that since 2018 there has been a decline in the number of such removals. Nonetheless removal rates remain high. Decisions to remove infants, especially in the first week of life, are complex and troubling for professionals and distressing and disturbing actions for families. They bring life-changing consequences for mothers’ health and wellbeing (Wall-Wieler et al. 2018a, b; Broadhurst and Mason 2019; Critchley-Morris 2022) and introduce instability into the care of infants (Raab et al. 2021) at a critical stage of development.

There is now a considerable body of research in the UK, including Scotland, that examines numbers and patterns of infants becoming looked after and the social and economic circumstances of mothers and fathers. The reports emerging via the NFJO⁴⁰, regarding infants entering care at or around birth in England provide a detailed insight into the circumstances that can lead to such action (see Broadhurst et al. 2018; Pattison et al. 2021; Mason et al. 2022) In Scotland Cusworth et al. (2022) identify similar social and economic environments to the context in England that underpin the removal of infants in both countries. Social inequalities – poverty, housing, exclusion from the labour market – are crucial factors that challenge the capacity of any primary caregivers in providing for their infant. This is particularly acute for care-experienced young people who may lack familial and wider informal support networks.

The NFJO reports (ibid.), Cusworth et al. (2022) find many mothers of infants taken into care are themselves care-experienced. In the Scottish study Cusworth et al. (2022) found over a third (37%) of mothers and a quarter (24%) of fathers were care experienced. The Welsh Adoption Study found more than a quarter (27%) of birth mothers and a fifth (19%) of birth fathers with children placed for

³⁹ Growing Up in Kinship Care, <https://www.scadr.ac.uk/our-research/childrens-lives-and-outcomes/growing-kinship-care>, accessed 15/3/23

⁴⁰ <https://www.nuffieldfjo.org.uk/our-work/newborn-babies>

adoption were themselves care leavers (Roberts et al. 2017). Many infants taken into care have older siblings who are looked after; and many mothers will have lost care of more than one child at or around birth (Broadhurst et al. 2015; Cusworth et al. 2022). Mental health and substance misuse problems have found to be present for a high proportion of parents of infants looked after away from home in both countries (Broadhurst et al. 2017; Griffiths et al. 2020; Cusworth et al. 2022). Parents with learning disabilities represented around a fifth of parents involved in care proceedings in the UK (Hunt et al. 1999; Broadhurst et al. 2017; cited in Cusworth et al. 2022).

There is developing expertise on how best to support parents in caring for their infant and to mitigate any need for such young children to become looked after with services demonstrating positive outcomes (NFJO Insight, 2022). Despite this, services remain underdeveloped. In England services to support mothers (and in some cases partners) who have experienced the removal of more than one child through care proceedings (recurrent care proceedings) remain limited, small scale and vulnerable to cuts in budgets (Mason, c. and Wilkinson, J. 2021). Roberts *et al.* (2021) identifies in Wales a ‘mismatch between support needs and availability for parents in and leaving care’ (p.122). In their Scottish children’s hearings study, Cusworth et al. (2022) suggest that despite timely knowledge of families and pre-birth assessment and planning sufficient supports were not available to meet family needs and they pose the question as to ‘whether opportunities were missed to enable them (families) to stay together after the child had been born’. (p.40). Grant and Cleary (2023) in a small study mapping services and exploring opportunities to begin to share good practice found a shared view amongst professionals that as yet the ‘service landscape’ for parents and professionals tends to be ‘fragmented, complex and inconsistent’ (p.41). They point to the importance of linking up to and sharing opportunities for learning across the UK where similar work is being undertaken. Mason et al. (2022) highlight good practice guidelines and some of the factors that mitigate against such practice, including the effects of resources constraints on preventive services and staff turnover.

The United Nations Convention on the Rights of the Child (UNCRC), provides that the best interests of the child should be the ‘primary consideration’, indeed in Scot’s law the child’s ‘best interests’ have long been paramount. At the same time the Convention emphasises that respect be given to parental rights, responsibilities and duties and responsibilities on States to ensure parents and children have adequate access to material support. Getting it Right for Every Child (GIRFEC) is the cornerstone of policy and practice in Scotland, an approach that maps closely to many Convention rights and takes an ecological approach that understands each child as an individual, as part of a family, all nested within local and national environmental contexts. The Independent Care Review in Scotland (<https://www.carereview.scot>) and the Promise (<https://thepromise.scot>) recognise the impact of poverty and outline importance of the provision of intensive family support.

Conclusion

The [initial 'Infants Born into Care' report](#) was the first population-level study of infant removals in Scotland and the children's pathways in and out of public care. This updated report extends that analysis by a further three years, the last two of which included lockdown due to the COVID-19 pandemic. This report also presents analyses that provide a more developed understanding of placement outcomes and ultimate destinations for infants up to the end of their childhood.

Despite remaining at a high level, we have seen a small decline in infant removals in Scotland in the last three years, in contrast to comparable rates England that have risen over the same period. The COVID-19 pandemic had a much smaller effect on the rate of entry into care for children entering care under 1 year than for older children. Detailed patterns of infants' entry into care over the period of the pandemic suggest that the decline in Scotland could not be explained by the effect of lockdown. We hope that this downward trend will continue, enabling more parents to care safely for their infant.

The updated findings raise further important questions for policy and practice including:

- understanding better the use of 'voluntary' measures (S25, 1995 Act) as an apparent gateway into the children's hearings
- exploring reasons for decline in rates of adoption of children starting care at less than 1 week
- local authority variation in rates of infants starting care irrespective, for some, of their position on the Scottish Index of Multiple Deprivation.

Moreover, the data suggest an early signal of ongoing and longer-term involvement for infants in the Scottish care system is type of placement at the first episode of care: infants cared for only by parents or by foster carers in this first episode are most likely to have multiple episodes of care. Greater investment in prevention and longer-term support could enable more parents to continue to care for their child throughout childhood. This seems especially vital given the high proportion of care-experienced parents who often have more limited support networks. The weaknesses in provision outlined by research suggests the need for serious investment in services that will truly address the needs of infants and their parents with a wide range of formal and informal material and practical supports.

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