The impact of COVID-19 on children and families in Scotland: Understanding needs and services through local social work data

Prepared for the Scottish Government Children and Families Collective Leadership Group

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1. Introduction

This report was prepared by CELCIS in collaboration with local authorities and stakeholders in Scotland to inform the Scottish Government Children and Families Collective Leadership Group's consideration of the impact of COVID-19 on children and families.

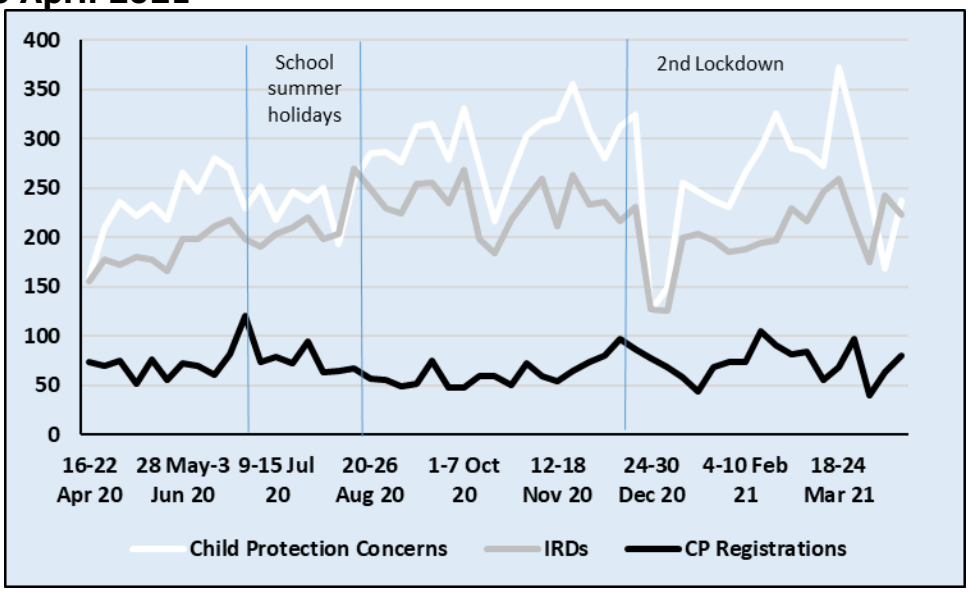
Context

The weekly SOLACE data return[1] provided by local authorities since April 2020 continues to be a key data source in helping to understand how the COVID-19 pandemic has impacted Scotland's vulnerable children and young people. The data has been widely used by Ministers and to inform the Children and Families Leadership Group and local planning.

In analysing the national data, a notable finding is that **an apparent increase in need and demand** – reflected by increases in child protection referrals and inter-agency referral discussions (IRDs) – **is not reflected in increased activity in later child protection stages** (e.g. child protection registrations) or in children becoming looked after[2]. To illustrate this trend, Figure 1 shows:

- The trend was most pronounced between August and November 2020 with the weekly numbers of Child Protection concerns and IRDs high and/or increasing, while the number of new Child Protection registrations was low and/or decreasing.
- Taking into account the 3-4 week timeframe from Concern and IRD through to registration, there was nonetheless a lower IRD to registration conversion rate (c.25%) between August and November 2020 compared to c.35% for the other months where data is available.

Figure 1: Weekly Number of Child Protection Concerns, Inter-agency Referral Discussions and Child Protection Registrations; Scotland; April 2020 to April 2021



Source: Child Protection Concerns and Inter-agency Referral Discussions data provided by Police Scotland; Registrations data provided by local authorities

[1] Results from weekly data collection monitoring the impacts of the pandemic on vulnerable children and families

[2] Local authorities have a responsibility to provide support to certain children and young people, known as 'looked after children'. A child may become looked after for a number of reasons, including neglect, abuse, complex disabilities requiring specialist care, or involvement in the youth justice system

In addition to the data presented in Figure 1, other emerging findings from the weekly SOLACE return are:

- Since April 2020, and notwithstanding weekly variations in the data, the total number of Child Protection de-registrations have exceeded the number of registrations. This means that the **total number of children on the Child Protection Register is lower now than when the pandemic began**.
- Similarly, the **number of children becoming looked after has also fallen** – from approximately 37 children becoming looked after per week in April 2020 to 31 children per week in February 2021.

Aims of the Paper

This paper seeks to better understand and explain the findings that have emerged from the weekly SOLACE data. In particular, the paper aims to answer whether the trends presented above mean that there are vulnerable children and young people whose needs are not being identified and met (i.e. instances of 'hidden harm')?

To help answer this and other questions, the Scottish Government – together with Social Work Scotland, CELCIS, Public Health Scotland, Police Scotland, SCRA, the Care Inspectorate and the Third Sector – committed to a deep dive analysis. This comprised:

- **National partners providing additional data and evidence** to help consider and explain the trends identified above.
- **Semi-structured exploratory interviews with Chief Social Work Officers** and other (social work and data) colleagues from seven volunteer local authorities – namely **Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Dundee City, Glasgow City, North Ayrshire, and Na h-Eileanan Siar**. The interviews centred on the following questions:
    - How has local demand for children's services, and particularly child protection and looked after services, changed since March 2020 compared to previous years?
    - Since March 2020, have there been any distinctive trends (including changing risk factors and needs, and areas of family strength and resilience) across different age groups, and children with a disability?
    - How would you explain the trends above? And are there any trends that you are struggling to explain?
    - In relation to 'hidden harm' among children and young people: where might instances of hidden harm exist or cluster; and how would you identify instances of hidden harm?
    - How do you expect the demand for children's services to change over the coming months as restrictions ease?
    - In terms of the local and national service response, what do you think should be the priority areas for consideration?

This paper brings together the available national data and the views and experiences of social work managers from the seven local authorities to consider the current, emerging and hidden needs of Scotland's children and families. It concludes with a number of areas for consideration where the seven volunteer Chief Social Work Officers believed national attention and action is needed as Scotland emerges from the second lockdown.

2. Trends and Patterns in Vulnerable Children and Young People

This paper draws on the views and experiences of social work managers from the seven volunteer deeper dive local areas to help better understand and explain what impact the COVID-19 pandemic has been having on children, families and the services that support them. While the seven local areas were selected as a representative sample of Scotland's 32 local authority areas, it is acknowledged that the experiences relayed by the seven local areas may not fully reflect the picture in every local authority area. Nevertheless, the findings are felt to provide a robust analysis of the national picture, particularly as the local perspectives are augmented by national statistical and research evidence.

The **national trends of increased child protection concerns and IRDs were recognised in five of the seven local areas**, though only one of these five experienced a notable increase in numbers. The two other areas experienced little change in numbers compared to previous years. Reading across the seven areas:

- Any spikes in activity were found to mirror the seasonal patterns exhibited in previous years – e.g. increases before and after school summer and Christmas holiday periods – with these weeks aligning with the changing of lockdown restrictions in 2020.
- The source of child protection referrals changed with more referrals coming from Police Scotland and the community, while referrals from education reducing when schools were operating remotely or via hubs.

The changing numbers of child protection concerns and IRDs were the subject of local scrutiny and the local areas found that **a higher proportion of the concerns and IRDs required a Child Protection investigation**. To explain, a number of cases were **increasingly complex** and could not be immediately screened out at IRD or Multi-Agency Screening/Safeguarding Hub

In considering these trends, local areas put forward the following potential explanations:

- Well-established local networks of early intervention and preventative supports and services were diminished overnight when lockdown commenced in March 2020 and there was limited remobilisation thereafter.
    - In some areas, Third Sector family support services were particularly affected in their ability to provide in person support, so inhibiting their working with children and families before their needs escalate.
    - Universal services (particularly education while schools were operating remotely) have also been less able to work directly with children and families. However, it was also noted that health visitors and social workers prioritised face-to-face contact for vulnerable families and families with new born babies. This is returned to in Section 3 where the Universal Health Visiting Pathway Child Development Review data is presented. School hubs also remained open with attendance by vulnerable children prioritised.
- Practitioners and managers may understandably have more readily called for an IRD for reassurance and on the grounds of caution, because

services have had less direct contact with children and families (for example, early years settings and schools were operating remotely or via hubs and the delivery of face to face contacts was impacted significantly during restrictions). Such was the concern for some children and young people, professionals may have sought an IRD to ensure a firm focus on risk was maintained and supports to mitigate this discussed formally. The spike in August (summer leave and post lockdown) might be accounted for by managers being less familiar with individual cases and therefore calling for an IRD.
- Similar to the point above, more IRDs have been called because practitioners have had less opportunities to (informally) discuss cases with colleagues and partner services.

At the child protection investigation stage, the **main concerns** were found to be:
- **Child or young person's mental health** (see Box 1 overleaf).
- **Parental mental health**.
- **Domestic abuse**.
- **Problematic parental alcohol or substance use**.
- **Neglect**.
- **Emotional abuse**.

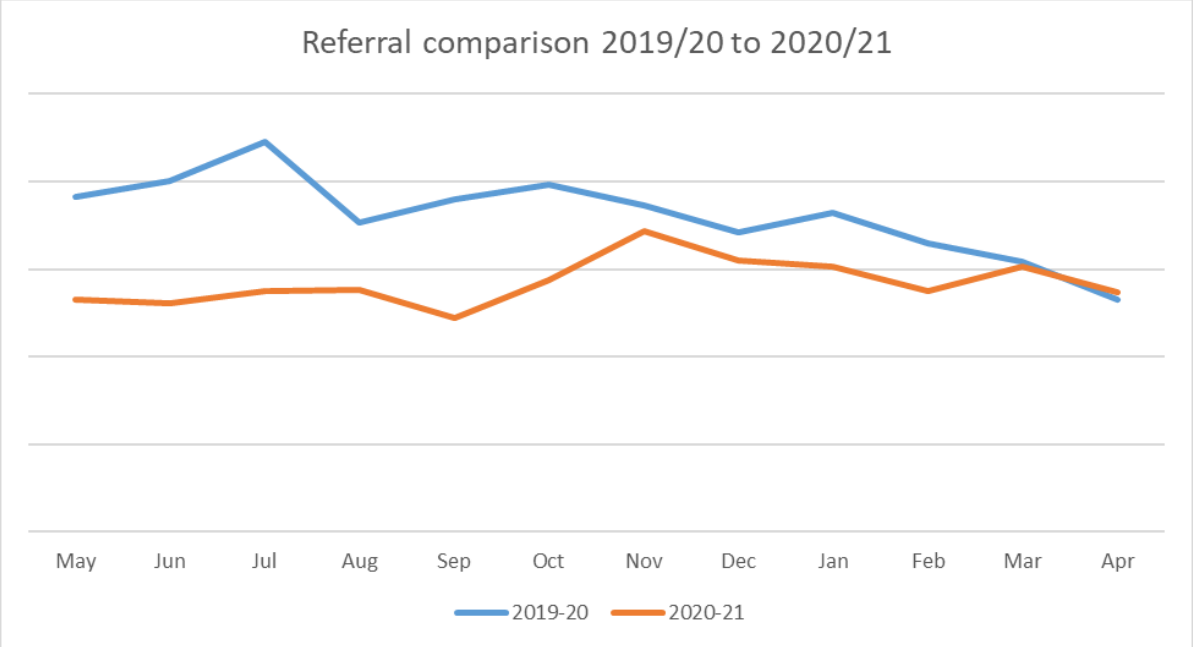
These were commonly identified concerns before the COVID-19 pandemic but local areas reported that these concerns had become more prevalent.

A further source of data that relates to earlier stage child protection and care activity is the **number of, and grounds for, referral to the Children's Reporter**.

Figure 2 shows:
- The number of referrals to the Children's Reporter fell significantly across 2020, especially in the first six months of the pandemic when compared with the prior year. Actual numbers for this and other measures will be published in SCRA's Official Statistics.
- In analysing children with Reporter decisions on referrals, no significant changes can be identified (as seen in Figure 3) but there has been:
    - A small proportional increase in referrals due to a lack of parental care.
    - A small proportional decrease in referrals due to close connection with a person who has carried out domestic abuse.

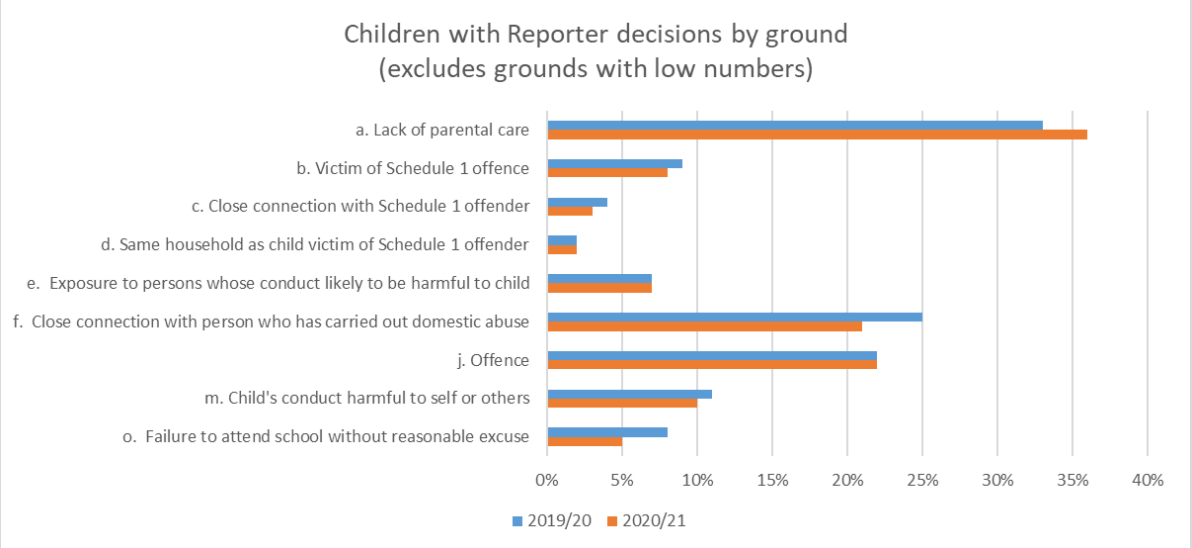
Additional data provided by the Scottish Children's Reporter Administration records the source of referrals and that data shows:
- The percentage of referrals from Social Work increased from 15% in 2019/20 to 18% in 2020/21.
- The percentage of referrals from Education decreased from 5% in 2019/20 to 3% in 2020/21.
- The percentage of referrals from Police Scotland, Health and other sources largely remained unchanged.

Figure 2: Referrals to the Reporter, Scotland



Source: Scottish Children's Reporter Administration

Figure 3: Children with Reporter decisions by ground, Scotland



Source: Scottish Children's Reporter Administration
Note: Schedule 1 offences are against children & young people including sexual assault & abuse or infliction of bodily injury

Box 1: Spotlight on Children and Young People's Mental Health

Focusing on child or young person's mental health, there are two main sources of data: the COVID-19 Early Years Resilience and Impact Survey (CEYRIS) study which provides data on 2-7 year olds; and data for Child and Adolescent Mental Health Services (CAMHS).

Beginning with the **COVID-19 Early Years Resilience and Impact Survey (CEYRIS)** study – a survey with a sample of 8,000 and 5,000 participants for its first and second waves respectively and using validated tools, such as the Strengths and Difficulties Questionnaire found:

- **Children's sleep appears to have worsened** when compared to a 2019 baseline:
    - 30% of 2-4 year olds were reported to be sleeping through the night in March-August 2020, compared to 38% of 3 year olds in 2019.
    - 50% of 5-7 year olds were reported to be sleeping through the night in March-August 2020, compared to 60% of 4-5 year olds in 2019.
    - Overall, sleeping was most affected during the first lockdown. Parents reported 33% of children were sleeping worse in June 2020, but this had improved to 17% of children in November 2020.
- **Children's concentration and eating** were also affected, but had improved since the first lockdown.
    - 40% of parents reported that their children's concentration had got worse in June 2020, but this had improved to 12% of children in November 2020.
    - 32% of parents reported that their children's eating had got worse in June 2020, but this had improved to 19% of children in November 2020.

The CEYRIS study also reports on the **Strengths and Difficulties Questionnaire** (SDQ) to assess 2-7 year old children's behaviour and emotions. The data indicates an improvement between the first and second lockdown, however these are still lower than the 2019 baseline.

- For 2-3 year olds, 53% of children in June 2020 scored close to average in their total difficulty score, rising to 61% in November 2020, but still below the 66% of 3 year olds in 2019.
- For 4-7 year olds, 61% of children in June 2020 scored close to average in their total difficulty score, rising to 69% in November 2020, compared to 85% of 4-5 year olds in 2019.

More indicative of mental health needs among older children is the **Child and Adolescent Mental Health Services (CAMHS)** data provided by Public Health Scotland. It shows:

- Referrals to CAMHS dipped at the onset of the first lockdown but then consistently increased until September-November 2020. Referrals to CAMHS from January-March 2021 have since decreased.
- This pattern of referrals can be seen across all age groups and both genders, albeit referral levels have been notably higher from May 2020 onwards compared to previous months for:
    - **Girls**.
    - **13-16 year olds**.
    - **Children living in Scotland's 20% most deprived neighbourhoods** (Scottish Index of Multiple Deprivation [SIMD] 1 Area.

Figure 4: CAMHS Referrals by Age Group, Scotland

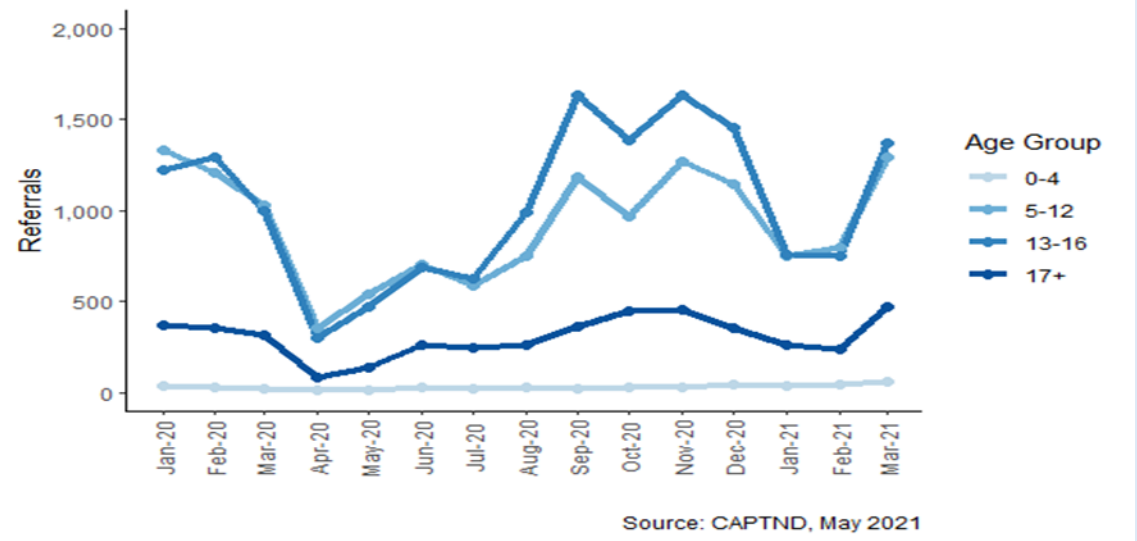


Figure 5: CAMHS Referrals by Gender, Scotland

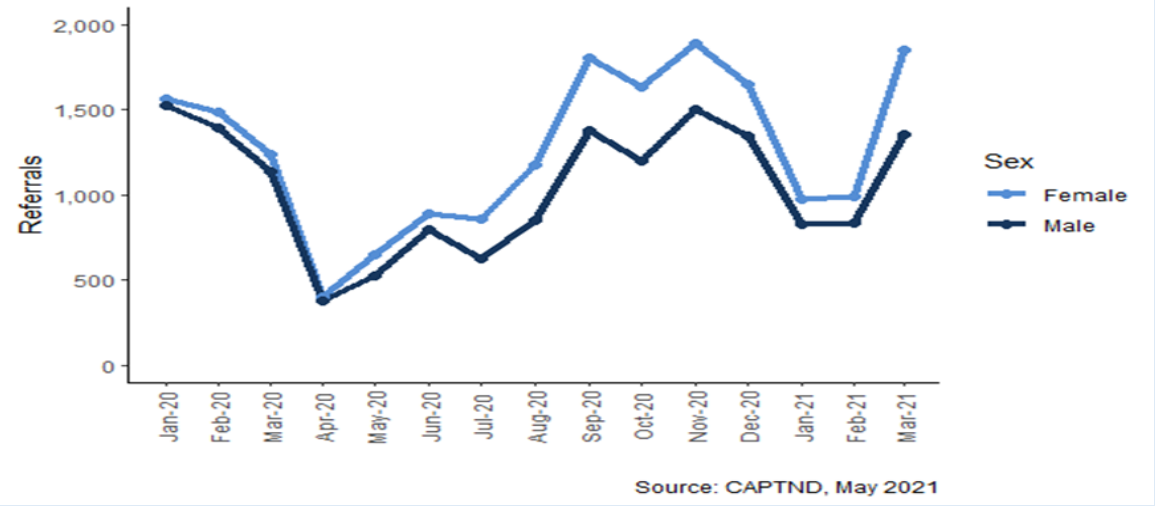
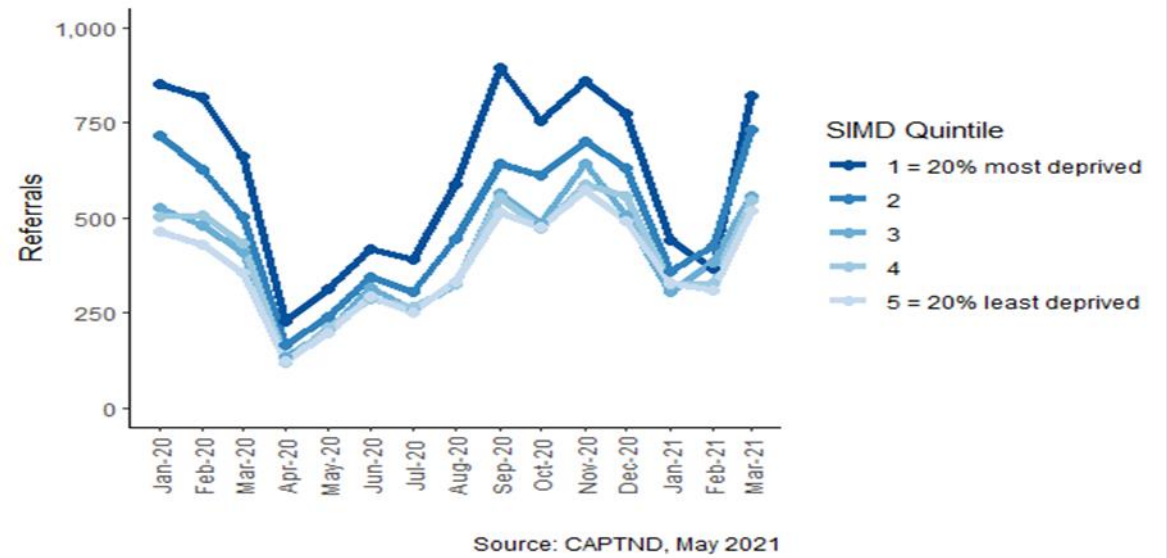
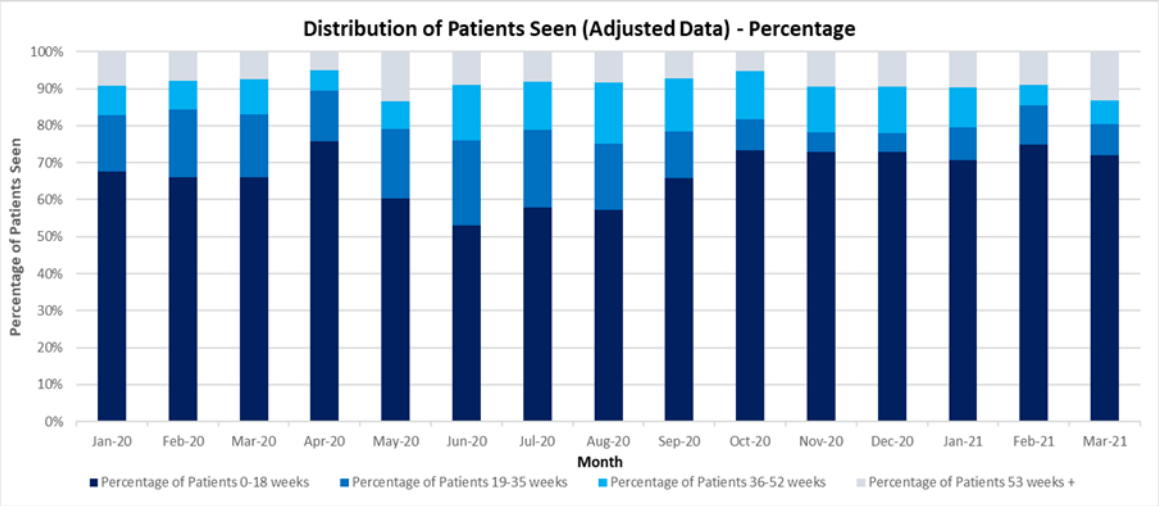


Figure 6: CAMHS Referrals by Scottish Index of Multiple Deprivation quintile, Scotland



With regards to waiting lists for CAMHS services, the **average number of weeks to be seen increased at the onset of the pandemic** with waiting times longest in June-August 2020. However, these have since improved to over 70% of patients being seen within 18 weeks from referral and similar to pre-pandemic levels.

Figure 7: Waiting Times before Patient seen by CAMHS by month, Scotland



Source: Public Health Scotland

For the **18-24 year old age group**, the NHS Scotland Chief Scientist Office funded *'Coronavirus: Mental Health in the Pandemic'* research undertaken by the Mental Health Foundation consisted of a survey of 2,000 Scottish residents. Comparing 18-24 year olds with older age groups (25-34s; 35-44s; 45-54s; and 55 years and over), the multi-wave, online survey study found:

- **Loneliness** (38%) and **hopelessness** (27%) were most prevalent among 18-24 year olds.
- Over 50% of 18-24 year olds had worries and concerns around:
  - **Being away from friends or family.**
  - **Coping with uncertainty.**

Finally, the COVID-19 Early Years Resilience and Impact Survey (CEYRIS) study provides data on **parent's mental health and wellbeing** via the Warwick-Edinburgh Mental Well-being Scale. For Scotland as a whole and compared to an average, pre-pandemic score of 25:

- Parents' wellbeing had fallen to 20 in June 2020…
- …and only risen marginally to 21 in November 2020.

The concerns of child or young person's mental health, parental mental health, domestic abuse, problematic parental alcohol or substance use, neglect, and emotional abuse can also be seen in national data and research provided by Third Sector organisations. Box 2 shows the prominence of:

- **Child and young people's mental health, anxiety and isolation** (sometimes leading to self-harm, substance use and suicidal thoughts).
- **Parental concerns** spanning adult's mental health, alcohol and substance use.

Box 2: Data and Research provided by Third Sector Organisations

Children 1st's Parentline service has seen a sharp increase in service use and increasingly complex and multiple support needs from families using the service. Operating in Scotland only:

- Call and support activity in terms of number of families receiving support, number of support sessions, and number of children concerned have all increased by 15-20% in 2020-21 compared to 2019-20 volumes.
- From a list of 44 different concerns used by Children 1st, the main concerns recorded in 2020/21 were:
  - **Emotional Wellbeing –** noting that 57% relate to the adult's own emotional wellbeing needs and 43% to the child's.
  - **Family Relationships**.
  - **Behaviour**.
  - **Coronavirus**.
  - **Contact & Residency**.
  - **Parenting**.
  - **Mental Health/Depressive Disorder**.
  - **School and Education**.
  - **Money/Employment Issues**.
- Of these concerns, emotional wellbeing and money/employment issues saw the greatest increase compared to 2019/20. In contrast, the number of 'school and education' and 'mental health / depressive order' concerns fell.

Childline is a frontline service built on a model of listening and empowering children and young people.

- With the caveat that the UK region is not always disclosed or recorded, there were c,1200 monthly counselling sessions in Scotland for April-May 2020, but levels have fallen to c.800 monthly average between August 2020 and January 2021.
- The five main concerns are:
  - **Mental and emotional health** (c.40% of sessions).
  - **Suicidal thoughts and feelings** (c.12% of sessions).
  - **Family relationships** (c.10% of sessions).
  - **Self-harm** (c.5% of sessions).
  - **Sex / relationships / puberty** (c.4% of sessions).

The **NSPCC Helpline** is a service for adults – both professionals and the public – who are worried about a child. Scotland only data is available for when NSPCC Helpline professionals share information with local agencies – i.e. make a referral.

- Monthly referral data for Scotland shows that referrals increased from 114 referrals between January-March 2020 to an initial peak of 217 referrals in July 2020. Numbers of monthly referrals then dipped but then rose again to a monthly average of 240 referrals between October 2020 and January 2021.
- The five main reasons for Scotland's referrals in January 2021 are:
  - **Parent / adult health or behaviour** (46% of referrals).
  - **Physical abuse** (18% of referrals).
  - **Neglect** (18% of referrals).
  - **Emotional abuse** (7% of referrals).
  - **Sexual abuse** (4% of referrals).

The wider Third Sector data also highlights key issues that demonstrate the additional stresses and strains that families and care experienced young people faced during the pandemic. Box 3 shows:

- **Family pressures related to poverty, job security and welfare payments** – with demand for financial support appearing to peak at the start of the first lockdown, falling away in summer 2020, and then increasing on a consistent basis to spring 2021.
- **More strained family relationships.**
- **Care experienced young people** reporting that they received less support during the pandemic and experienced a worsening of their mental health.

Box 3: Data and Research provided by Third Sector Organisations (Continued)

Monthly data for **Aberlour's Urgent Assistance Fund** for four of the seven local authority areas (Argyll & Bute, Dundee City, Glasgow City and North Ayrshire) shows that combined monthly expenditure:

- Increased from £19,700 in March 2020 to £96,000 in May 2020.
- Dipped to £15,000 in October 2020.
- Before increasing again to £43,000 in March 2021.

Two sources of **foodbank use** in Scotland have been identified – the two offering quite contrasting pictures of uptake over the last 12 months.

- The **Trussell Trust annual data shows use in Scotland fell** from 238,561 parcels in 2019/20 to 221,554 parcels in 2020/21 (noting there had been year-on-year increases in use from 2014/15 to the 2019/20 peak). Scotland was the only one of the UK's 12 regions to have experienced a fall in demand in 2020/21; the other regions all saw demand increasing in 2020/21.
- **Independent Food Aid Network data** (covering 56 foodbanks in Scotland outside of the Trussell Trust) shows that monthly 3-day parcels increased from an average of 13,800 parcels in April-July 2019 to 30,700 parcels in April-July 2020. The main reasons reported for use of the foodbanks in April-July 2020 were:
    - Current benefits insufficient to be able to afford food – c.95% of users.
    - Benefit changes causing payment delay – c. 68% of users.
    - Newly unemployed and waiting for Universal Credit – c.67% of users.
    - Paid income insufficient to be able to afford food – c.67% of users.
    - Unable to access food due to self-isolation or other reasons but able to afford it – c.62% of users.

A February-March 2021 survey of **Action for Children's staff in Scotland** (*n* = 107 staff) reported that the current worries children, young people and families they were working with are:

- **Education** – 44% of staff respondents.
- **Financial** and family budgetary pressures – 39% of staff respondents.
- **Jobs** security and job losses – 38% of staff respondents.
- **Mental health** (increasingly driven by anxiety, isolation and feelings of depression; and one in five staff reporting an increase in young people or families either self-harming or misusing substances as a result) – 37% of staff respondents.
- **Physical health** – 4% of staff respondents.

When asked had they noticed any changes in relationships – between staff and families as well as in the families themselves - due to the pandemic, staff reported

increased **family pressures, but also positive features** such as increased engagement with services and families coming closer together:

- Families more strained - 29% of staff respondents.
- Families more willing to engage with services - 12% of staff respondents.
- Families more dependent on services - 11% of staff respondents.
- Families more distant - 10% of staff respondents.
- Families brought closer together - 9% of staff respondents.

A February 2021 **Who Cares? Scotland membership survey** completed by 95 care experienced individuals found:

- 77% of care experienced respondents reported that they had received **less support from professionals** (including teachers/lecturers, social workers, doctors) during the pandemic.
- Respondents reported feeling:
  - **Worried** – 90% of respondents.
  - **Anxious** – 83% of respondents.
  - **Depressed** – 83% of respondents.
  - **Lonely** – 76% of respondents.
  - **Vulnerable** – 62% of respondents.
  - **Tired** – 17% of respondents.
- In terms of their **mental health,** 54% of respondents reported it to be 'much worse'; and 32% 'somewhat worse'.
- In terms of **connectedness with family and friends**, 35% of respondents reported feeling 'very disconnected'; and 41% 'somewhat disconnected'.

Wider national published data sources reinforce the Third Sector data and research. For example:

- In relation to **child and family poverty**, different data sources show an increase in demand for financial support in the first lockdown. A dip then followed in summer 2020 but demand has since gradually increased.
  - Scottish Government Free School Meals data for April to July 2020 showed uptake for **Free School Meals** increased from 140,700 in April 2020 to a peak of 176,250 in June 2020, before falling back to 160,423 in July 2020.
  - Scottish Welfare Fund **Community Care Grants** showed an increase from 4,940 grants in April 2020 to a peak of 8,228 grants in September 2020, before a small reduction to 8,025 grants in February 2021.
  - Scottish Welfare Fund **Crisis Grants** showed an April 2020 spike of 31,830 grants, then fell back to 19,145 grants in July 2020, but has since increased gradually to a secondary peak in January 2021 of 29,877 grants.
- In relation to job security, monthly unemployment (Claimant Count data encompassing Universal Credit claims) shows:
  - **Unemployment among 16-24 year olds** in Scotland increased from 21,600 average monthly claimants between January and March 2020 to a peak of 46,500 claimants in July 2020, before falling slightly to 40,000 monthly average between January and March 2021.
  - The post summer 2020 decrease can most likely be attributed to the start of college and university courses, as unemployment levels among 25-49 year and 50 years and over age groups have

remained stubbornly high – noting many of these people will be parents or carers of children and young people.

Before considering the experience of the seven local areas, three further pieces of national data that have been shared relate to the age of children registered, the number of child and young person deaths, and the number of children who have died while in care.

With regards the **age of children registered**:

- By age group, national Child Protection registration data held by Scottish Government which allows comparison between August 2019-March 2020 registrations and April-July 2020 registrations shows that there were **no distinct patterns identified between different age groups** (see Figure 8), a finding reinforced by the seven local areas' experience.
- However, **concerns related to unborn children may have increased** – a finding that is also reflected in the experience of four of the deep dive local authority areas.

Figure 8: Age of Children Newly Registered on the Child Protection Register, Scotland

	August 2019 – March 2020	April 2020 – July 2020
Unborn children	16%	20%
0-4 year olds	38%	34%
5-11 year olds	34%	34%
12-15 year olds	11%	11%
16 year olds	<1%	<1%

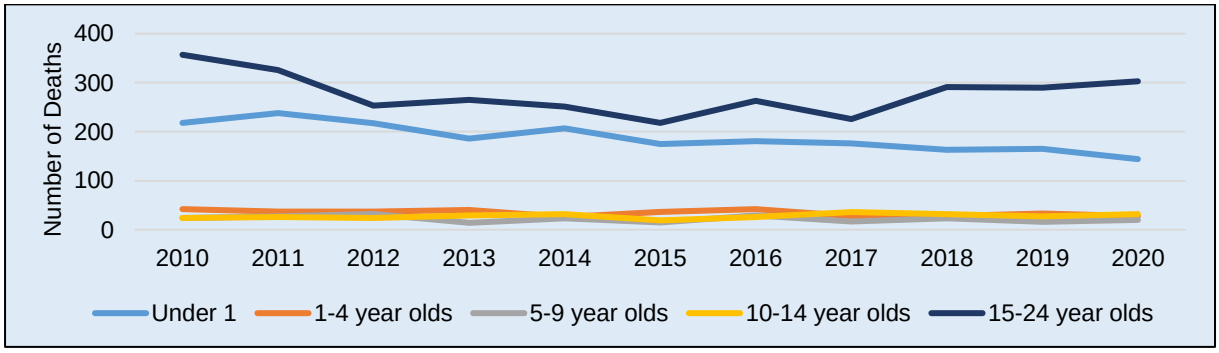
Source: Scottish Government Children & Families Analysis

For **child mortality data**, it is important to understand that numbers of child death are small and as such there is often *chance* variation seen in the data. Changes in population size can also influence the data year on year. With these caveats, Figure 8 shows:

- In the decades preceding the COVID-19 pandemic, there has been a continued gradual reduction in the number of deaths of children and young people in Scotland.
- The **long-term trend of child deaths falling has largely continued in 2020** – for example, there were:
    - 144 deaths of under 1 year olds in 2020; compared to an annual average of 172 deaths between 2015-2019.
    - 28 deaths of 1-4 year olds; compared to an annual average of 33 deaths between 2015-2019.
    - The 20 deaths of 5-9 year olds in 2020 matched the 2015-2019 average.
    - The 10-14 year old age group saw a very slight increase in the number of deaths, from 28 per year in 2015-2019 to 32 in 2020. Three deaths in 2020 for this age group were caused by intentional self-harm, assault, and undetermined intent.
- **However, the 15-24 year old age group present different short- and medium-term trends**:
    - In the years immediately preceding the pandemic, deaths increased from 218 deaths in 2015 to 290 deaths in 2019. Drug-related

deaths, suicide and other external causes of death help to explain this worsening trend.
- In 2020, there were 303 deaths among 15-24 year olds, compared to an annual average of 258 deaths between 2015-2019.
- The most common causes of death among this age group in 2020 were:
  - Other ill-defined and unknown causes (104 young people).
  - Intentional self-harm, assault, and undetermined intent (97 young people).
  - Transport accidents (19 young people).
  - Diseases of the circulatory system (14 young people).

Figure 9: Annual Childhood Mortality by Age Group, Scotland



*2020 figures are provisional

Further data has been provided on the **number of deaths of children with experience of care**. Local authorities are required to notify the Care Inspectorate of the death of a looked after child and the death of any young person in receipt of continuing care of aftercare services[3]. Figure 10 shows:

- The numbers of deaths of children looked after or in continuing care are largely unchanged compared to previous years.
- However, there was an **increase in the recorded number of deaths of young people in throughcare and aftercare**, from 4-7 in 2016-18 to 12 in 2019 and 15 in 2020[4].

Figure 10: Total Deaths reported to Care Inspectorate, Scotland

	2016	2017	2018	2019	2020
Deaths of looked after children	5	8	9	6	7
Deaths in continuing care	0	0	1	3	2
Deaths in throughcare and aftercare	6	7	4	12	15
TOTAL	**11**	**15**	**14**	**21**	**24**

Source: Care Inspectorate (January-December data)

[3] The number of deaths of children with experience of care are based on the data received by Scottish Government on such notifications. They do not include deaths of young people not in receipt of a service, such as children aged under 16 who have left care, other care leavers not in receipt of a service, or those young people above the age threshold for aftercare support.
[4] There has been an increase in confidence in recording of deaths of young people in throughcare and aftercare since recording began in 2015, which might explain some of this increase shown in Figure 10.

Turning to the local intelligence and experience, Figure 11 presents the distinctive trends and patterns identified by the seven local areas across different groupings of children and young people.

- As expressed earlier, the main child protection concerns were found to centre around child or young person's mental health, parental mental health, domestic abuse, problematic parental alcohol or substance use, neglect, and emotional abuse.
- By age group, there were no distinct patterns aside from views expressed relating to increased child protection concerns among unborn and new born children; and mental health and anxiety increasing in prominence among secondary school children and young people.
- However, in addition to these concerns, other identified groups by local areas in need of support were:
    - **Isolation for young people and families with disabilities.**
    - **Increased family poverty and inequalities.**
    - Maintaining connections and support for **Eastern European communities.**
    - **More fractured and fragmented transitions for care leavers**.

Figure 11: Local Experiences of Different Child and Young Person Groupings

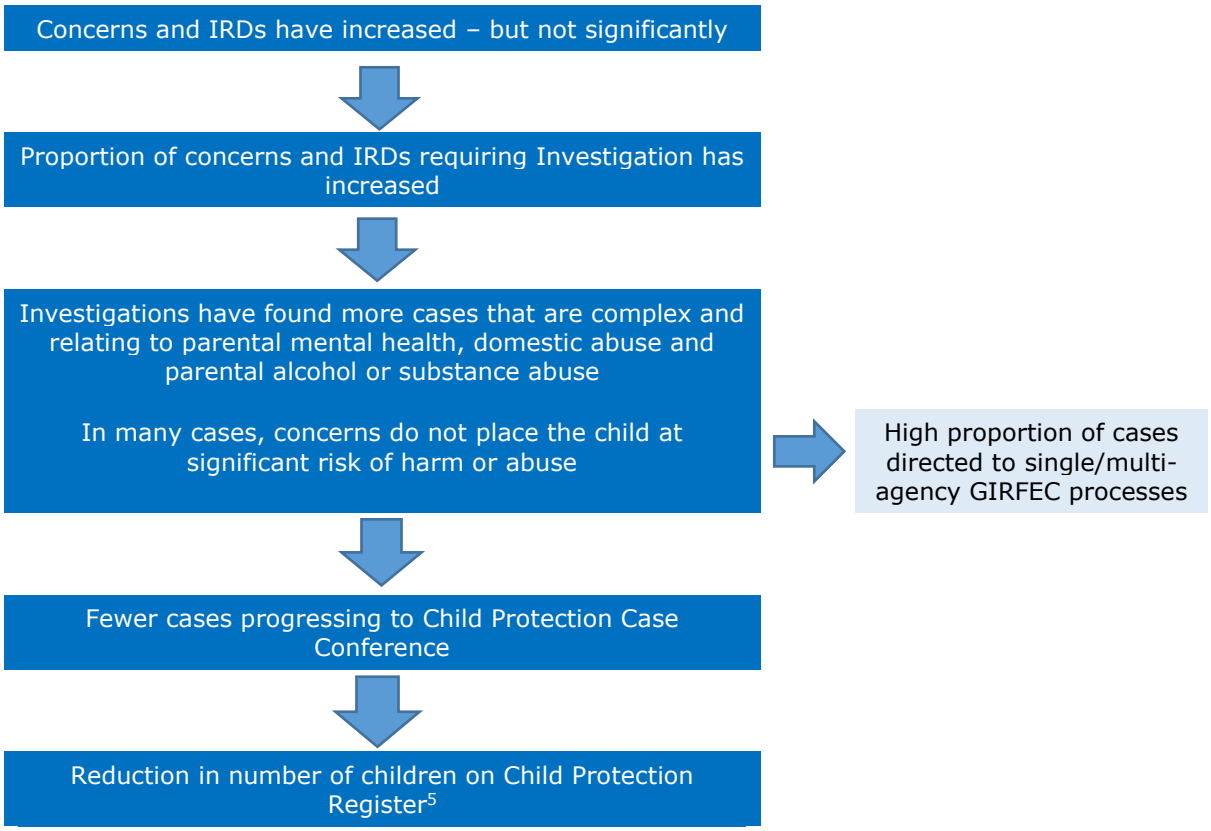
	Aberdeenshire	Argyll & Bute	Dumfries & Galloway	Dundee City	Glasgow City	North Ayrshire	Na h-Eileanan Siar
Pre-birth and first year of life	• No distinct pattern	• Small increase in number of pre-birth registrations	• Increased concerns around young parents to ensure they have protective supports truly in place	• Unchanged – Dundee continues to have high proportion of pre-birth registrations	• No distinct pattern – and point to positive impact of enhanced Health Visitor provision	• Housing/community issues (e.g. cramped or overcrowded housing conditions) more prominent	• Small numbers may not indicate a trend, but small increase in number of pre-birth and first year of life concerns identified
Under 5s	• No distinct pattern	• No distinct pattern	• Challenges accessing Hub support – with a number of private nurseries closing to access furlough support	• No distinct pattern	• No distinct pattern – but are reviewing five infant deaths since December 2020 to understand factors involved	• Increases identified in: ○ Emotional abuse ○ Parental mental health ○ Parental substance use	• No distinct pattern
Primary school age children	• No distinct pattern	• No distinct pattern	• Particular source of '*children in need'* concern as isolated from their schools, clubs and peers • Concerns centre around instances of neglect and family breakdown	• No distinct pattern	• No distinct pattern	• Increases identified in: ○ Housing/community issues ○ Parental mental health ○ Parental substance use	• No distinct pattern – but aware that increased isolation from peers when schools closed
Secondary school age children	• Increases in mental health concerns among young people – a 200% increase in CAMHS referrals reported locally	• Increases in low level mental health concerns and anxiety	• Isolated from their schools, clubs and peers • Some alcohol and drugs incidents among older age groups • Breakdowns in foster and kinship care placements as increased intra-family/household tensions during lockdowns	• Registrations of 16-17 year olds has increased. May reflect increased risks or change in local procedures • Apparent increases in: ○ CSE (peer to peer; and from adults/ others) ○ Self-harm ○ Mental health concerns	• CAMHS reporting increased concerns around: ○ Mental health ○ Eating disorders ○ Disengagement from schools	• Increases identified in: ○ Child placing themselves at risk ○ Domestic abuse, and there is some evidence a number of these cases are challenging and complex in nature	• Increased wellbeing concerns around mental and emotional health ○ Anxieties less about exams now and more about grades and post-school destinations ○ Children and young people more isolated and less able to meet friends

	Aberdeenshire	Argyll & Bute	Dumfries & Galloway	Dundee City	Glasgow City	North Ayrshire	Na h-Eileanan Siar
Young people and care leavers	• Looked after children have had very different experience of children's homes (e.g. PPE, social distancing and smaller cohorts) contributing to an 'institutionalised' feeling • Impact of increased: ○ Mental health concerns ○ Anti-social behaviour ○ Reduced group connections	• Many young people are 'in limbo' currently and increasing anxious about their future employment, education and training opportunities	• Children's homes had been settled for first 6 months but tensions increased over time • Transitions into independent living/ housing or further/ higher education more challenging – e.g. landlords unforgiving of lockdown breaches, and university accommodation closed • Some instances of care leavers involved in criminal offences	• Looked after children and care leavers seen to be struggling with: ○ Social isolation / bored ○ Less access to family and peer support ○ Mental health	• Increasing demand for Throughcare and Aftercare supports – e.g. mental health, housing and independent living, financial and employability support	• Higher numbers of young becoming 'not in employment, education or training (NEET)' • Increased support required for mental health and social isolation • Increased uptake of Throughcare and Aftercare supports for basic necessities, e.g. food, money, electricity cards, struggles to pay rent – particularly during lockdown periods • In children's houses, initially novelty of lockdown has worn off. Concerns include: ○ Anxieties around school, grades and 'catching up' ○ Small number of children running away on frequent basis ○ Substance use	• Transitions into independent living/ housing or further/ higher education more challenging for young people leaving care • Identified increase in young people presenting as homeless
Children and young people with a disability	• No distinct pattern	• Within families that have been shielding, children and young people were anxious about returning to school	• Increased pressure on families when respite care was re-purposed to meet COVID needs • Home support offered but some families did not want outside visits	• No distinct pattern	• No distinct pattern but wary of the impact of the pandemic on 'isolated' children and families	• Many families have been coping well with support from voluntary services; but small number of crisis situations leading to hospitalisations and breakdown in family relationships resulting in respite placements	• No distinct pattern

	Aberdeenshire	Argyll & Bute	Dumfries & Galloway	Dundee City	Glasgow City	North Ayrshire	Na h-Eileanan Siar
Other groups and communities	• **Eastern European families**: ○ Challenging to engage with and encourage their use of services ○ Any COVID rules breaches attract greater media attention than breaches by local families • Some evidence of increased parental mental health, alcohol and substance use concerns within more **affluent communities** • **Vulnerable women** – evidence of increased demand for Grampian Women's Aid service relating to domestic abuse	• **Poverty and inequalities** more apparent – e.g. increased demand for financial, food and IT/digital support • **Some localised variations** in the data: ○ Lochgilphead has seen increase in social work referrals – with cases often complex ○ Cowal (Dunoon) has highest drugs deaths and referrals to Women's Aid • **Vulnerable women –**increased demand for Women's Aid service relating to domestic abuse	• '**New families'** that were previously unknown to social work services where **poverty and inequalities** have escalated – e.g. due to job losses and financial struggles • **Families with complex needs moving up from North West England** – including to access Women's Aid support in Stranraer	• **Eastern European families** have struggled: ○ Less access to peer and family networks ○ Language difficulties when services seek to engage	• **Roma community** – noting there: ○ Economic vulnerability ○ Child immunisation rates falling ○ Engagement with health services falling • **Asylum-seeking and refugee population** with demand for support continuing to increase • **Parental mental health** identified as increased risk factor in registrations	• **Poverty and inequalities** becoming more apparent: ○ More families on the edge of poverty ○ Increased requests for financial, food, housing and IT supports ○ Potential for further increase in demand as furlough schemes come to an end	• **Poverty and inequalities** with recent statistics indicating that Na h-Eileanan Siar most affected by fuel poverty

Summarising the evidence presented above, **more cases are progressing from initial referral and IRD to Child Protection investigation**. However, while acknowledging that a number of cases were more complex, in the main the **concerns were not found to place the child or young person at risk of significant harm or abuse**. Consequently many cases did not progress to a Child Protection Case Conference or Child Protection registration. Instead, **many investigations led to the child, young person or family being directed to other types of targeted support via a single- or multi-agency GIRFEC response**. This sequence is depicted in Figure 12.

Figure 12: Emerging Pattern of Child Protection Concerns to Registration



The reduction in the number of children on the Child Protection register is partially explained by fewer cases advancing to Child Protection Case Conference and registration. However, other contributory factors put forward by local areas were:

- Despite services being affected by closures or operating remotely during the pandemic, local areas noted the **creativity and responsiveness of multi-agency partners coming together to support and find solutions for children and families**. These creative responses and the work with children and families has helped to alleviate concerns before they reach care and protection thresholds.
- Linked to the point above, a **shift in the relationships with children and families that were known to social work**. To explain, families'

[5] One of the seven local areas has experienced an increase in its Child Protection register since March 2020 but noted this was from a historically low base and the current number of children registered is in line with previous years

experiences of social work services varied and may have involved challenge, confrontation and difficulties in finding a mutual collaborative approach to support. However, the pandemic has helped change this to one of *'shared experience'* where social workers are engaging more deeply with children and families and providing practical, meaningful supports (e.g. financial supports). This movement towards strengths-based, relationship-based practice precedes the pandemic, but arguably the pandemic has increased the pace of change.

- The **increased number of de-registrations from August 2020** once COVID restrictions eased in the autumn, Conferences and Core Group meetings resumed (facilitated by more confident use of digital technologies), and the safety and protection of children registered could be fully assessed. Consequently, the number of de-registrations have exceeded the number of registrations, leading to a reduction in the number of children on the Child Protection register.

In relation to the **reduction in the number of children becoming looked after**, local areas felt the main contributory factors relate to the constrained capacity within the Children's Hearing system. The decision on whether a child becomes looked after is made at a children's hearing, and yet during the pandemic:

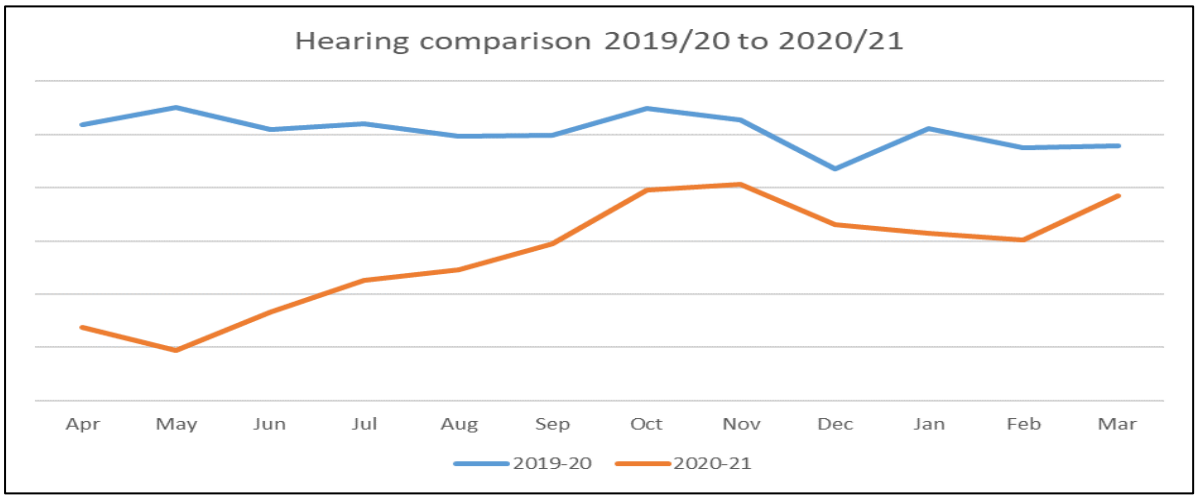
- Fewer children's hearings have been able to take place due to the pandemic restrictions, resulting in the prioritisation of certain hearings.
- Grounds hearings (that consider the evidence of a lack of parental care, being a victim of abuse, or other risks) were prioritised through discussion with local authority partners to ensure that urgent needs were met. However, fewer grounds hearings took place in 2020/21 than in the previous year.
- In addition, new grounds of referral that required to go to court for proof have been met with delays in the court system, resulting in a delay to some children being placed on a compulsory supervision order.

This paper has already presented data (see Figure 2) on the number of referrals to the Children's Reporter falling significantly between 2019/20 and 2020/21. In terms of Reporter decisions in the year, the **proportion of children with a decision to a Children's Hearing in the year has decreased** from 27% in 2019/20 to around 23% in 2020/21.

In illustrating the impact, data provided by SCRA in Figure 13 show:

- The number of Hearings fell significantly at the onset of the first lockdown to a low in May 2020.
- Since then, the number of Hearings has increased but the monthly number remain below the monthly totals for 2019/20.

Figure 13: Number of Children's Hearings, Scotland

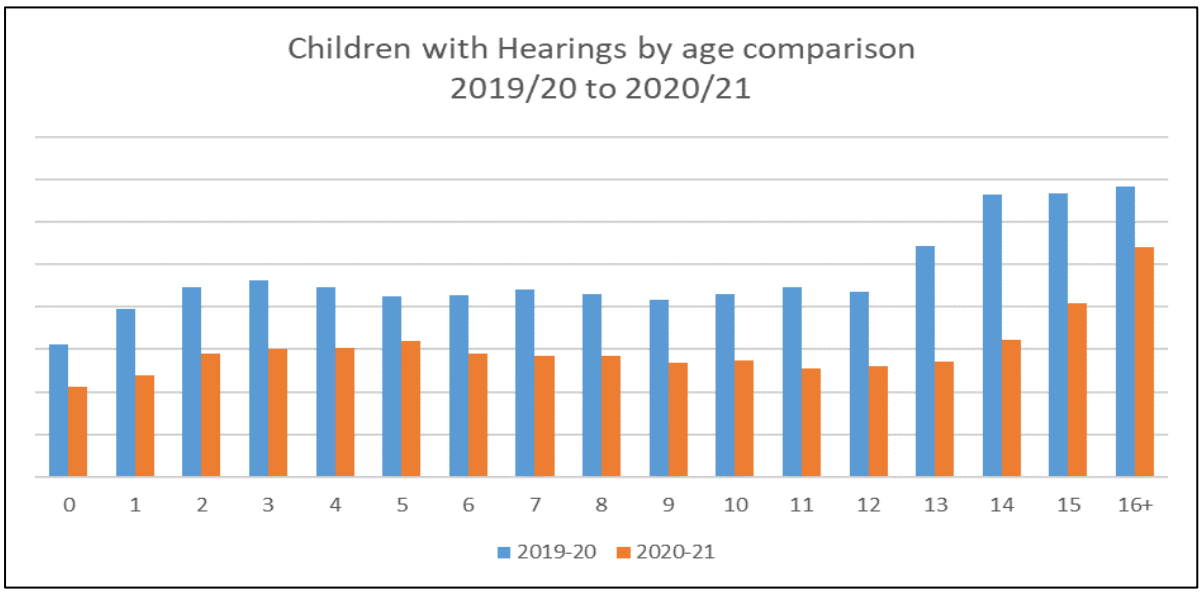


Source: SCRA

By age of children subject to Children's Hearings, Figure 14 shows:

- The reduction in Hearings has affected all ages but the percentage reduction is lower among younger age groups.

Figure 14: Number of Children's Hearings by Age of Child, Scotland



Source: SCRA

With reduced numbers of Children's Hearings and children being held on the Child Protection Register longer while awaiting a statutory order, there will inevitably have been fewer children and young people becoming looked after. Local areas did, however, recognise that SCRA had been responding to priority cases and this may explain why the number of children looked after away from home had stayed relatively stable but the number of children becoming looked after at home had decreased over the last 12 months. Some local areas also felt the stretch on the Children's Hearing system had impacted on children leaving care and long-term permanence planning.

In bringing together the above trends, and based on the views and experiences expressed by the local areas, Figure 15 presents the emergent national picture.

Figure 15: Triangle of Children's Needs

The standard statistical counts of children and young people at the top of the triangle – i.e. Child Protection registrations and children becoming looked after – have reduced over the course of the pandemic. However, given the longer-term trends of increasing poverty, mental ill health and parental substance use, the smaller numbers of children and young people in this highest tier since March 2020 are likely to be artificially low.

At the same time, the **number of children in the middle 'unknown or unmet needs' tier is thought to be increasing** via a combination of:

- More children and young people having complex needs and being subject to earlier stage child protection processes, yet the risk of harm and abuse to them does not meet the 'top tier' thresholds of registration and becoming looked after.
- The pandemic leading to more children and young people in the universal tier developing needs (e.g. related to their own mental and emotional health or impacted by more strained family/household relationships and incomes) that cannot be met by universal health and education services.

In sum, there would be appear to be two in flows of children into the middle 'unknown or unmet needs' tier – one from the top tier, one from the universal tier.

The middle 'unknown or unmet needs' tier of children and families are likely to require additional wellbeing supports across social work, allied health professionals, educational psychology, third sector and other targeted supports.

The difficulty lies in how to evidence the hypothesis of an increased number of children and families in the middle 'unknown or unmet needs' tier. The closest national measure is the weekly SOLACE indicator of the 'total number of children with Multi-Agency Plans' but only 28 of the 32 local areas have been providing data for this indicator[6] and it is apparent that the indicator is being interpreted and collected differently. It is therefore hard to draw firm conclusions from this data indicator and it would be an important area for future indicator development or refinement.

[6] For the 28 local authorities that have provided data for this indicator, the number of children with Multi-Agency Plans has largely remained the same at approximately 40,000 children

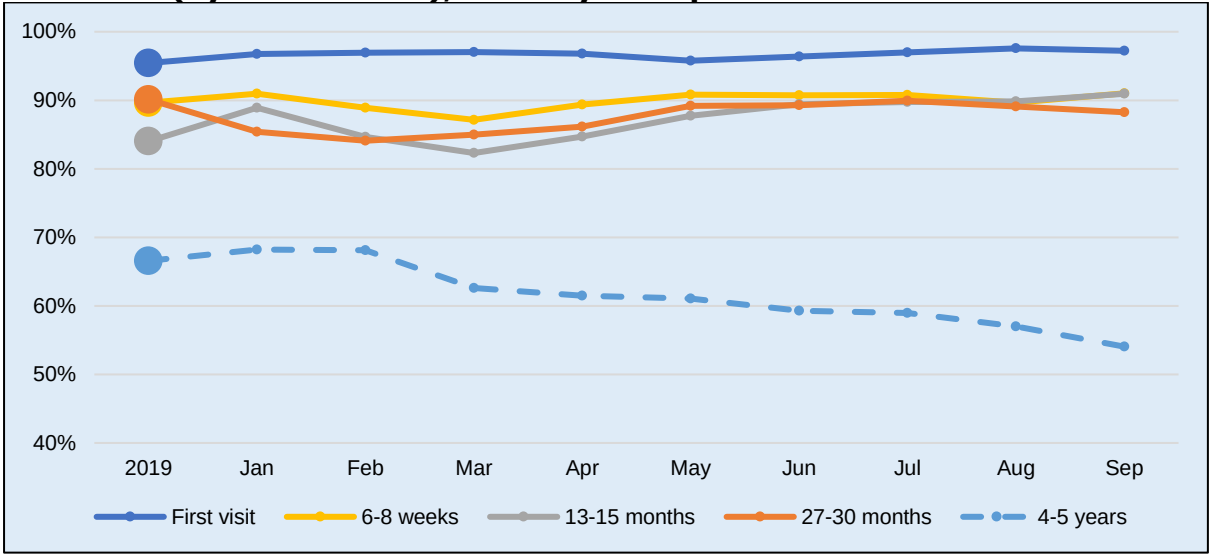
3. Hidden Harm

Understanding the risk of hidden harm to children and young people was a key aim of this paper. While acknowledging that key children's services have continued to operate and prioritise the most vulnerable children and young people, the pandemic has impacted the level of in person contact with the wider child and young people population. This lack of visibility, combined with some families that were previously not known to children's services now needing help and support, underpins this concern around hidden harm.

Data provided by Public Health Scotland on Health Visiting and Urgent Care Contacts helps to illustrate the impact of the pandemic on levels of in person contact. Beginning with the **Child Health Reviews** led by Health Visitors at around 10 days old, 6-8 weeks, 13-15 months, 27-30 months, and 4-5 years, Figures 16 and 17 show:

- Overall the **delivery of child heath reviews has largely been maintained**, in particular those which were prioritised as a continued in-person service (first visit and 6-8 weeks reviews). Many reviews were moved to take place over video-conferencing or telephone, but health visitors were able to use their professional judgement throughout the pandemic as to whether face-to-face visits were maintained.
    - Delivery of 27-30 month reviews was impacted at the onset of lockdown but this had largely recovered by June 2020 and continued at pre-pandemic levels.
    - The 13-15 month and 4-5 year reviews were both still in the process of implementation at the start of the pandemic, and therefore it would have been anticipated that coverage would increase in 2020 compared to 2019, which it did.
- In the identifying of **developmental concerns:**
    - There was a substantial reduction in the percentage of children identified as having a developmental concern in April 2020 compared to April 2019. This was at the very outset of the pandemic when the 27-30 month review was paused for a few weeks to prioritise the earlier reviews.
    - There was also a reduction in April 2020 in the percentage of reviews that had meaningful data recorded for each developmental domain (74% compared with more than 90% in preceding months). However this has since recovered and data in 2020 is of the best quality ever seen in this review.
    - From summer 2020, the percentage of children with a developmental concern identified has broadly returned to pre-pandemic levels, suggesting that reviews are now performing in a similar way and detecting an expected level of concerns.

Figure 16: Percentage of Eligible Children and Child Health Review Recorded (by March 2021), January to September 2020



Source: Public Health Scotland

Note: The 4-5 year review has a particularly long lag period, as children can receive their review at any point in the year in which they become eligible, therefore children who became eligible in March 2020 may have only just been reviewed. For this reason the presented coverage data should not be regarded as complete for Jan-Sep 2020. Similarly there is an increased lag time in the data for the 27-30 month review and as such the data for Jan-Sep 2020 below is likely to increase over time.

Figure 17: Percentage of Eligible Children and Child Health Review Recorded (by March 2021), 2019 baseline and January to September 2020

		First Visit	6-8 weeks	13-15 months	27-30* months	4-5 years*
Aberdeenshire	2019	94%	86%	89%	90%	74%
	Jan-Sep 2020	93%	87%	82%	80%	65%
Argyll & Bute	2019	92%	86%	85%	80%	1%
	Jan-Sep 2020	96%	90%	83%	79%	37%
Dumfries & Galloway	2019	96%	92%	92%	93%	2%
	Jan-Sep 2020	98%	91%	94%	92%	49%
Dundee City	2019	96%	94%	92%	89%	91%
	Jan-Sep 2020	99%	95%	92%	88%	63%
Glasgow City	2019	93%	81%	65%	87%	62%
	Jan-Sep 2020	96%	81%	83%	87%	33%
North Ayrshire	2019	95%	87%	92%	92%	90%
	Jan-Sep 2020	95%	90%	86%	85%	83%
Na h-Eileanan Siar	2019	93%	88%	93%	93%	90%
	Jan-Sep 2020	98%	84%	93%	90%	82%
Scotland	**2019**	**95%**	**90%**	**84%**	**90%**	**67%**
	Jan-Sep 2020	**97%**	**90%**	**88%**	**87%**	**61%**

Source: Public Health Scotland

Note: * The 4-5 year review has been recently implemented in some areas and has a particularly long lag period, as children can receive their review at any point in the year in which they

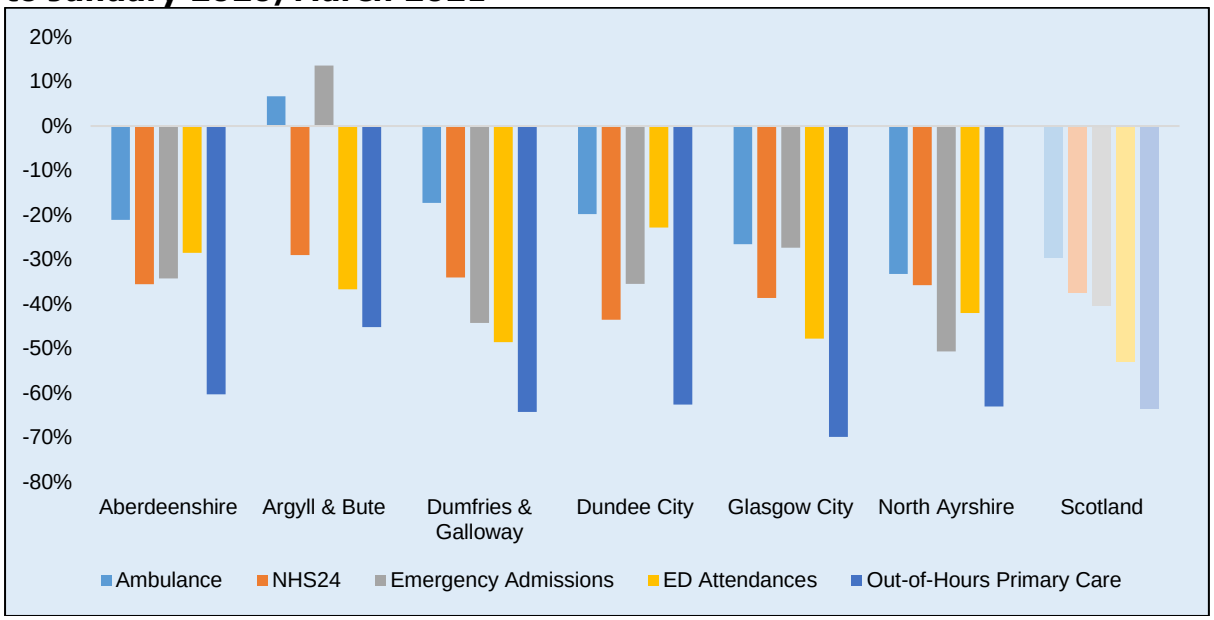
become eligible, therefore children who became eligible in March 2020 may have only just been reviewed. For this reason the presented coverage data should not be regarded as complete for Jan-Sep 2020. Similarly there is an increased lag time in the data for the 27-30 month review and as such the data for Jan-Sep 2020 below is likely to increase over time.

The Public Health Scotland data that compares **urgent health care contacts** for children in 2018/19 with 2020/2021 shows:

- Urgent care contacts for children aged under 5 across Scotland fell by between 30% and 60% across the different contact types.
- Urgent care contacts for children aged 5-14 across Scotland fell by between 20% and 50% across the different contact types.

Some of the reduction may be accounted for by actual reductions in the occurrence of some illnesses and injury – e.g. less children unwell with other respiratory infections due to the impact of COVID-19 control measures. There is also likely to have been an increase in parents using primary care rather than urgent care. Changes to parental availability, with more parents working from home, has made primary care more accessible. There may have been an increase in the proportion of injuries and illnesses cared for wholly within the household/family without seeking formal health care. This may be due to a desire not to burden health services (noting the public health messaging during the first lockdown to protect the NHS), perceptions that services are closed or inaccessible, or due to fear of infection linked to attending hospital sites. However, this marked decrease in children attending for urgent care also means children and young people are less visible to services overall.

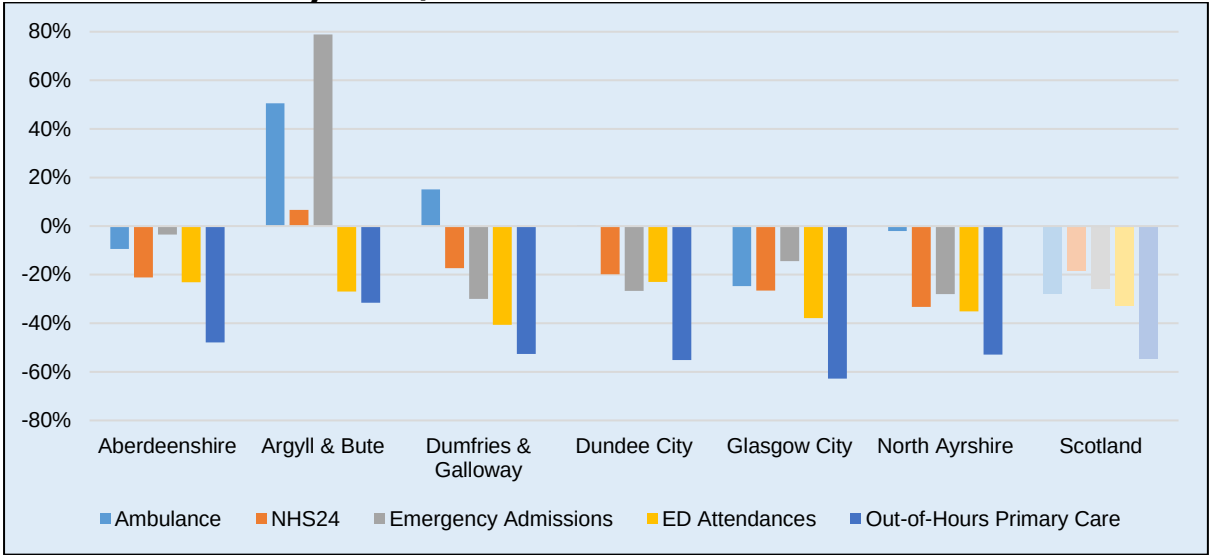
Figure 18: Urgent Care Contacts for Children Under 5: 2018/19 baseline to January 2020/March 2021



Source: Public Health Scotland

Note: Na h-Eileanan Siar data not presented due to small numbers but it did experience increases in ambulance, emergency admissions and out of hours primary care contacts

Figure 19: Urgent Care Contacts for Children Aged 5-14: 2018/19 baseline to January 2020/March 2021

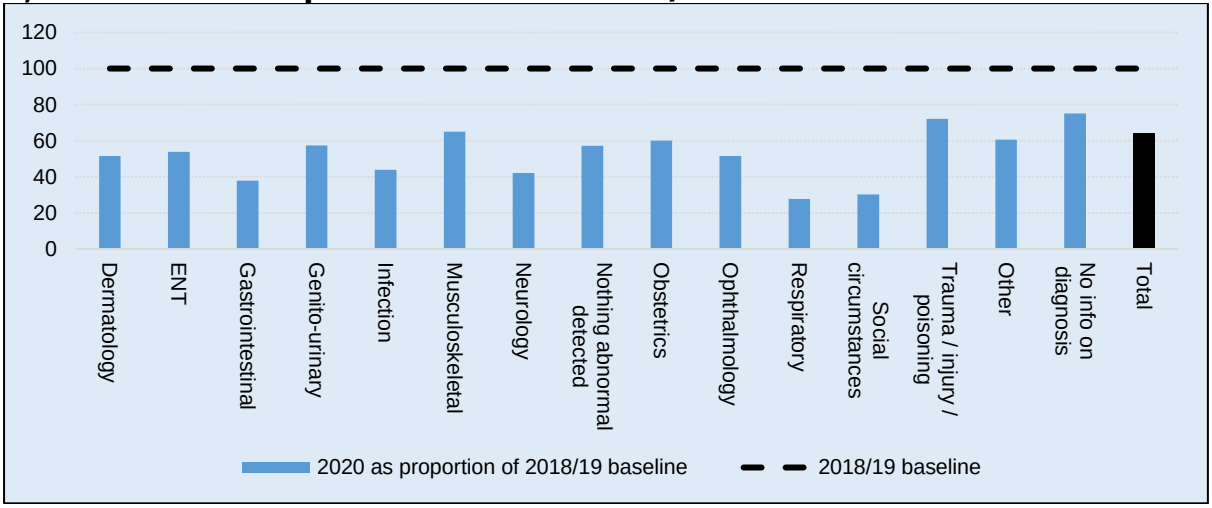


Source: Public Health Scotland
Note: Na h-Eileanan Siar data not presented due to small numbers but it did experience increases in NHS 24, emergency admissions and out of hours primary care contacts

Focusing on the attendances at Emergency Departments, Figures 20 and 21 show for the same time periods:

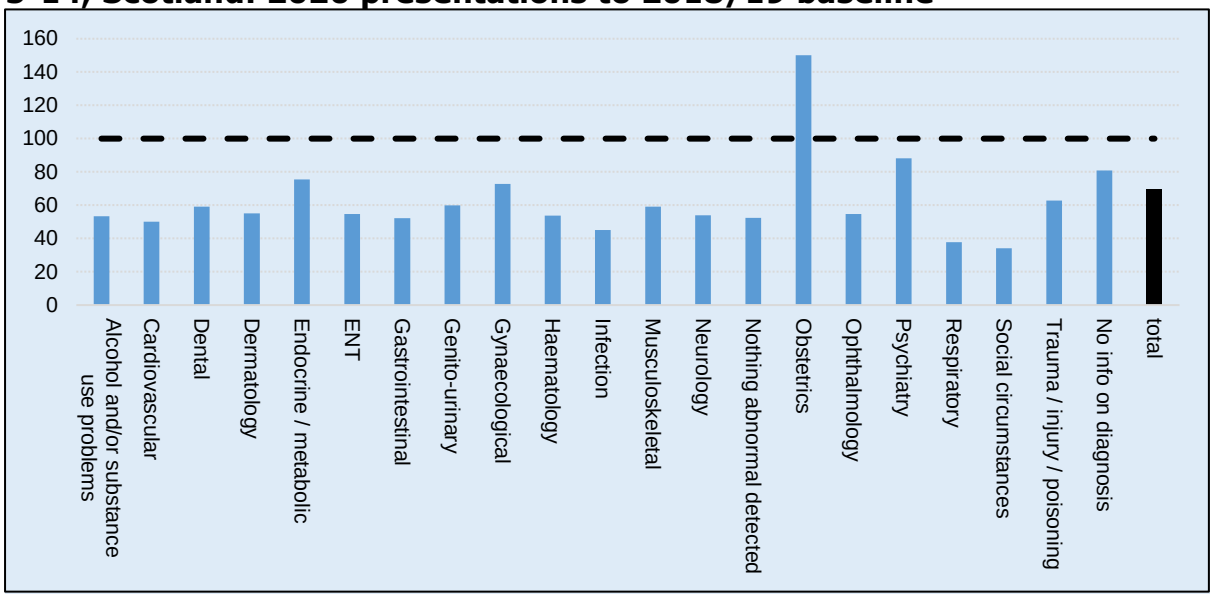
- There was a substantial overall fall in attendances for all causes, with total attendances in 2020/21 at around 65% compared to the 2018/19 baseline.
- For under 5s, in comparison with the overall change, there was a smaller reduction in attendances for trauma/injury/poisoning, and greater falls in those due to respiratory and gastrointestinal illness and infections.
- For 5-14 year olds, there was a smaller reduction in attendances for psychiatric reasons, and greater falls in those due respiratory illness and infections.

Figure 20: Presentations at Emergency Departments for Children Under 5, Scotland: 2020 presentations to 2018/19 baseline



Source: Public Health Scotland

Figure 21: Presentations at Emergency Departments for Children Aged 5-14, Scotland: 2020 presentations to 2018/19 baseline



Source: Public Health Scotland

Building on the health data above, and while feeling relatively assured that the needs of children and families already known to services are being met (e.g. due to the weekly/ fortnightly professional contact and audits of child protection processes and decision making), local area social work services were **most concerned about 'new' families that had not previously been involved with their services** and may not actively reach out to services. Furthermore, if these families did require support, it would take time and resource to fully assess and understand their strengths and needs. The types of 'new' families referred to were:

- **New parents** who have not had access to family supports and parent and toddler groups, although they have had access to maternity, Health Visiting and Family Nurse Partnership support.
- **Families struggling financially** but currently supported and 'hidden' by furlough employment schemes or local direct family payments initiatives (e.g. via local authorities and Third Sector organisations).
- **Families** – particularly those with a disability – **that have been shielding** and may struggle to re-engage with society as restrictions ease.

To illustrate the concern posed by new, unknown families, one local area noted that recent suicides in their local area were by people previously unknown to social work.
It was also noted that living in rural and remote communities can increasingly lead families to hide their needs from others, so making it difficult to assess whether their needs have increased since the onset of the pandemic.

In addition to new families, three further groups identified as hidden and important to reach out to and support in the coming months are:

- **Young carers** – Action for Children report that young carer referrals to their services has fallen from 63 children and young people in 2019/20 to 35 in 2020/21. The 44% reduction in referrals runs counter to the increased health concerns and shielding since the onset of the pandemic.

- **Children, young people and families affected by bereavement** – recognising that more people would have experienced loss in the past year and that the enduring impact of bereavement can increase in intensity at different and unexpected times. CEYRIS survey data, noting a survey base of 3,760 participants for this question, finds that **21% of children have experienced the death of close family or friends (for any reason) since the start of the pandemic**. A trauma-informed workforce is critical in responding to those who have experienced bereavement.
- **Children victim to Child Sexual Exploitation** (CSE) as internet use for online learning and social interaction has increased, which in turn increased the risk of online abuse. Police Scotland data reports that:
    - 1,522 online child sexual abuse crimes were recorded between April and December 2020, a 13% increase on the same period in 2019 and 34% higher than the five-year average.
    - The accompanying February 2021 Police Scotland press release explains that "*Lockdown has pushed more people online to socialise and communicate. And more children have access to digital devices to help with home schooling and to communicate with their friends….There are risks associated with our increased use of apps and platforms. This includes people sharing intimate images of themselves online. As a result, in the last quarter, we have seen a slight increase in reports of child victims of sextortion.*"
    - The national data reflects feedback from Aberlour's Sycamore Service, who believe the incidence of CSE is not reflected in current data held about children going missing or being exploited. The pandemic has meant that this is even more hidden with the increased use of social media and mobile devices.

While the prospect of hidden harm is keenly felt among local areas, they did explain how they were seeking to manage these potential risks. For example, through:

- **Public awareness raising campaigns** around:
    - The risks and concerns that children and families might face.
    - The range of supports and services available locally that can help families, so encouraging families to reach out for support.
- Encouraging multi-agency staff to **continually observe for potential wellbeing and child protection concerns** in line with GIRFEC.
- Maintaining social work's **weekly or fortnightly contact with vulnerable children and young people**, as measured by the weekly SOLACE data return, as this helps to maintain the relationships with children and families and enable observation of their situations.
- Holding **regular (e.g. weekly or fortnightly) multi-agency meetings** to review the latest data, individual cases, and share data intelligence relating to these.
- Undertaking **local 'deep dive' exercises** where demand for targeted services are lower than might be expected based on wider socio-economic characteristics; or irregular trends in the data are identified. For example, one local area is planning a deep dive into the low service demand in one of their towns, asking health, education, social work,

Police and Third Sector partners to provide data to offer more comprehensive assessment.

- **Using their local data to initiate enhanced local service responses**. For example, one local area is recording the number of 8-17 year olds presenting at Accident & Emergency and has instigated a local procedure where all of these children and young people have a social work visit on their return home and the School Nurse is notified.

In relation to the audit activity referred to above, one local area highlighted audit work they are embarking on that will review cases that did not progress to social work intervention. The audit involves reviewing the original presenting concerns, examining the decision made, assessing the quality of the Child's Plan and the service response, and then analysing up-to-date child intelligence to ascertain whether the child's wellbeing had improved. The audit exercise is therefore designed to evidence whether a GIRFEC as opposed to a child protection response was appropriate.

4. Looking Forward

Local areas were asked how they expect the demand for children's services to change over the coming months as restrictions ease. The consensus position across the seven local areas was that **demand will almost certainly increase** and have the following characteristics:

- A **predicted upturn in demand and referrals for children's services through to July 2021** as restrictions ease, schools return, face-to-face visits by professionals increase, interactions between households increase and neglect and family poverty becomes more visible. One local area felt peak demand may come in September-October 2021 after schools have had prolonged time with their pupils.
- The **main types of concerns will likely be similar to those that are currently impacting on children and young people**, i.e. mental health (including self-harm and eating disorders), parental mental health, domestic abuse, and problematic parental alcohol and substance use.
- The demand for services, and the concerns outlined above, will likely **endure for many months, even years, to come**.

Local areas consequently recognised the need to:

- **Monitor closely the middle 'unknown or unmet needs' tier children and young people**. Their needs could increase and escalate, and so it is important that all services (including Third Sector services) that are working with these children and young people on a preventative basis are observing for changes in family situations and sharing information with partners when they do.
- **Anticipate longer-term impacts on young people** as many are likely to face challenging employment, training and housing prospects, which could impact on their mental health, confidence and self-esteem. Care experienced young people may be particularly disadvantaged as many will be less able to draw on family support for housing, money and employment and training opportunities.
- **Be attentive to the emergence of 'new' families** whose needs may endure and escalate over time – noting in particular the small upturn in child protection activity for unborn children identified in Section 2.

At the same time, most local areas felt that they were in a **better position to respond to future increases in demand due to their service developments over the last 12 months**. In particular, they highlighted their more regular analysis of the data to help identify and respond to emerging trends and patterns; the increased collaboration between multi-agency partners, and the funding and introduction of additional specialist roles (e.g. mental health or counselling workers) that can help respond to increasing areas of concerns. However, some local areas did point to the **budgetary pressures** they are under that impacts on their ability to provide preventative supports for the children and families in the middle 'unknown or unmet needs' tier. **Recruitment and retention challenges** were also reported, particularly in more rural areas, that impact on both universal and targeted service provision.

5. Asks of National Partners

Reflecting on their experiences of the past 12 months and how local services have responded, local areas (noting that the discussions were mainly with Chief Social Work Officers and other social work managers) felt that the **COVID-19 pandemic had reinforced the importance of existing approaches and services** – such as multi-agency GIRFEC approaches that provide early intervention, preventative family supports; multi-agency child protection processes; and collaborative children's services planning across health, education, social work, police and the Third Sector.

These perspectives are important in contextualising the local social work managers' asks of national partners outlined below:

- **Continued and reinvigorated focus on Getting It Right for Every Child (GIRFEC)**.
    - Retain and support the **named person roles** in health visiting and education as the named person role is vital in identifying and responding to the early unmet needs of children and young people.
    - (Re) emphasise the importance of **all services working together in a truly collaborative manner** to meet the individual needs of children, young people and families in a joined up and holistic manner.
    - Highlight that children's wellbeing, safety and protection is **everyone's responsibility**, with everyone having a role in identifying and/or responding to the needs of children.
    - **Alignment of preventative spend** across national and local multi-agency partners (children's and adult services) so that the holistic needs around families can be met; doing so that The Promise's 10 principles of intensive family support are embedded. Local areas should also have some flexibility in how they spend these monies so that provision reflects the specific needs of their children and families and their service delivery landscape.
    - Greater attention to **high quality Child's Plans and their implementation** – for example, ensuring children, young people and families are central to the 'team around the child' planning process; and that Child's Plans are characterised by specific, measurable, achievable/agreed, realistic and time-bound (SMART) objectives which are delivered and reviewed for progress made.
- Increased funding to Children's and Families Social Work to deliver **preventative, family-centred services**, characterised by:
    - Children and adult services working together to provide holistic service response around each family.
    - Social workers having smaller caseloads to enable them to work more intensively with families.
    - Relationship-based support at its core.
    - Flexibility in budgets to respond to families' and communities' holistic needs, rather than specific thematic needs.
- **Greater recognition of the relationship-based practice demonstrated by local authority social work**, which continues to bring about the shift in practitioners' relationships with children and families. Strengths-based, family-centred practice does not only reside in Third Sector, Health Visiting and Family Nurse Partnership services.

- Provide a **more conducive operating environment for Third Sector organisations** – recognising that these organisations are critical to providing flexible supports for children and families. Such an environment would be characterised by:
    - Longer-term, multi-year funding cycles.
    - Funding that allow organisations to respond flexibly to the individual and holistic needs of children and families, rather than being constrained by funding streams that are tied to specific issues and themes (e.g. substance abuse).
    - Collaborative partnership approaches between Third Sector organisations, rather than the current competitive environment that is (inadvertently) encouraged by funders setting short-term deadlines for tenders.
- **Increased capacity and greater investment within mental health services** – both for children and young people (e.g. through CAMHS and wider community mental health and wellbeing supports) and for parents to help respond to the increase in parental mental health concerns. Within this, it is important that CAMHS and community mental health and wellbeing services are able to support the increasing number of children in the middle 'unknown or unmet needs' tier.
- Building on NHS Education for Scotland's National Trauma Training Programme, **continue to build a trauma-informed and trauma-enhanced workforce** across all services that can help identify and respond sensitively to concerns faced by children, young people and families.
- (Re) emphasise the importance of and need for **Throughcare and Aftercare services** for care leavers (including employability and housing supports) and **transition planning for young people progressing into adult services**, as these young people appear to have been particularly affected by mental health concerns, their ability to engage with peer and support networks, and the impact on access to jobs, study and housing.
- Attention to and **support in meeting current and anticipated recruitment and retention needs across children's services workforces,** with this currently most strongly felt in relation to more specialist skilled roles (e.g. mental health workers; speech and language specialists) in Scotland's more rural and remote local areas. Without renewed attention to the support and wellbeing of existing staff *and* efforts to attract new recruits, the goals of additional funding in terms of increased on-the-ground staffing and capacity will not be met if vacancy levels increase.
- **Balance priorities within Scotland's schools and education system** to ensure a focus on children and young people's wellbeing and socialisation.
- Facilitate the **bringing together and analysis of multi-agency data and intelligence**, thus moving beyond social work data. While cautious in introducing any additional indicators without removing existing indicators, weekly (or monthly) indicators that could be explored that provide a more comprehensive assessment of the impact on children and families would be:
    - Number of Child Protection investigations.
    - Number of referrals to the Children's Reporter.
    - Number of Children's Hearings held.

- Total number of looked after children.
- (*Increased specification of*) the number of children with Multi-Agency / Child's Plans.
- Number of children referred to and/or on the CAMHS waiting list.
- Number of (hard to fill) vacancies in children and families services – ideally broken out by social work, health (including CAMHS and allied health professionals), education and Third Sector.

As a final point, there should be **some caution in 'catastrophising' the impact of the pandemic on children and families**. Children, young people and families have struggled but there have also been many children, young people and families that have managed extremely well during the pandemic and their resilience, outcomes and achievements should also be recognised and celebrated. Equally, it is important to recognise that the **full impact of the pandemic is unknown and the needs of children and families can quickly change**. Government and services must therefore continue to be both attentive to emergent needs and sufficiently flexible in their response.