

Vulnerable children report:

15 May 2020

May 2020

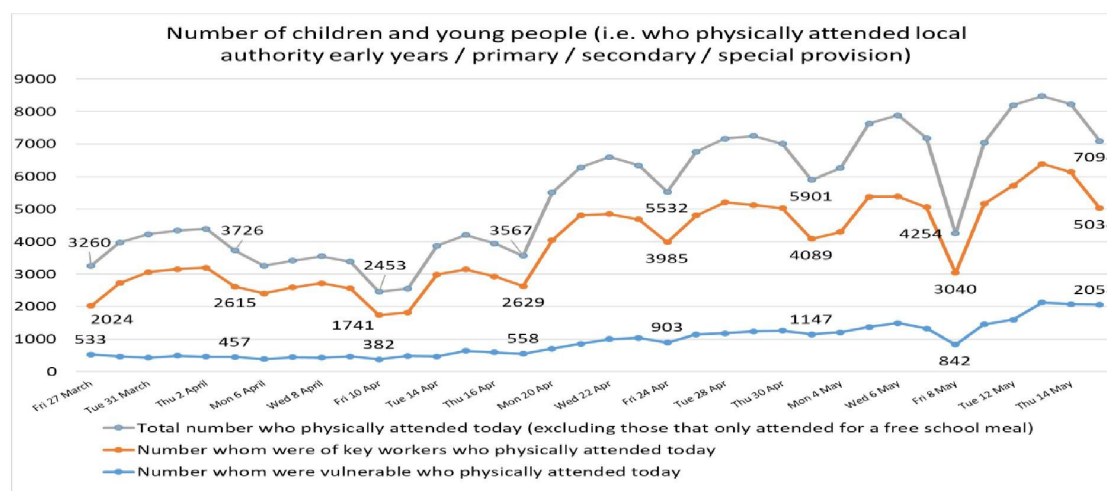


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41. The Third Sector Interfaces in local partnerships continue to highlight effective work by local organisations, including in partnership with other agencies, and a number of examples are included in Annexe A.
42. There has also been an enormous and rapid growth in community-based activity across the country, with new groups emerging around tenement close, street and housing schemes, as well as enhanced activity by many existing organisations. In Edinburgh for example, it is estimated that the number of active community groups has more than doubled.

What the data tells us

43. Local authorities are having to develop new methods to quantify how regularly children are being contacted, and many don't yet have systems in place, but the data set indicates that three quarters of all children with a support plan are in contact with services and professionals every week.
44. Further, around half of all young people eligible for aftercare were contacted by a professional in the last two weeks (which does not account for the fact that a high percentage within this group choose not to have contact with services).
45. The number of vulnerable children attending education hubs has increased after the Easter break, at more than four times the previous level, albeit these are still relatively low numbers and subject to considerable variation between authorities.



46. It is envisaged that attendance at hubs might increase further, as hub activity is developed, and this is more widely recognised as a positive option for some children and young people.
47. A number of authorities have maintained some dedicated education support for children with disabilities. Some granted aided Residential Schools and Independent Schools are still providing residential provision for children and young people with additional support needs. They have developed adaptable individualised plans to ensure appropriate support is provided whether or not the child or young person is accessing the school through its residential provision.

48. Over 168,000 meals are being provided on a daily basis (with 122,000 children entitled to free school meals) largely through vouchers and direct payments.
49. The high number of children accessing free school meals, indicates a reassuring response to those families who have experienced loss of income during the pandemic. However, there are as yet, few other 'hard' numbers evidencing how agencies have addressed the needs of families that are newly vulnerable due to the financial impacts of social restrictions.
50. It is a major concern, that the evident increased stress and risk factors for children and families, has not been leading to increased number of requests for help from services. There has been a reduction in referrals to social work services during the lockdown period, likely linked to reductions in contact with education and other services. Albeit many families are using websites and helplines to ask for assistance, relatively few of these calls appear to be transitioning into requests for social work support. These trends are evidenced by the graphs in the front data section of this report.
51. Over the last three weeks, it is clear there has been significantly reduced activity, compared with the same period last year:
- 12% reduction in child wellbeing concerns being generated by Police Scotland
 - 17% reduction in child protection concerns being generated by Police Scotland
 - 20% reduction in cases where Health, Police and Social Work have identified sufficient evidence to consider planning a child protection investigation
 - 26% reduction in the number of children identified as needing child protection plans
 - 47% reduction in the number of children becoming 'looked after', with a 77% reduction in the number becoming looked after at home.
52. Referrals to the Children's Hearing system have also reduced, and in the period from 23 March – 5 May, again compared to the same period last year:
- Total Referrals reduced from 3043 (2019) to 2296 (2020) – a decrease of 23%
 - Non Offence Referrals reduced from 2044 (2019) to 1485 (2020) – a decrease of 27%
 - Offence referrals reduced from 661 (2019) 548 (2020) –a decrease of 17%
 - Joint Referrals to COPFS/SCRA decreased by 22%
53. Conversely, the number of Child Protection Orders in the last week of April showed a 38% increase of 20 from the 2019 level of 52.

54. The most recent weekly data set suggests that the situation may be changing, and that concerns are returning to the level they were at the same time last year, as shown below. Further weekly reports will confirm if this is being sustained.

	Child Wellbeing Concerns from Police Scotland	Child Protection Concerns from Police Scotland
Tuesday 07 May to Monday 13 May 2019	2954	234
Thursday 07 May to Wednesday 13 May 2020	2906	226

55. It is also important to note that while these figures show a reduction in new demand, it does not take account of the significant increased activity being undertaken with many families already known to social work services.
56. Domestic abuse services continue to indicate an increase in abusive behaviour, and this was a factor in around half of new child protection registrations in the last two weeks – a 14% increase on the proportion at the same time last year. However, agencies report that women and children are struggling to access services, particularly those that usually offer face-to-face provision.
57. The volume and frequency of referrals to most services has reduced dramatically compared to the same reporting period last year, and organisations are concerned that ‘new’ clients (those who are not already engaged) may not have the opportunity, ability or knowledge about how to access support.
58. There has been engagement regarding this across statutory and Violence against Women & Girls services, and new supplementary guidance for local authorities will be published by COSLA and the Scottish Government, with support of Public Health Scotland, on 15 May.

Health Services and the preventative role of health

59. New information is available about the health of children and young people, and about how health services are responding to the pandemic.
60. We have a strong, high quality universal health service for all children under 5, starting from pregnancy. This enables us to continue to reach out to all those families across Scotland, including continuing to provide more intensive support for families who need it. It also allows us to proactively explore what additional supports families might need who have been adversely affected by COVID-19, and who may not have previously required support beyond universal provision.

74. It is evident that the impact of the pandemic will continue to be felt for months to come. Accordingly, it will be necessary to reset, realign and reform services to meet the new challenges, learning from our recent experience, and continuing to develop best practice.
75. In particular, there will need to be a co-ordinated approach across local services, as they begin to respond to the anticipated increase in the need for support following the reduction in social restrictions. Just as has happened over the past eight weeks, agencies will require to work collaboratively as part of an integrated GIRFEC approach, to ensure that children, young people and their parents and carers get prompt and appropriate responses, and especially in the following areas.
76. **Listening to children's voices and experiences** – There is increasing awareness that some children and young people may be less likely to or able to speak up about what is happening within their families while living in isolation, and that it is important to maintain attention on how they are supported to connect to sources of help. Drawing on what we know can be the case, this may include children living in households where parents' issues may be hidden or actively involve constraining children's expression of what is happening, such as is often the case related to domestic abuse and parental alcohol and drug problems. It may also be the case for children who have fewer opportunities or experience specific barriers to speaking out, such as children with disabilities and children from black and minority ethnic groups.
77. **Child protection** - All of the evidence indicates that services should be receiving increased child protection referrals at this time, and be involved in heightened child protection activity - but there is less. The UK Government has launched a child protection media campaign in partnership with the NSPCC which is running across the UK. The campaign has been developed by Department for Education for an English context. We are currently exploring options for further awareness raising to complement national messaging from Parent Club Scotland, Child Protection Committees Scotland, Police Scotland and local communications activity. We should also consider why calls to helplines and websites are not resulting in more requests for social work support.
78. **Digital exclusion** – The needs of vulnerable children and young people must be at the forefront of our efforts to increase digital access, by addressing access to equipment (smart phones, tablets, laptops), low cost and more sustainable provision of access to bandwidth and data, and through support to use online safety measures. This requires a determined, joined up, combined local and national approach.

79. **Supporting children back to early learning child care and school** – It is recognised that the attainment gap will widen further, the longer that children are away from ELC and school. However, many children state they are anxious about returning, and need to return safely, and vulnerable children will require specific measures and co-ordinated support to take that step. This work is being led by the C-19 Education Recovery Group. It is also important to consider services operating in many communities around about the school day, including breakfast and after school and youth programmes, which may provide crucial care and support for children in normal circumstances.
80. **Support for Families** – Our key response to the experience of the lockdown, should be to build on the inherent strengths of families, to support them to be resilient to the challenges they have faced and may continue to face. We must guard against medicalising our response, and defaulting to an increase in Child and Adolescent Mental Health Services (CAMHS) referrals, and work towards the prevention of children and young people entering the care system. Rather we must ground our actions in the principles outlined in the conclusions of the Independent Care Review – especially that families must be given support to promote resilience, nurture their love and overcome the difficulties which get in the way.
81. **Sustaining care services** – Residential, fostering and kinship carers have provided good support for looked after children during the lockdown. These services will need to continue to be robust as we move forward, for those children who will continue to require them.