

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 4: CAMHS Referrals by Age Group, Scotland

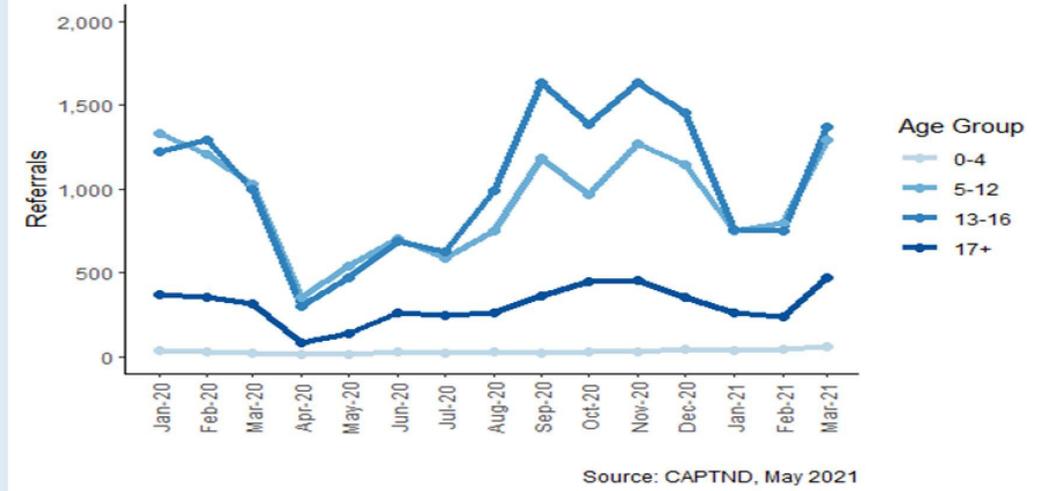


Figure 5: CAMHS Referrals by Gender, Scotland



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

