

# **Supporting Vulnerable Children and Young People**

## **Data Intelligence Report**

**April 2020**



**Scottish Government**  
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## **Vulnerable Children Update: 10 April 2020**

### **Purpose**

1. This report provides a commentary about the impact of the Covid-19 outbreak on vulnerable children and families in Scotland in the initial weeks of the 'lockdown', and on the way that services are adapting and responding to the crisis.
2. It has been compiled through intelligence from various sources, that are referenced at the end of the report.

### **The context**

3. Those children and young people who are most vulnerable, are likely to receive support from more than one agency, and should have a multi-agency child's plan. While there is no central record of how many children have a multi-agency plan, it is estimated at around 97,000 children (10% of the population aged 0-17).
4. This includes: 16,900 children and young people who had a child protection investigation in 2018/19 (and might be deemed to be either in care or 'on the edge of care'); 2,600 children on the child protection register; 14,000 looked after children, of which 3,500 are looked after at home; and 10,000 school aged children with complex additional support needs.
5. It is recognised that the number of vulnerable children will increase because of the additional pressures placed on families and communities by the Covid-19 outbreak.
6. This means that more children will be at risk of harm and neglect. High stress home environments will increase the likelihood that children will experience domestic abuse. Children may be exposed to more risks because they are spending more time online. Loss of income will make family life more difficult for many.
7. We should also be alert to signs that individuals or groups are using the current crisis as an opportunity for the criminal or sexual exploitation of children, and the National Crime Agency has warned of a spike in online child sex offending.
8. These heightened risks are happening at a time when children are less visible to the range of professionals who are normally engaged with them, and when child protection services are under acute pressure.
9. Where challenges are already present, for example because of alcohol or substance abuse, or children with pre-existing health conditions or a disability, families are reporting significant additional pressures. Some parents say that they cannot access their usual treatment services or recovery supports. Parentline report a four-fold increase in the number of calls, and the UK Domestic Abuse Helpline has had a 150% increase in hits on its website.
10. The expected increase in formal concerns and referrals to agencies, is yet to occur. Indeed, over the last two weeks, there has been a reduction in child protection and

domestic abuse referrals in Scotland and across the UK, and A&E attendances in Paediatrics are also down by around 50%. This may be due to a reduction in opportunities to report concerns and access services, and we are liaising with partners to better understand why this is happening.

11. Taking account of the experience of other emergency situations and evidence from countries at different stages of the Covid-19 pandemic, we expect this to change, and for child protection and other concerns to increase. As an indication of what is to come, the Royal College of Paediatrics & Child Health in London, where incidence of Covid-19 started earlier than in Scotland, is now indicating a recent increase in non-accidental injuries. There are also more late presentations to hospital for sick children (COVID-19 related or not), said to be due to the perceived risk of entering hospitals at this time.
12. Partnerships indicate that they continue to work to the GIRFEC practice model. They are very aware that the Covid-19 outbreak creates new risk factors. They have used local data to review how they provide critical services and to ensure that children are supported and protected, and that public health guidance is adhered to.
13. The delivery of services to vulnerable children is developing and being adapted, such that:
  - Casework by social workers, health visitors, family nurses and other specialists is prioritising higher risk cases, adjusting child protection and looked after children processes in line with emergency legislation and the supplementary national guidance.
  - Broader support to other vulnerable groups is being delivered through local hubs, new or ongoing partnerships between local authorities and the 3<sup>rd</sup> sector, and other community and place-based initiatives.
14. Partnerships are working together to share best practice, supported by the professional organisations, including ADES and Social Work Scotland.

### **Support for the most vulnerable children**

15. Chief Social Work Officers confirm that the circumstances of individual families have been assessed, to confirm the nature and level of support that is required at this time. Many CSWOs refer to tracking local data on a regular basis, including the number of children on the Child Protection Register, the number of Looked after Children and placement types, team caseloads and staffing levels. Records are being maintained and reviewed, regarding the support and direct contact that is being sustained with the most vulnerable children and families.
16. There is commitment to sustain the GIRFEC practice model and named person service, clear points of contact and multi-disciplinary liaison, albeit the means of achieving this have changed significantly.
17. Maternity services are adapting the way they work to ensure that every pregnant woman is seen and that routine antenatal contacts are maintained. This includes women being seen at different sites, over the phone or through telehealth consulting. There is emerging evidence that pregnant women are less likely to attend hospital or

clinic appointments, either due to fears about infection, or because of guidance that they must self-isolate for 12 weeks during pregnancy.

18. Health Visitors and Family Nurses exercising the function of the named person are focussing on higher risk families and younger children. Universal community health care for children and families has been adapted to ensure that all families with young children are contacted and supported. Home visits are only taking place where there is a perceived need or risk identified.
19. An early priority in every partnership, was to ensure continuity of education and pastoral care for vulnerable school-aged children (including ELC provision). Around 500 local authority educational and early years settings were open in the week before the Easter break. During the current holiday period, there are around 400 settings open. There are also 159 private and 3<sup>rd</sup> sector ELC settings and 491 childminders available to receive children.
20. Between 470/530 children who are regarded as vulnerable attended these provisions on each day in the week before Easter. This week, 400/450 have been attending. This represents around 0.5% of the children with multi-agency child's plans.
21. Educational Psychologists, Community Learning & Development (CLD) and support staff are linking with the hubs to provide advice and guidance to both staff and families, as well as direct support.
22. Around a further 5,000 children and young people attended hubs last week for a free school meal, and around half that number are attending during the holiday break. Most authorities are providing financial support or vouchers in lieu of a school meal. This has been supported by £15m of funding from the food fund.
23. CLD practitioners have been instrumental in delivering Free School Meals, and maintaining contact with vulnerable families.
24. Many authorities have determined that alternative education hubs are not likely to be appropriate settings for vulnerable children, or that they are only for those with additional support needs. They believe that they are reinforcing public health guidance, by enabling children to remain at home with support, wherever possible and appropriate.
25. Also, many families, including foster and kinship carers have indicated their anxiety that children travelling to and attending hubs could be exposed to the virus. Accordingly, nine authorities have no vulnerable children attending the hubs, and more than half have fewer than 10 attending.
26. Dundee City is the exception to this pattern, with over 100 children attending hubs on any day, and 140 children identified as benefitting from this support.
27. It is envisaged that there may be an increase in the number of children attending hubs after the Easter break, when some of them decide they want the greater stimulation that this might offer, but it is not expected that the numbers will increase significantly.

28. Accordingly, the vast majority of vulnerable children are being supported via telephone and online contact with school staff, or by other services including 3<sup>rd</sup> sector initiatives.
29. There are systems in place for these other children that schools are concerned about, with staff linking with the children on their own school rolls. Children have been provided with bespoke learning activities, and in some cases these are supported by home visits. Helplines have been set up by educational psychologists and education managers. Existing and locally funded school based counselling services are also being sustained over the phone. Educational psychologists and curriculum leads have been providing resources and advice for home educating parents.
30. PEF funded 'family support workers' continue to provide support to children through online means and within the community.
31. Multi-disciplinary 'outreach' teams are being used in some authorities, such as Angus, to check on the wellbeing and support needs of families with known vulnerabilities
32. Many looked after children have been able to take advantage of these various supports. However, it is also reported across the sector, that residential, fostering and kinship services are especially challenged at this time. Residential child care has been significantly affected by staff shortages. Kinship and foster carers are concerned about the impact on the children that they are supporting, should they become ill.
33. Where they have been able to do so, residential staff and carers have created novel ways of responding to the crisis. For example, many residential staff have adopted a 'cohorting' model, working on shift continuously for a number of days. Foster and kinship carers have found new ways to sustain links with educational and other services, or with family members. However, there are concerns about the sustainability of some of these settings, should the current situation become prolonged. Staff have already been deployed from other services to sustain residential care, and some authorities have developed contingency models for organising services differently.
34. After an initial challenging period in the first days of the lockdown, local authorities and 3<sup>rd</sup> sector organisations report that they are working well together, often significantly reducing the number of services and practitioners involved with children, and ensuring that effective support is assisting families to manage during this period. There is evidence across the country of practitioners working alongside families and across organisational divides, ensuring that assistance is provided promptly and that children's needs are being addressed.
35. That is not to say that the impact of the lockdown on services is not presenting new challenges. For example, Women's Aid groups can no longer see children in the natural and neutral environment of the school; Health Visitor contacts may need to be shorter than they might usually be; and video links are having to replace some of the normal face-to-face contacts.
36. The larger 3<sup>rd</sup> sector organisations are sustaining their local and national services, while changing the model of delivery. Rather than having direct contact with children and

families, they have established online and telephone models of contact, maintaining support to children as part of multi-agency plans.

37. For example, in the Borders, Aberlour have been coordinating wellbeing checks for all families, linking with social work and organising shopping for the most isolated and vulnerable. In Tayside, Aberlour staff are working additional hours to assist vulnerable families, and using creative ways to help through technology. The Aberlour Guardianship Service has continued to support over 250 unaccompanied asylum-seeking children in the West of Scotland, again working remotely and using social media to keep in touch with young people and other professionals.
38. The Children 1st Parentline has adapted to being delivered remotely and has seen an increase in the complexity and frequency of calls, as well as a huge increase in traffic to web pages. A paid staff team, including money advisors, are responding to parents and carers across Scotland. Support workers are responding to a range of emotional and practical issues, such as: parents who are anxious about children's wellbeing, or having no food or money; parents in dispute about contact arrangements; and kinship carers concerned about what will happen to children if they become ill.
39. Children 1<sup>st</sup> are offering emotional and practical support as well as advice. They are liaising with locally based foodbanks and other support services in order to arrange and access urgent support. The CEO confirms the service is being accessed by families who have never needed such support before. They are continuing to deliver local community based services to over 2000 families via phone, and at a safe distance when absolutely essential. The Family Group Conferencing support is being provided through telephone and online tools, and they are finding new and creative ways to help families to alleviate pressures and avoid family breakdown.
40. Includem have sustained their work with young offenders and children on the edge of care in 12 partnerships. Again, this is largely through consistent and regular online and telephone contact by identified staff, and this is now being reviewed with a view to increasing flexibility and potential face-to-face contact supported by face-to-face technology.

### **Supporting children through community based approaches**

41. Feedback from organisations that support parents confirms that many are finding the current situation extremely challenging. Albeit they say they are aware of and understand the core public health messages, some remain unclear about specific aspects - for example, regarding families that include people with existing health conditions and vulnerabilities, and for parents of separated children.
42. Parents also say they are not clear about expectations for managing their own work responsibilities when children are at home - how much home schooling should they be doing? They say that they would want employers to be flexible and understanding at this time, as parents working from home may not be able to be as productive as usual. These matters may be clarified through the forthcoming home learning strategy.

43. Parents are worried about reducing personal income, rent arrears and other financial commitments, and about the potential impact of the crisis on their future financial status. Because children and many parents are at home all day, many unavoidable costs for heating, electricity and food will increase. A recent survey by Citizens Advice Scotland found that 34% of adults are worried about these extra expenses.
44. Many parents say that they are getting their information from friends and social media, rather than from traditional news media. Those who own personal devices are generally comfortable with public health messaging and education being delivered through digital means.
45. However, a significant number do not own personal devices, or use smartphones with 'pay as you go' cards and limited data packages. This is a significant issue for many of the families that family support organisations work with. Initiatives are developing within Government, to promote online access for at risk groups
46. Partnerships recognise that community-based and universal approaches are likely to be helpful in supporting at risk groups. CSWOs and various groups comment that families have responded positively to the creative approaches to free school meal provision through vouchers and financial assistance.
47. Government has funded local authorities with £30m from the Food Fund to support families unable to access food as a result of COVID-19, including £15m for free school meals. Around 140,000 free school meals are being provided each day (122,000 children are reported to be entitled to FSM) largely through vouchers and direct payments. Many authorities say they are talking a 'blended approach' to how the free school meal is provided, reflecting local circumstances.
48. £1.5m has also been allocated to 3rd sector groups from a Government fund to promote wellbeing through community based initiatives. This includes £175,000 to Who Cares? Scotland for the care experienced community, over £200,000 to Child Poverty Action Group and One Parent Families Scotland to ensure up to date advice and IT support for families, and around £500,000 to Barnardo's, Action for Children and Aberlour to provide practical support to families.
49. Most local organisations reporting through Third Sector Interfaces (TSIs) confirm that they continue to have positive engagement with the local children's services strategic partnerships. This includes discussion about adapting services, and the likelihood of doing more in coming weeks. Local groups have provided many examples of developing their services to reflect changing demand, largely focussing on meeting general needs in the community, such as helplines (befriending and practical assistance), co-ordinating food deliveries, and recruiting and supporting volunteers.
50. It is clear that the development of assistance centres and helplines in all parts of the country will become an important element of support to at risk groups and vulnerable children, replacing some of the usual services, and importantly including those who have become vulnerable because of the Covid-19 outbreak. These do not all involve engagement with local social work services, which is a concern for CSWOs. It is not

yet possible to provide data, about how many vulnerable children and families are accessing these centres, or what the impact is.

51. SOLACE has made clear that local partnerships will continue to prioritise vulnerable children and families, and that Chief Officer Groups will be engaged in co-ordinating activity across their areas. There are early examples of focussed activity from a number of partnerships, including Edinburgh City, Fife and Perth & Kinross.
52. The Children and Young People's Collaborative is focussing its support to help local areas collaborate and test new ways of working within their Covid-19 response to all children identified as vulnerable.
53. Initially the programme has focussed on scoping and identifying interventions that will support the mental wellbeing needs of children, young people and families in Aberdeen. In addition, the programme is working with local teams in Fife to ensure children and young people receive emotional and academic support during the outbreak.

### **The perspective of young children and young people**

54. Given the rapid changes to usual systems, the perspective of children and young people has not been available through schools and the other normal routes. Children's Rights stakeholders have raised concerns about children not being at school, and that they should be receiving other appropriate support, and have mechanisms to express their views and concerns.
55. Children and young people's organisations have worked to ensure that children's voices are heard during the crisis, by making new online and telephone forums available.
56. Who Cares? Scotland has established a dedicated helpline for Covid-19 concerns.
57. Young Scot has played a significant role, in scanning social media to identify young people's concerns, and using their website to address these issues. Next week, that is likely to involve dealing with grief and bereavement.
58. Young Scot has also initiated a survey with YouthLink Scotland and Scottish Youth Parliament, which has attracted 800 responses in the first four days. They are linking with various organisations to ensure that young people from all communities are encouraged to complete this. The survey will run for 2 weeks, and Young Scot will then conduct weekly surveys via Instagram, with a public readout at the end of each week.
59. The Children's Parliament is conducting a similar survey for 8 – 13 year olds, to gain an insight into children's health and wellbeing during (at least) April and May.
60. Initial work is ongoing within Public Health Scotland to develop a rapid survey of children and young people's well-being, if needed. The proposal is for this to cover children aged 2 – 16 years.

61. Many youth work organisations have transitioned to using online applications and social media to engage with young people. They are also facilitating various activities, including Duke of Edinburgh awards, to be undertaken at home. Youth Link state that they are seeking to address social isolation for many young people, which they perceive to be an early outcome of the outbreak.
62. Some organisations that help represent the views of young people, have questioned whether the term 'vulnerable children' is a helpful way to describe children who are at risk or require additional support during this crisis.

### **Next Steps**

63. Ministers have been in discussion with SOLACE and senior leaders across the 3<sup>rd</sup> sector about the issues raised in this report, how we enhance our understanding of the impact of COVID-19 on children and young people, and about the ongoing local and national approach. They have taken account of the perspectives they have heard from young people and families.
64. It is clear that the first two weeks of the lockdown were a period of enormous change, both for children and families, and for the organisations that support them. Authorities and organisations have responded positively, have remodelled their provision and service delivery, and have been determined to reach out to children, families and communities.
65. Having taken account of what young people, practitioners and agencies are saying, Ministers are clear that we must continue to focus on ensuring that all children and families who need additional support during this crisis, are able to access that support.
66. The immediate response to the crisis, has involved extraordinary effort, from community groups and 3<sup>rd</sup> sector organisations, and from health and local authority services. Many senior leaders have indicated, this has often been achieved by working with and alongside families, and 'not by doing things to them.'
67. Families are being supported through practical measures to help them to be resilient, and as one senior leader commented, what they often need is 'an army of holistic family workers', rather than referrals between agencies and to specialist services. Such an approach reinforces the central messages of GIRFEC, about working with children and families in partnership, while also being clear about necessary interventions to manage risk, in an increasingly joined-up and holistic way.
68. Ministers have established a leadership group with SOLACE, bringing senior leaders together across the sector, and that group will continue to take forward this work, including producing updated reports on the impact of COVID-19 on children and families, and further consideration of the strategic response as the pandemic continues to develop.

## **Groups and agencies that contributed to this report**

Aberlour

ADES

Children & Families Directorate

Chief Social Work Officers

Children 1st

Children in Scotland

Education Scotland

GIRFEC Lead Officers

Includem

Learning Directorate

Mental Health Directorate

Parenting across Scotland

Public Health Scotland

Social Work Scotland

Royal College of Paediatrics & Child Health

Women's Aid

Young Scot

Youth Link Scotland



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