Protecting the safety and wellbeing of vulnerable children and young people in Scotland during the Covid-19 pandemic

AIMS

The study explored the pandemic experience of children and families 'known to social care'. This project aimed to understand how children, young people (CYP) and families with pre-existing social care needs experienced social distancing and economic constraint during the Covid-19 outbreak, and to explore and inform third sector social care responses. The following research questions were addressed:

1. *How have 'vulnerable' CYP and families been impacted by the Covid-19 outbreak and social distancing?*
2. *How have third sector organisations adapted their services to address that impact?*
3. *How has the outbreak impacted the wellbeing of social care staff in the public and voluntary sector?*

KEY FINDINGS

• The pandemic widened existing inequalities for children and families, particularly for those with pre-existing social care needs.

• Parents and carers, and social care professionals supporting CYP with social care needs reported poor wellbeing, and high rates of depressed mood during the first lockdown.

• Whilst many CYP described remarkable resilience, differential access to resources, indoor and outdoor space, and digital networks played a role in the levels of stress and isolation they experienced.

• CYP reported that loss of services and support impacted their wellbeing.

• Voluntary sector organisations played a crucial role in responding to the social care needs of CYP and their parents / carers. They were able to provide more agile responses to the pandemic crisis, enabling speedier and more flexible service delivery.

• Voluntary sector organisations also played a vital role in translating national and local guidance for other organisations and for parents / carers and CYP.

• Provision of services was nonetheless inconsistent across different local authorities, because of variations in commissioning priorities and resource availability.

WHAT DID THE STUDY INVOLVE?

• A rapid **literature review** summarised existing evidence on social care responses to pandemics, quarantine and social distancing for CYP and families.

- Two separate **online surveys** targeted parents / carers (480 respondents) and social care professionals (226), focussing on wellbeing, measures of work-life balance and organisational support (for social care professionals) and parenting confidence (for parents / carers).

- **Individual interviews** were conducted with 27 parents / carers, 45 social care professionals and 13 CYP using social care services, to explore the impact of the pandemic, and responses from social care services. Three groups were targeted – CYP in foster, residential and kinship care (those being cared for by family friends or relatives other than their parents); those experiencing poverty; and those experiencing domestic abuse and other family violence. The research team collaborated directly with Aberlour Children's Charity, Adoption and Fostering Alliance Scotland, and Scottish Women's Aid, charities supporting CYP in the targeted groups.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Research Aim	Findings
Impact on Vulnerable CYP/Families	Vulnerable families were more severely affected by the pandemic.
	Increased financial, emotional, and social stress.
	Pre-existing inequalities were exacerbated.
	Differences in access to resources led to varied experiences of stress and isolation.
Adaptation of Third Sector Organisations	Swift adaptation to online and phone services benefitted some users.
	Flexible translation of national guidelines into actionable support.
	Varied service provision across different local authorities due to resource availability.
Impact on Wellbeing of Social Care Staff	Decreased wellbeing and increased depressive symptoms among staff.
	Stress and isolation were common, impacting their ability to support CYP and families.
	Highlighted the need for consistent support and clear guidance for staff wellbeing.

Parent Survey
Respondents completed the WHO-5 (World Health Organisation-5) Wellbeing Index, a short self-reported measure of current mental wellbeing, and the PHQ-2 (Patient Health Questionnaire-2), a brief measure for depression screening, alongside questions asking about parenting confidence, experience and practices. Overall responses suggested 44% of the parents who responded experienced decreased wellbeing, an increase in depressive symptoms, reduced parenting confidence and reductions in 'positive' parenting behaviours during the lockdown period. Descriptive data suggested that parents and carers who had additional caring responsibilities, financial and employment insecurity, and were more socially isolated were more likely to experience greater challenges with their wellbeing and parenting during lockdown.

Social Care Professional Survey
Workers were asked to estimate their current wellbeing, depression and job satisfaction, at the time of the survey, and over the period prior to the pandemic lockdown. The majority (142, 62.83%) reported a

deterioration in their wellbeing, and 124 respondents (54.97%) reported increases in depressed mood and loss of pleasure in things. Overall, this suggests a decrease in wellbeing and an increase in depressive symptoms amongst the sample of social care social care professionals surveyed during lockdown.

Individual Interviews with parents / carers

Of the 27 parents/carers interviewed, 6 had experienced domestic abuse, 4 were foster carers, and 12 were kinship carers. They had varying experiences of parenting in the pandemic and the need for available services. This study highlighted that the diversity of family structures is not always reflected in legislation and policy.

- **Parenting stress:** Lockdown exacerbated existing stressors, with mothers managing everyone's needs and feeling pressured to maintain routines despite significant stress and lack of support. Parents and carers who were shielding described guilt and disempowerment.
- **Family relationships:** Many reported improved family relationships due to more time together and reduced external pressures. However, lockdown restrictions exacerbated pre-existing health and financial concerns.
- **Lack of respite:** Parents with young children reported higher stress due to lack of childcare and social support, with some experiencing deteriorating mental health impacting relationships with their children. Lone parents particularly struggled with home education without respite or support.
- **Prioritising family relationships:** Some carers prioritised maintaining relationships and wellbeing over schoolwork, with support from teaching staff, but worried about the long-term impact on education.

Individual Interviews with CYP

CYP were invited to participate they were care experienced, had additional needs, or had experienced domestic abuse. 13 CYP, aged 8-18, and 2 care experienced young adults (21 and 22 years) living in a respite centre participated.

- **'Present' vs. 'absent' services:** Lockdown changed and interrupted service delivery, with varied experiences. CYP felt isolated and helpless without services, especially those with pre-existing challenges. They valued the rapid restoration of services by voluntary organisations like Aberlour and Women's Aid, relying heavily on their emotional support.
- **The everyday:** CYP experienced disrupted routines, lack of structure, tiredness, boredom, and a distorted sense of time.
- **Relative poverty gap:** CYP in larger houses could create 'safe spaces', while those in cramped spaces faced conflicts. Outdoor access improved wellbeing, while being stuck inside increased conflict.
- **Social interaction and wellbeing:** CYP felt unmotivated, missed social interactions, and leisure activities, leading to 'lockdown fatigue'.
- **Digital divide:** Some CYP maintained peer interaction via social media, but those unfamiliar with these platforms faced increased disadvantage.
- **Positive side of social isolation:** Reduced social contact lowered social conflict, benefitting some CYP, especially those who are neurodivergent (e.g. autistic, ADHD) or care experienced.
- **Care experienced CYP:** Relationships with foster or kinship carers improved, but contact with birth parents and other relatives was limited or distanced.
- **Residential care isolation:** CYP in residential care were isolated from friends and classmates, with some experiencing house changes and staffing shifts, adding to their challenges.

- **Safety and domestic abuse:** While CYP in current domestic abuse situations were at higher risk, some felt safer as they avoided contact with abusive parents.

Individual Interviews with social care professionals

45 social care professionals from a range of social care and educational contexts were interviewed in May and September 2020. Key themes from these interviews included:

- **Beyond the "traditional family":** Families were more diverse than pandemic policy could accommodate, causing stress often mediated by specialist voluntary sector organisations.
- **Different care experiences:** Kinship carers were more likely to need to shield and had less support than other carers. Alternative care and respite arrangements were disrupted, straining parents and carers. Pandemic stressors echoed previous traumas for CYP, particularly those with significant past losses.
- **Changed ways of working:** Many social care professionals found benefits in changed working methods, with some teenagers more comfortable speaking online or by phone, giving them a stronger sense of choice and control.
- **Educational changes:** School closures and home-schooling had varying impacts. While generally negative, reducing support and monitoring, some CYP found reduced pressure and more family time beneficial. Others struggled with loss of routine and social contact.
- **Transitions back to school:** Poorly managed transitions and ongoing Covid-related stress affected CYP and their supporters. Access to school settings was inconsistent, with support services for vulnerable CYP often marginalised.
- **Lack of support:** The pandemic highlighted shortages in psychological and therapeutic support for CYP, families, and professionals. Access to mental health support was highly variable. Social care workers reported isolation, lack of meaningful interaction, and increased stress, affecting their capacity to support CYP and families.
- **Practical support:** Delivery mechanisms need to consider social needs, preferences, and emotions, such as stigma and virus anxiety.
- **Inconsistency in guidance:** Local authorities varied in interpreting national guidance, creating inconsistent support for vulnerable CYP. Voluntary sector organisations played a crucial role in translating guidance for specific needs.

WHAT IMPACT COULD THE FINDINGS HAVE?

- Policy should recognise the crucial role of voluntary sector in translating government guidelines to address social care needs of CYP and families.
- Recognition of the role of these voluntary sector organisations could provide a formal alternative to the slower machinery of LA and statutory organisations.
- The complex and varied needs of CYP with pre-existing social care needs could be better addressed by flexible and tailored patterns of service response than in a homogenous way.
- Painful and stressful contact experiences (for CYP with care experience or those with experience of domestic abuse) could be improved by having regard to changes in the process necessitated during the pandemic.
- Care staff's wellbeing could improve by providing clear guidance and ample chances for respite, peer connection, and consistent occupational health and mental health services, to reduce the risk of burnout and turnover and improve the quality of care.

HOW WILL THE OUTCOMES BE DISSEMINATED?

- Published report on the project website, accessible and signposted to all participants: Families and Children Experiencing Covid-19 (stir.ac.uk)
- Individual journal articles on organisational responses in the voluntary sector, CYP and carers' experiences of support for domestic abuse, kinship care, and social care.

CONCLUSIONS

- Lockdown impacted parents' and social care workers' wellbeing and increased depressive symptoms. Parents also reported decreased confidence in their parenting ability and more 'problem' parenting behaviours. Given the sustained duration of lockdown periods in Scotland, it is likely that these will predict longer term challenges for parents and for social care staff.
- In times of crisis, existing inequalities are intensified, particularly for families with pre-existing social care needs. This needs to be considered in planning.
- The agility and flexibility of the social care voluntary sector enabled it to play a crucial role in the pandemic response. This should be valued and reflected in funding frameworks to support this sector and reduce its precarity.
- There is a need for social policy to reflect the varied and complex experiences of family life, and not to presume a one-size-fits-all traditional family structure.

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