

The Impact of



COVID-19 on Children's Care Journeys in Scotland

An Analysis of the Administrative Data on 'Looked After' Children



Authors: Joanna Soraghan, Gillian Raab, Patricio Troncoso, Morag Treanor & Robert Porter

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1 INTRODUCTION

When a child or young person is unable to be cared for solely by their family, they may be brought under the care of their local authority. This can happen for a variety of reasons. These children are often referred to as ‘looked after’¹ and can live in various environments under this arrangement; for example, foster care, residential care, or with extended family or friends, known as ‘kinship care’. Some ‘looked after’ children also remain at home with their parent(s), with the local authority taking responsibility to provide support to the child and their family. While individual experiences are diverse and many young people thrive while in care, it is widely accepted that Scotland can do more to ensure the best start in life for its ‘looked after’ children and young people.

To this end, the Scottish Government commissioned the Independent Care Review in 2016. The key output of this review was *The Promise* (Independent Care Review, 2020) – one in a series of seven documents laying out an ambitious plan to transform the children’s ‘care system’ in Scotland. Through flexible, child-centred and relationship-based practice, *The Promise* seeks to change the way in which young people feel and experience care. The ambition was clear – *all* of Scotland’s children, including those with experience of care, must grow up ‘loved, safe, and respected so that we can realise our full potential.’²

A matter of weeks after the publication of this ambitious policy, and in the midst of rapidly increasing cases of COVID-19 worldwide, the World Health Organization declared a global pandemic. As a result, countries across the world began to go into ‘lockdown’ and the daily lives of individuals were transformed beyond recognition. In the months that followed, varying levels of restrictions were in place, and both individuals and services had to contend with a constantly changing landscape (see Timeline in Figure 1). This caused enormous disruption to almost all aspects of society, and the children’s social care sector was in no way exempt from this.

Many challenges were faced in children’s social care as a direct result of the pandemic. An immediate cessation of in-person activities meant that universal services such as education, leisure activities and routine health care appointments ground to a halt and, as such, children and families’ needs and concerns could not be identified and addressed as they normally would. Targeted services for those previously identified as vulnerable were also affected, as face-to-face social work visits were drastically reduced and Children’s Hearings - the process by which many decisions are taken about the care and protection needs of children and young people in Scotland - were moved to an online meeting platform almost overnight. This change led to a marked reduction in the capacity of the hearings’ system (CHS/SCRA, 2021), and the new method of engagement created challenges for some of the children, families and professionals involved (Porter et al, 2020). The pandemic additionally brought a very

¹ ‘Looked after’ and ‘looked after child’ are the terms used in current legislation to refer to a child or young person with care and protection needs who is cared for under a formal arrangement with a local authority.

² Scotland’s ambition for children and young people, as stated in the National Performance Framework and endorsed by *The Promise* (Independent Care Review, 2020)

challenging time for the workforce, who faced huge changes to their way of working, high workloads and a reduction in opportunities to build meaningful relationships with children and young people (McCulloch, 2022; Social Work Scotland, 2022).

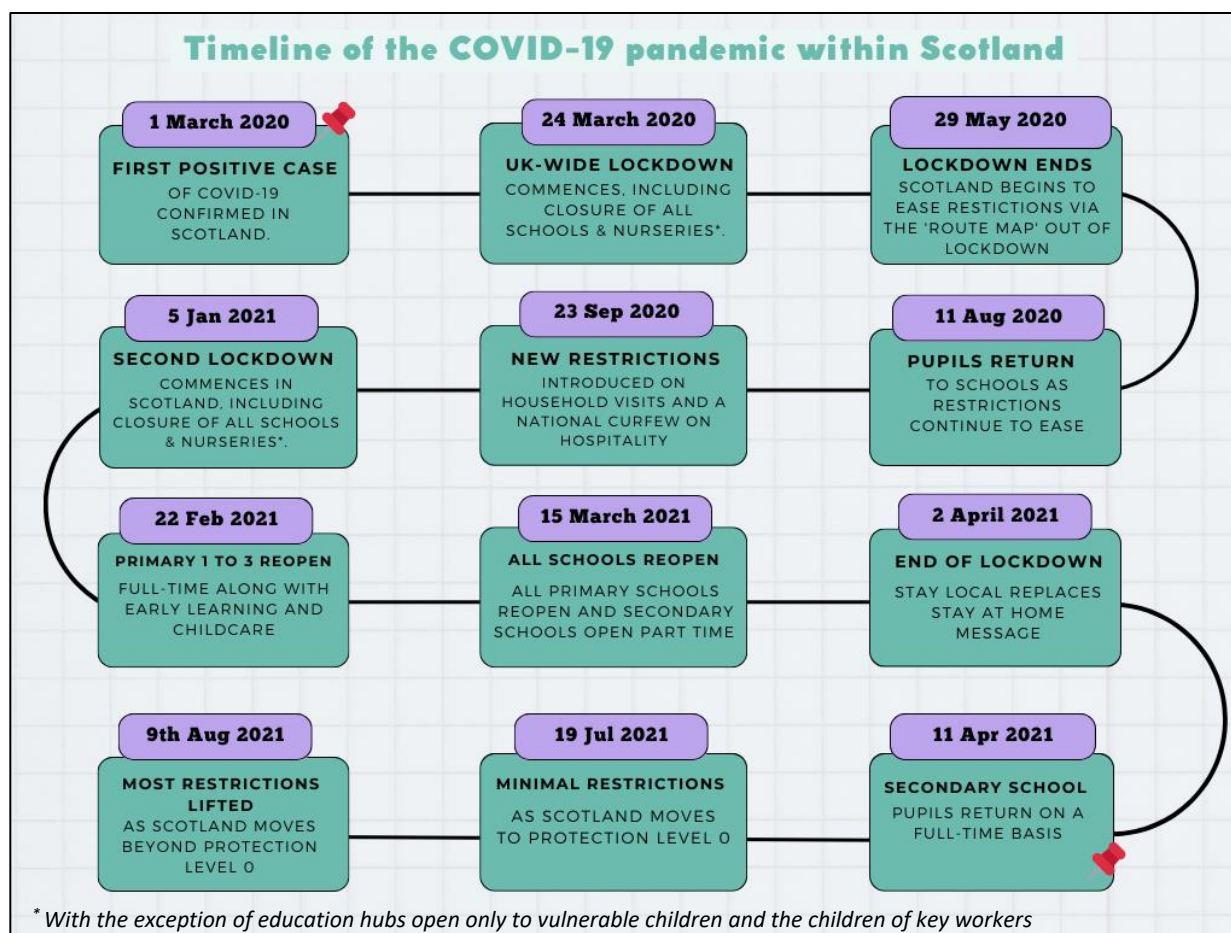


Figure 1. Timeline of the COVID-19 pandemic within Scotland. Source of data: <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-covid-19-in-scotland/>

It is important to note that, in addition to the many challenges triggered by the pandemic and resulting public health restrictions, there were some positives to be found in practices with children and families. The onset of the pandemic generated much innovation and creativity in terms of engaging young people, with services responding more flexibly to the needs of children, young people and their families³. In addition to taking account of the challenges, it is also important to ensure that positive learning is captured and employed as we work to improve the lives of Scotland's children and young people.

³ <http://www.celcis.org/knowledge-bank/covid-19/Meeting-the-Challenge-of-COVID-19>

This report hopes to contribute to an improved understanding of the pandemic and its ongoing impact on children’s social care. Through thorough examination of the data about children who were ‘looked after’ throughout the pandemic, we will provide more nuanced evidence on the impacts of this turbulent time.

Throughout the report, we specifically aim to determine:

1. **How did the pandemic affect the rates of children and young people entering care?** Was this effect the same regardless of gender, ethnicity, or other characteristics? Did the effect vary across different regions of Scotland? Were children entering care into different types of placements, or under different legal reasons?
2. **Did the pandemic affect the rate at which young people were leaving care?** Did this vary across different regions? Did the destinations of young people leaving care change?
3. **What impact did the pandemic have on the stability of children and young people’s care placements?** Were children moving more or less frequently? Was the stability of certain types of placement impacted more strongly than others?

In order to answer these questions researchers conducted analysis on the Scottish Government’s Longitudinal Looked After Children Dataset, which currently⁴ contains data up to 31st July 2021.

The Data: Scottish Government’s Longitudinal Looked After Children Dataset

For any child in the care of a local authority in Scotland, the authority must record information on the dates they are ‘looked after’, the types of placements they reside in and the legal basis under which they are in care. These data are returned on a yearly basis to the Scottish Government, who collate and analyse the data before sharing key findings and headline statistics in their annual ‘Children’s Social Work Statistics’ publications.

In recent years, these annual returns have been compiled by the Scottish Government to create a longitudinal dataset containing the care history of any child or young person who has been in care from 1 April 2008 onwards. There are strict approval processes in place for researchers to access this data, and all personal information is anonymised prior to being shared. The longitudinal dataset has huge benefits over yearly ‘snapshot’ data in that it allows for a more detailed exploration of the care journeys of young people over time.

The dataset contains details on approximately 76,000 episodes of care involving nearly 65,000 children and young people. An ‘episode’ in this setting refers to a continuous period in which a child or young person is ‘looked after’ and can contain multiple placements. Full details on the dataset, plus an overview of the data cleaning process implemented for this research study, can be found in the ‘[Data Explained](#)’ document published alongside this report.

⁴ At the time of writing in March 2023

When reading this report, it is important to reflect on the limitations of this type of data. While administrative data collected by local authorities is extremely useful in providing broad overviews, a limitation is that it does not, and cannot, tell us how the impact of the pandemic was *felt* by children and young people in care at this time. To understand the true impact on individuals, the administrative data needs to be looked at alongside wider quantitative and qualitative sources, ideally including direct feedback from the individuals concerned.

1.1 INTERPRETATION OF THE DATA

Throughout this report, unless otherwise specified, **values for the number of children entering and leaving care are based on the number of episodes of care beginning and ending as opposed to the number of unique children experiencing those episodes of care**. These numbers differ due to the fact that an individual child may have multiple occurrences of entering and leaving care (i.e. multiple episodes of care) throughout their childhood. While the two figures are closely related, the number of episodes of care starting will be slightly higher than the number of unique children entering care within a given period, and likewise the number of episodes of care ending will be slightly higher than the number of unique children leaving care. Where the phrase ‘entries/entry to care’ is used in relation to the data, this denotes a new episode of care has begun.

Note 1: The Independent Care Review engaged extensively with children and young people with experience of care. Through this process, it heard how the language of the ‘care system’ can be stigmatising for children and young people and can compound a sense of being ‘different’. Where possible, we have tried to use non-stigmatising language throughout this report. Where the term ‘placement’ is used this refers to an environment within which a child lives and never refers to the child themselves.

Note 2: Where either ‘kinship care’ or ‘with friends and relatives’ are discussed in this document, this refers to ‘formal’ kinship care arrangements where a child is officially ‘Looked After’ by the local authority and is formally placed in the care of a family member or friend. Children who are informally or semi-formally living in arrangements such as this (i.e. where the decision has been taken by the child and/or their family without the statutory involvement of services) will not be recorded in the Looked After Children statistics, and as such their experiences will not be reflected here.

2 ACKNOWLEDGEMENTS

The authors would like to thank Dr Carol Duncan and Professor Emerita Lorraine Waterhouse of the University of Edinburgh and Janice McGhee of the Scottish Centre for Administrative Data Research who provided insights to aid interpretation of the data.

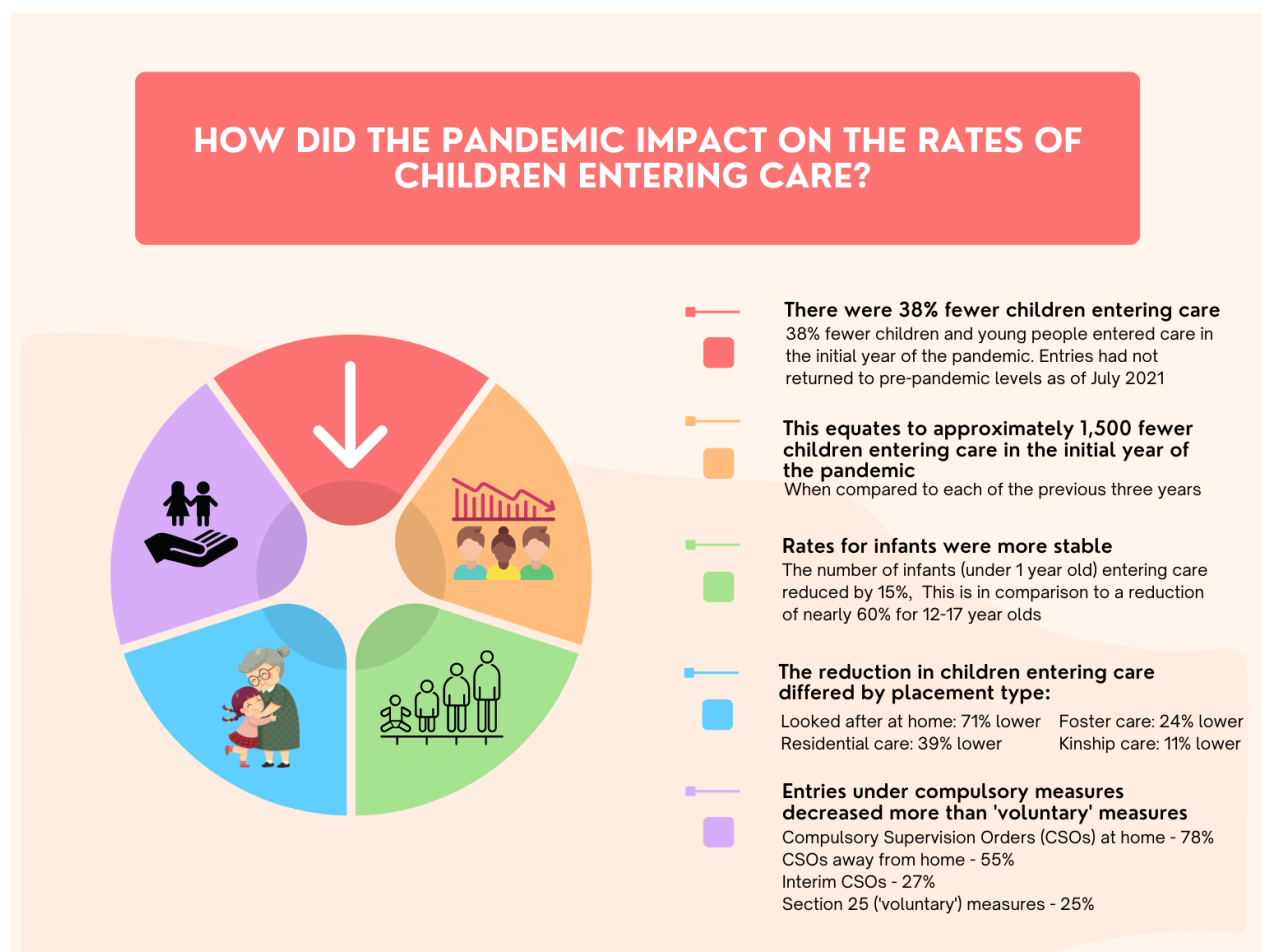
The electronic Data Research and Innovation Service (eDRIS) within Public Health Scotland provided support in obtaining approvals for the research and enabled access to the data within the National Safe Haven secure research environment, while the Economic and Social Research Council (ESRC) provided the funding that has made this work possible.

We are grateful to the Scottish Government for provision of the dataset and for their collaboration in discussions around data quality and data cleaning, in particular Cecilia McIntyre, Ross Waddell and Cait Rhodes. We also acknowledge the important role of those involved in data collection across Scotland's 32 local authorities - both front-line staff and the data teams that support them.

Finally, we would like to thank the children and young people whose personal data has contributed to this research. While recognising that the data do not fully capture the complexity of their experiences, we hope that research of this type can in some small way bring about an improvement in the lives of children and young people who are currently in care, or children and young people who may need support in the future.

3 KEY FINDINGS/SUMMARY

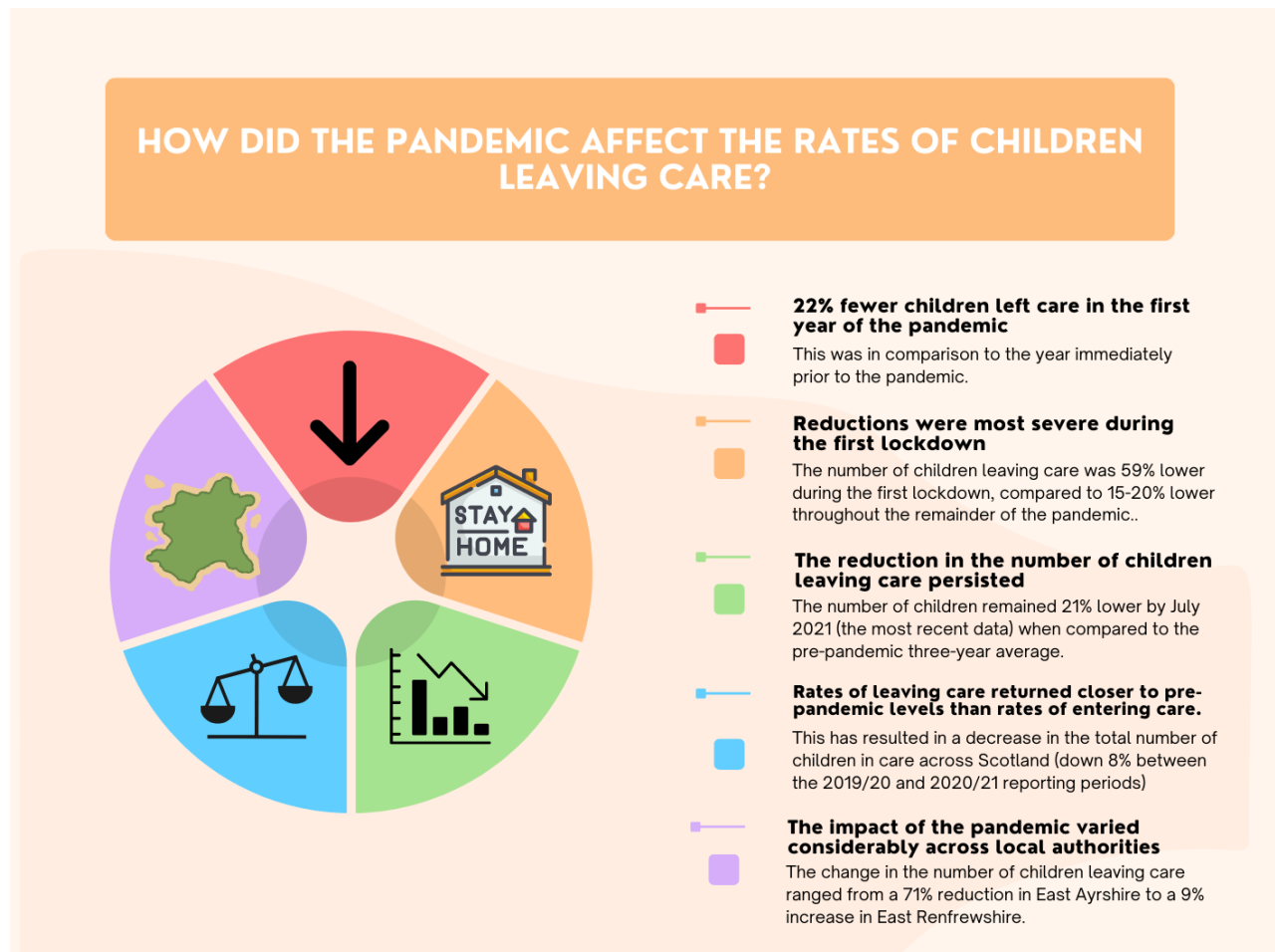
3.1 ENTERING CARE



There were clear changes in the rate at which children and young people were entering care⁵ throughout the pandemic. There was an overall reduction of nearly 40% in the first year of the pandemic when compared to the previous year. This equated to approximately 1,500 fewer children entering care than did so during each of the previous three years.

The decrease in the rate of children entering care was found to vary by age and placement type. Different age groups were impacted in different ways - with the youngest children being least affected - and there was a bigger reduction in the number of children beginning to be 'looked after' at home than in other placement settings. It was also found that the numbers entering care under compulsory measures were reduced to a greater extent than those entering via 'voluntary' Section 25 measures.

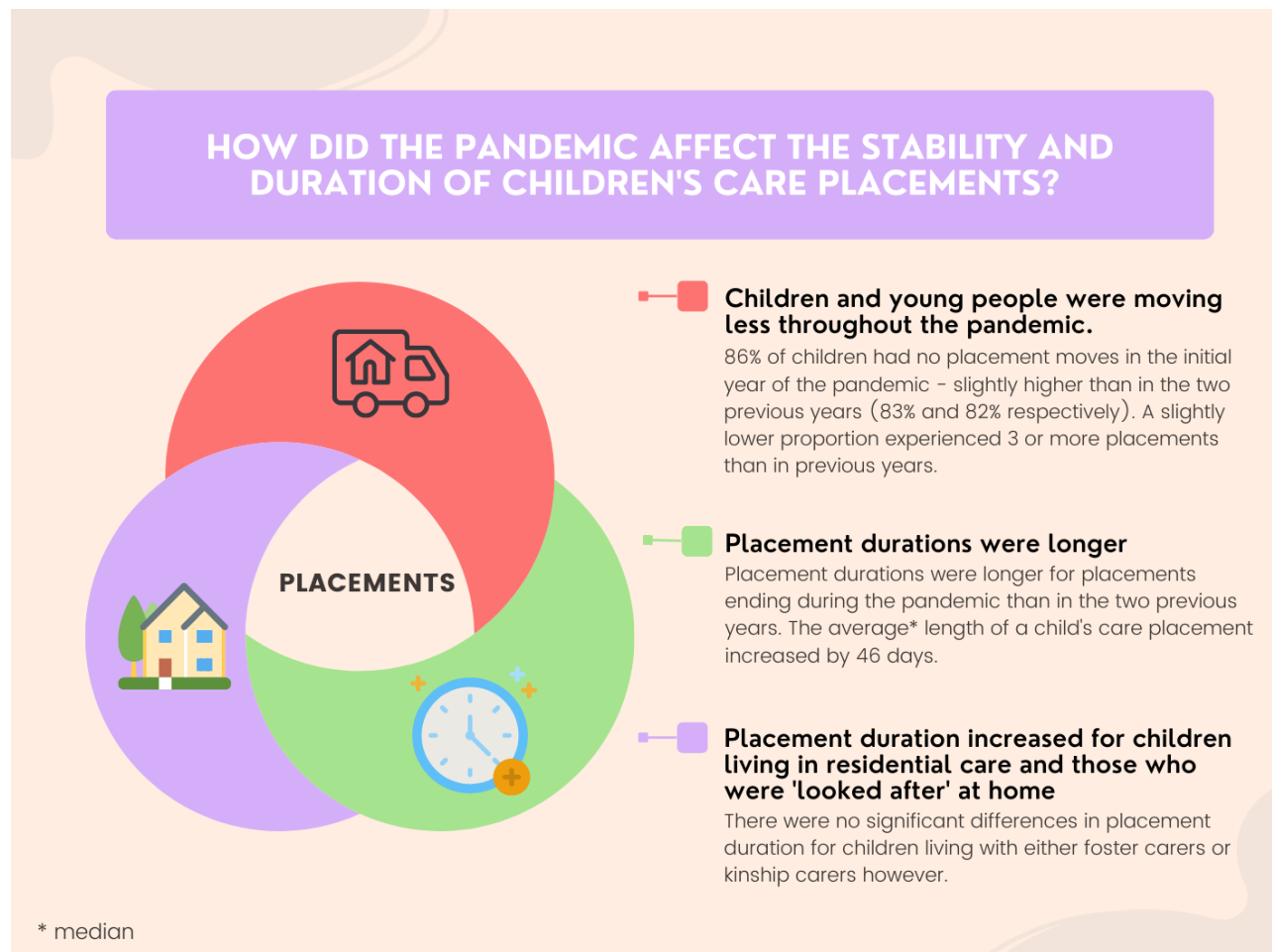
⁵ Figures provided for the number of children entering and leaving care are based on the number of episodes of care starting and ceasing, as opposed to the number of unique children experiencing these episodes of care.



The pandemic also affected the rate at which children and young people were leaving care. This was particularly notable throughout the initial UK-wide lockdown, when there were nearly 60% fewer occurrences of children and young people leaving the support of care. The reduction was closer to 20% during the subsequent phases of the pandemic. The change in the rates at which children were leaving care varied considerably across different regions of Scotland.

While the overall numbers leaving care remained a fifth lower in July 2021⁶, this was less substantial than the ongoing reduction in the number of children entering care (35%) at that point. This imbalance has resulted in a sizable decrease (8%) in the total number of children and young people who are 'looked after' in Scotland.

⁶ The most recent data available at the time of research



It was found that children and young people moved less throughout the initial year of the pandemic. A higher proportion of children and young people (86%) only experienced one care placement than in each of the previous two years (83% and 82% respectively). A slightly lower proportion experienced three or more placements than in previous years.

Placement durations were longer for placements ceasing during the pandemic than in the two previous years, again suggesting that children and young people were moving less during this period. Looking at this by the type of environment in which children were cared for, this trend of longer placements was apparent for children who were in either residential care or who were 'looked after' at home with their parents. There were no significant differences found in placement duration for those living with foster carers or in kinship care (i.e. with friends and relatives) during the pandemic.

4 SETTING THE CONTEXT

Over the past decade, the proportion of children and young people who are ‘looked after’ in Scotland has broadly been decreasing - from a rate of 15.5 per 1,000 children in 2010 to 14.0 per 1,000 in 2020. As can be seen in Figure 2, this reduction has largely been driven by a reduction in the number of children who are ‘looked after’ at home with their parents.

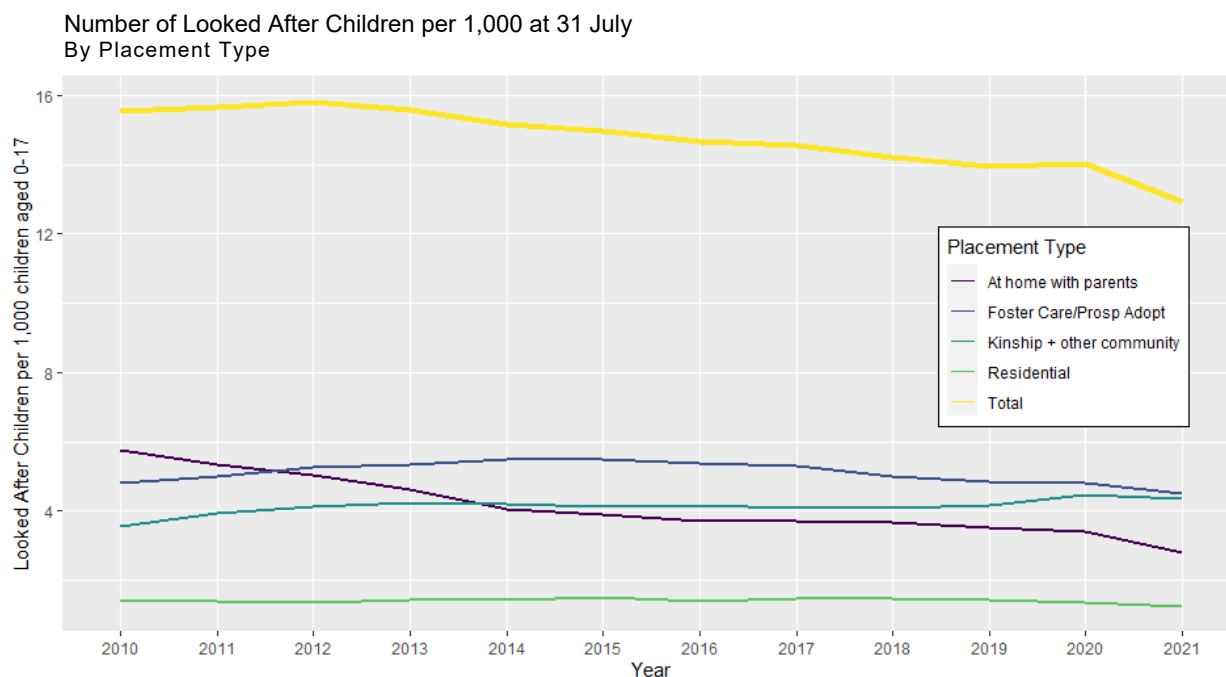


Figure 2. Number of Looked After Children per 1,000 as of 31 July. Category ‘Residential’ describes all types of residential care, including secure accommodation and crisis care.

In 2021 however, the first reporting year⁷ to be fully within the COVID-19 pandemic period, the reduction in the number of children in care appears to be more stark. As was detailed in the Scottish Government’s Children’s Social Work Statistics 2020/21⁸ publication, there was an 8% reduction in the number of children in care in 2020/21, with the figure reaching its lowest number since 2006.

Exploring this in more detail, Figure 3⁹ shows the monthly numbers of children and young people entering and leaving care between August 2018 and July 2021. It is clear that there was an immediate and substantial reduction in children both entering and leaving from care in April 2020 after the onset of the pandemic and subsequent public health restrictions. While there are higher numbers entering care

⁷ The reporting year for the Looked After Children dataset runs from 1 August in a given year to 31 July the following year

⁸ <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2020-21/documents/>

⁹ This chart is a recreation of Chart 2 in the Scottish Government’s ‘Children’s Social Work Statistics’ 2020/21 publication.

than leaving care in the initial four months of the pandemic, the pattern is reversed from August 2020 to July 2021. During this time the number of children leaving care consistently outstripped the numbers entering care, leading to the overall reduction in numbers in care that was seen in Figure 2.

While it is widely accepted that the pandemic had a substantial impact on the children's social care sector, this research will look to examine this impact in more detail - with a specific focus on entering care, leaving care and the stability and duration of children's placements.

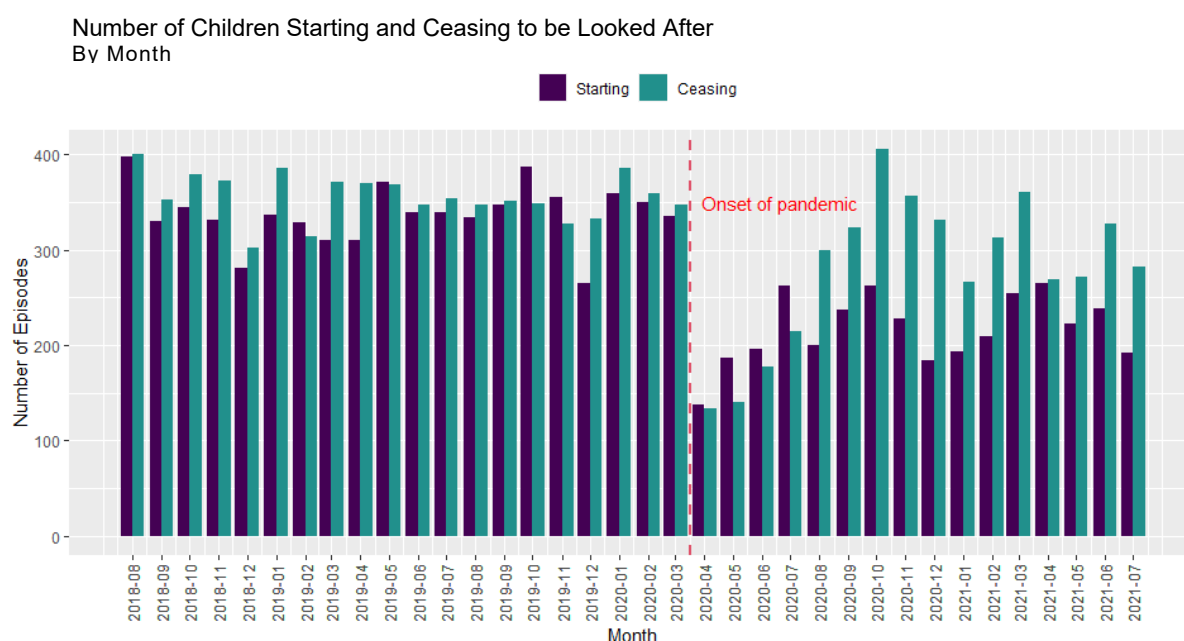


Figure 3. Monthly number of children starting and ceasing to be 'looked after' in Scotland from August 2018 to July 2021. As will be the case in later figures throughout this report, the onset of the COVID-19 pandemic is marked in red. This figure is a recreation of Chart 2 in the Scottish Government's 'Children's Social Work Statistics' 2020/21 publication.

5 ENTERING CARE

5.1 RATES OF ENTERING CARE

While it is already known that there was a marked decrease in the number of children and young people entering care at the onset of the national lockdown, it is important to understand this in more detail. How severe and persistent was the reduction in the rate at which children and young people were entering care? Were children being placed in care under different legal reasons, or being cared for in different types of placements? And how did this vary across the 32 local authorities of Scotland? This section of the report will address these questions.

To contextualise the sudden reduction in the number of children entering care in terms of the longer-term trends, Figure 4 illustrates the monthly rate of children entering care (per 1,000 children aged 0-17) over the period January 2010 to July 2021. In this figure, it can be seen that the initial drop-off in the number of entries to care was substantial in light of previously seen annual or monthly fluctuations. It is also apparent that, as of the most recent data available to July 2021, the rates of young people entering care had still not returned to pre-pandemic levels. The number of children entering care in the most recent quarter of available data (April-July 2021) remained 35% lower than the pre-pandemic three-year average for that same period.

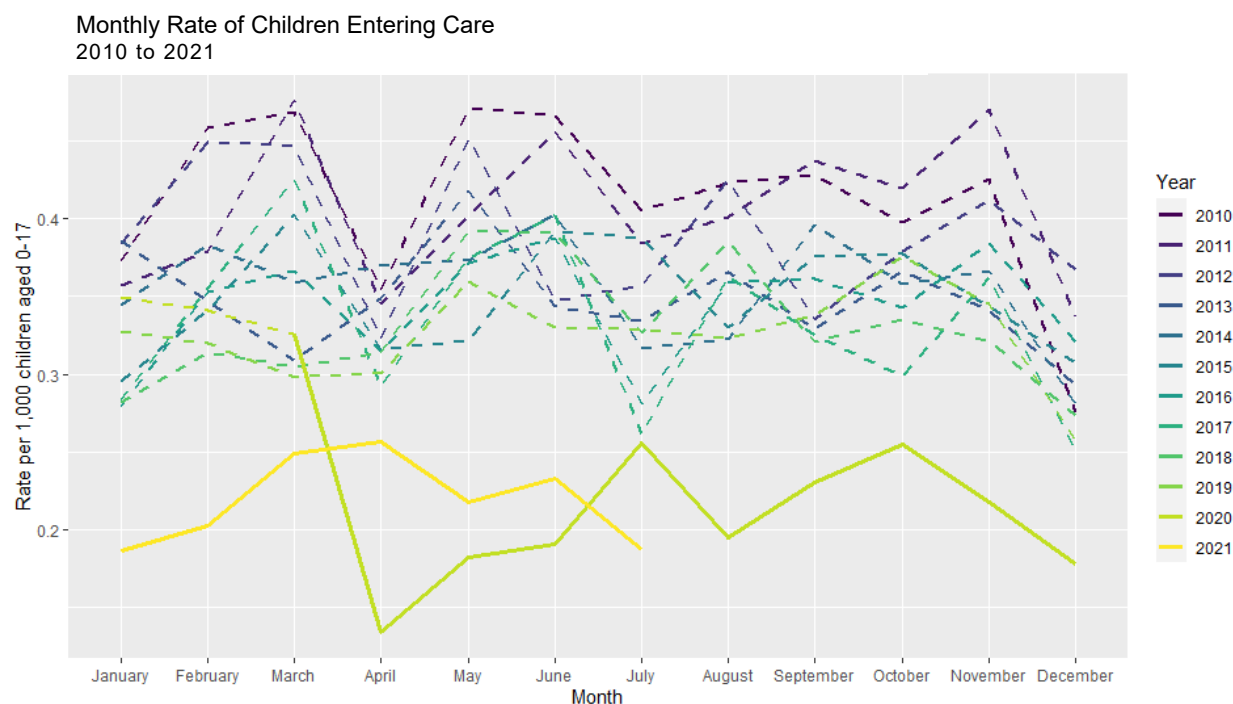


Figure 4. Monthly rate of children entering care in Scotland from January 2010 to July 2021. The dashed lines represent the phase prior to the pandemic, while the steep decline between March 2020 and April 2021 coincides with the onset of the COVID-19 pandemic.

The severity of the reduction in the number of children entering care is also illustrated in Table 1, which depicts the yearly number entering care in the period April 2020 to March 2021 alongside the yearly numbers for the three previous years. The total number of children entering care dropped from around 4,000 per year prior to the pandemic to just over 2,500 in the initial year of the pandemic. This equates to a 38% reduction in comparison to the year immediately prior to the pandemic, and a 37% reduction against the three-year average. As mentioned in the introduction - and as will be the case throughout this report - figures provided for the number of children entering care are based on the number of episodes of care beginning as opposed to the number of unique children experiencing those episodes of care. As a small proportion of children will have multiple episodes of care within any given year, the number of unique children will be slightly lower than the number of episodes of care starting.

Period	2017/18	2018/19	2019/20	2020/21
Number of Children Entering Care	3,950	4,120	4,090	2,540

Table 1. Number of children and young people entering care by calendar year 1st April to 31st March. Numbers have been rounded to the nearest 10.

The marked decrease in children entering care at the onset of the pandemic is perhaps unsurprising, as people were largely living behind closed doors and children's points of contact with key services (including education, social work, and routine health appointments) were greatly reduced. As discussed further in McTier and Soraghan (2021), however, this decrease is perhaps not an accurate reflection of the actual level of need. The general consensus was that risk factors for abuse and neglect would in fact be exacerbated due to the public health restrictions and conditions in place throughout the pandemic, with factors such as financial hardship, poor parental physical and mental health, social isolation and pressures of home-schooling taking a toll on children and families (Driscoll et al., 2021; Green, 2020; Rodriguez et al., 2021; Sari et al., 2021). Research by the NSPCC (Romanou & Belton, 2020) categorized these risk factors into three broad categories: increases in stressors to parents and caregivers; increases in children and young people's vulnerability; and a reduction in usual protective services or safeguards being in place.

As is perhaps unsurprising, there appear to have been increases in the rate of children entering care in the period immediately following the national lockdowns in May 2020 and February 2021. Additionally, the increases seen from August 2020 and in February/March 2021 coincide with a return to school and childcare settings (see Timeline in Figure 1).

In research conducted by McTier and Sills (2021) local authorities felt that, alongside the decreased contact between services and 'vulnerable children', a key factor contributing to the reduction in entries to care was the diminished capacity within the Children's Hearings system. Children's Hearings are the mechanism by which the decision is made for a child to become 'looked after' under a Compulsory Supervision Order (CSO), and prior to the pandemic had always taken the format of in-person meetings. Attendees can include, amongst others, the child or young person, family members, social workers, and three volunteer 'Panel Members' – trained members of the public who come together to make decisions in the best interests of the child. The sudden impositions of lockdown restrictions therefore led to a severe reduction in capacity within the system. There was a considerable decrease in the numbers of Children's Hearings that could take place, leading to a strict prioritisation of cases (SCRA/CHS, 2021). Alongside a reduced capacity for hearings, it is important to note that 22% fewer referrals were made to the Children's Reporter on care and protection grounds in 2020/21 than the previous year, and that a smaller proportion of referrals were decided to progress to a Children's Hearing (22% vs 27%, SCRA 2021).

5.2 ENTERING CARE: BY PHASE OF THE PANDEMIC

As illustrated in the timeline of the pandemic in Figure 1, while there were public health restrictions in place from the onset of the pandemic in March 2020 until the beginning of August 2021, the extent of these restrictions and the impact they had varied considerably. There were two extended periods of 'lockdown' from March to May 2020 and from January to April 2021. In the periods in-between and after these lockdowns, the extent to which daily activities were curtailed varied considerably.

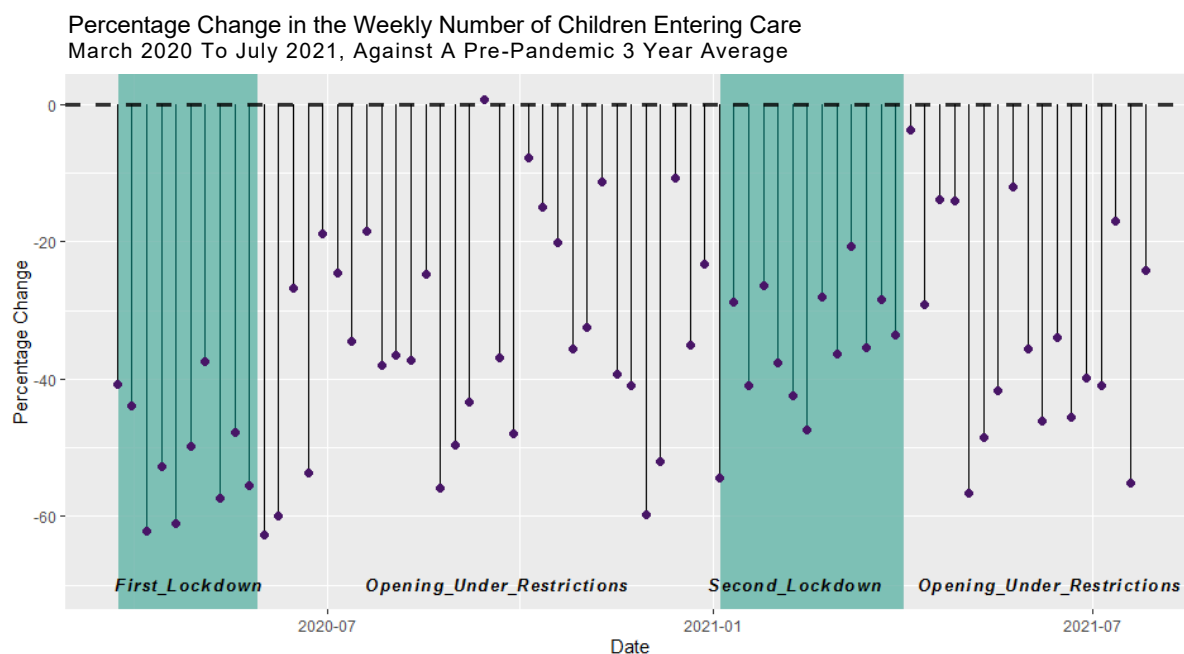


Figure 5. The percentage change in the weekly number of children entering care from the beginning of the pandemic (March 2020) to the most recent data available (July 2021).

Figure 5 above displays the weekly percentage change in the number of children entering care¹⁰ throughout the various phases of the pandemic, with the horizontal dotted line denoting where there was no change (i.e. 0%). Across the different phases, the reduction in rates of children entering care was most notable throughout the first lockdown, where the numbers were at least 35% lower than the pre-pandemic average. For the later phases, the number of children entering care remained lower than pre-pandemic levels throughout the entire period until July 2021 (with the exception of one week). The figure indicates that there was not a clear distinction, however, between the second lockdown and the periods either side of this when restrictions were eased. This is perhaps intuitive, as in the initial lockdown phase organisations were entirely unprepared and had to change the way in which they ran services overnight. By the time the second lockdown commenced in January 2020, there was anticipation of this happening and processes and policies were already in place to enable the

¹⁰ When compared to a pre-pandemic 3-year average for that same week.

continuation of service delivery as best as possible. By July 2020, for example, face-to-face Children's Hearings had restarted, and options such as hybrid or fully-virtual hearings were firmly established (CHS/SCRA 2021). This ensured that this service was better prepared to respond to the renewed lockdown when it arrived in January 2021.

That is not to say the impact was confined to the first lockdown phase, however - a consistent impact was seen throughout the whole period. Table 2 shows the number of children entering care throughout each period of the pandemic¹¹, and what this represents as a percentage change for the pre-pandemic three year-average for that same period. While the reduction was by far the most substantial in the initial lockdown (49%), all other phases saw at least a 30% reduction in entries in comparison to the average of the three previous years. The implementation of new policies and ways of working may have mitigated the impact of the second lockdown to a certain extent, however there remained a persistent drop in entries running throughout this entire period. As seen in the final row of Table 2, throughout the entire period the number of children entering care was more than 2000 fewer than may have been expected based on the pre-pandemic three-year average.

Phase of the Pandemic	Number of Days	Number of Children Entering Care During Pandemic	Pre-Pandemic 3 Year Average for the same period	Percentage Change in Entries to Care
First Lockdown	68	390	770	- 49%
First Period of Opening Under Restrictions	220	1,580	2,480	- 36%
Second Lockdown	88	670	1,000	- 33%
Second Period of Opening Under Restrictions	120	900	1,380	- 35%
Total	496	3,540	5,630	-37%

Table 2. Entering Care, by Phase of the Pandemic. Dates for each period are as described in Figure 1 – Timeline of the Pandemic. Numbers have been rounded to the nearest 10.

5.3 ENTERING CARE: BY LOCAL AUTHORITY

Children who are 'looked after' in Scotland are under the care of their local authority. While there is national guidance and legislation around 'Looked After Children', there can be variations in local policy and practice across different regions of Scotland. Additionally, there is significant variation in the make-up of Scotland's local authorities, in terms of geography, population density and levels of deprivation. As

¹¹ As discussed previously, figures provided for the number of children entering care are based on the number of episodes of care that commenced. As a small proportion of children will experience multiple episodes of care within a given period, the number of unique children that this figure represents will be smaller.

such, it is likely that the effects of the pandemic and the resulting public health restrictions were experienced differently in different parts of the country.

Figure 6 details the percentage change in the number of children entering care in each of Scotland's local authorities in the initial year of the pandemic. This was calculated in comparison to the average of the three previous years. Due to the small numbers of children and young people who need the support of care in Shetland, Orkney and Na h-Eileanan Siar (the Western Isles), percentage calculations can be volatile – with a small change in numbers (i.e. one or two children) leading to a large shift in percentages. As such, these local authorities have been excluded from the figure below. The underlying data for all local authorities can be found in the accompanying tables, however, and show little evidence of a notable change in the number of children entering care in either Shetland, Orkney or Na h-Eileanan Siar.

Percentage Change in the Number of Children Entering Care by Local Authority
Year Ending 23rd March 2021 vs Average for the Three Previous Years

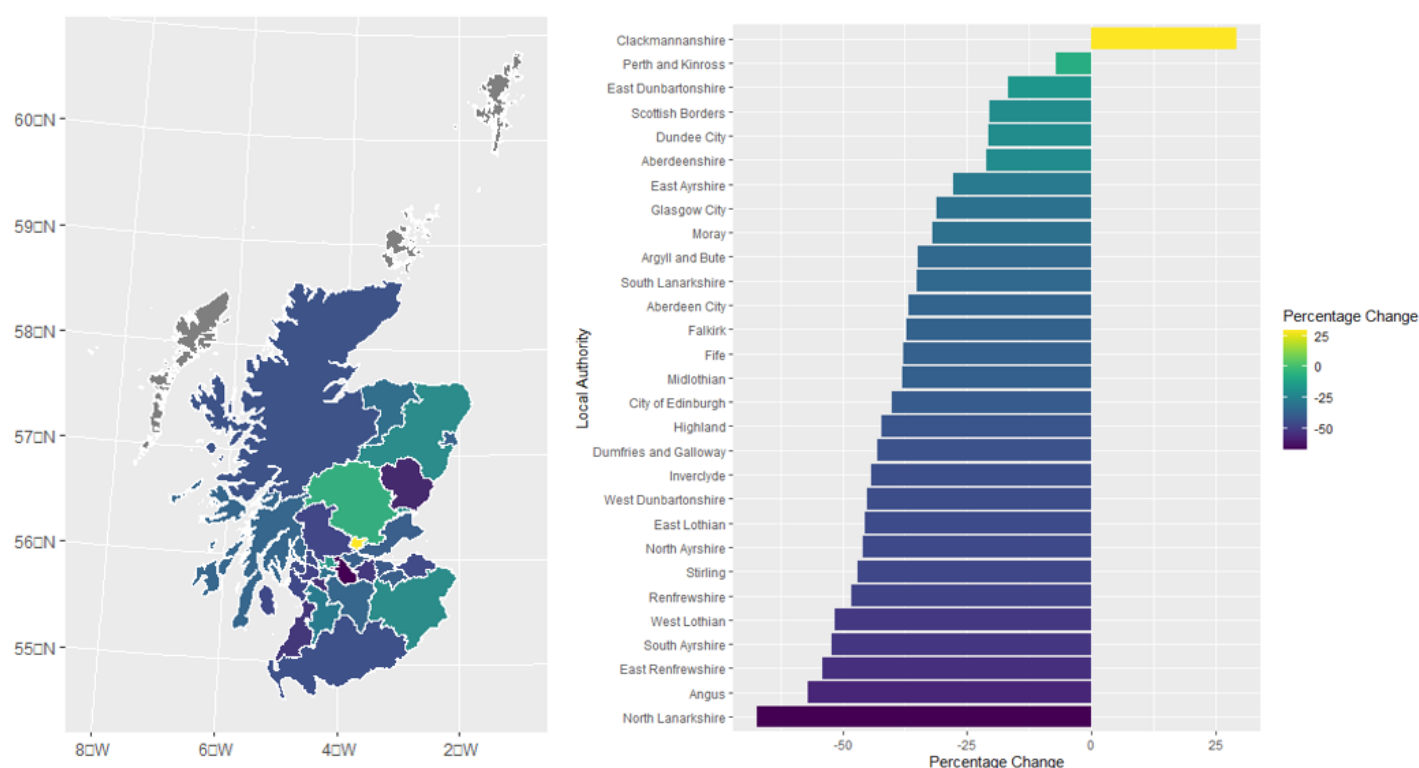


Figure 6. Percentage change in the number of children entering care in the initial year of the pandemic vs the average of the three previous years.

As can be seen in Figure 6, the percentage change in the annual number of children entering care varied considerably across Scotland in the first year of the pandemic. The change ranged from a 67% reduction in North Lanarkshire to a 27% increase in Clackmannanshire. Clackmannanshire was the only local authority to see an increase in the number of children entering care. However, as can be seen in the

data tables published alongside this report, the number of children entering care in Clackmannanshire were also higher in the year immediately prior to the pandemic as well as in the initial year of the pandemic, suggesting that this change may be due to other local circumstances or practices as opposed to the pandemic. This would be worthy of further exploration.

As acknowledged by The Promise (Independent Care Review, 2020), there is a strong relationship between poverty and the likelihood of children and their families needing the support of the care system. In order to determine whether the level of deprivation within a local authority was related to the changes in the number of children requiring care and support throughout the pandemic, a test of association was conducted between the percentage change in entries and the level of deprivation as given by the Scottish Index of Multiple Deprivation 2020 (SIMD 2020)¹². It was found that there was no association ($p = .082$)¹³, indicating that the level of deprivation in an area was not related to the extent of change in the number of children entering care.

5.4 ENTERING CARE: BY CHARACTERISTICS OF THE CHILD

5.4.1 ENTERING CARE: BY PRIOR EXPERIENCE OF CARE

While it is acknowledged that most children and young people would have reduced contact with public services in the initial phases of the pandemic, it is likely that some children will have been more visible to services than others. For example, children and young people who had previous involvement with social services and had ongoing relationships with social workers would have expected to receive consistent contact, with Scottish Government data indicating that three quarters of all children with a support plan were in contact with services and professionals every week¹⁴. However, as was found by McTier and Sills (2021), from the very start of the pandemic social work services within local authorities were concerned that there would be many families who had not previously been involved with their services who may now need additional support.

As any individual child can experience multiple episodes of care (where an episode comprises one or more placements in immediate succession), it could be hypothesised that children who *had not* previously been in care were less likely to come into care during the pandemic than those who *had* previously been in care (and would therefore likely have prior or ongoing support and contact from a social worker or other support service).

¹² Using the percentage of datazones within each local authority that are in the 20% most deprived in Scotland.

¹³ Test of association conducted using Kendall's tau, $r_t = -.22$

¹⁴ <https://www.gov.scot/publications/vulnerable-children-report-15-2020-scottish-government-solace/pages/what-the-data-tells-us/>

To examine this, Figure 7 illustrates the breakdown of the data into the rates for first episodes for a given child and rates for second or subsequent episodes for a child. While the rate for subsequent entries may visually appear to decrease less markedly over the pandemic-affected reporting years of 2020 and 2021, the raw figures in Table 3 show that the number of children entering care for both first episodes and subsequent episodes reduced by one third in the reporting year 2020/21¹⁵. This indicates that children and young people who had previously been in care were in fact no more likely to come back into care during the pandemic than those who had not previously been in care.

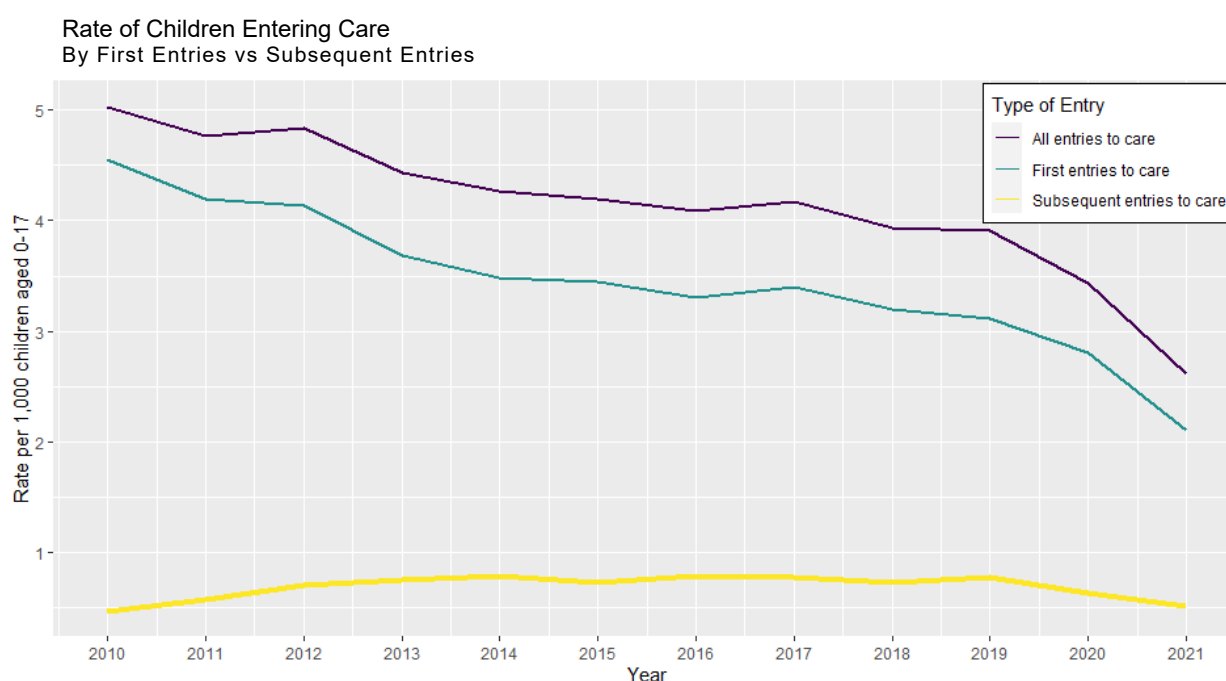


Figure 7. Rate of Children Entering Care by whether it was a child's first entry to care or a subsequent entry (i.e. whether they had prior experience of care), 2010 to 2021.

		All children entering care	Children entering care for the first time	Children entering care who had prior experience of care
2018/19		4,020	3,220	810
2020/21		2,690	2,150	530
% Reduction		33%	33%	34%

Table 3. The number of children entering care in the reporting periods 2018/19 and 2020/21. All children, then segregated by whether the child did or did not have prior experience of care. Numbers have been rounded to the nearest ten.

¹⁵ In comparison to the reporting year 2018/19, chosen to be the baseline as it was the last full reporting year not affected by the pandemic.

5.4.2 ENTERING CARE: BY AGE

Figure 8 shows the age that children and young people were upon entering care. While there is a sizable drop in the number of children and young people entering care across most age groups at the beginning of lockdown in April 2020, the trend for infants under one year old differs somewhat and appears to be more stable. Looking at the number of infants under the age of 1 entering care in the initial six months of pandemic, there was a 15% reduction when compared to the six months prior. This is less extreme than the reduction for the other age groups, where the number of children entering care declined by 34% (1-4 years), 38% (5-11 years) and 58% (12-17 years).

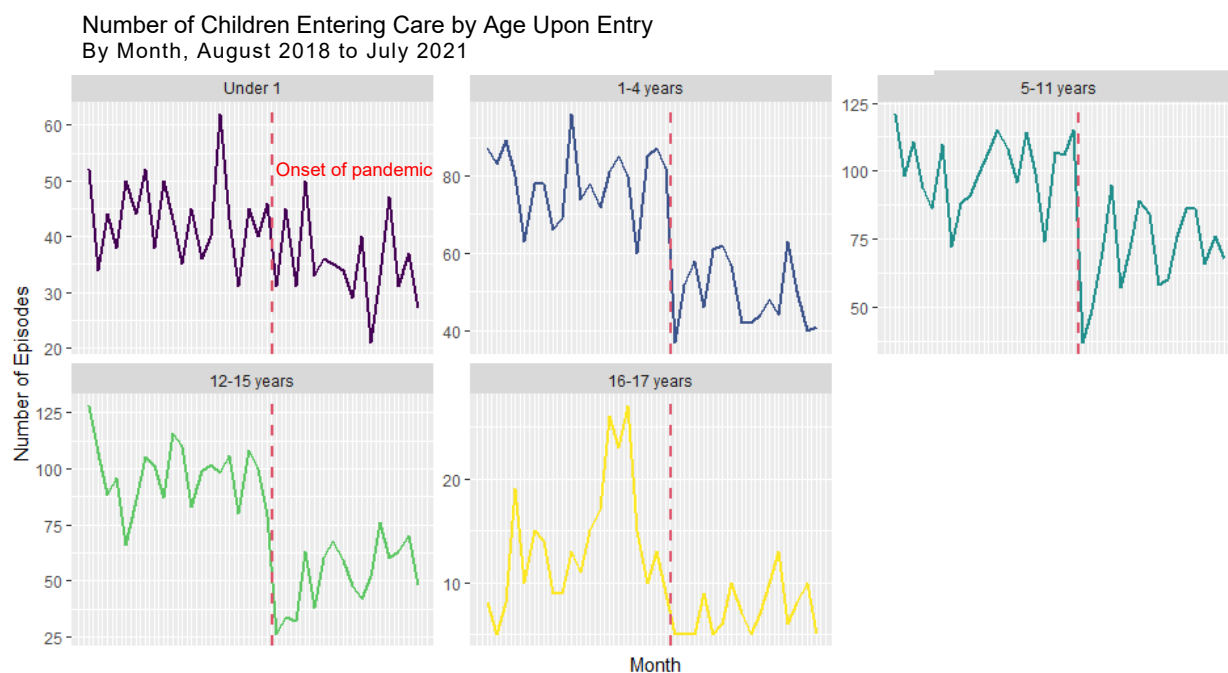


Figure 8. Monthly Number of Children entering care by age upon starting care, August 2018 to July 2021. In order to maintain confidentiality where numbers are small, a small number of values under five have been rounded to 5.

One potential explanation for this could be that, unlike many regular services such as education and routine medical appointments, both maternity services and health visitors continued to deliver services to parents and infants throughout the pandemic. While many appointments were changed to be conducted online or via telephone, local authorities involved in the research conducted by McTier and Sills (2021) emphasised that health visitors and social workers prioritised face-to-face contact for families with newborn babies. As such, it is logical that safeguarding concerns could potentially be detected more easily for children in this younger age group. In the same study, two of the seven local authorities involved did refer to an increase in the number of pre-birth child protection registrations and concerns within the first year of life.

This finding is in contrast to the experience in England during the pandemic, where the official statistics for the 2020/21 reporting year indicate that the decrease in number of children entering care was fairly

uniform across all age groups (Department for Education, 2021). As discussed by Morton and Adams (2022), there was a ‘significant scaling back of accessible support to families’ within health visiting services in England at this time.

5.4.3 ENTERING CARE: BY GENDER

As illustrated in Figure 9 below, the rates of children entering care appeared to be impacted similarly for boys and girls. There were 41% fewer girls entering care in the initial six months of the pandemic¹⁶ and 39% fewer boys, with the trends for each group being very similar throughout the full period.

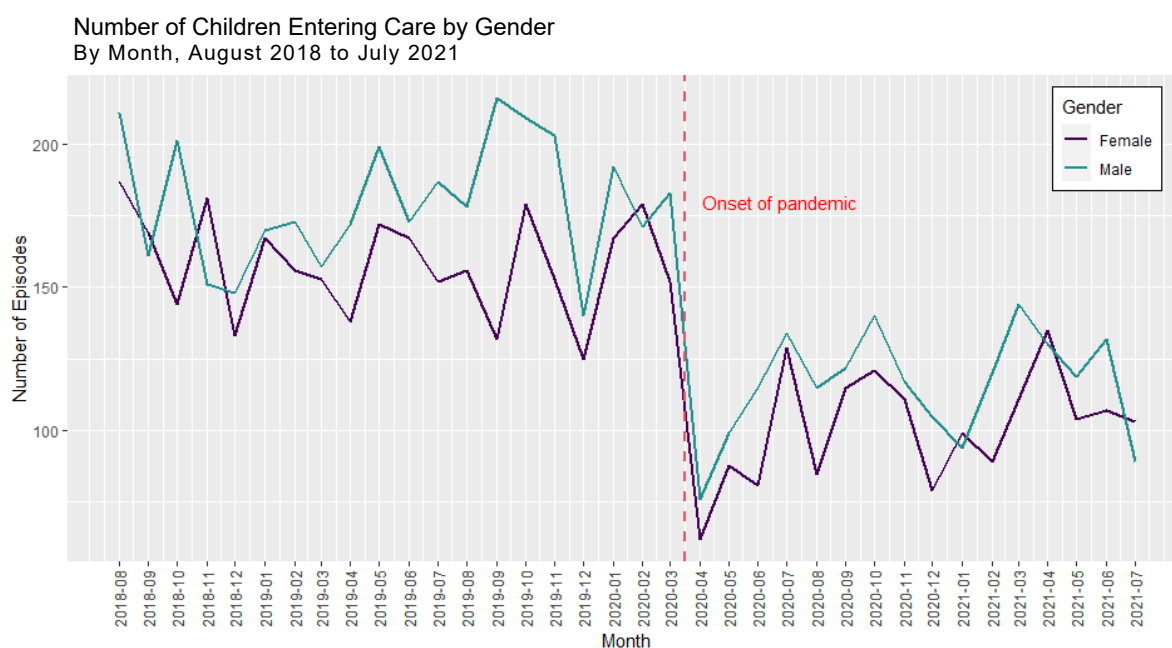


Figure 9. Monthly number of children entering care from August 2018 to July 2021, segregated by gender. The red line denotes the onset of the pandemic.

5.4.4 ENTERING CARE: BY DISABILITY

Similarly, there was little evidence found to suggest that the pandemic affected whether children with disabilities were more or less likely to enter care. Across the three categories shown in Figure 10 (‘Yes’, ‘No’, ‘Not Known/Recorded/Not yet assessed’), the reduction in entries to care in the first six months of the pandemic were 42%, 40% and 40% respectively.

¹⁶ In comparison to the six months leading up to the pandemic.

Number of Children Entering Care by Disability Status
By Month, August 2018 to July 2021

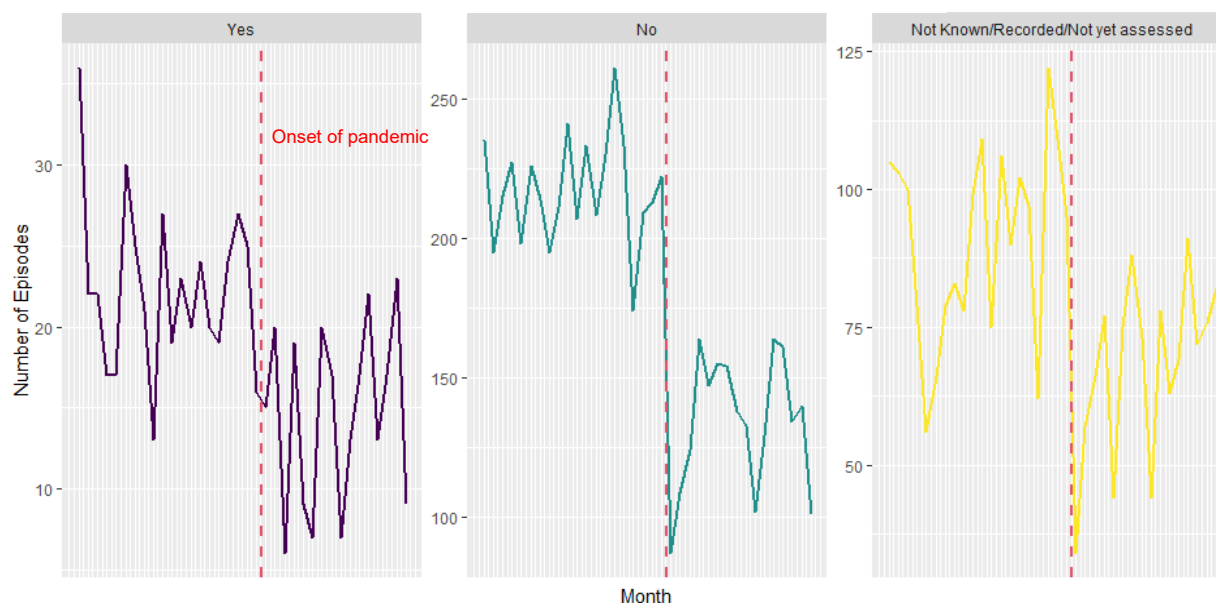


Figure 10. Monthly number of children entering care by disability status, August 2018 to July 2021. Numbers for 'Not yet assessed' were very small and as such were combined with 'Not Known/Recorded'.

5.4.5 ENTERING CARE: BY ETHNICITY

Changes in the rates of entry to care were additionally investigated by ethnicity. Due to very small numbers of children and young people entering care from many different ethnic groups, it was necessary to combine many of the categories in order to detect trends and preserve the anonymity of data subjects. The 'Not known' category also includes individuals whose ethnic group was listed as 'Not Disclosed', while the 'Other' category includes all children and young people who were identified in the data as:

- Mixed or multiple ethnic group
- Asian, Asian Scottish or Asian British
- African, Caribbean or Black
- Other Ethnic Group

The authors fully acknowledge that these are very distinct groups and their experiences and impacts of the pandemic undoubtedly differed between these groups, as it did across all individuals. This equally applies to the individuals of many different backgrounds who will have been placed within the 'White'

category. For these reasons, this categorisation of ethnicity is of limited use and should be used with caution.

As with gender and disability, changes in the rate of entries to care appeared to be fairly similar across the different ethnic groups (see Figure 11). While the numbers of individuals in each group are fairly distinct (approximately 250 children and young people in the 'White' category entering care monthly pre-pandemic, versus approximately 20-30 children and young people within the combined 'Other' category and 50-60 listed as 'Not known'), the proportional reduction and overall trends across the three groups were relatively similar. There was a slight indication of children from the 'Other' category entering care at a reduced rate in comparison to the other groups, with the percentage reduction in entries to care across the three groups ('White', 'Other' and 'Not Known') being 38%, 57% and 45% respectively¹⁷. Given the small numbers in this category, however, this does not constitute strong evidence of a difference.

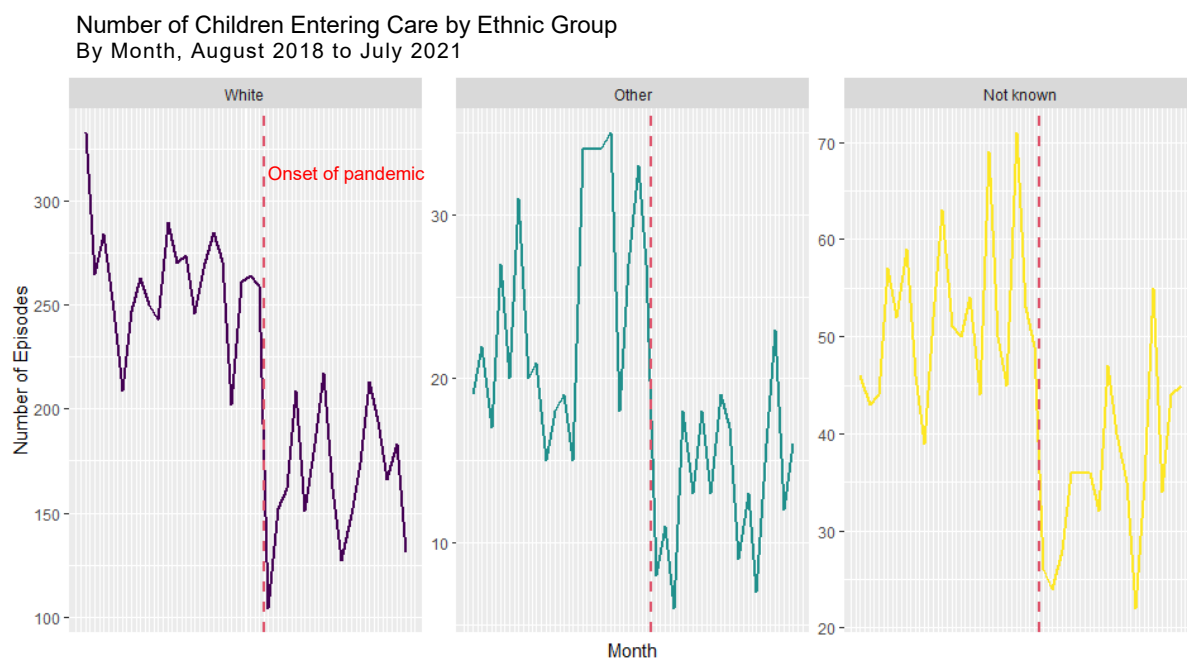


Figure 11. Monthly Number of Children Entering Care by Ethnic Group, August 2018 to July 2021. Category 'Other' includes: Mixed or Multiple Ethnic Group; Asian, Asian Scottish or Asian British; African, Caribbean or Black; Other Ethnic Group. Categories were combined to maintain confidentiality and/or enable analysis where numbers are small.

¹⁷ When comparing the initial six months of the pandemic to the prior six months

5.5 ENTERING CARE: BY LEGAL REASON FOR ENTRY

It is also of interest to explore whether there was any change in the legal reasons under which children and young people were placed in care. Figure 12 shows the numbers entering care under both 'voluntary' measures (Section 25) and compulsory measures (Compulsory Supervision Orders and Child Protection Measures). Section 25 orders are referred to as voluntary measures as they are used in circumstances where there is parental consent for the local authority to take on a duty of care for their child, without the need for a mandate from the court or Children's Hearings system. From Figure 12, it can be seen that there was a particularly marked reduction in the number of children and young people being placed on Compulsory Supervision Orders (CSOs) - in particular CSOs at home.

While the number of children entering care was lower across all types of legal reasons in the initial six months of the pandemic, there was substantial variation in this:

- Section 25 – 25% reduction
- CSO at home – 78% reduction
- CSO away from home – 55% reduction
- Interim CSO – 27% reduction
- Child Protection Measure – 5% reduction

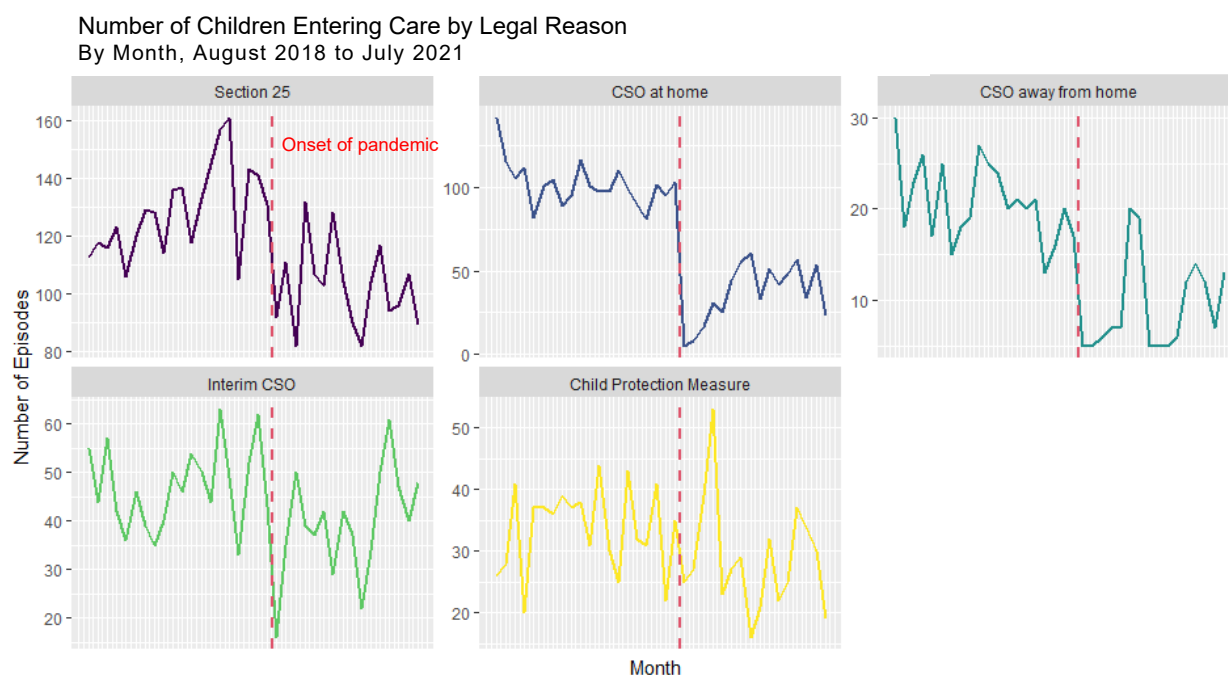


Figure 12. Monthly Number of Children Entering Care by Legal Reason, August 2018 to July 2021. In order to maintain confidentiality where numbers are small, categories were combined and a small number of values under five have been rounded to 5. Category 'CSO Away from Home' includes: 'CSO away from home (non-residential)', 'CSO away from home (residential, non-secure)' and 'CSO away from home with Secure Condition'.

The larger reduction in entries via compulsory measures (CSOs) in comparison to voluntary measures (i.e. Section 25) is perhaps unsurprising given what is known about the reduction in capacity of the Children's Hearings system at the beginning of the pandemic. As discussed in Section 5.1, the sudden introduction of lockdown restrictions greatly reduced the number of hearings taking place within the Children's Hearings System in the initial weeks and months of the pandemic. As Children's Hearings are the primary mechanism by which children become 'looked after' under compulsory measures, this would lead to a reduction in entries under these legal reasons. While there would still be complications around face-to-face meetings with social workers for children entering care through voluntary measures, the agreement of the parent(s) to transfer the duty of care to the local authority removes the need for a Children's Hearing or for involvement of the courts. This process could therefore be more easily facilitated throughout the initial stages of the pandemic.

5.6 ENTERING CARE: BY PLACEMENT TYPE

Analysis was also conducted to explore whether the pandemic impacted upon on the types of placements within which children and young people were being cared for. Figure 13 shows the number of children and young people entering care who were cared for at home with their parents ('looked after' at home), by foster carers, in residential care or by kinship carers. As detailed in the caption for Figure 13, the category 'Residential' here includes a variety of different residential care settings.

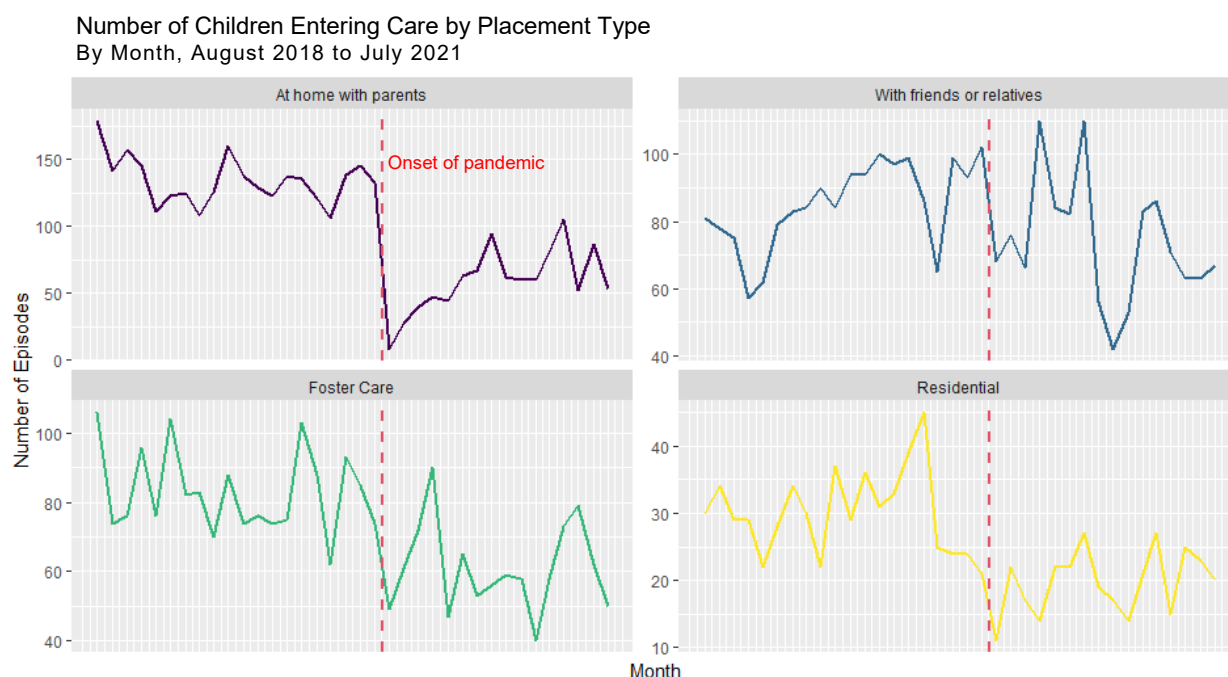


Figure 13. Monthly Number of Children Entering Care by Placement Type Category 'Residential' includes: Local Authority Home, Voluntary Home, Residential School, Secure Accommodation, Crisis Care and Other Residential. Categories were combined to enable analysis and maintain confidentiality where numbers are small.

Comparing the initial six months of the pandemic to the six months immediately prior, the number of children entering care into each placement type were:

- At home with parents – 71% lower
- With friends or relatives (Kinship Care) – 11% lower
- Foster care – 24% lower
- Residential care – 39% lower

This is in line with the findings for legal reasons, where there was a stark reduction in the number of Compulsory Supervision Orders (CSOs) at home. As discussed in McTier and Sills (2021), the prioritisation of cases within the Children’s Hearings system could partially explain why the rate of entering care declined more for children and young people becoming ‘looked after’ at home, whose cases may be viewed as less urgent in general.

As seen in Figure 13, the reduction in the number of children being newly cared for in residential care appeared to be persistent, although it is important to note that numbers within this group are small in comparison to the other placement types shown. This could be partially attributed to the fact that there are a limited number of residential placements within Scotland, meaning that children can only move into residential care when there is a space available. As will be presented later in this report, analysis has shown that there was a tendency for placements to last longer throughout the pandemic period. This therefore may have resulted in less availability of residential placements. It will be important to determine whether this trend remains apparent when more current data become available.

6 LEAVING CARE

6.1 RATES OF LEAVING CARE

As was previously seen in Figure 3, the rate at which young people left care was also impacted by the onset of the pandemic. Throughout the first four months of the pandemic there were greater numbers of young people entering care than leaving. This trend reversed from August 2020 onwards, however, from which point the number of children and young people entering care was lower than the number leaving every month until July 2021 (the most recent data available). This trend explains the relatively large drop (8%) in the number of children in care from reporting year 2018/19 to 2020/21 (as was seen in Figure 2). Further information on changes seen in the ratio of entering care to leaving care can be found in Figure 20 within the appendix.

In comparison to the trends seen for the rates of children entering care, the impact of the pandemic on the rates of children leaving care did not appear to be as long-lived. In order to provide a sense of the impact in terms of longer-term trends and variation, Figure 14 illustrates the monthly numbers of children and young people leaving care between January 2010 and July 2021. As can be seen, the

decrease in the number of children ceasing to be 'looked after' in April 2020 was far beyond the monthly and yearly fluctuations of previous years. However, despite an initial 64% decrease in young people leaving care in April 2020 (when compared to April 2019), by September 2020 the rates were beginning to approach pre-pandemic levels. This finding is in line with data from England, where the Department for Education (2021) reported that the number of children ceasing to be 'looked after' was returning towards expected pre-pandemic levels from September 2020 onwards.

While the yellow line representing the calendar year 2021 is generally lower than for all pre-pandemic years, this is not to the same extent as was seen in Figure 4 (depicting the number of children entering care over this same period). As of the most recent quarter that data are available (April-July 2021), the number of children leaving care remained 21% lower than the pre-pandemic three-year average. This is in comparison to the number of children entering care, which remained 35% lower in the same period.

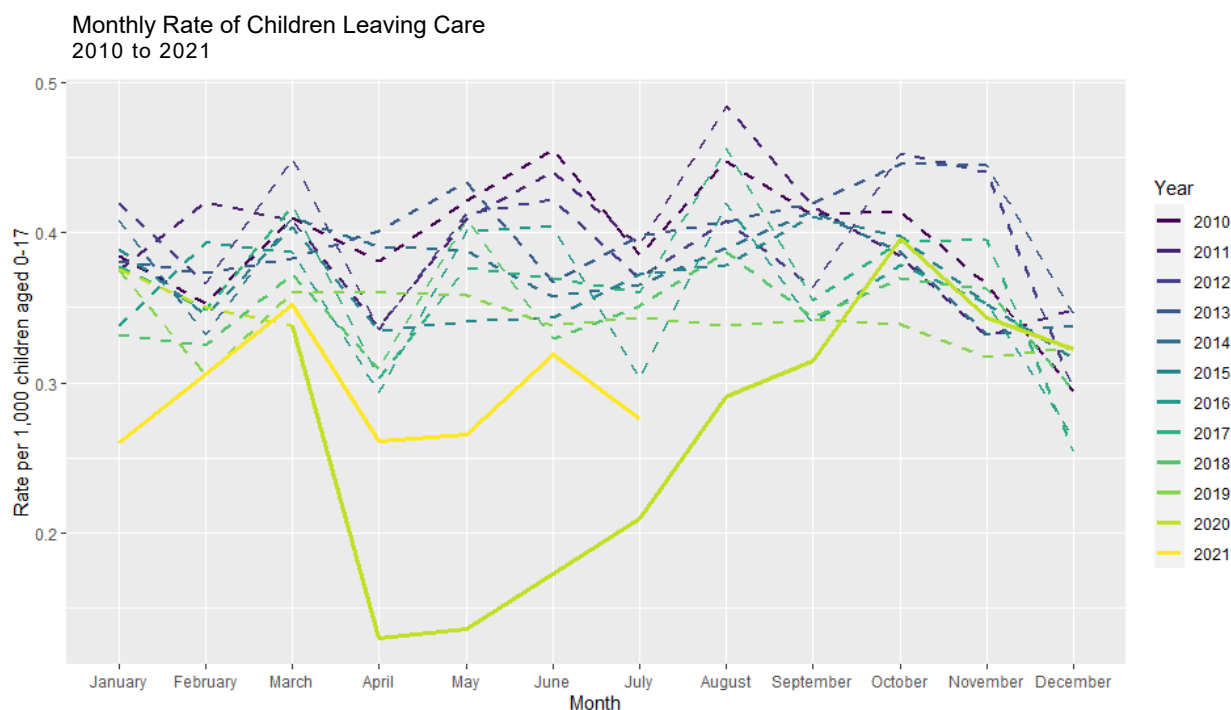


Figure 14. Monthly rate of children leaving care in Scotland from January 2010 to July 2021. The dashed lines represent the period prior to the COVID-19 pandemic, while steep decline between March 2020 and April 2021 coincides with the onset of the pandemic.

The extent to which the number of children and young people leaving care decreased is also illustrated in Table 4, which presents the yearly figures for children leaving care between April 2020 and March 2021 and the three prior years. The total number dropped from an average of around 4,300 per year prior to the pandemic to just over 3,300 per year. This equates to a 22% reduction in comparison to the year immediately prior to the pandemic, and a 23% reduction against the three-year average. As was the

case with the number of children entering care, figures provided throughout this report for the number of children leaving care are based on the number of episodes of care that ended. As a small proportion of children will experience multiple episodes of care within a given year, the number of unique children who have left care will be slightly lower.

Period	2017/18	2018/19	2019/20	2020/21
Number of Children Leaving Care	4,420	4,320	4,240	3,320

Table 4. Number of children leaving care by calendar year 1st April to 31st March. Numbers have been rounded to the nearest 10.

Baginsky & Manthorpe (2020) conducted research with fifteen English local authorities and found that there was reluctance to step down cases while children and young people were not attending nurseries and school during the pandemic since the usual levels of support and follow-up would not be in place. It is likely that there were similar concerns within Scotland, which will in part have contributed to the decrease in the number of children and young people leaving care throughout the initial lockdown.

Another likely contributory factor is again related to the reduced capacity within the Children's Hearings system. In order to ensure that organisations were able to comply with their statutory duties, and had the flexibility needed to respond to the most urgent cases, emergency legislation laid out in the Coronavirus (Scotland) Act 2020 amended the review period for Compulsory Supervision Orders from 12 months to 18 months. While a family or child could request an earlier review, and Children's Reporters should strive to organise a hearing within 12 months where possible, many cases would not have been reviewed until later than they would have been prior to the pandemic. As such, this would have led to a delay in the reviews of many CSOs, and therefore in the decision to terminate certain CSOs (i.e. the decision that children no longer required the same level of support and could leave care).

6.2 LEAVING CARE: BY LOCAL AUTHORITY

As discussed in Section 6.4, it is to be expected that there will be regional variations in terms of practice and policy around children who are 'looked after'. In combination with other sources of local variation such as deprivation and the prevalence of urban/rural areas, this can lead to considerable differences in the experiences of children and young people across Scotland. As such, we may expect there to be substantial variation in the change in rates of children and young people leaving care across Scotland's 32 local authorities.

Figure 15 shows that the reduction in the number of children and young people leaving care during the first year of the pandemic varied substantially - from a 71% reduction in East Ayrshire to a 9% increase in East Renfrewshire (versus a local authority average for the previous three years). As before, due to a small population size and a very small annual number of children ceasing to be 'looked after' in Orkney,

Shetland and Na h-Eileanan Siar, a minor increase or decrease in the number of children leaving care (i.e. one or two individuals) can lead to a large percentage change. As such, percentages have not been calculated or shown for these areas, however there was no strong evidence of a change in the number of children leaving care within them. The underlying data for all local authorities can be found in the additional tables provided alongside this report.

In order to determine whether the level of deprivation within a local authority was related to changes in the rate at which children were leaving care, a test of association was conducted between the percentage change within a local authority and the level of deprivation, utilising data from the Scottish Index of Multiple Deprivation (SIMD 2020)¹⁸. It was found that there was no association ($p = .407$)¹⁹, indicating that pandemic's impact on the rate of children leaving care was not related to the level of deprivation within an authority.

Percentage Change in the Number of Children Leaving Care by Local Authority Year Ending 23rd March 2021 vs Average for the Three Previous Years

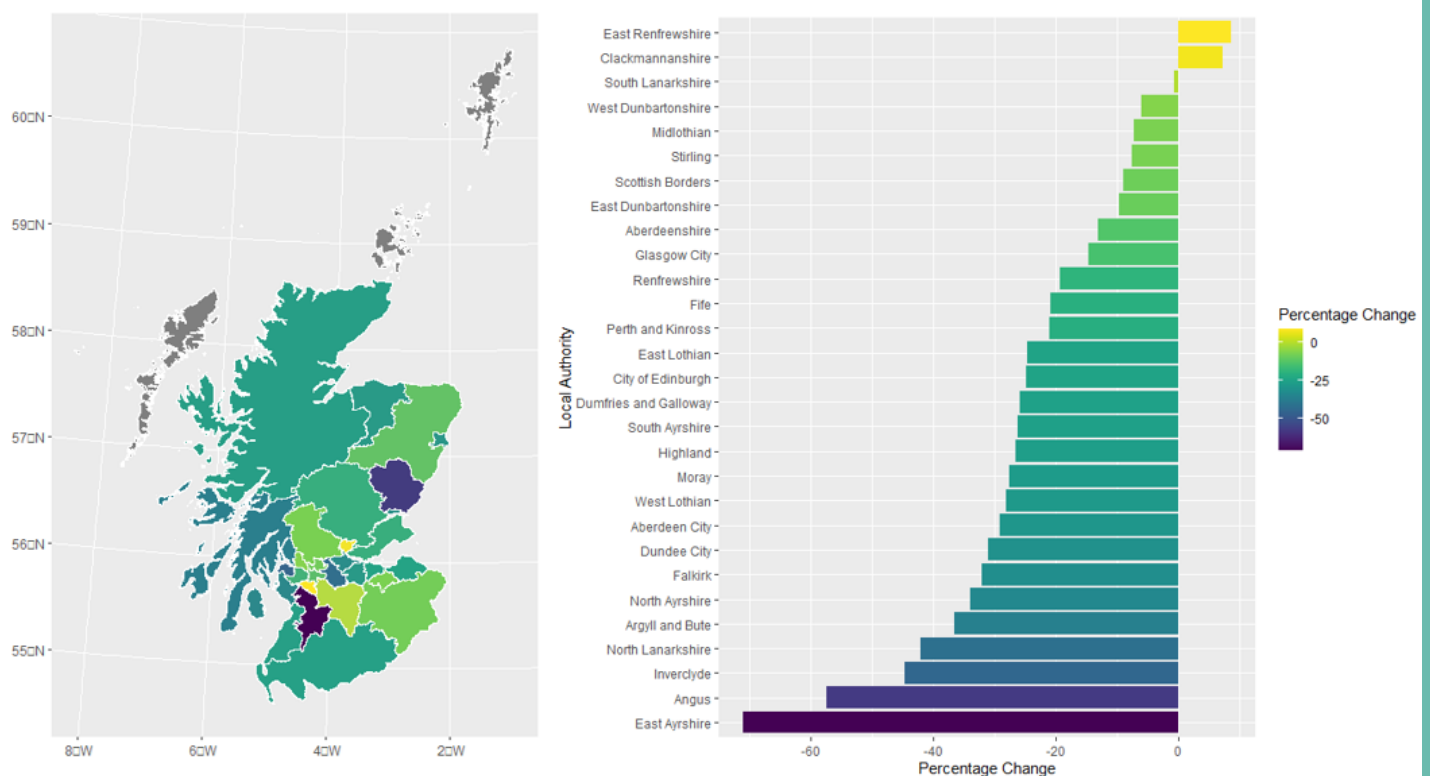


Figure 15. Percentage change in the number of children leaving care in the initial year of the pandemic vs the average of the three previous years.

¹⁸ Using the percentage of datazones within each local authority that are within the 20% most deprived in Scotland.

¹⁹ Test of association conducted using Kendall's tau, $r_t = -.10$

6.3 LEAVING CARE: BY PHASE OF THE PANDEMIC

As discussed in Section 6.3, the restrictions imposed to minimise the spread of the virus varied greatly throughout the duration of the pandemic. There were two periods of national lockdown, with restrictions relaxed to varying extents across the remainder of the period. Figure 16 depicts the percentage change in weekly number of children leaving care throughout all phases of the pandemic, with the horizontal dotted line denoting that there has been no change (i.e. 0%). The change has been calculated against a pre-pandemic three-year average for that same week.

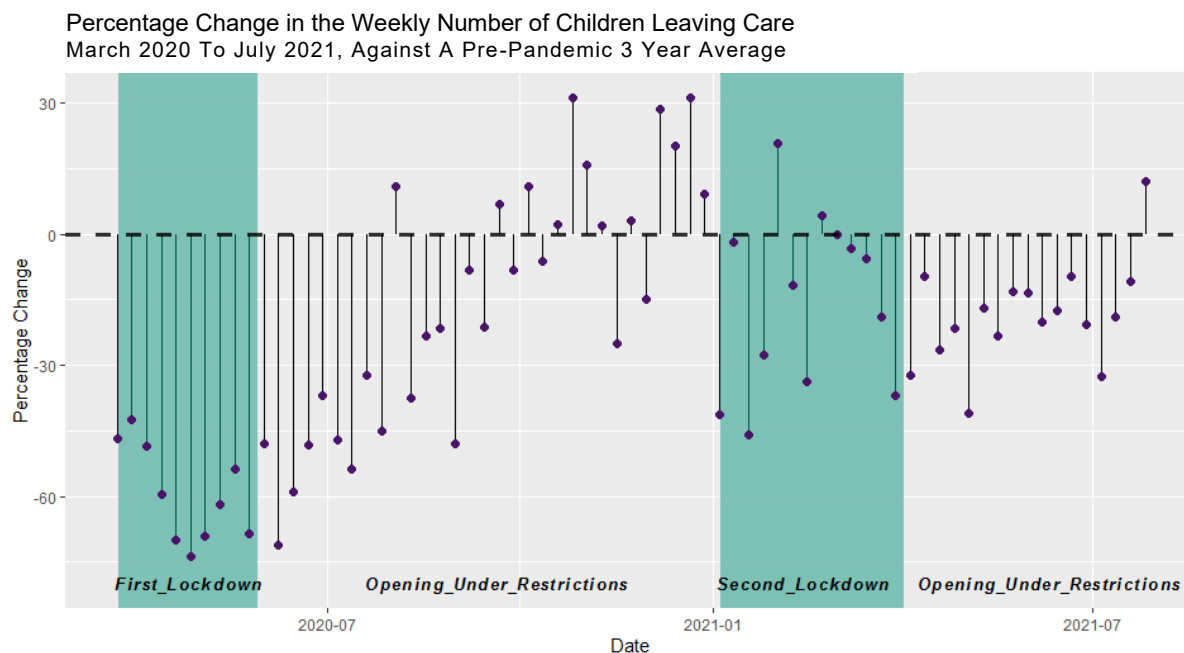


Figure 16. The percentage weekly change in the number of children leaving care from the beginning of the pandemic (March 2020) to the most recent data available (July 2021).

As with the trends observed for entering care, the changes were most extreme in the initial lockdown period. Table 5 summarises the figures for each period²⁰ and indicates that the reduction in the number of children leaving care was almost 60% during the initial lockdown. The reduction in the number of children leaving throughout the remaining phases of the pandemic was less substantial, with the reduction interestingly being lowest throughout the second period of lockdown (at only 14%). Across the period as a whole, there were approximately 1400 fewer children and young people leaving care than would be expected based on the three-year pre-pandemic average.

²⁰ As previously stated, the figures provided for the number of children leaving care within a period are based on the number of episodes of care that ended during that period. The number of unique children that this represents will be slightly smaller.

Phase of the Pandemic	Number of Days	Number of Children Leaving Care During Pandemic	Pre-Pandemic 3 Year Average for the same period	Percentage Change in Number of Children Leaving Care
First Lockdown	68	330	810	- 59%
First Period of Opening Under Restrictions	210	2,120	2,620	- 19%
Second Lockdown	98	950	1,100	- 14%
Second Period of Opening Under Restrictions	120	1,130	1,430	- 21%
Total	496	4,530	5,960	-24%

Table 5. Number of Children Leaving Care by Phase of the Pandemic. Dates for each period are as described in Figure 1 – Timeline of the Pandemic. Numbers have been rounded to the nearest 10.

6.4 LEAVING CARE: BY DESTINATION

When a child or young person leaves care, it is the duty of the local authority to record information on where they move to. The following section will explore whether the pandemic changed the destinations that children and young people moved to upon ceasing to be ‘looked after’.

To do so, it is important to note that a child “leaving care” can mean different things. For younger children, leaving care will generally either represent a return home to live with parents or that suitable long-term care is now in place for the child, such as adoption or the agreement of a permanent home with extended family. In both instances, the local authority will no longer have primary responsibility for the child.

For children who are leaving care beyond the age of 16, leaving care can similarly mean moving to another setting where they will be cared for (such as the family home or to live with extended family), but it can also indicate a transition towards adulthood and more independent living (e.g. a move to supported accommodation). Additionally, young people within Scotland who are ‘looked after’ away from home on or after their 16th birthday are legally entitled to remain in their care placement until their 21st birthday. This right is known as ‘continuing care’. Through continuing care, while a young person is no longer classed as officially ‘looked after’, they will still legally be under the responsibility of the local authority and have access to support.

Due to these differences, when considering destinations for children and young people upon leaving care it is of more relevance to consider these two age groups of children and young people separately.

6.4.1 CHILDREN AGED UNDER 16 WHEN LEAVING CARE

Figure 17 below shows the number of children and young people under 16 who were leaving care to either return home with their parents, move in with friends/relatives or become adopted. Due to the small numbers of children with other recorded destinations such as 'Kinship Care Order', these have been combined in the 'Other/Not Known' category. While the number of children leaving care to all destinations reduced substantially, there was a slightly larger reduction (64%) in the number of children leaving care to move in with friends and relatives in comparison with those moving home with their parents or home with newly adopted parents (both 45%)²¹. As discussed previously, reductions in the number of children leaving care were more short-lived than reductions in the number of children entering care, and this is reflected in the graphs for each destination below.

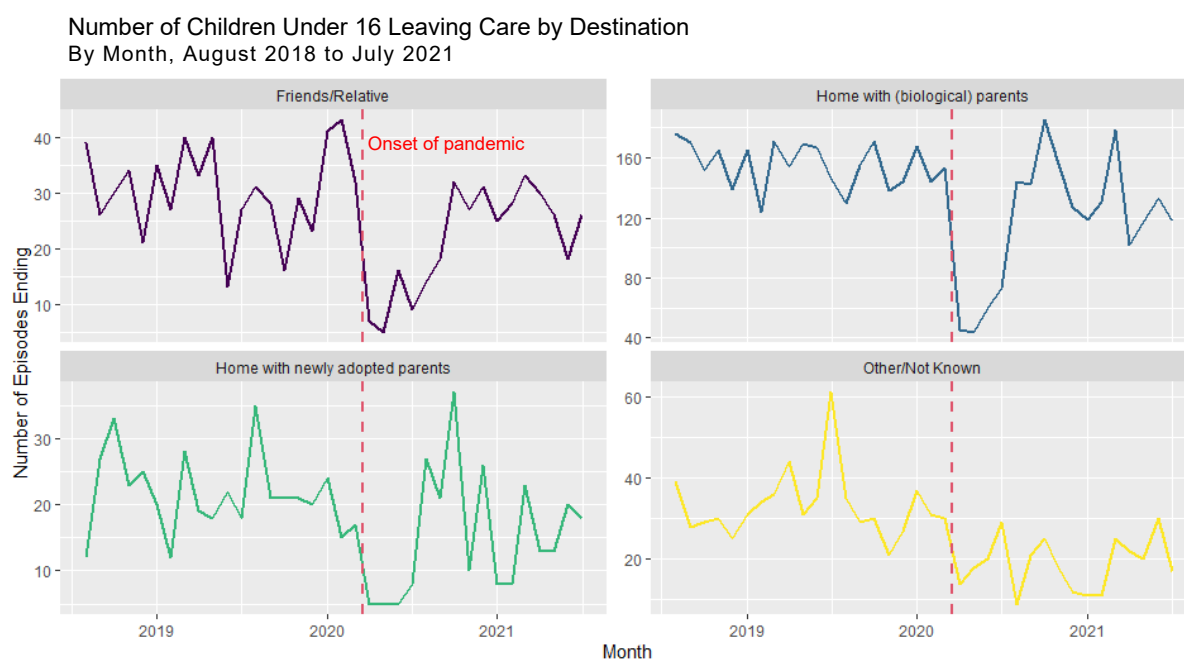


Figure 17. Number of Children Under 16 Leaving Care by Destination. Note: In order to maintain confidentiality, categories have been combined and a small number of values under 5 have been rounded to 5. Category 'Other/Not Known' includes: Own tenancy/independent living, Supported accommodation, Former Foster Carers, Homeless, In Custody, Kinship Care Order, Continuing Care, Child Died, Other, and Not known.

6.4.2 CHILDREN AGED OVER 16 WHEN LEAVING CARE

Within Scotland, a young person who ceases to be 'looked after' on or after their 16th birthday is known as a "care leaver". The transition to adulthood and a more independent way of living is widely

²¹ Based on a comparison of the six months prior to and initial six months of the pandemic.

recognised as being a difficult and isolating time for care leavers, and it is unsurprising that this would become even more challenging in the midst of a pandemic (Roberts et al, 2021; Kelly et al, 2021). Consequently, at an individual level it will likely have been more important than ever during the pandemic that young people were offered support during and after their transition from care.

While data were not available to researchers on the support given to care leavers at this time²², we do know the destinations to which they moved. Figure 18 shows the monthly numbers of young people over 16 who left care to a variety of destinations. A decrease is apparent in the number of young people leaving care either to return home or live with friends or relatives (and to some extent continuing care), however there is less evidence of a decline in the number of young people moving into supported accommodation. The relatively small number of young people who leave care and go on to live in supported accommodation should be taken into account when considering this, however.

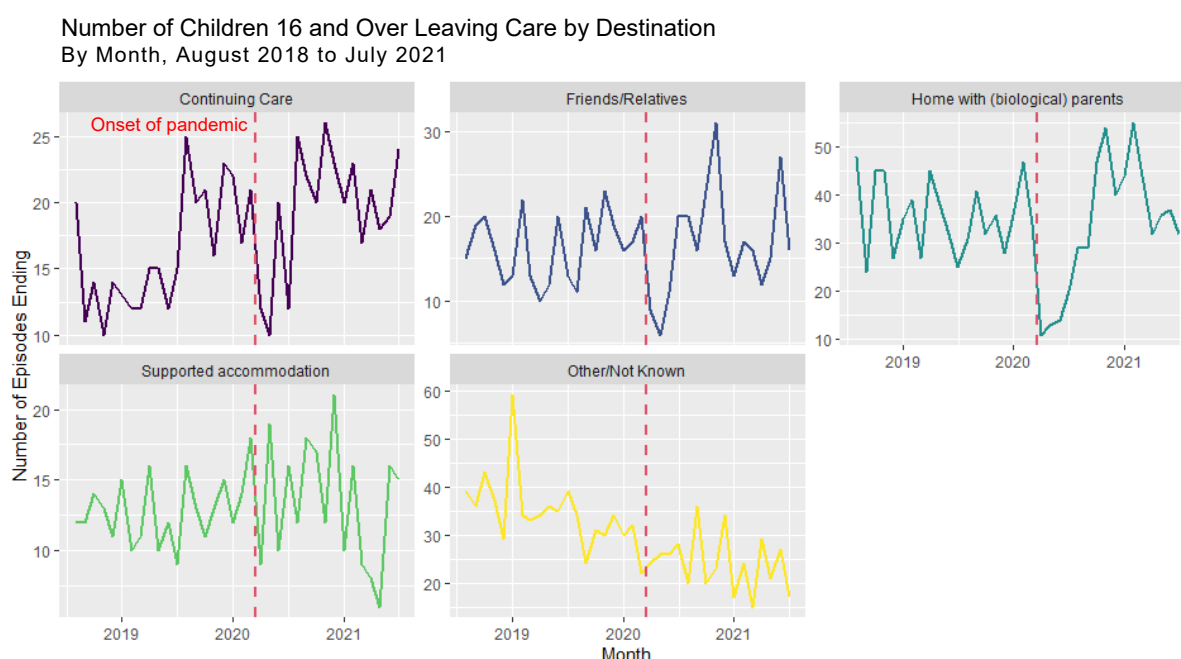


Figure 18. Number of Children 16 and Over Leaving Care by Destination. In order to maintain confidentiality, categories were combined and a small number of values less than 5 have been rounded up to 5. Category 'Other/Not Known' includes: Home with newly adopted parents, Kinship Care Order, Homeless, Own tenancy/independent living, In custody, In residential care, Former foster carers, Child died, Other, Not known.

Throughout the initial six months of the pandemic, the change in the number of young people leaving care to each destination²³ was as follows:

²² Data are collected within the Looked After Children dataset on pathway plans and eligibility for (and access to) aftercare services. However, these variables were not available to researchers for the purposes of this analysis.

²³ In comparison to the 6 months immediately prior to the onset of the pandemic

- Continuing Care – 16% lower
- Friends and relatives – 26% lower
- Home with parents – 46% lower
- Supported accommodation – 1% higher
- Other/Not Known – 11% lower

Towards the end of 2020 the number of young people leaving care to all types of destination appear to be close to pre-pandemic levels.

While individual circumstances vary significantly, the delay that some young people experienced in leaving care may have been a positive outcome in certain cases. Research by Ofsted (2022) found that some young people found a benefit in continuing to be supported where they lived and not needing to move to a more independent way of living in the midst of a lockdown.

7 PLACEMENT STABILITY

While the previous sections of this report have explored how the pandemic affected the rates at which children and young people were entering and leaving care, it is also important to understand what was happening for children and young people while they were in care.

All children thrive on stability and secure relationships with their caregivers, and this is no different for children and young people who are 'looked after' (Holland et al, 2005; Boddy, 2013). As discussed by Munro and Hardy (2006), developing secure attachments is of the utmost importance for childhood development in infancy and beyond. Children who do not experience the opportunity to develop secure attachments due to the instability of being cared for in multiple and short-term placements can face challenges in forming meaningful relationships. This can in turn have wide-reaching impacts in childhood and throughout their lives.

Placement moves not only introduce instability in terms of where a child lives and who cares for them, but can also result in a change of school, separation from brothers and/or sisters or a loss of contact with friends and other people who they like, trust and are important to them. As such, the impacts on a child can be profound (Munro and Hardy, 2006).

It is important to note, however, that placement moves are not necessarily always a negative experience for a child or young person. As discussed by Boddy (2013), a long-term placement is only a positive thing if it is a placement in which the child is happy and secure. Some placement moves may signify the transition from a temporary placement to a longer-term, more stable environment. Nevertheless, it is clear that high levels of placement instability (i.e. a child experiencing a large number of placement moves) would rarely be a positive experience for a child or young person.

7.1 NUMBER OF PLACEMENTS

Table 6 displays the number of placements experienced within the year for children and young people who were in care during the initial year of the pandemic and the two preceding years. It can be seen that a higher proportion of children and young people experienced just one placement (i.e. no placement moves) in the initial year of the pandemic (86% vs 83% and 82% in the two previous years), with a slightly lower proportion experiencing three or more placements.

	Number of Placements		
	1	2	3 or more
During the Pandemic	14,240	1,860	560
(Year Beginning 24 th March 2020)	(85.5%)	(11.1%)	(3.9%)
1 Year Prior	15,220	2,370	750
(Year Beginning 24 th March 2019)	(83.0%)	(12.9%)	(4.1%)
2 Years Prior	15,140	2,500	880
(Year Beginning 24 th March 2018)	(81.8%)	(13.5%)	(4.8%)

Table 6. Number of placements within the year, for children and young people who were 'Looked After' during the initial year of the pandemic and during the two preceding years. Frequency (and percentage). All numbers have been rounded to the nearest ten.

This is in line with findings from England (Department for Education, 2021), where the proportion of children who experienced just one placement in the year from 1 April 2020 to 31 March 2021 (seven out of every 10) had increased slightly in comparison to the year before. The proportion of children who had experienced three or more placements in the year had also decreased from 11% to 9%, with the Department for Education attributing the reduction in placement moves to the COVID-19 restrictions.

The experiences of individual children in care are all unique, with some experiencing a long succession of short-term placements for their care, and others being cared for in more permanent and stable arrangements earlier in their care journey. As the longitudinal dataset contains child-level data, we can investigate whether placement stability differed within individual children across the three years of interest. Looking only at individuals who were in care across all three years ($N = 11,031$) and comparing their own placement stability over time, it was found that the number of placements in the initial year of the pandemic (1.16 ± 0.56) was significantly lower than in the year before (1.26 ± 0.65 ; $p < .0001$) and two years before (1.30 ± 0.67 ; $p < .0001$)²⁴. While smaller in scale, the difference in the number of

²⁴ Pairwise comparisons conducted using a Wilcoxon signed-rank test with Bonferroni adjustment

placements between the year prior to the pandemic and two years prior was also found to be statistically significant ($p < .001$).

When considering this finding, however, it is important to note that children and young people are more likely to experience placement moves in the early stages of their care journey, when attempts to enable children to return home are supported/assessed and appropriate long-term decisions are considered. Accordingly, children who have been in care for longer periods are more likely to experience greater placement stability. It is therefore possible that this could be partially driving the decreases seen in the numbers of placements for individual children over time.

7.2 DURATION OF PLACEMENTS

To determine whether the durations of children's placements were affected by the pandemic, Table 7 shows the length of placements that finished within the first year of the pandemic and in the two years prior to the pandemic. The table shows the median placement duration for the main placement types in days - i.e. the number of days at which 50% of the placements ending in that year had finished. The interquartile range (IQR) is also shown, indicating the number of days at which 25% and 75% of the placements finishing within the year had ended respectively. A graphical depiction of placement duration for each placement type can be seen in Figure 19.

<i>Reporting Year of Placement Ending</i>				
		<i>2 Years Prior</i> (Year Beginning 24 th March 2018)	<i>1 Year Prior</i> (Year Beginning 24 th March 2019)	<i>Pandemic</i> (Year Beginning 24 th March 2020)
<i>Placement Type</i>	<i>N</i>	<i>Median (IQR)</i>	<i>Median (IQR)</i>	<i>Median (IQR)</i>
All placement types	22,760	342 (105-745)	342 (99-737)	388 (114-823)
At home with parents	7,020	364 (205-713)	368 (218-699)	512 (259-805)
With Kinship Carers: friends/relatives	4,880	426 (118-1034)	428 (113-1031)	383 (105-996)
Foster Care	7,310	263 (50-807)	261 (42-814)	321 (55-886)
Residential	3,540	240 (69-565)	193 (48-505)	285 (89-651)

Table 7. Median (and IQR) of lengths of placements in days for placements ending in the first year of the pandemic and the two preceding years, by placement type. Number of placements ending in each year (L-R) were N = 8,490, 8,110, 6,160. Numbers of placements have been rounded to the nearest ten.

Across all years, we can see that there was a general tendency for children and young people who were living with friends and family or living at home with parents to be in those placements longer than children and young people who were living with foster carers or in residential care. This remained the case throughout the initial year of the pandemic. It can also be seen that the median duration of placements tended to be higher in the initial year of the pandemic than in previous years. This was true across all placement types, with the exception of living with kinship carers where the median length of placement decreased from 428 days in the year prior to the pandemic to 383 days in the initial year of the pandemic.

Through statistical testing²⁵, it was found that the duration of placements ending in the first year of the pandemic differed significantly from the duration of placements ending both one year ($p < .0001$) and two years prior ($p < .0001$). However, the duration did not differ significantly between one year prior and two years prior ($p = 1$). Placements were, on average²⁶, 46 days longer in the initial year of the pandemic than in the two previous years.

Exploring this further by the type of placement, it was found that placements ending in the initial year of the pandemic were longer than in previous years across both residential care and for children and young people living at home with their parents. There were no significant differences in placement duration for either children living with kinship carers or with foster carers across these years. This can be seen in Figure 19, where the pattern of placement durations is very similar across all three years for both kinship care (i.e. 'With friends or relatives') and foster care. Full results of these tests can be found within the appendix to this report.

Again, these findings echo what is known about the impact of the pandemic in England. The average duration of an episode of care for a child was found to have increased by approximately two and a half months in 2020/21 compared to the previous year (Department for Education, 2021), while the proportion of 'looked after' children who were in care for under six months decreased from 35% in 2017/18 to 25% in 2020/21.

Returning to the Scottish context, a potential explanation for the increase seen in placement durations can be found in the emergency legislation that was introduced within The Coronavirus (Scotland) Act 2020. As previously discussed, to combat reduced capacity in the Children's Hearings system the legislation specified that Compulsory Supervision Orders could be extended for an additional six months (over and above the standard 12-month limit). While cases could undergo review earlier if deemed necessary, reduced capacity meant that many did not (CHS/SCRA, 2021), and as such decisions around placement moves and leaving care may have been delayed. Additionally, it would also be expected that

²⁵ Significance was assessed via Kruskal Wallis tests, with use of post-hoc Dunn's Tests to determine where significant differences were present.

²⁶ Based on the median placement duration

placement moves would have been logistically more problematic to coordinate in periods with stringent public health restrictions in place.

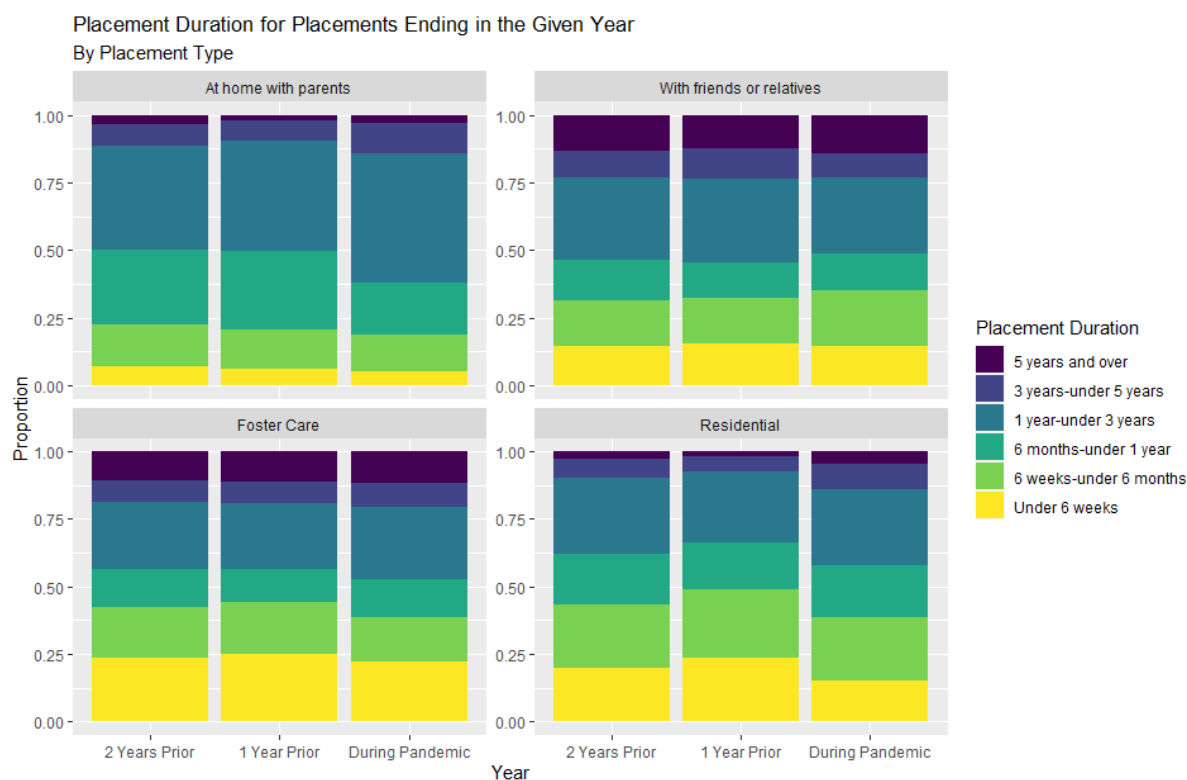


Figure 19. Proportion of placements of a given duration in the initial year of the pandemic and two preceding years, segregated by placement type.

7.2.1 LEAVING CARE VS MOVING PLACEMENTS

The end of a care placement can signify different things for each and every child or young person and their families. Some placement endings simply mean that the child or young person is moving into another care setting (i.e. placement) to meet their needs, while other placement endings reflect the end of that child's care journey (either temporarily or permanently). As such, Table 8 provides a breakdown of the durations of care placement for these two distinct types of placement ends.

As can be seen in Table 8, across all years there was a tendency for the final placement that young people were in to be longer than previous placements that they may have had during their episode of care. This would be expected, given that it can take time and several placements to find an appropriate long-term home for a child or young person. For children who remain in care for long periods, we would hope that their last placement is longer due to it being their 'permanent' home.

Reporting Year of Placement End				
		2 Years Prior (Year Beginning 24 th March 2018)	1 Year Prior (Year Beginning 24 th March 2019)	Pandemic (Year Beginning 24 th March 2020)
Placement Type	N	Median (IQR)	Median (IQR)	Median (IQR)
All placement types	22,760	342 (105-745)	342 (99-737)	388 (114-823)
Moving Placements	11,470	195 (48-503)	184 (42-491)	211 (53-543)
Leaving Care	11,280	493 (249-822)	478 (236-977)	545 (273-1070)

Table 8. Median (and IQR) of lengths of placements in days for placements ending in the first year of the pandemic and the two preceding years, by whether the placement end signified a transition to a new care setting (i.e. placement move) or the child or young person leaving care. Numbers of placements have been rounded to the nearest ten.

Looking specifically at placements that ended due to a transition for a child to a new care setting (i.e. moving placements), placement duration was significantly longer for placements ending during the pandemic when compared to those ending in the year prior ($p = .001$) and two years prior ($p = .029$)²⁷. The differences between placement durations were not significant between placements ending two years prior to the pandemic and in the year immediately prior to the pandemic ($p = .871$).

The same trend was seen for placements whose endings coincided with the child or young person leaving care. For these placements, placement duration was again significantly longer for placements ending during the pandemic when compared to those ending in the year prior ($p < .001$) and two years prior ($p = .002$). As with placement moves above, the differences between placement durations for those leaving care were not significant between the two pre-pandemic years ($p = .525$).

Full results of these tests can again be found in Appendix 1.

²⁷ Significance was assessed via Kruskal Wallis tests, with use of post-hoc Dunn's Tests to determine where significant differences were present.

8 CONCLUDING REMARKS

All children need support and stability to thrive; even more so at times of great uncertainty and upheaval. The Scottish Government has made a promise to all children and young people that they will grow up loved, safe and respected, with an ambition to achieve this by 2030. At a time when the children's social care sector is working towards transformational change, the upheaval of the past few years cannot be ignored. To ensure that Scotland can keep its promise to care experienced children, it is vital that we fully understand the impact of the pandemic on children, young people, families and carers, as well as on the workforce who strive to support them.

This report provides additional insight into the impact of the COVID-19 pandemic on children's social care in Scotland, specifically in terms of the rates at which children were entering care and leaving care, and how stable the arrangements for their care were during this time. As has been seen throughout the report, the impact was substantial - with large reductions seen in the number of children and young people both entering and leaving care throughout this time, alongside a decrease in movement for children who remained in care.

Approximately 1,500 fewer children and young people entered care in the initial year of the pandemic than in each of the three previous years. As seen in Section 6.2, this number had risen to around 2,000 fewer children entering care by the end of the most recent data in July 2021²⁸. Given what is known about the challenges faced by families at this time and the subsequent increase in risk factors for children and young people, this suggests there is likely a large number of 'missing' children and young people who would have been brought into care under pre-pandemic circumstances. This raises many questions, which the authors hope will be addressed by future research:

1. Do we expect to see these children enter care in later years? If so, what are the implications for capacity and resourcing?
2. If these children do enter care at a later stage, will they appear as more significant concerns?
3. If they do not appear at a later stage, what could be potential explanations for this? Are some families pulled into 'the system' who may not need that level of support from services? Or do the numbers indicate that we are missing a large degree of lower-level neglect/abuse that would otherwise have been acted upon?

At the time of writing in March 2023, the 2021/22 Scottish Governments 'Children's Social Work Statistics' are due to be published at the end of April 2023. While the data within this publication are aggregated and will not allow for analysis at as detailed a level as is contained within this report, it will

²⁸ These figures have been calculated based on the number of episodes of care starting and ending, as opposed to the number of unique children experiencing those episodes. As a small proportion of children will have multiple episodes of care within a year, the number of unique children represented by these figures will be slightly smaller.

provide an important update on trends at the population level and may begin to answer some of the questions posed above.

We hope that the information provided by this research will be useful as Scotland seeks to recover from the pandemic and work towards the ambitions of The Promise. The pandemic has shown us that the unexpected can happen. Having a care system that is flexible and responsive to both change and individual need is crucial to ensure that all children, young people and their families receive the right support at the right time, and can lead happy, safe and fulfilled lives.

9 CREDIT AUTHOR STATEMENT

The named authors contributed to this research in the following way²⁹.

Joanna Soraghan: Conceptualisation, Formal analysis, Data curation, Writing – Original Draft, Visualisation.

Gillian Raab: Conceptualisation, Data curation, Writing – Review & Editing, Project administration.

Patricio Troncoso: Conceptualisation, Formal analysis, Visualisation, Writing – Review & Editing.

Morag Treanor: Conceptualisation, Writing – Review & Editing, Supervision, Project administration, Funding acquisition.

Robert Porter: Conceptualisation, Writing – Review & Editing, Supervision, Project administration.

²⁹ <https://www.elsevier.com/authors/policies-and-guidelines/credit-author-statement>

10 REFERENCES

- Children's Hearings Scotland/Scottish Children's Reporter Administration (CHS/SCRA, 2021), [Coronavirus \(Scotland\) Act 2020: Supplementary Data of use of provisions in Schedule 3 of the Act – Report 9](#)
- [Children's Social Work Statistics](#), Scotland 2020-21, Scottish Government
- Department for Education (2021); [Children looked after in England including adoptions](#)
- Driscoll J., Hutchinson A., Lorek A., Kiss K., Kinnear E. (2021). Hearing the voice of the child through the storm of the pandemic: The impact of covid-19 measures on the detection of and response to child protection concerns. THE INTERNATIONAL JOURNAL OF CHILDREN'S RIGHTS, 29(2), 400–425. <https://doi.org/10.1163/15718182-29020005>
- Green P. (2020). Risks to children and young people during covid-19 pandemic. BMJ: BRITISH MEDICAL JOURNAL, 369(1669), 1–2. <https://doi.org/10.1136/bmj.m1669>
- Holland, S., Faulkner, A. and Perez-del-Aguila, R. (2005), Promoting stability and continuity of care for looked after children: a survey and critical review. Child & Family Social Work, 10: 29-41. <https://doi.org/10.1111/j.1365-2206.2004.00339.x>
- Independent Care Review (2020), [The Promise](#)
- Kelly, B., Walsh, C., Pinkerton, J. and Toal, A. (2021), "'I got into a very dark place': addressing the needs of young people leaving care during the Covid-19 pandemic", [Journal of Children's Services](#), Vol. 16 No. 4, pp. 332-345. <https://doi.org/10.1108/JCS-05-2021-0022>
- McCulloch et al (2022); [Newly qualified social workers in Scotland: Experiences of practice during COVID-19](#)
- McTier and Sills (2021), [The impact of Covid-19 on children and families in Scotland: Understanding needs and services through local social work data](#)
- McTier and Soraghan (2022), [The Utility of Administrative Data in Understanding the COVID-19 Pandemic's Impact on Child Maltreatment: Learning From the Scotland Experience](#). Child Maltreat. doi: 10.1177/10775595221108661
- Miller and Barrie (2022), for Social Work Scotland, [Setting the Bar for Social Work in Scotland](#)
- Morton, Alison, & Adams, Cheryl (2022). Health visiting in England: the impact of the COVID-19 pandemic. Public Health Nursing, 39, 820– 830. <https://doi.org/10.1111/phn.13053>
- Munro, Emily R.; Hardy, Ainsley (2006): [Placement stability: a review of the literature](#). Loughborough University. Report. <https://hdl.handle.net/2134/2919>

Ofsted (2022), [Children's social care 2022: recovering from the Covid-19 pandemic](#)

Porter, L., Mitchell, F., Gillon, F., Young, E., Vaswani, N. (2021). [Experiences of virtual Children's Hearings: A rapid consultation](#), CELCIS.

Roberts, L., Mannay, D., Rees, A., Bayfield, H., Corliss, C., Diaz, C., & Vaughan, R. (2021). 'It's Been a Massive Struggle': Exploring the Experiences of Young People Leaving Care During COVID-19. *YOUNG*, 29(4_suppl), S81–S99. <https://doi.org/10.1177/11033088211025949>

Rodriguez C. M., Lee S. J., Ward K. P., Pu D. F. (2021). The perfect storm: Hidden risk of child maltreatment during the covid-19 pandemic. *CHILD MALTREATMENT*, 26(2), 139–151. <https://doi.org/10.1177/1077559520982066>

Sari N. P., van IJzendoorn M. H., Jansen P., Bakermans-Kranenburg M., Riem M. M. E. (2021). HIGHER LEVELS OF HARSH PARENTING DURING THE COVID-19 LOCKDOWN IN THE NETHERLANDS (p. 10775595211024748). *Child Maltreatment*. <https://doi.org/10.1177/10775595211024748>

Scottish Children's Reporter Administration (SCRA, 2020), [Coronavirus – emergency legislation. Information for parents/carers](#)

Scottish Children's Reporter Administration (SCRA, 2021), [Statistical Analysis 2020/21 Publication](#)

11 APPENDIX 1

11.1 THE RATIO OF CHILDREN ENTERING CARE TO CHILDREN LEAVING CARE

As discussed in Section 7.1, there were higher numbers leaving care than entering care throughout the majority of the pandemic. Figure 20 illustrates the ratio of children entering care versus leaving care over this time, shown against the average ratio for the years 2010-2019 (in black). The grey shaded area denotes 95% confidence intervals for this average, giving an indication of how much variation there has been around this average over time.

Whereas the average has historically been close to or under 1 (i.e. the numbers in care have been slightly decreasing), the picture was quite variable throughout the pandemic. After an initial few months where more children were entering care than leaving, throughout the remainder of the period the children's care system was stepping down cases at a faster rate than initiating new procedures. As discussed previously, this resulted in the sizable decrease in the total number of children and young people in care – an 8% reduction between the 2019/20 and 2020/21 reporting periods.

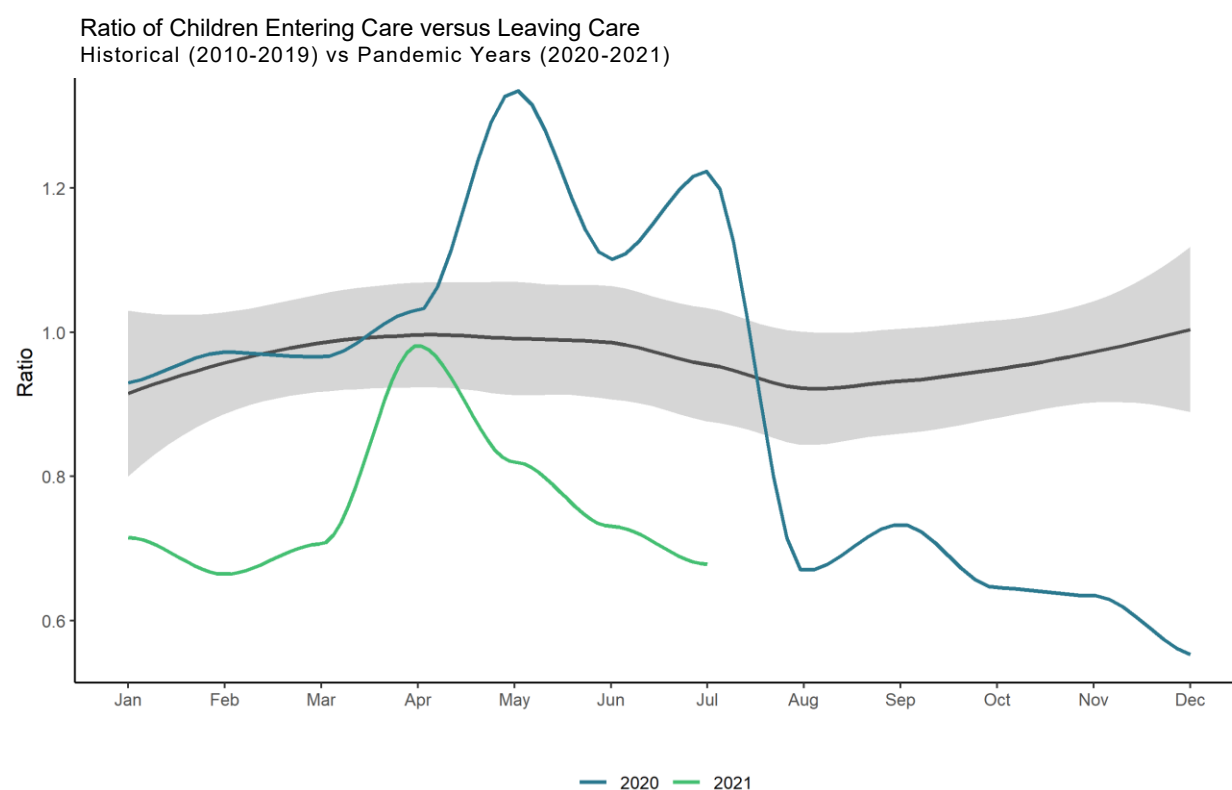


Figure 20. The ratio of children entering care to children leaving care. The blue line represents the ratio in the calendar year 2020, while the green line represents 2021. The black line depicts the average ratio for the period 2010-2019, 95% confidence intervals for which are shaded in grey.

11.2 TEST RESULTS FOR DIFFERENCES IN PLACEMENT DURATIONS

11.2.1 COMPARISON OF PLACEMENT DURATIONS IN YEAR 1 OF THE PANDEMIC, 1 YEAR PRIOR AND TWO YEARS PRIOR (SECTION 8.2)

Kruskal Wallis tests were applied to assess whether there were significant differences in placement durations across the three years of interest.

11.2.1.1 ALL PLACEMENT TYPES

Across all placement types, it was found that significant differences were present across the years $H(2) = 33.67, p < .0001$ with mean ranks indicating that the placement lengths were longest during the pandemic. Pairwise differences were then explored further via a post-hoc Dunn's Test. The results from this can be seen in Table 9b, and indicate that there was a significant increase in placement duration between the initial year of the pandemic ($Mdn = 388$) and the two years prior. There was not a significant difference between the one year prior to the pandemic ($Mdn = 342$) and two years prior ($Mdn = 342$).

	2 Years Prior	1 Year Prior	During Pandemic
Mean Ranks	11,271	11,179	11,788

Table 9a. Mean ranks from Kruskal Wallis test for all placement types.

Comparison	z-score	Adjusted p-value
1 Year Prior vs 2 Years Prior	-0.91	1
2 Years Prior vs During Pandemic	-4.70	<.0001
1 Year Prior vs During Pandemic	-5.49	<.0001

Table 9b. Dunn's Test pairwise comparisons across all placement types, with a Bonferroni adjustment for multiple comparisons applied.

11.2.1.2 AT HOME WITH PARENTS

It was found that significant differences were present across the three years $H(2) = 52.3, p < .0001$ in placement durations for those living at home with parents, with mean ranks indicating that the placement lengths were longest during the pandemic. Pairwise differences were then explored further via a post-hoc Dunn's Test. The results from this can be seen in Table 10b, and indicate that there was a significant change in placement duration between the initial year of the pandemic ($Mdn = 512$) and the two years prior. The difference in placement durations between two years prior ($Mdn = 364$) and one year prior ($Mdn = 368$) was not found to be significant for those living at home with parents.

	2 Years Prior	1 Year Prior	During Pandemic
Mean Ranks	3,398	3,417	3,806

Table 10a. Mean ranks from Kruskal Wallis test for placements at home with parents.

Comparison	z-score	Adjusted p-value
1 Year Prior vs 2 Years Prior	0.33	1
2 Years Prior vs During Pandemic	-6.25	<.0001
1 Year Prior vs During Pandemic	-6.62	<.0001

Table 10b. Dunn's Test pairwise comparisons for placements at home with parents, with a Bonferroni adjustment for multiple comparisons applied.

11.2.1.3 KINSHIP CARE

For those living in kinship care, the Kruskal Wallis test result indicated that there were no significant differences found in the length of placements ending in the initial year of the pandemic ($Mdn = 383$), one year prior ($Mdn = 428$) or two years prior ($Mdn = 426$) $H(2) = 2.1$, $p = .356$. As such, pairwise comparisons of different years were not conducted.

11.2.1.4 FOSTER CARE

For those living in foster care, the Kruskal Wallis test result indicated that there were also no significant differences found in the length of placements ending in the initial year of the pandemic ($Mdn = 321$), one year prior ($Mdn = 261$) or two years prior ($Mdn = 263$), $H(2) = 4.8$, $p = .09$. As such, pairwise comparisons of different years were not conducted.

11.2.1.5 RESIDENTIAL

It was found that significant differences were present $H(2) = 34.4$, $p < .0001$ in placement durations for those living in residential care, with mean ranks indicating that the placement lengths were longest during the pandemic. Pairwise differences were then explored further via a post-hoc Dunn's Test. The results from this can be seen in Table 11b, and indicate that there was a significant change in placement duration between the initial year of the pandemic ($Mdn = 285$) and the two years prior. The difference in placement durations between two years prior ($Mdn = 240$) and one year prior ($Mdn = 193$) was also found to be significant for residential placements.

	2 Years Prior	1 Year Prior	During Pandemic
Mean Ranks	1,766	1,656	1,911

Table 11a. Mean ranks from Kruskal Wallis test for residential placements.

Comparison	z-score	Adjusted p-value
1 Year Prior vs 2 Years Prior	-2.98	.008
2 Years Prior vs During Pandemic	-3.09	.006
1 Year Prior vs During Pandemic	-5.86	<.0001

Table 11b. Dunn's Test pairwise comparisons for residential placements, with a Bonferroni adjustment for multiple comparisons applied.

11.2.2 LEAVING CARE VS MOVING PLACEMENTS

11.2.2.1 MOVING PLACEMENTS

It was found that significant differences were present across the three years $H(2) = 12.8$, $p = .002$ in placement durations where the placement end signified the child or young person moving to a new care setting. The mean ranks indicate that the placement lengths were longest during the pandemic. Pairwise differences were then explored further via a post-hoc Dunn's Test. The results from this can be seen in Table 12b, and indicate that there was a significant change in placement duration between the initial year of the pandemic ($Mdn = 211$) and the two years prior. The difference in placement durations between two years prior ($Mdn = 195$) and one year prior ($Mdn = 184$) was not found to be significant for placements whose endings signified a transition to a new care setting.

	2 Years Prior	1 Year Prior	During Pandemic
Mean Ranks	3,398	3,417	3,806

Table 12a. Mean ranks from Kruskal Wallis test for placement endings that represented a transition in care setting (i.e. placement move).

Comparison	z-score	Adjusted p-value
1 Year Prior vs 2 Years Prior	0.29	.871
2 Years Prior vs During Pandemic	-2.59	.029
1 Year Prior vs During Pandemic	-3.51	.001

Table 12b. Dunn's Test pairwise comparisons for placements endings that represented a transition in care setting (i.e. placement move), with a Bonferroni adjustment for multiple comparisons applied.

11.2.2.2 LEAVING CARE

It was found that significant differences were present across the three years $H(2) = 22.1$, $p < .001$ in placement durations where the placement end signified the child or young person leaving care. The mean ranks indicate that the placement lengths were longest during the pandemic. Pairwise differences were then explored further via a post-hoc Dunn's Test. The results from this can be seen in Table 13b, and indicate that there was a significant change in placement duration between the initial year of the pandemic ($Mdn = 545$) and the two years prior. The difference in placement durations between two years prior ($Mdn = 493$) and one year prior ($Mdn = 478$) was not found to be significant for placements whose endings signified the child or young person leaving care.

	2 Years Prior	1 Year Prior	During Pandemic
Mean Ranks	5,504	5,507	5,865

Table 13a. Mean ranks from Kruskal Wallis test for placement endings that represented the child or young person leaving care.

Comparison	z-score	Adjusted p-value
1 Year Prior vs 2 Years Prior	1.35	.525
2 Years Prior vs During Pandemic	-3.36	.002
1 Year Prior vs During Pandemic	-4.61	<.001

Table 13b. Dunn's Test pairwise comparisons for placements endings that represented the child or young person leaving care, with a Bonferroni adjustment for multiple comparisons applied.