



## Glasgow Public Protection Committees

### Covid-19 Research Rapid Round Up

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## **INTRODUCTION**

Throughout the Covid pandemic, the Glasgow Public Protection Committees have continued to distribute fortnightly communication bulletins, providing the latest news and links to detailed articles across a multidisciplinary setting. Readers advised that these bulletins continue to be a valuable source of information, supporting staff to access information easily in an ever changing context.

As lockdown restrictions ease and the vaccine programme rolls out, there is also more detailed data and research emerging examining the impact the virus has had across different groups and individuals. The purpose of this report is to provide an overview of a selection of learning included in previous bulletins, and some reflections for the Glasgow Public Protection Committees in light of some of the initial findings.

This paper aims to provide a snapshot into some early research around Covid impacts. There is of course information published daily as the literature body grows. It is helpful to note that there are now centralised sources of information being curated, for example;

[Public Health Scotland COVID-19 Research Repository](#)

[Data for Children Collaborative Data Catalogue](#)

[UNICEF COVID-19 and Children Research Library](#)

[CELCIS COVID-19 Knowledge Bank](#)

## **CHILDREN & YOUNG PEOPLE**

**The pandemic one year on: a review of the impact on children Fraser Allan Institute, 22/03/21<sup>1</sup>**

In her article, Emma Cosgrove discussed how The [Evidence Review: The Socio Economic Impact of Covid 19 on Children in Scotland](#) emphasised how significant Covid-19 had been for the lives of children in the first 6 months of restrictions.

- *Closure of education and childcare facilities and home isolation*

Some of the impacts on children were a direct result of the restrictions - the closure of schools and increased time spent in doors away from friends and extended family.

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<sup>1</sup> Emma Congreve, Fraser Allan Institute, 22/03/21

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The longer term impact of schools and childcare facilities reopening/shutting will only be understood fully as we go forward, but a particular concern relates to widening inequalities due to the fact learning loss and loss of socio-emotional skills are likely to be felt more for children from lower socio-economic backgrounds. This could be due to a number of factors such as; having suitable study space at home with adequate digital access, and parents' or other adults' ability to support children's learning at home.

The long period of enforced time spent at home without access to normal social activities is likely to have had a detrimental impact on both physical and mental health. Socio-economic background is likely to be an aggravating for some children due to factors such as availability of food, heating and access to outdoor space. Studies have pointed to an increase in issues around children's mental health due to the first lockdown although there were also some positive examples (more time being spent with parents, relief from the absence of stressors like bullying at school).

- *Impact on family income due to the economic consequences of the pandemic*

Children have been impacted by changes to parental income. Loss of employment is a key route into poverty, and recent studies have illustrated the negative consequences of child poverty on a range of social factors. The full economic implications of the pandemic have still to be felt and understood. Policies like furlough and the benefits uplift have helped in the short term. Families may have used savings or debt to mitigate loss of earnings, and this will have a longer term impact of living standards. There have been reductions in expenditure on basic goods and services (the increased use of food banks evidencing this).

- *Impact on children who were already facing challenges*

Groups of children who already faced specific adversities and had ongoing support needs (like disabled children, those with additional support needs, young carers, care experienced young people and those in contact with youth justice services) have experienced significant impact as a result of the pandemic. Service reduction and disruption has been well documented by literature, and there is evidence on the impact this has had on children's wellbeing and mental health. Longer term impacts are anticipated.

There is also evidence that the pandemic increased the likelihood of children confronting 'adverse experiences' (like bereavement, domestic violence, child neglect), whilst also limiting the opportunities for positive intervention to be made.

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The Evidence Review also makes reference to data gaps highlighted by individuals and organisations.

### **COVID-19 and violence against children: A review of early studies Cappa & Jijon, *Child Abuse & Neglect Journal*, 14/04/21**

The review identified 48 recent working papers, technical reports, and journal articles on the impact of COVID-19 on violence against children. In terms of scope and methods, the review led to three main findings:

- 1) Studies have focused on physical or psychological violence at home and less attention has been paid to other forms of violence against children,
- 2) Most studies have relied on administrative records, while other data sources, such as surveys or big data, were less commonly employed,
- 3) Different definitions and study designs were used to gather data directly, resulting in findings that are hardly generalizable.

With respect to children's experience of violence, the review led to four main findings:

- 1) Studies found a decrease in police reports and referrals to child protective services,
- 2) Mixed results were found with respect to the number of calls to police or domestic violence helplines,
- 3) Articles showed an increase in child abuse-related injuries treated in hospitals,
- 4) Surveys reported an increase in family violence.

The review emphasises the persistent challenges affecting the availability and quality of data on violence against children (including the absence of measuring standards in addition to the limited availability of baseline data).

### **Closing the Poverty Related Attainment Gap Scottish Government, 21/03/21**

This Scottish Government Report concludes that the attainment gap is closing. It is clear from the above that significant progress is being made. This can be seen across short-, medium- and long-term outcomes, and is supported by strong evidence of a system-wide endeavour to establish the platform for the next phase of improvement. While there are positive indications of progress, there are also variations in the pace of progress across the country. The impact of COVID-19 is likely to have placed further pressure on the gap.

This report pulls on findings of the Equity Audit (Jan 2021). Literature highlighted exacerbated impacts for pupils from more disadvantaged backgrounds, pointing to increased inequality of educational attainment as a result of COVID-19 school

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building closures. Studies have indicated that pupils from socio-economically disadvantaged backgrounds are likely to experience a larger decline in learning compared to their more advantaged counterparts, with the suggestion that such increased inequality may persist over time.

The majority (13 of 15) of local authorities who responded to the Local Authority Survey 2020 were of the view that COVID-19 had impacted on progress towards closing the poverty-related attainment gap. It was recognised that there remained a great deal of uncertainty regarding the extent of the impact. Several local authorities referenced internal data gathering exercises undertaken, which had sought to understand and quantify the impacts at the local authority level. A number pointed to emerging evidence of the impact of COVID-19 widening the gap between most and least affluent pupils at the local authority level.

Reference was made in the findings from the 2020 Local Authority Survey to increasing numbers of families experiencing poverty as a result of the pandemic, and of the need to put in place appropriate responses. Longer-term plans were frequently paused in order to focus on short-term priorities, but all respondents described a continuing focus on closing the poverty-related attainment gap throughout the period of school building closures. Rather, the focus was on limiting and mitigating the impact of COVID-19 on children and families affected by socio-demographic disadvantage, whilst recognising increases in socio-economic disadvantage because of COVID-19.

A number of financial and practical measures have been put in place to support education recovery. This includes additional investment to support the recruitment of additional teachers/support staff and the provision of devices and connectivity to people suffering from digital exclusion.

### **Cost of Learning in Lockdown Child Poverty Action Group, 23/03/21**

CPAG's Cost of the School Day programme conducted research to understand how lockdown has impacted children's experience of learning this year via surveys and interviews (by gathering the experiences of 1,122 parents and carers and 649 children and young people in Scotland, with an emphasis on the experiences of low-income households).

Key Findings:

- 35% of low-income families are still missing essential resources for learning, most commonly laptops and devices.

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- Children in receipt of free school meals are more likely than other pupils to report sharing devices at home and using mobile phones to complete schoolwork.
- 75% of families receiving cash payments to replace free school meals say this works well or very well; satisfaction levels are far lower for other replacement methods.
- Low-income families say they are more concerned about money than last spring and 90% report spending more on essential bills while children are at home.
- Children and young people most want help with learning and finding a routine when they return to school.

### Recommendations:

Many families need greater financial security to help them support children's learning, stay afloat and recover from the impact of the pandemic. Within education, there are steps that can be taken to help achieve this:

- Governments must prioritise financial support, through cash payments, to help low-income families through this crisis.
- Governments must urgently review the free school meals threshold so that support reaches all families who need it.
- Schools and local authorities should implement poverty aware practices and policies. This includes reducing school-related costs, maximising incomes and providing wraparound care.
- Schools, local authorities and governments must continue to work together to make sure all pupils have the tools they need at home to participate in learning outside the classroom.

### **The impact of COVID-19 on children and young people - 2-4 year olds Public Health Scotland updated 26/04/21**

#### Key messages:

1. COVID-19 and in particular the infection control measures, including lockdown, have had a profound impact on 2–4 year old children in Scotland.
2. This age group sees rapid development and it is important that children are able to develop fully at each stage if they are to reach their full potential later.

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3. Family environment – parents felt that lockdown had enabled them to maintain good relationships with their children except for a small minority who felt their relationship with their child had worsened.
4. Physical development – children had largely remained active in lockdown although quality of sleep for many children had deteriorated.
5. Social development – many families saw a reduction in their income and parents often exhibited a high level of stress which would have affected the children.
6. Learning experiences – at this age it is important children have the opportunity to mix with other children. This was severely restricted during lockdown. In addition, not all children were able to access good quality outside space easily, and this was associated with household income, so active play was also restricted for some children. However, parents saw an increase in their children's imaginative play.
7. Children's play began to reflect their experience of COVID-19 factors such as isolation, curtailment of access to services and even death being apparent in their imaginative play.
8. Development and wellbeing – Strengths and Difficulties Questionnaire (SDQ) scores for this age group showed a large decrease in those children scoring 'close to average' compared to a similar cohort of children assessed in 2019, showing that a substantial proportion of children were suffering from mental health and wellbeing difficulties during lockdown.
9. Access to services – an important minority of parents found it difficult to access children's services during the pandemic. However, 70% of parents had indicated that they would have liked help with their children's response to COVID-19 during lockdown.
10. While some services were maintained, especially immunisation, other services were more limited, in particular child health reviews by health visitors, access to dental services and lower use of emergency services. As need was unlikely to have dropped this suggests children were not always receiving the care they needed.

Consideration should be given to the following:

- It is imperative that children's services remain operational, as much as is possible, during any return to lockdown. This includes prioritising face-to-face services such as health visiting and developmental reviews, and interventions

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such as dental health. There could be some learning for other services from the successes of the immunisation programmes during lockdown. It is also important to ensure that children who may already be at risk of disadvantage do not lose out further as a result of changes in service availability or means of delivery.

- Evidence from the CEYRIS survey suggests that some groups of children, such as those with additional support needs or with a disability, may be disproportionately negatively affected by the infection control measures. These children need additional support put in place.
- Play is important for children's development and consideration should be given to keeping open parks and playgrounds designed for young children.
- Staff in early learning and childcare settings should be appropriately trained to deal with the impact of COVID-19 on children, including mental health and wellbeing and issues related to financial or food insecurity.
- Learning opportunities for children, and supporting parents to help them realise those opportunities, have been consistent themes. Accessible ways for parents and carers to obtain information on how to support their child's learning should be considered. This should include making available printed materials to mitigate the impacts of digital exclusion.
- As indicated in the CEYRIS study, the mental wellbeing of parents and carers of children in this age group may also have been negatively affected by the pandemic. This may mean they have fewer emotional resources available to support their children's development and wellbeing. Specific support for parents of young children should be considered and where support was in place prior to lockdown this should continue.
- Due to the somewhat solitary nature of lockdown young children have had less opportunity to speak to or engage with trusted adults, such as nursery staff. This is also true when children are self-isolating. This may have meant issues such as domestic violence and the impact on the child have not been picked up. Contact for children with adults outwith the home, either through (for example) childcare, nursery school, other professionals, or with trusted members of their wider family, is therefore essential.
- Many AHP services have been paused in schools and nurseries, including speech and language therapy. Children are not developing the communication skills as rapidly as would be expected.

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- Going forward, the health and welfare of children in this age group needs to be monitored closely. The large decrease in SDQ scores, the lack of access to facilities at perhaps critical times and the stress felt by both parents and children during the pandemic are all factors which may have long-term implications for children's development.

### **The impact of COVID-19 on children and young people - 10 to 17-year-olds,** **Public Health Scotland, 24/03/21**

#### *The impact of COVID-19 on young people's mental health, social development and relationships*

Data from UK and Scottish surveys indicate that lockdown measures have been especially difficult for families who were just about coping or who were beginning to struggle prior to the pandemic. Loneliness has been an unintended consequence affecting young people during lockdown. It has particularly impacted upon the wellbeing of specific groups of vulnerable young people. The results from a Scottish survey undertaken in April 2020 suggest that nearly 40% of 11 to 12-year-olds were experiencing moderate to extreme concern about their mental health and that the impact on mental wellbeing appeared to increase with age (49% of 13 to 15-year-olds and 61% for 16 to 18-year-olds).

Compared to the same time period in 2019, referrals to child and adolescent mental health services (CAMHS) were 53% lower between April and June 2020, but referrals between October and December 2020 were similar to the same period in the previous year. The reduction in referrals has meant that the number of patients waiting to be seen by CAMHS has steadily fallen. In June 2020, the number of young people who were waiting to be seen was at the lowest level.

#### *The impact of COVID-19 on the digital connectedness of young people*

Inequalities in digital connection persist in relation to accessing computers, laptops and tablets, as well as access to broadband, data packages and privacy. This also indicated potential link to impact educational attainment. Greater pressure to engage online, alongside negative factors associated with this (exposure to bullying, racism, untrustworthy news etc). Screen time links to health issues (e.g. sedentary lifestyle).

#### *The impact of COVID-19 on the risk of abuse, neglect and exploitation of young people*

Data from Police Scotland indicated an 18% increase in all online child sexual abuse crimes over the period June–September 2020, compared with the same period in 2019. 'Lockdown' has deprived some young people of being able to access a safe

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space away from their family home and the reduced ease of access to support services may be an additional burden facing young people. One survey found that 5–8% of young people felt unsafe at home, although it is not known whether this is higher than pre-pandemic.

### *The impact of COVID-19 on young people's physical health*

In Scotland, from the start of the pandemic to mid-February 2021, there was one death of a child aged between 1 and 14 years where COVID-19 was mentioned on the death certificate. A survey of young carers during lockdown indicated that just over one-third felt they were struggling to look after themselves in relation to eating healthily, sleeping and exercising well. One-quarter wanted support to help them stay healthy. Deterioration in sleep patterns noted in one survey.

### *The impact of COVID-19 on access to and use of health and other services for young people*

All age groups have experienced a rapid transition from face-to-face to virtual consultations in response to some of their healthcare needs. Disruptions to mental health support or support for those with additional needs, have been reported. The disruption in services has been more acutely felt because of the reduced capacity of third-sector organisations to help young people navigate the system. Disruption to healthcare services such as school immunisation programmes, sexual health services, planned hospital admissions, emergency healthcare. Young people involved in the youth justice system have experienced delays to hearings because of infection control measures. Such delays may have prevented their release from custody.

### *The impact of COVID-19 on young people's education*

Three-quarters of 15 to 17-year-olds were moderately or extremely concerned about their education, this may be indicative of the additional stress of the exam years. Vulnerable young people with additional challenges – e.g. existing mental health issues, involvement with the youth justice system and young carers – expressed their particular concerns about school closures, school work and their futures. COVID-19-related school absence increased marginally from August to mid-November but increased to approximately 25% just before Christmas. Absence was similar for all age groups, except for S3 who had the highest absence rate from mid-November. Some pupils on returning to the classroom were aware of having fallen behind and were struggling to catch up. Across several surveys, young people indicated feeling some degree of pressure about their school work, while others

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expressed feeling overwhelmed by the amount of school work they were required to do. Parents/carers with degree-level education were more likely to have undertaken the required activities with their young people compared to those without formal qualifications.

Points highlighted for consideration:

A whole-systems approach to supporting young people

Navigating the online world

Keeping our young people safe

### **CONSIDERATIONS**

There are data gaps and difficulty generalising what children's experiences have been. Committee can be mindful of this as any requirements in data collection change in the future – what do we want to know, and why? It will be necessary to review emerging research as it becomes available (especially in relation to under 5s for example).

How do Committees ensure that a broad range of children and young people's voices are heard when describing the impact of Covid, contextualising the data and how this might change service requirements?

Covid adversely impacted already vulnerable and lower income families, resulting in increasing financial stress for many. Mitigating financial supports like furlough/benefit increases are ending as the pandemic eases. This will not mean an end to people's difficulties; the Committees must link this to the anti-poverty agenda/policies and services continue to incorporate practical supports such as rooting anti-poverty and income maximisation into routine contacts and standard screening. The pandemic drew attention to data poverty and lack of access to devices for some families.

Groups of children who already faced specific adversities and had existing support needs have experienced significant impacts as a result of the pandemic. How do agencies ensure that in addition to service delivery being reinstated, additional support and resources can be offered/accessed as necessary?

The literature highlights lower reporting re Child Protection and more limited opportunities for children and young people to engage with supportive services and trusted adults. Services need to be prepared for disclosures as lockdown eases, be mindful of hidden harm and aware of hidden impacts (research has focussed on reporting/ physical violence and not other types of harm e.g. neglect).

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For Glasgow, further consideration of data around Registration trends and contextualising this alongside lockdown/easing restrictions. Possible consideration of evaluating some aspects of service provision during Covid (for example, impact of direct payments on families).

Lots of concerns around the deterioration in mental health of children, who will require support going forward. In Glasgow, CAMHS now integrated. There's recognition that CAMHS may not necessarily be the right service in any given situation, therefore we must create an environment which reduces the need for CAMHS intervention by use of early intervention/trauma informed practice. Also support required from Education in terms of making up for lost learning, Health in terms of missed routine appointments etc.

### **MENTAL HEALTH**

#### **Scottish COVID-19 Mental Health Tracker Study: Wave 2 Report Scottish Government, 15/02/2021**

Wave 1 of the COVID Mental Health Tracker Study indicated that over a third of the sample reported high levels of psychological distress, a quarter reported levels of depressive symptoms (moderate to severe) indicating a possible need for treatment, and nearly a fifth reported anxiety symptoms of a similar level. Approximately one tenth of the sample reported having suicidal thoughts in the past week, with one fifth of young adults reporting suicidal thoughts. Additionally, the Wave 1 report suggested that particular subgroups within the population were at elevated risk across these mental health and wellbeing indicators, specifically women, young adults, people with a pre-existing mental health condition, and individuals from a lower socio-economic grouping.

Wave 2 findings (data collected from 17 July and 17 August 2020) indicate increased rates of suicidal thoughts, no significant changes in rates of depression or anxiety, and an improvement in most other indicators of mental health and wellbeing, compared to Wave 1 (data from 28 May to 21 June 2020).

A total of 65.4% of respondents from Wave 1 (n=2604) took part in the Wave 2 survey (n=1703). This loss to follow-up was higher than anticipated, and meant that a number of demographic groups are under-represented at Wave 2.

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**Scottish COVID-19 Mental Health Tracker Study: Wave 3 Report Scottish Government, 26/06/21**

This report presents the longitudinal and cross-sectional findings for a range of mental health outcomes for Wave 3 of the Scottish COVID-19 (SCOVID) Mental Health Tracker Study, specifically looking at differences between particular subgroups in the sample. These findings are based on questionnaire data collected between 1<sup>st</sup> October and 4<sup>th</sup> November 2020 (a period which coincided with an increasing of restriction measures in the central belt in Scotland on 1<sup>st</sup> and 7<sup>th</sup> October 2020).

Consistent with the cross-sectional findings from Wave 1 and Wave 2, this report suggests that particular subgroups within the sample are reporting higher rates of mental health problems during Wave 3. These groups include:

- young adults (18-29 years),
- women,
- individuals with a mental health condition,
- respondents with a physical health condition,
- individuals in a lower socio-economic group.

Longitudinal analysis suggests overall poorer mental health during Wave 3 compared to previous waves, although this was not consistent across all mental health outcomes. Specifically:

- Depressive and anxiety symptoms increased from Wave 1 to Wave 3, although there were no notable changes between Wave 2 and Wave 3.
- Suicidal thoughts decreased for the whole sample from Wave 2 to Wave 3, although these were still higher at Wave 3 than at Wave 1.
- Psychological distress increased from Wave 2 to Wave 3,
- Loneliness increased from Wave 2 to Wave 3,
- Life satisfaction decreased between Wave 2 to Wave 3.

**Mental Health Impacts of the Covid-19 Pandemic in Scotland on Vulnerable Groups, Mental Health Foundation Scotland, Nov 2020**

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Utilising the research from Waves 4-7 of a larger longitudinal study into the impact of COVID-19 on mental health, the Mental Health Foundation have collaborated with University of Strathclyde to explore its impact on the mental health vulnerable groups. With the data and further qualitative research the organisations have undertaken focused study with people with long term mental health conditions, people with long-term physical health conditions, and lone parents.

### Conclusions:

- Climate of uncertainty impacting upon mental health across all groups  
Important to recognise that those within more vulnerable groups have differing and complex needs. Therefore a person-centered approach must be taken in understanding experiences, one which recognises the diversity of individual lived experience, rather than attempting to reduce each group into a single homogenous unit captured by terms such as 'shielding'.
- Many healthy coping mechanisms reported by the Scottish population were linked to outdoor activities and access to green space.
- Contact with friends and family and community support was vital for sustaining wellbeing with huge appreciation for the speed at which local organisations responded and adapted to the pandemic.
- Although many were able to access digital platforms for social interactions it is clear that this is not the case for all. Access to broadband, speed of broadband and limited data packages were all barriers to feeling fully digitally connected.
- Whilst out-patient appointment cancellations were disappointing the increase in digital and telephone NHS services was welcomed by some. However for others some emotional barriers existed which limited use of such services. This was most commonly experienced when discussing sensitive areas of life such as their own mental health. Previous relationships with professionals and building trust helped remove this barrier.

### Policy recommendations:

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**Public health communications** The findings show elevated levels of anxiety amongst those with long term mental health and physical health conditions compared to the wider population, even when the COVID-19 risk was significantly lower as cases reduced in the summer. This suggests that public health communications efforts have been effective amongst these groups at inducing safety behaviours. There is a need however to understand and communicate how to reduce these anxieties and promote safer social connections when a loosening of restrictions allow. This should recognise and harness the strength and resilience of many vulnerable groups. Furthermore a review of such communications will enable us to examine whether these anxieties do subside once we are over the worst of COVID-19, and if people do indeed return to a good quality of life.

**Nature and the environment** A main way of coping during the first wave of the pandemic was outdoor activity. Going forward it highlights the value of green space for public mental health and wellbeing and the role of Cosla and local authorities in providing parks and safe outdoor play areas across communities that have limited access to outdoor space.

**Social networks** This study shows that those with better social connections pre-COVID-19 seemed more resilient and were more likely to uptake and engage with online networks and support. This indicates the need throughout our public policy to maximise and invest in community based supports to enable social networks to flourish (clubs, societies, neighbourhood schemes and peer supports).

**Digital health and social care** The experience of this pandemic provides an opportunity to harness the positive experiences of digital NHS services and wider online supports. This can be strengthened by embedding a patient-centred approach with digital options provided alongside face-to-face provision. The amplified role of community pharmacies during the pandemic provides a best practice model for this.

**Digital exclusion** All people in Scotland must be digitally connected through the removal of practical and financial barriers. The current consultation on the new digital strategy for Scotland should lead to practical solutions for the alleviation of digital poverty.

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**Economic safety** Financial concerns were high early in the pandemic. Although this subsided, there is potential for this anxiety to re-emerge. Further research is required to better understand the role of social security and other financial mechanisms in providing greater security across the population but specifically for vulnerable groups.

### **Mental Health Care and Treatment During Coronavirus Pandemic, SAMH, 23/03/21**

This report summarises key findings from a longitudinal research project undertaken on behalf of SAMH. The two key research questions were:

- In what ways has the treatment and care that people in Scotland receive for their mental health changed due to the coronavirus pandemic?
- How have these changes been experienced by people in receipt of care and treatment, and what effect have changes had on their mental health?

Over 1,000 people took part in the research, through three surveys which ran in August, October and November 2020, and a series of 15 interviews which took place between August and December. To take part people needed to: live in Scotland; be over the age of 16; and have been referred to, or received treatment from a professional (such as a GP), organisation or service for their mental health at any time since January 2019.

#### Key findings:

- Levels of coping and self-reported mental health have deteriorated during the pandemic.
- Perceptions that services are thinly stretched, and that services need more capacity to respond to mental health needs.
- Fears about mental health deteriorating, and whether there would be the support that would be needed.
- Some reporting re very positive examples of participants receiving support from individuals - GPs, specialists and via third sector employees and peers.

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- Perceptions and experiences of services prioritising those at highest risk have created uncertainties and discontent regarding treatment availability and options.
- The move away from in-person consultations brought significant challenges.
- Professional consistency and continuity were highly valued. Where this had not been participants' experience, this was a source of discontent.
- Changes in consultations' frequency, intensity and range have led to frustrations and dissatisfaction, with comments suggesting that the mental health and/or recovery process have been adversely affected.

## **CONSIDERATIONS**

There can be no doubt that the pandemic and lockdown restrictions have had a huge impact on people's mental health. The longer term implications of this remain to be seen, and it is important for the Committees to continue efforts to gather data and further understand the inadvertent consequences on isolation, service access and substance misuse. Work started by the CPC and ASP Thematic Reviews will continue this momentum. There is likely to be growing demand for various types/levels of mental health supports as we emerge from Covid; it is important to ensure that provision is person centred and accessible. This links to the City's Trauma Informed Practice/Awareness approach, and taking a tiered approach to mental health supports.

The Committees must be confident that changes in service provision are meeting service users' needs. The Mental Health Foundation for Scotland reported on the impacts of COVID-19 on the mental health of vulnerable groups, outlining points to consider around good communication, digital accessibility, and social networks as a protective factor in supporting vulnerable individuals that services can be mindful of in the future.

Reflection on what helped to enhance resilience during lockdown can help to build better supports for service users moving forward (for example, access to greenspaces, access to positive social networks and peer supports). In service design and delivery, as with gaining a better understanding of the impacts on mental

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health, service user voices and experiences should be at the centre, and consultation with individuals and staff is imperative.

### DISABILITY

#### Coronavirus and People with Learning Disabilities Study Wave 1 Results

##### **University of Warwick, March 2021**

The report talked to over 600 adults with learning disabilities, living in England, Wales, Scotland and Northern Ireland. Nearly 400 family carers or paid supporters of people with severe or profound multiple learning disabilities gave information.

About 5% of with learning disabilities had COVID-19. More than 10% of people with learning disabilities said someone close to them had died due to COVID-19. Around 30% of people with severe or profound learning disabilities had poorer physical health than before March 2020. Many people (about 45%) with learning disabilities were shielding. The vast majority of participants in both cohorts (>80%) indicated that they, or the person they supported/cared for, would take the COVID-19 vaccine if it were offered to them.

Many people with learning disabilities felt angry or frustrated. Many people with learning disabilities felt sad or down. Many people with learning disabilities felt worried or anxious. Carers told us they were finding life hard. Carers said it was hard to sleep. Carers said they were tired. Carers said they were stressed.

72% of people with learning disabilities in Cohort 1 reported that they were staying in touch with important people in their lives as much as they wanted. 92% of people with learning disabilities in Cohort 1 used the internet at home. In both cohorts, participants were most commonly getting help with food shopping from their family members (40% Cohort 1, 56% Cohort 2). In both cohorts, people with learning disabilities most commonly got help from family to get their medicines (25% Cohort 1, 53% Cohort 2). Only 1% of people with learning disabilities in both cohorts were finding it difficult to access food or medicines. 12% of people with learning disabilities in Cohort 1 were caring for someone they were living with.

The impact on access to health and social care support:

- Over 60% of people with learning disabilities in Cohorts 1 and 2 who had routinely seen healthcare professionals before the first lockdown in March 2020 had seen them less or not at all since then.

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- As many as 23% of people with learning disabilities in Cohort 1 and as many as 41% of people with learning disabilities in Cohort 2 had a medical test or a hospital appointment cancelled since the first lockdown in March 2020.
- Of the 46 people with learning disabilities in Cohort 2 who had been admitted to hospital for a reason unrelated to COVID-19, 82% were allowed to have a carer stay with them during their admission.
- 46% (Cohort 1) and 48% (Cohort 2) of people with learning disabilities who usually have an annual health check, had not had one since the first national lockdown in March 2020.
- Of those who regularly used these services before the first lockdown, 99% of participants in Cohort 1 reported community activities had stopped completely or reduced by the time of the interviews, and 89% reported their day service had stopped completely or reduced.
- Carers of people with learning disabilities in Cohort 2 regularly using these services before the first lockdown reported that 95% of people with learning disabilities had experienced short breaks/respite stopping or reducing, whilst 98% reported day services stopping or reducing.

### **Disabled people forgotten during Covid, BBC, 30/06/21**

3351 disabled people took part in the research carried out by the BBC.

- 2,604 said mental health had got worse
- 2,427 disability had deteriorated
- 683 had seen all of their appointments cancelled/unable to attend
- 241 had not left house at all
- Access to healthcare was a huge issue.

### **CONSIDERATIONS**

How can individuals with disabilities be better supported to access to services and healthcare, even as restrictions ease? For many disabled people and their carers, there are still significant vulnerabilities and concerns re safety even as the vaccine is rolled out. For some, disabilities/health issues may be even more pronounced than pre-pandemic and require more intervention.

Disabled people must have visibility in the planning and remobilisation of services. As services and Committees, there should be reflection on what aspects of support worked during lockdown, and what did not. How can we do better, learning together from experiences and in consultation with service users?

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## **CARE HOMES & CARERS**

### **Care home lockdown and the impact on families: what hurt, what helped and what happens next** University of the West of Scotland & University of Edinburgh, 22/03/21

A variety of research methods were used to explore family carers experience of care home lockdown, to identify what helped them and describe the consequences for family carers in terms of their own health and wellbeing.

What hurt was everything that added to the sense of personal loss and barriers to contact with someone precious. The fear and worry about a relative being alone, cut off and fading.

What helped was when the family trusted the staff and they were in touch. When they helped a relative to speak with, to see and feel part of the resident's day. When there was clarity about the rules and time to prepare for whatever the next day might bring.

What could happen next is that those who lead show that they value the contribution of family carers, and embrace the right of all to family life. Imagine that family carers were routinely seen as part of care home teams, involved and invited to be true partners in care.

### **Young, Caring and Struggling to Make Ends Meet: The worsening economic circumstances of Scotland's young carers during Covid-19**, UWS Oxfam Partnership, June 2021

This research focuses on the economic circumstances of young carers in Scotland during the pandemic. In the research, a young carer is a child under the age of 18 years who provides regular care and support to a family member with a long-term physical or mental health condition or addiction. The Scottish Government estimates that 7% of young people in Scotland are young carers (Scottish Government, 2017). The findings in this report are based on qualitative interviews with ten young carers and on 20 qualitative survey responses. The report provides a small scale snapshot. It is hoped the research, will contribute towards the urgent policy action required to relieve pressures on young carers.

#### **Key findings**

##### **Household economic circumstances**

The vast majority of young carer households within this study contained one or no adults in employment. Young carers experiencing financial difficulties tended to come from households where a parent was being cared for rather than a sibling. As

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such, many young carer households are dependent upon a single wage and/or benefits to cover their costs of living. Half of participants used a foodbank within the last year, suggesting that the welfare system is not enabling young carers' families to cover their basic needs.

### **The impact of Covid-19**

Covid-19 has exacerbated existing financial difficulties for young carer families. Many young carer families were affected by workplace insecurity during Covid-19. Some young carers took on (more) paid work during the pandemic to address emerging income gaps, balancing a combination of paid work, care work, and schoolwork. Measures to reduce the spread of Covid-19, such as lockdowns and physical distancing rules, meant that many services for young carers and those they care for were reduced or were stopped. The consequence was that young carers had to spend more hours on care. In some instances, other family members reduced or gave up their paid work in order to meet the 'care gap' arising because of the pandemic. Overall, young carers experienced increased worries during Covid-19, both for the health of their families, and their economic security.

### **Understanding of and involvement in household finances**

Whilst children are often assumed to know little about the details of their household's finances, this research found that young carers understand their household finances well and are involved in managing them. Young carers often contribute to household financial matters such as paying towards utility and food bills, collecting benefits, or doing the weekly food shop. They also deploy their own strategies for minimising household spending, sometimes in harmful ways such as limiting their own food consumption. In their spending and consumption, young carers often put the needs of others in the household first.

### **Visions for the future**

Young carers' career aspirations were often underpinned by a desire to financially support their family. Some young carers felt positively about this but for some, there was also a sense of duty attached to future plans for supporting their family that created feelings of anxiety about being able to do so. Many young carers in this study want to attend further or higher education but worry about the financial costs involved. Many young carers also had worries about the health and wellbeing of those they care for as they move on to post-school destinations. Many hoped that other family members provide more support in the future.

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There are **urgent policy actions** that need to be taken to reduce the pressure on young carers to reduce the personal and financial expense of caring for loved ones:

- Increase the value of the Young Carer Grant for 16- to 18-year-olds
- Remove financial barriers for young carers to thrive within education
- Ringfence sufficient funding to deliver specialist, high-quality young carer services, and provide them at no charge
- Enhance awareness of young carers and their individual needs, while creating spaces for them to discuss their financial circumstances and sources of support, by introducing Young Carers Awareness Training amongst education stakeholders and identifying Young Carer Champions;
- Ensure that the promised increased investment in social care in Scotland, including via a National Care Service, is delivered in a way that reflects the needs of young carers and reduces caring pressures on them
- Bolster the incomes of low-income households, with a focus on those in which one or more individual has caring needs, by maximising the use of social security powers at UK and Scotland levels and by using all levers to ensure work provides a reliable route out of poverty, including removing barriers for unpaid carers who want to access paid employment.

### **COVID-19 in Scotland: The Impact on Unpaid Carers and Carer Services**

#### **Support Workers, Carers Trust Scotland, 14/07/21**

From November 2020 to May 2021, Carers Trust Scotland carried out research to understand the experiences and challenges that the pandemic led to in Scotland for unpaid carers, and consequently, carer support workers and carer services. This report makes recommendations and suggestions, built from the experiences of the research participants. These can support carer services to build back sustainable organisations and ensure continued quality support for unpaid carers in the future. Unpaid carers reported spending more time providing care, primarily due to peoples' needs intensifying and other supports being stopped. Carers reported deteriorations in their own health and wellbeing during the pandemic, with much less access to respite care and other supports. There was some mixed feedback in terms of supports accessed via different mediums (e.g. online). There were some benefits, but for many face to face contact remained important. Unpaid carers are also worried about the legacy of the pandemic, and the impact on both themselves and the person(s) they care for.

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The Report also examines carer support workers view around the challenges of supporting unpaid carers throughout the pandemic, and how their roles adapted as required (including working from home, and increase emotional demands). Carer support workers reported to be more likely than unpaid carers to continue using blended forms of support moving forward. Carer support workers noted that moving to a blended approach of working does not lessen demands on staff as there are unpaid carers who only engage in face-to-face support, and others who only engage online. Both preferences would need to be catered for in a blended model. Support workers noted concerns for the future including sustainability of the current way of working, the impact the pandemic has had on unpaid carers' confidence and "There is slight worry that tech won't be used to enhance, but to reduce."

## **RECOMMENDATIONS**

### **1. Remobilisation plan**

Carers Trust Scotland is one of the seven National Carer Organisations (NCOs) in Scotland. The NCOs and Scottish Government should work collaboratively, with carer services, to create a national remobilisation plan. The plan should support carer services to move positively to a post crisis phase of service delivery, and support carer services to build back sustainably. Statutory bodies should support carer services to meet any needs identified in the remobilisation plan.

Health and social care partnerships and individual carer services should consider undertaking their own evaluation, considering their needs moving out of the crisis phase of the pandemic. NCOs should facilitate an opportunity for carer services to exchange and share this learning across the country.

### **2. Reaffirm organisational purpose**

After an acute period of reactive work in response to crisis, carer services need to reaffirm their organisational purpose. This will facilitate the development of service delivery models that allow services to achieve their purpose in a sustainable manner. To assist in reaffirming organisational purpose and devising activity accordingly, carer services should consider the legal duties and purposes of other organisations, and what their role is in supporting unpaid carers. NCOs should provide additional support for this piece of strategic work.

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As staff have absorbed crisis response into their work, carer service management are encouraged to revisit staff job roles and responsibilities, ensuring they are appropriate for a post crisis service.

### **3. Communication with commissioning bodies**

In terms of carer service activity and implementation of the Carers (Scotland) Act locally, commissioning bodies should ensure their expectations and asks of carer services are realistic and in line with the available capacity of carer services.

Commissioning bodies should recognise that the pandemic artificially increased carer services' output and throughput, not necessarily sustainable in a post crisis phase. A mutual conversation between carer services and commissioning bodies is encouraged to ensure expectations and asks are realistic.

To ensure management of expectations, carer services should clearly communicate changes to activity and/or delivery style to unpaid carers and key stakeholders.

### **4. Carers (Scotland) Act 2016 funding**

Local authorities should be transparent on the Carers (Scotland) Act funding received and how it is allocated to deliver on priorities for unpaid carers. As carer services are commissioned to deliver outcomes for unpaid carers, it would be good practice to include them in conversations about how funding is spent.

### **5. Supporting staff at work**

Recognising the difficulties and demands the pandemic has placed on carer services and staff, the health and wellbeing of staff should be prioritised moving forward.

Positive health and wellbeing practises should be embedded into support and supervision processes, and the wider work culture.

The pandemic has allowed for flexibility in working styles and support for unpaid carers. Agile working policies and procedures should be evaluated and considered.

Carer services and managers should consider working preferences and the ability for flexibility moving forward.

### **6. Recognition**

The contribution of carer services, as well as unpaid carers, to the care of those in the community should be recognised by local and national governments, statutory services, funders and NCOs.

Carer services should be recognised at a local and national level as an integral part of the health and social care landscape in Scotland. Carer services and their staff, and unpaid carers should be more involved in the formal decision making relevant to unpaid carers within integrated joint boards, health and social care partnership

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strategic planning and other relevant decision-making bodies. NCOs should work with statutory partners to ensure that this materialises in meaningful ways.

### **CONSIDERATIONS**

Recognition of role provided by carers and the integral part they play alongside services in ensuring that those who need support are safe and looked after. Carers experiences must be used to inform decision making and service design. There should be adequate and appropriate supports/respite offered to carers as we emerge from lockdown, as it is clear that this has been particularly challenging to those with a caring role.

The negative economic impact of caring must be addressed, particularly in relation to young carers. This ought to be integrated into the anti-poverty agenda across the City.

It is necessary to increase awareness raising to improve the identification of carers, and ensure that all wider caring responsibilities are considered, for example when ASP referrals are received or mental health assessments are undertaken. During the child protection investigation and case conference, consideration of the child's role as a young carer should be documented and referral for assessment/ supports made if required. Services should be aware of the various statutory duties of the Carers (Scotland) Act 2016.

Carer services and all frontline staff need to be supported in their changing roles, and to process the impact the pandemic has had on many, both professionally and personally.

### **POVERTY & INEQUALITY**

**Poverty and Income Inequality in Scotland 2017-20** , Scottish Government, 25/03/21 (with reference to 'JRF responds to Scotland's latest poverty statistics', 25/03/21, accessed 30/06/21)

The latest estimates are from the period between April 2017 and March 2020. This was before the first UK-wide lockdown due to the coronavirus (COVID-19) pandemic. Therefore, these statistics do not yet tell us anything about the impact of the pandemic on poverty and income inequality.

Relative (= low income relative to the rest of society) and absolute (= low living standards relative to 2010/11) child poverty fell between 1994/95, when data collection began, and 2011/12. Since then, relative child poverty has been gradually

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increasing while absolute child poverty remained largely stable. Child material deprivation has been measured since 2004 with no obvious long-term trend, and persistent poverty has been measured since 2010. In recent years, child material deprivation has been broadly stable at a level considerably higher than the targets, and persistent poverty has started to gradually increase, moving further away from the targets. For the past three years, the rate of child poverty has stalled at 24%. 68% of children in poverty live in a household where at least one person works. People from Black, Asian and Minority Ethnic backgrounds are more than twice as likely to be living in poverty as people from a White British background. Before the pandemic, more than 1 million people were living in poverty, including around 250,000 children.

### **Data Poverty in Scotland and Wales, Nesta, 20/04/21**

During 2020, Nesta became aware that COVID-19 has exposed a new digital divide between those who have data to spare and those who struggle to afford the data they need for essential tasks.

1 in 7 adults in Scotland and Wales are experiencing data poverty: Nearly a million adults in Scotland and Wales struggle to afford sufficient, private and secure access to the internet.

Data poverty widens inequalities: Not going online impedes life chances, increases social isolation, impacts on wellbeing and limits economic opportunities.

Data poverty and income poverty intersect: More than twice as many households with incomes below £20,000 were data poor compared to those with income above £40,000. While just 2 per cent of people in Scotland and 3 per cent in Wales said they couldn't afford enough data, this rose to 6 per cent of households with incomes less than £20,000 per year. 24 per cent of those who are unemployed were data poor.

Connected but compromised: Individuals' and families' needs for data are often not adequately met. One in ten people with monthly mobile contracts regularly run out of data before the end of the month and larger households struggle to meet very high data needs.

Financial and data literacy compounds data poverty: Only about half of the people we spoke to felt they were able to shop around for the best data deals. People with low digital and financial literacy and weak purchasing power may not realise that better deals are available to them. Our case studies highlight the high costs of exceeding contract allowances.

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Different needs and circumstances of data poverty require different solutions: Some people are restricted by income and unaffordability, others have high data or device requirements. Poor signal at home is a common problem, while others have financial and digital literacy needs.

It's more complex than connectivity: Most people (92 per cent in Wales and 94 per cent in Scotland) said they had a broadband connection at home, and 80 per cent have both a broadband connection and a monthly mobile phone contract that includes data. But having sufficient data is now so essential that people were prioritising spending on connectivity even if this meant cutting back elsewhere. We spoke to a young person spending nearly a third of his £340 monthly income on his phone and Wi-Fi.

Disadvantaged groups experience more data poverty: Adults living in more deprived neighbourhoods, those with disabilities, adults who feel less confident reading in English, adults who live with children and those in larger households are significantly more likely to experience data poverty.

We need evidence of what works: There has been a lot of action and innovation to address urgent need caused by COVID-19, but the systemic social and economic issues driving data poverty are long term and complex. As we look to the future, we need to know which solutions work, particularly in the long term. As a priority, we need robust evidence of the impact and sustainability of solutions to data poverty. Public Wi-Fi access is particularly important for those who are experiencing data poverty: before COVID-19, public Wi-Fi offered a safety net, with one in five people experiencing data poverty regularly using WiFi in public libraries pre-pandemic. COVID-19 restrictions have resulted in the loss of public Wi-Fi accessed via shops, public transport, libraries and leisure facilities, reducing use of sources of public Wi-Fi by as much as a third of the pre-pandemic level.

## **CONSIDERATIONS**

There are now more children living in poverty in Glasgow than before the pandemic. In Scotland, there is a disproportionate impact of poverty on people from Black, Asian and Minority Ethnic backgrounds. Research has identified that Covid has adversely impacted already vulnerable and lower income families.

The Committees must continue to support the anti-poverty agenda in Glasgow, and also contribute to influencing policy at a national level wherever possible. By linking into the agendas and learning of fora like the Poverty Leadership Panel, the

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Committees can contribute at a strategic level, in addition to the frontline efforts of services across the City.

Linked to the anti-poverty agenda in Glasgow is the ongoing work to better understand the interplay between poverty and neglect, and the impact of this on children across the city.

Researchers are developing a better understanding of the nature and impact of data poverty. As service provision changes, this will become more important than ever. Services will need to ensure equality of access. How will the changes in provision of public services (such as libraries etc.) impact the availability of public Wi-Fi/PCs? How can we support service users to have good quality access to data? Again, disadvantaged groups experience more data poverty.

## **GENDER**

### **Refuge's National Domestic Abuse Helpline Service Review 2020/21, Refuge, 06/04/21**

Activity on the Helpline shot up over the first national lockdown – between April and June of 2020, whilst women were asked to stay at home, the average number calls and contacts logged every month was up 65% compared to the previous three months.

Over the summer restrictions eased, but the pressure on the service remained high. Looking across the last ten months (April 2020 – Feb 2021), average calls and contacts logged per month is 61% above the January - March 2020 baseline.

Types of abuse reported were not altered by Covid.

During the pandemic, the typical windows of time spent outside the home that have often provided women with much-needed relief - going to work, dropping the kids off at school, coffee with a friend - all but disappeared. Many women had limited recourse to their support network, and their opportunities to access specialist services were curtailed.

Refuge worked quickly to launch a new live chat function on the Helpline website.

This was popular with younger callers. Since launching the service, over 5,200 live chats have taken place. Live Chat also proved a valuable resource for concerned third parties – during the first lockdown (from May, when the service launched, to the end of June 2020), 18% of live chatters were friends, neighbours or family members worried about somebody experiencing domestic abuse, compared to 12% of those we spoke with on the phone.

## **CONSIDERATIONS**

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The pandemic and restrictions altered the way those experiencing domestic abuse could access support, but the demand for services has increased across many services. In Glasgow, this could be seen by data collected in relation to Child Protection concerns. Annual Police data also shows a rise in DA cases. There was the expectation that there would be a significant increase in demand across Social Work Services in relation to DA as lockdown eased, and this has not been the case as yet.

There is a requirement for a multiagency approach to achieving better data collection and understanding of the needs for those people and families experiencing DA across the City. This can all be done with reference to the ongoing work around a HSCP Domestic Abuse Strategy, and the work of the Third Sector can be joined up with this.

Learning can be shared around how agencies have successfully adapted to maintain sensitive provision and alternative ways of contact with individuals throughout lockdown.

## **CRIME & JUSTICE**

### **2020-21 Quarter 4 Performance Report and Management Information, Police Scotland, June 2021**

The COVID-19 pandemic continues to have a significant impact on crime and offence levels with overall Group 1-7 crime and offences down 5.8% on last year and down 10.6% on the five year mean. 6,361 fewer violent crimes reported compared to the previous year, a decrease of 10% while there were also 55 fewer road fatalities, decreasing 33% from 165 to 110.

Decreases remain prevalent in a number of crime areas including overall violent crime and Groups 1-3 crime whilst increases are seen in certain other crime types including child sexual abuse, hate crime and fraud. Total of 1,966 child sexual abuse crimes recorded during the year, an increase of 5.9% compared to last year (1,857) and 24.9% greater than the five year average of 1,574.

The increased use of remote and communications technology, meaning more people are spending more time online, has also resulted in an increase not only in fraud but instances of threats and extortion. Reported frauds increased by 38.2% from 10,875 in 2019-20 to 15,031 during the last year, up 78.1% on the five-year average of 8,439 reported crimes.

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Following an initial decrease in domestic abuse incidents, a steady increase has been recorded since lockdown, while domestic abuse crimes are also up for the year.

Acquisitive crime, such as housebreakings and shoplifting, fell by 18% year on year (from 109,460 to 89,731).

Detection rates increased in a number of crime categories where reported offences had decreased, including overall violent crime (up 3.3% points) and acquisitive crime (up 0.3% points).

### **CONSIDERATIONS**

As the country adapted to life in lockdown, it is unsurprising that recorded crime did too. Police Scotland points to an increase in online fraud and online child abuse. Literature around children's experiences of the pandemic also points towards increased risks to children and young people online. As Committees we must examine how services can increase awareness around online crime and threats, and how we can work with vulnerable people in particular to enhance their safety in an era of increased online access.

Similarly, as fraud becomes more sophisticated (and 'Covid fraud' schemes come to the fore) workers need to be aware of current developments and be able to support individuals to recognise and report such crimes.

### **HOUSING/ HOMELESSNESS**

#### **Homelessness Statistics 2020-21, Scottish Government, 29/06/21**

Annual update on Homelessness Statistics covering 2020/21 have been released by Scotland's Chief Statistician.

Findings for that period show:

- There were 33,792 applications for homelessness assistance - a decrease of 3,251 (9%) compared with 2019/20
- There were 27,571 households assessed as homeless or threatened with homelessness - a decrease of 4,010 (13%) compared to 2019/20
- While the number of applications fell, there was also a reduction in the number of cases closed. As a result, the number of open homelessness cases at 31 March 2021 reached 25,226, a 10% increase compared to 31 March 2020. This peaked at 27,058 as at 30 September 2020
- There were 13,097 households in temporary accommodation at 31 March 2021 - a 12% increase compared to 11,665 at 31 March 2020. This reached a peak of 14,151 at 30 September 2020

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- The most common reasons for making an application were ‘Asked to leave’ (27% vs 24% the previous year), ‘Dispute within the household / relationship: non-violent’ (22% vs 19% the previous year) and ‘Dispute within the household: violent or abusive’ (14% vs 13% the previous year)
- There was a notable decrease in households becoming homeless from a private rented tenancy – a drop of 2,161 (42%) from 5,145 to 2,984. 11% of households assessed as homeless in this period gave this as their previous accommodation type, compared to 16% in the same period in 2020. This may be due to a reduction in the number of evictions due to emergency coronavirus legislation temporarily extending eviction notice periods
- Homelessness applications that closed in 2020/21 that used temporary accommodation spent 199 days in temporary accommodation on average. This increased from 187 days the previous year
- There were 605 cases of households not being offered temporary accommodation in 2020/21 – a fall of 87% (from 4,590) compared to last year. 525 of these were in Edinburgh
- 80% of homeless households (18,313 out of 22,967) secured settled accommodation in 2020/21, increasing from 64% in 2002/03, and a drop from 83% last year
- It took 248 days on average from assessment to closure in 2020/21 for cases assessed as homeless – an increase from 225 in 2019/20
- 58% of main applicants were male; 62% were aged 25-49; 70% were single person households; and 87% were of White ethnicity

## **CONSIDERATIONS**

There have been extensive measures taken to ensure that people across Glasgow had access to safe accommodation throughout the lockdown restrictions. As we move out of crisis, it will be important to monitor how the end of emergency coronavirus legislation may impact evictions in the private rented sector.

Rough sleeping in Glasgow is at a low, and the Committees can consider how best to support the maintenance of this moving forward. It will be important to reduce the number of individuals in temporary accommodation, and to consider how best to ensure people are supported into permanent settled accommodation.

One of the most common reasons for making an application was ‘Dispute within the household: violent or abusive’. This could also be considered as part of the ongoing work around a city wide Domestic Abuse Strategy.

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## **SUBSTANCE USE**

### **National drug and alcohol treatment waiting times, Public Health Scotland, 29/06/21**

The number of waits completed immediately prior to and during the COVID-19 lockdown period were notably lower than comparable periods from 2019. Feedback from Alcohol & Drug Partnerships suggests that this is reflective of falls in the numbers of direct walk-in and GP referrals. ADPs also note changes to service provision (e.g. less face to face interaction), and initial public misconception about availability of services will also have had an impact. Many areas now report that number of referrals received is now improving.

- During the quarter, 95.6% of the 9,013 people who started their first drug or alcohol treatment waited 3 weeks or less, an increase from the same quarter in the previous year (94.4% of 9740 people).
- 95.7% of the 5,005 people starting alcohol treatment waited 3 weeks or less.
- 95.3% of the 3,910 people starting drug treatment waited 3 weeks or less.
- 98.0% of the 98 co-dependency clients who started a treatment waited 3 weeks or less
- At the end of the quarter, 2,032 people were waiting to start their first drug or alcohol treatment. Of those waiting 18.3% had waited more than 5 weeks.
- In prisons, 97.4% of the 612 people who started their first drug or alcohol treatment during the quarter waited 3 weeks or less.

## **CONSIDERATIONS**

What understanding do we have of how lockdown has impacted drug/alcohol use in the city and how individuals interact with recovery services? There is emerging international literature examining the changes in drug and alcohol consumption during the pandemic, which may compliment a local review.

Given the high correlation of comorbidities in Glasgow, what linkages do the Committees have with relevant strategic groups such as the ADP and ASP Steering Groups to understand the challenges of engaging with individuals with complex issues and can we intervene earlier to avoid crisis.

In light of Committee research examining an increase in the number of children placed on the Child Protection Register (CPR) with a risk indicator of parental mental health, training should emphasise the likelihood of other issues, such as substance use, as a cause/consequence of mental ill health.