

Managing through COVID-19: the experiences of children's social care in 15 English local authorities

Mary Baginsky and Jill Manthorpe

NIHR Policy Research Unit in Health and Social Care Workforce

The Policy Institute, King's College London



Contents

Section 1: Introduction	1
Section 2: The research	3
Section 3: Home and office working	5
Section 4: Referrals of concerns about children’s welfare	9
Section 5: Working with families in a pandemic	12
5.1 Personal protective equipment (PPE)	12
5.2 Contact with families	12
5.3 Child protection conferences	16
5.4 Contact between children and birth families	18
Section 6: Foster care	21
6.1 Placements	21
6.2 Disrupted placements	23
Section 7: Care leavers and unaccompanied young people seeking asylum	25
7.1 Care leavers	25
7.2 Unaccompanied asylum-seeking young people	26
Section 8: Residential homes	28
Section 9: Multi-agency working	30
Section 10: Cross-authority work	33
Section 11: Students and their practice placements	34
Section 12: Recruitment	36
Section 13: Support for local authorities through COVID-19	37
Section 14: Planning for the end of lockdown	41
Section 15: Lessons for the future	43
Section 16: Conclusions	46
Appendix: Areas explored in the study	48
References	53
Annexe 1: Observation from Family Rights Group	54
Annexe 2: Reflections from the independent fostering sector	56

Acknowledgements

We are extremely grateful to the 15 local authorities that collaborated over this research.

Bath and North East Somerset
Blackburn
Cornwall
Coventry
Hampshire
London Borough of Barking and Dagenham
London Borough of Lewisham
North Tyneside
Northumbria
Salford
Stockport
Suffolk
Wakefield
Wokingham
York

Although the individuals in the children's social care departments in these authorities are not named it is important to acknowledge how their contribution and interest in the work made it possible.

In addition, we should like to thank the following agencies whose representatives gave their reactions to the findings: AFA Fostering; Foster Cares; Sunbeam Fostering, and Team Fostering, as well as the Family Rights Group. Andrew Fellowes, Associate Head of Policy and Public Affairs at NSPCC, was kind enough to read the draft report.

There are others who have contributed to the study and whose counsel and insights proved invaluable. Sam Clayton, Head of Effective Practice with Children and Families at North Yorkshire County Council commented on the areas that we planned to include in the study and provided wise advice throughout, as did an assistant director of children's services who has chosen to remain anonymous. Six social workers from different authorities individually contacted one of the authors through social media. One was interviewed as the research interview schedule was developed and three contributed as a group at various points in the project and provided a sense check on what was a rapidly moving situation. They chose not to be named because they were not representing their authorities. There were also two groups of social workers, 61 in total, who provided feedback on their experiences in online discussions that are not recorded here but will be reported at a later date.

Finally we should like to thank the ESRC Impact Acceleration Account at King's College London for providing funding for this work through the Slingshot initiative designed to allow a rapid response to events.

Jill Manthorpe is supported by the National Institute for Health Research (NIHR) Policy Research Unit in Health and Social Care Workforce and the Applied Research Collaboration South London (NIHR ARC South London) at King's College Hospital NHS Foundation Trust. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Section 1: Introduction

As a result of the COVID-19 pandemic, public services are having to rethink how they continue to operate and provide for those most in need of care and support. Amongst the most vulnerable groups, for reasons other than the virus, are children and young people known to children's service departments. The role and statutory functions of children's social care (CSC) set out in primary legislation have remained the same during the COVID-19 period¹ but it has been necessary to find ways to fulfil these within very changed circumstances.

In the early weeks of March 2020, it was not clear what responses to COVID-19 would be required at a national level and, in planning contingency arrangements, most respondents in this study admitted to balancing many unknowns. The speed with which the local COVID-19 procedures had to be introduced meant that there was little or no time to pilot the arrangements. Local authorities had to work on the assumption that a substantial portion of their workforce could be absent for reasons of illness or would be shielding because of their own or a family member's condition. But they also wanted to minimise the number of professionals who were travelling around the authorities and beyond as well as the number coming into office buildings.

With a significant proportion of the workforce based at home and the risk of infection leading to prioritisation of families receiving home visits, practitioners used video and telephone calls to fill the gap in communications and contact, not only for visits but also for meetings. Critical service operational procedures, covering everything from risk assessments to virtual working, were produced at short notice by practice leaders and principal social workers.

With lockdown there was immediately an increased level of demand on authorities' IT systems. Systems usually withstood the massive increase in staff access from home; in some cases it took a while for systems to be upgraded to accommodate up to an eightfold increase in demand. At the same time, information was produced to support best use of the different platforms and how to use them safely. The favoured video platform in local authorities appeared to be Microsoft Teams which is part of Microsoft 365. Where it was not already in place IT teams worked to install it very quickly, particularly as there were problems around other platforms, particularly Zoom and Skype, which led most authorities to discourage their use. Towards the beginning of lockdown there were reports of security breaches on Zoom which meant it was not widely supported across authorities, even though the security issues were addressed very quickly. Skype withstood the security test, but it was only possible to have a limited number of people together at any one time. Often requests to use particular apps that had been turned down previously were agreed. In many

¹ The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 introduced amendments that provided for extra flexibility in some circumstances but did not change the statutory duties.

authorities, social workers had previously wanted to use WhatsApp to communicate with families but permission to do so had either been withdrawn or the app was not allowed for security reasons. With COVID-19 it was usually allowed.

The urgency of the technological adjustment was characteristic of the speed of response required of local authorities in general and CSC specifically. This research set out to capture the ways in which adaptations were made. It was too soon to be able to judge which might change practice in the longer term, but the findings provide the opportunity to be able to return to this in the future.

This report is based on the experiences of 15 local authority CSC departments that volunteered to participate in the research and whose views were captured between late May and early June 2020. It does not claim to represent a national picture, nor does it reflect the views of parents or of children and young people or, indeed, of other professionals. It is important that these views are also reflected and research that will do so is in progress (see, for example, Ferguson et al., 2020), and no doubt other studies will be commissioned. However, Family Rights Group (FRG) was asked to comment on the impact of the changes identified on families, as reported to them through their helpline. The response is summarised in Annexe 1. Similarly, four independent fostering agencies also read this report in an earlier draft and provided their reflections on fostering in general during this period as well as on their relationships with local authorities (Annexe 2).

Section 2: The research

The study was designed to examine the arrangements that were introduced during the period of the COVID-19 lockdown by working with 15 representatives of English local authorities to understand the changes put in place, how they had worked and what the legacy might be.

We were very conscious of the additional pressures on local authorities during this time and, while seeking to minimise any possible burden the research would place on them, we thought the work was of sufficient importance to proceed. The fact that we achieved our sample of 15 authorities within a few weeks is a testament to a shared view that capturing learning was important in the recovery from the pandemic. We also achieved a regional spread across England, interviewing at least one authority in eight of the nine English regions.

Normally, it is necessary to go through the Association of Directors of Children's Services' (ADCS) research procedures before engaging with a sizeable number of local authorities. After discussions with ADCS, and in consideration of the large number of applications they were processing at the time, it was agreed that if local authorities volunteered to participate then the study could progress. The 15 authorities responded to requests through social media and personal contacts to volunteer and are listed in the Acknowledgements. Research ethics approval was granted by King's College Research Ethics Committee (MRA-19/20-18809).

Once a local authority expressed an interest in participating an information sheet was sent, which was followed a few days later by a telephone call or email if the authority had not already contacted the researchers to agree the next steps. Once an authority agreed and identified the person(s) who would respond, a series of questions were sent (see Appendix). Given the pressures discussed above, respondents could either be interviewed by telephone or video link or provide a written response. Nine interviews were conducted by video link and three by telephone; three people chose to respond in writing but offered the opportunity of a follow-up discussion to clarify anything, and this was taken up in two instances. This stage occurred between 11 May and 5 June.

While all authorities agreed to be named as participating, no viewpoint or comment is attached to a named authority. The quotes in the report are attributed to numbered authorities and these numbers were randomly allocated and bear no relationship with the order in which authorities are listed in the Acknowledgements. All respondents were senior managers in their agencies, including directors and assistant directors of children's services, heads of service and principal child and family social workers.

A modified Delphi methodology was adopted. The Delphi process is a method of gathering expert opinion through a series of iterative questionnaires, with a goal of coming to a group consensus. Three features of the Delphi process were applied on this project: anonymity, iteration with controlled feedback, and expert input. With larger samples a statistical layer is also added. A report was drafted and shared with the participating local authorities, as well as with a small number of individuals working in independent and voluntary agencies to capture the reactions. The participating authorities were asked to read the report and comment or update the 'group response' as necessary. The draft report was circulated on

17 June and responses received by 29 June were incorporated into the report. All but two of the 15 authorities responded with updates and reflections. Observations from the independent agencies are also recorded in Appendices 2 and 3. It is important to remember that when they referred to practice in local authorities, they were not referring to the authorities that contributed to this report.

It is unusual to be faced with analysing data on the same topics collected by different means and the challenges will be explored elsewhere. In this study the advantages of being able to capture experiences outweighed an insistence on consistency that might have jeopardised participation. It was possible to apply a standard content analysis process to the data informed by two questions:

1. Were there patterns and themes that emerged in responses on specific questions?
2. Were there any outliers and atypical responses?

In addition to the contributions detailed above, two groups of social workers (36 and 25) in two authorities responded to an invitation from senior managers who had participated in the research to meet with one of the authors. Much of what they discussed reflected the findings discussed in this report, but these discussions will be analysed and reported separately and will form the basis for a follow-up study with these social workers.

Section 3: Home and office working

The proportion of social workers who were working from home was reported to range from 80 to 100 per cent. Most authorities had kept some office space open. Staff came in from time to time – to collect personal protective equipment (PPE) or other equipment such as toys to take on home visits, or just to be in a familiar space:

So initially there was a sense of there needs to be a certain minimum number of people in the office, but we quite quickly realised that that wasn't necessary, which is ironic because obviously people say 'everybody needs to be in the office, we all need to be working together, it's very important to be sat next to your colleagues' but in terms of thinking about the safety of our staff, what we agreed was is that there would only need to be a minimum number in the office. (Authority 11)

In some authorities, social workers were able to work from an office if that was what they preferred and sometimes teams in specific services, such as the duty team, were also office-based. Whether in the office or over video and telephone links, staff had feedback and appreciated the visibility and support of managers.

In these 15 authorities all social workers had laptops or tablets, which allowed them to connect to the office systems. Sometimes additional equipment was required, such as headsets needed to maintain privacy, larger screens and disability related adaptations. Wider safe working practices were also addressed.

We've had support around people's wellbeing while they're working from home. There have been webinars and YouTube clips about how to set up your computer and your chair and how to exercise. Someone is also running a physiotherapy exercise group. (Authority 14)

There were many references to the need to be mindful of home circumstances and the impact lockdown might be having on individuals. Social workers might be looking after children or older and disabled relatives or partners while trying to work. Although social workers are classified as key workers and, as such, are entitled to send their children to school, many had chosen not to do so. At the beginning of lockdown, attention had possibly been more focused on maintaining services in very changed circumstances. A few respondents wished they had been more proactive in helping staff deal with pressures from the outset. Although managers had worked hard to support teams, a service-wide approach had not always been established at the beginning. One authority in particular had given this considerable attention:

It took us a little while ... to find ways to help staff not sit for 10 hours a day on an uncomfortable dining room chair, or on the end of their beds, or wherever else. Not all staff have facilities at home that are conducive to home working, and if you're a single parent in a very small apartment and you're trying to do some complex direct work, it's really hard. So I just think we should have said to them at the beginning, it's okay to not be okay, and it's okay not to work all the hours that you normally work because you are trying to adjust to a completely different way of doing things. Some staff are living in risky situations of possible domestic abuse, or where there are particular issues at home. We've had conversations with them and said, 'Would you like to be on the duty rota more often?' or if we have a space in the office we're saying to those people they should come in, because we can see that that will have a positive impact on their mental health. (Authority 14)

There were examples of how more health and wellbeing information relating to staff had been shared over time and how social workers had been invited to various wellbeing seminars. Managers and colleagues were reported to be checking on one another to make sure everyone was managing in the changed work environment. While the overall frequency declined between March and June, it was still happening regularly and more so where individuals were seen to need additional contact:

I'm having much more regular, direct conversations with people, because I am not sitting with them. You can't see how they're looking, you can't pick up on their body language, you're not having those informal chats, so you have to make an effort to send them an invitation to regular phone calls, whereas before you might see them, but you probably would only have supervision, your full weekly supervision, so that's something I've felt. (Authority 11)

Despite the effort put into keeping in touch with social workers this way of working was not considered to be as effective as face-to-face contact between colleagues or with managers:

In a way you end up feeling closer to them because you're talking to somebody virtually, which is a bit ironic, but I think for social workers and team leaders that is a real challenge, and we've talked a lot about that, the different ways that people have done it. So some teams leaders have said things like, I just put in a coffee break in their diary on the 'teams' virtual meeting space, and we all join the teams meeting with our video open and we just sit and have a cup of coffee, and there's no other agenda, so they've been really creative at thinking about how they do that, but I think working in isolation, doing social work, is really tough. (Authority 11)

Some of the opinions relating to staff echoed those made about working with families (reported below). So, while it could work well on one level there was a risk that some of the nuances of communication attached to body language and facial expressions were being lost:

So if people are working in isolation, things like team manager oversight and that sort of thing, it's all got to be very deliberate, you don't pick anything up just because you're there. Similarly I think social workers working in teams, there is a lot of virtual communication, but it's got to be deliberate because you're not just there with your colleague, it's difficult to take opportunities to unload and share your experiences, and in social work that's important. (Authority 13)

I think, in this job, you do need people around. And people phone people, but it's not the same. In the office, you know who's not busy, don't you, you can see they can be disturbed. (Authority 15)

Some social workers had joined a local authority during this time and new employees' induction had started to be done virtually, although there was one example of managers meeting new staff in the office, not only to welcome them to their new role but also so they could see what the office space was like. Supervision was said to be continuing with the same regularity as before, again usually virtually, unless both parties were in the office at the same time which, in most cases, was rare. There were reports that one-to-one supervision was often not lasting for as long as previously, and, perhaps because of the other catch-up contacts that were happening, tended to be focused on cases and did not include discussion of the wellbeing of the social worker or the impact of cases on them.

Group supervision was said to have fallen into abeyance when lockdown happened, but there were reports that it was beginning to happen again in some authorities.

Home working was thought to be particularly difficult for early career social workers who were perhaps more dependent on colleagues' support and on absorbing practice wisdom by sitting alongside more experienced practitioners. For many years it has been easier to recruit recently qualified rather than experienced social workers, and in some authorities this group formed a higher proportion of the workforce than in others. This, in turn, meant that the level of overall professional experience was lower with higher dependence on colleagues' support. This was also the group least likely to have an appropriate space from which to work. Newly and recently qualified social workers were younger and more likely to live in their parents' homes or be in house or flat shares. Poor home working space could affect any social worker, but there were many examples of how social workers in this group were working in small bedrooms or on kitchen tables and struggling to maintain confidentiality in multi-occupancy homes:

Managers have fed back that social workers don't want, for example, a court hearing to take place in their home. One social worker came into office because she had a two-day hearing and the only space she could work was in her bedroom and she did not want the court to see this. (Authority 7)

One of the consequences of home working and making fewer visits to children and families was the time saved in travelling, which was said to be reflected both in more timely recording and completion of tasks, which otherwise might not have been prioritised until they were monitored. There was also the suggestion that home working allowed social workers to achieve a better work-life balance. But a downside was the inability to get away from the screen as one meeting or 'virtual' visit followed another. Pre-COVID-19 meetings and home visits were solid features of social workers' diaries. They could walk to a new room or drive from one family to another, allowing them to process some of the information received and future actions. That was thought to be less likely to happen from a 'home office'.

Potentially one aspect that would become more difficult amidst the new working arrangements was management oversight. Authorities had reacted in different ways at the beginning of lockdown arrangements. Some had decided early on what adaptations were needed to record the measures put in place in relation to risk ratings of cases and COVID-19 transmission. Others had delayed doing this and said they were 'playing catch-up'. Monitoring and auditing were continuing at a pace and had accelerated as cases had to be regularly and systematically reviewed. Performance reports were going to managers more frequently than usual, not least so they knew which visits were due and which were overdue. But it was the softer elements – observing practice, sitting next to someone and discussing a case or accompanying them on a home visit – that had become harder. In order to reinstate this, in some authorities social workers were going into the office for specific meetings or even more regularly:

Someone will say 'I need to come together and have a chat about this because just doing it at home is just not cutting it really.' There is management oversight that's done through the case management system, but when you're talking about reflective conversations,

hypothesising, thinking through and thinking together, that has to be through that direct conversation. (Authority 11)

While exploring the positives and negatives of home working there was a sense that the implications of the changes and their impact on social workers may not be known for some time. It was raising questions about how best employers would look after their workforce in the long term to allow them to rest, practice and, where necessary, recover. Looking back over the previous months since COVID-19 restrictions had been introduced, authorities reflected on how they might have done things differently. With hindsight one informant thought they should have been more realistic about what could be achieved and particularly what needed to be in place to ensure that the new style risk assessments were of a high standard. It was a new demand in a situation where things were being done differently which had led, initially, to too many being judged as superficial. Sitting down and examining why this had been the case led to more explicit guidance and support.

Another respondent reflected on the first few weeks of the lockdown. Guidance from the Department for Education (DfE) had been slow to appear, even on PPE, and the authority's own guidance documents were being finalised, but staff were thrust into a whole new way working and subject to the same expectations:

I think if I ran the council, and if I ran the planet, I think what I would have done – I know this is quite controversial – I think I probably would have said, everyone can go on a four-day week for five weeks and we're going to increase our staff to compensate for it. Obviously, there's no money and it can't happen; that's an ideal world. But I think the reality is that impact of this situation meant people needed more time to process everything. (Authority 15)

Section 4: Referrals of concerns about children's welfare

Referrals about a child's welfare usually come from a range of sources, including other professionals as well as family members and members of the public. Nationally most referrals come from the police, health and education services.² During the COVID-19 lockdown the process around referrals had stayed the same across the authorities. Where a multi-agency safeguarding hub (MASH) was in place to screen referrals it continued to operate, usually with some members in the office and some located at home. Police colleagues were reported to be more likely to be in the MASH office than representatives of other agencies. There were some reports of local authorities having to adapt arrangements to compensate for health partners redeploying staff to frontline services, particularly near the start of lockdown, when there were actual and anticipated major pressures on the NHS. Where health visitors were part of the local authority they usually continued to work as normal, but otherwise they were often redeployed to other parts of the NHS where demand was particularly acute.

Nearly all informants reported that fewer referrals requiring a children's social care response had been received in the weeks immediately following the introduction of lockdown measures. Only two authorities said that referrals had stayed at the same level. In all there had been a shift in where they originated from, with more police referrals and fewer from schools and the NHS. By the time the interviews were conducted in May and June, most health visitors had returned to more normal practice, but their absence during that initial period was thought to have contributed to the lower rate of referrals. The referrals that were received were often reported to be more serious than usual, and police referrals were often linked with calls to incidents of apparent domestic violence. Throughout the lockdown period there have been reports of higher levels of domestic violence (see, for example, House of Commons Home Affairs Committee, April 2020) and this was the case in most of the authorities where the research was conducted.³ Research has shown that living with domestic abuse causes significant harm to children's immediate and long-term health, wellbeing and life chances (see, for example, Devaney, 2015). The Children's Commissioner for England gave evidence to the House of Commons Home Affairs Committee based on research conducted by her Office on the 'hidden harm' associated with domestic violence. It was reported to show that 800,000 children were exposed to domestic abuse in 2019 but only 150 had a social worker.⁴ This raises concerns about how the occurrence of domestic abuse may be exacerbated by longer periods spent at home without outside contact.

Two-thirds of authorities mentioned the increased complexity of cases that were referred – particularly those linked with neglect and domestic violence – and a higher than normal

² www.gov.uk/government/collections/statistics-children-in-need

³ It is also recognised as an international phenomenon – see *The Economist*, 22 April 2020 www.economist.com/graphic-detail/2020/04/22/domestic-violence-has-increased-during-coronavirus-lockdowns

⁴ See www.childrenscommissioner.gov.uk/wp-content/uploads/2020/04/cco-briefing-children-domestic-abuse-coronavirus.pdf

number of referrals from hospital staff. There were also references to contextual safeguarding issues, mainly in the metropolitan and London authorities. While there had been a decline in actual youth violence on the streets, concerns had grown that criminal exploitation was still be happening and evolving into new forms:

So there's a sense that criminal exploitation is still going on, but it's happening in slightly different ways... it's being more contained in the local area, rather than the county lines approach of sending young people out to other areas.⁵ They are concentrating on the local market. We haven't had increasing referrals around CSE (child sexual exploitation) or exploitation, but again it's something that we expect will come as lockdown eases and young people are out and about more. (Authority 14)

The overall number of referrals to children's services increased during May 2020. The reasons were not always clear, but it was suggested that more children were in school by then and more consistent health visiting services had been re-established. There had also been local campaigns to encourage heightened awareness of the need to be vigilant about the risks to children, as well as about domestic abuse, and these may have contributed to the rise.

Overall in April and early May 2020 most authorities had conducted fewer investigations, instigated fewer proceedings, created fewer child protection plans and placed fewer children in care than in a similar period in 2019. There were exceptions, and in one authority in this study the number of children in care increased by 10 per cent between March and end of May. However, the consensus was that many children were still far less visible than they would usually be. Nearly all informants thought that there would be longer-term consequences and that the extent of the harm children had suffered would only come to light when children return to school and the children's lived experience became evident.

The infrastructure around CSC also made a difference. Where robust early help services were fully functioning, not surprisingly local authorities were able to manage requests for early help, which had risen in number over this period:

We have a multi-agency Early Help hub where the partners meet virtually every afternoon, so everything's looked at by the manager in the morning, it's then taken to the multi-agency meeting and it's not necessarily that all that work is for the local authority; the partners round the table decide who is best placed to meet the needs of that family. (Authority 3)

When threshold decisions (on the level of intervention) were made, cases that did not need a statutory response were passed to early help managers. It was also seen as a way of managing future demand. In one authority as school attendance increased schools were asked not to hold on to cases until they were very concerned but to contact early help services. These arrangements also depended on services in the community being available

⁵ However, in April Det. Supt Gareth Williams, British Transport Police (BTP) said that 'the restrictions on public transport during the coronavirus lockdown had not resulted in a reduction in the number of mostly juvenile drug runners identified across the country' (*The Guardian*, 13 April 2020, www.theguardian.com/uk-news/2020/apr/13/gangs-still-forcing-children-into-county-lines-drug-trafficking-police-covid-19-lockdown)

but where voluntary agencies had ceased to operate this became more difficult. There were difficulties when cases that would previously have been signposted to other agencies could not go anywhere because the voluntary agencies were closed. One example was of cases where parents had separated after domestic violence and the perpetrator was reported to be in the area. Police might be alerted but without effective early help services to cover for agencies that were not operating, CSC would probably not have the capacity to take these on unless and until there was a crisis.

On reading the draft report, over half of authorities commented that their initial reports that referrals were down but then reported that there had been a steady increase during May and early June. This account sums up the experience of what has been recorded in other authorities, but highlights the attention now being paid to reaching a fuller understanding of what figures alone might mean:

We have been doing some more detailed work on contacts, referrals, section 47s⁶ and initial child protection conferences (comparing the March/April/May 2019 period with the same three months this year)⁷ [and] our findings to date are rather different to our initial understanding of the situation. Although contacts/referrals are down, the number that translated into section 47s has increased in the three months by nearly 50 per cent, although the number of children becoming the subject of an initial child protection conference was the same in both years. This year there were also five children who went straight into care proceedings, with none the previous year. We are now following a number of lines of enquiry – including whether thresholds were lowered due to caution about more remote working, which has resulted in more frequent decisions to trigger section a s47. (Authority 10)

This account highlights the importance of working with local authorities as they gain a more accurate understanding of what transpired during the lockdown period.

⁶ A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child where a local authority has reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm.

⁷ Following section 47 enquiries, an initial child protection conference brings together family members (and the child where appropriate) with professionals most involved with the child and family to make decisions about the child's future safety, health and development.

Section 5: Working with families in a pandemic

5.1 Personal protective equipment (PPE)

The standard personal protective equipment (PPE) that was most usually available included gloves, apron, masks and, in some instances, eye shields. Guidance from national government on PPE in CSC was not immediately available. The guidance that was available was said to have been generic and targeted on a range of professions, without referencing the type of situations social workers encounter while working with children and families. Guidance from the Department for Education (DfE) at an early stage would have been welcomed. CSC departments had usually produced their own authority-level guidance for social workers about the precautions to take when working remotely and when making visits and joining meetings virtually. While the advice to social workers in most of the authorities was to wear PPE if they were going into families' homes it was not always available, particularly in the early weeks. One authority, however, specifically stated in their guidance on direct contact with children and their families that PPE was not necessary when there were no household members with possible or confirmed COVID-19 or who were shielding, and the risk could be managed by maintaining two metres distancing. It was also reported that even when PPE was provided it was not always used by social workers when they were able to socially distance from children, or when to do so might cause children to become alarmed.

All agencies were responding to new circumstances. Several authorities reported early differences in approach between police and CSC over PPE, but over time these became less of a problem:

Police were much slower to consider the use of PPE and so you would have situations where social workers would be going out, either already wearing PPE on or ready to use their PPE, and police officers, who we know well and with whom we work frequently, would turn up with no PPE and no intention of using it, and there was a bit of a challenge there. We did have several occasions where social workers continued to use the PPE and would have masks on, gloves, and sometimes an apron as well, and the police officer wouldn't. As time's gone on that has changed, and again police have moved towards the risk assessment approach that we've been using and there is more likely to be a similar approach between social workers and police officers now. (Authority 12)

So one of the lessons about this is, do not assume, never assume, that other agencies are working to the same set of guidelines that you are because, essentially, what we discovered there was they may not be. It was only because I suggested that we have a leadership meeting together ... but they (police) were basically saying, we haven't been given any guidance at all until last week that we should be doing anything any differently. So essentially in their own buildings they had not been socially distancing at all, they'd not been taking any precautions and they'd actually had quite a significant number of people with COVID-19. Probably about three, four weeks ago they were given very clear guidance about what they're supposed to do, so then it all changed. (Authority 11)

5.2 Contact with families

All the participating authorities had issued guidance to staff around seeing children who were at risk or who were believed to be at risk of significant harm, whether it was a new

concern or the child was already known. Much of the guidance had been introduced as the lockdown commenced and was being reviewed and modified as the weeks went on.

The majority of assessments have been undertaken virtually, at the front of homes or in families' gardens to ensure social distancing. To support gaining each family member's view, two social workers have sometimes set up a virtual visit at the same time to support family members being seen alone; equally this has applied to children. Where workers have liaised with professionals they have not met before, they have requested that the worker shows them their professional ID on camera to ensure confidentiality. (Authority 2)

Decisions had to be taken on how to manage these processes, based on guidance from Public Health England and on the minimum levels of face-to-face visiting required for individual cases, augmented by virtual contact with the family. Apart from instances where it would be inappropriate to contact a family in advance, a COVID-19 assessment, devised by CSC, would be conducted to determine if anyone in the family was symptomatic or shielding. Such circumstances would not preclude a home visit, but they would determine the use of PPE or exploration of the possibility of conducting the visit on the doorstep, in a garden or open space, perhaps using a video link to view the inside of the home. There was a consensus that in most circumstances it would be extremely difficult, and probably unacceptable, to adopt a completely virtual approach to a new referral, even if the family were known to CSC. Where families were self-isolating, and there had been reason to believe that a child was at risk of significant harm, the usual discussion about a joint or single-agency approach took place.

The purpose of an assessment is to gather and analyse information to be able to assess the needs of the child or children and/or their family and if there is any risk of harm to the child or children. In relation to new cases, every local authority has child protection procedures and protocols for assessment, as well as threshold documents which explain the point at which CSCs are likely to accept a referral. In addition to liaising with any other professionals who know the family, and collecting basic background information over the telephone, home visits are required to discuss any allegations, interview the child, and assess both their developmental needs and the family's ability to meet these needs. There were examples of home conditions being assessed by video link as families and children walked around the home, but where professionals did not know families there were underlying concerns that some things were not being shown to them. Similarly, it was considered unrealistic to expect children to open up to a stranger. In one authority the triage system for new referrals included an assessment of parental communication and language skills to determine if these were sufficient to make a remote assessment viable.

Most participating authorities had developed risk assessment procedures for how they should conduct their work on every case including whether a piece of work should be carried out virtually or in person. It was often described as a RAG (red, amber, green) rating – that is, determining the risk posed to the child or young person based upon the information available. The assessments were not static. They were overseen by senior managers and reviewed regularly to monitor changes in circumstances or in light of fresh information. In some areas they were also being audited as part of a large exercise involving feedback from families, social workers and other professionals to evaluate what was working well and identify what needed to change and modify practice if necessary:

Education and health and probation are linked in with [names recording system and meeting] so it's an opportunity to say, 'Have we got any children where we've got a cause for concern?'. Some of my service managers sit on that so they can also review and update concerns, and it helps provide oversight at that level. That keeps the RAG rating current and it is live on the child's file as well, which we've just managed to sort out because that was a technical issue with the system. The social workers can also to update it ... what we know is we have weekly data that tells us children who are being seen, when meetings are happening, so we've got a direct line of sight for children who haven't been seen. (Authority 15)

There were exceptions to these new assessments. One authority did not conduct the RAG-rated risk assessments, taking the view that they should already understand the issues in relation to risk and harm, as well as unmet need for the children with whom they were working. In addition, they had implemented a process in locality teams of working in partnership with schools, health and early help to keep 'a line of sight' on all vulnerable children, while visiting all children with whom they were working:

We haven't RAG-rated children, what we said is we should know our children and if children are on child protection plans, in our view they will be at risk, or at very least likely to suffer harm, and therefore we expect that children continue to be seen at least once every fortnight, and that's a local indicator, I know that's not a national indicator, but we didn't relax that. We did say to staff the local indicator around child in need visits is four weeks, so we say if you're not seeing a child every four weeks, we don't know why you're bothering. (Authority 13)⁸

There was an enormous range in the proportion of families being seen face to face, with estimates from 15 per cent through to authorities such as the one above (Authority 13) maintaining as close to 'business as usual' as possible with all children being seen in their own homes.

Even where the virtual element was judged to be working well social workers were said to be concerned that they were missing things that would have been picked up in a face-to-face visit; so, for example, they had reported not always knowing who was in the room and feared they may be accessing only what some families wanted to show them. They also reported how difficult it was both to be certain that that children were not being coached in what to say *and* how to hold children's concentration.

We're moving forward with assessments, but with increasing concerns about the quality of what we're able to get. Where there is a good existing relationship with the worker using the technology [it] has been easier, but one of the questions we're asking in terms of use is not only in relation to new contacts but also where there have been tensions in the relationship. (Authority 10)

Nothing can really replace the face-to-face, visiting a home when you're trying to do an assessment; the whole sense that you get of going into the child's environment and actually

⁸ This authority believed that a similar approach was being taken across the region where it was located, but this was not confirmed.

seeing and hearing and smelling and all of your senses that go into making that assessment, so nothing can replace that. (Authority 14)

I think people sometimes find it difficult to read people through technology, and I think that makes it challenging, particularly around when we've used technology to do assessments of children or families we know – it is sometimes a bit sterile. What we are doing is to try to enable social workers to think about how they might work in a different way. So what virtual methods they might use to contact a family to speak to them and the things that they would ordinarily do when they're completing an assessment. It is a balance. We review our processes around prioritising cases but only time will tell if we have got it right. We also know there is a danger that we may be under-estimating risk or even introducing too much surveillance into some families' lives. (Authority 11)

The process of RAG rating cases had led one informant to question the essence of their work and what they were doing to help families:

If we are visiting families virtually for six months the questions are going to be what difference are you making and is that helping that family? Thinking how we RAG-rated cases – did they need to be visited because we were worried about them? There are some anomalies. Some child protection cases have been RAG-rated as green and amber so assessed as not needing regular face-to-face visits. The question has to be if we have rated them green and amber why are they on child protection plans? It is quite a blunt instrument. We might only be looking at that safeguarding aspect, but you would expect child protection cases to need visiting. If families are manging and parenting is good enough and children are safe without our intervention it begs the question who needs our help the most. But then did the red cases get the right things? We shall only see in retrospect to see what families might have benefited. (Authority 4)

Informants were positive about the way social workers had adapted quickly to new ways of working and had been creative and innovative in performing their roles.

There had been few opportunities for authorities to collect feedback from children, young people and parents in a consistent way, but impressions were reported alongside comments that had been made to professionals. Children and young people were reported to have usually been very positive about virtual engagement. Social workers had sometimes been able to build relationships where they had struggled previously. Some young people who did not want to sit in a room and have an intense face-to-face conversation were said to be happy to chat to them on FaceTime or WhatsApp. While these apps may have been used before the lockdown it was widely suggested that social workers might have felt less confident about using them previously, and certainly would not have used them instead of a statutory, face-to-face visit. For some, connecting by video had provided an opportunity to meet somewhere other than school when they did not want to draw attention to their status.⁹ While most young people were said to have enjoyed using technology to communicate with their social workers and most of the feedback had been very positive, there had been some requests from young people for face-to-face contact as well.

⁹ Children with a social worker were expected to go to school as long as they do not have an underlying health condition that puts them at risk.

There were some reports of how relationships with families had improved, whether through virtual or face-to-face contact, as they recognised the challenges social workers were facing. It was suggested by one informant that while there were downsides to the use of video, in some circumstances it had the potential to address the power imbalance between families and children/young people in meetings:

So there's something about, you're not coming into my private space and I've got more control over what's happening which is a really interesting dynamic, because we all have to remember what it might feel like for a social worker to come into my home to see what I do with my children, but also people feel more able to contribute to discussions and meetings, and they can use the chat function in Teams, means that someone might not necessarily say something out loud, but they're happy to write something in a chat. (Authority 11)

Some parents' groups had also moved onto Zoom and Microsoft Teams¹⁰ and there were plans in at least one authority to adapt group-based programmes for parents and make them accessible by a video link:

We have evidence-based programmes like Incredible Years¹¹ and the Freedom Programme¹² and we're looking at ways of trying to deliver those on an individual basis while also developing creative ways of delivering group-based activities. (Authority 9)

5.3 Child protection conferences

Authorities had decided very quickly that all initial and review child protection conferences would be conducted virtually. Guidance on how this would happen was drawn up and ratified by partners and quality standards that were in place were modified to reflect this change. There were those who were very positive about how this was working but others had concerns. Some practical concerns had been addressed so that local authorities could provide families with the necessary data, as well as support to connect to a virtual conference through Microsoft Teams or Skype. In some cases, the support went further. In one example reported, both parents had some learning difficulties and needed to be supported during the call, and so a social worker and a family support worker were with them at appropriate distances.

Initially, virtual conferences were reported to be lasting much longer than usual until ways of operating had been established. Similarly, to address concerns that some information might be lost because people were not in the same 'actual' room, some authorities had introduced far more pre-consultation, with conference chairs spending longer than usual

¹⁰ The author is evaluating a peer mentoring scheme within New Beginnings, a therapeutic programme for parents whose children are known to CSC for concerns relating to abuse and neglect. The whole programme moved to virtual meetings from the first week of lockdown. The Early Intervention Foundation (EIF, 2020) conducted a rapid review of the evidence relating to the virtual and digital delivery of interventions for children and young people to support a sector coping with social distancing and lockdown by turning to alternative means of delivery.

¹¹ This is a preschool programme for parents with concerns about the behaviour of a child between the ages of three and six years.

¹² The Freedom Programme is designed for those who have experienced domestic abuse.

with families to make sure they understood the process. A few authorities had given families the option of meeting in a council building with a conference chair, abiding by social distancing rules, with other professionals joining by video. Other authorities were considering introducing this or similar hybrid models.

In the interviews with these authorities very few instances were reported where families had not been able to participate fully because they did not have access to the required technology. Where they had not been able to join a virtual conference the conference chair would talk with them to explain the process and bring them in on speaker phone. While a great deal of effort was said to have gone into supporting families, concerns remained that some were at a disadvantage.

Conference chairs had expressed concerns about the impact on families if they were on a telephone when everyone else was on a video call and I completely understand why they don't like it. I understand it from a family perspective. We can't see facial expressions, some of that nuance of communication is lost, but it has meant that conferences have continued to happen. (Authority 3)

Sometimes it can be a little difficult if parents don't have the IT equipment they need in order to be able to visually join in the meetings, so sometimes we've had a parent on a phone talking to the chair who is on Microsoft Teams with other people, so we've had to Box and Cox with various different electronic platforms to join them all together. (Authority 14)

In anticipation of such problems one authority decided only to use telephone conferences from the outset. Not only was it thought to be an easier and fairer medium because everyone would be using the same form of communication without the risk of poor or non-existent WIFI connection, families did not have to worry about the cost of data required for a video call.¹³

Attendance by other professionals at virtual conferences was generally higher than had been the case previously. Schools, in particular, were singled out as attending conferences more often, but increased attendance by general practitioners and paediatricians was also noted, as was that of the police.

As with many aspects of processes that had been adapted to manage through COVID-19, authorities were reviewing the impact on families. It was thought likely that there would be greater acceptance of professionals joining conferences by video and/or telephone once things returned to normality or near normality. Despite references to increased involvement of young people in conferences, it was thought less likely that it would become the norm for families. Alongside concerns about the challenges of technology highlighted above, virtual conferences might be a necessity in the short term but bringing professional meetings into family homes was intrusive and risked the inappropriate exposure of children to information emerging during the proceedings. Similar concerns emerged from research by the Nuffield

¹³ Appendix 2 contains a reflection from the Family Rights Group on the experiences of families that have been in contact with them.

Family Justice Observatory (NFJO) into the effectiveness of remote hearings used in the family justice system since the COVID-19 crisis began (Ryan et al., 2020).

Child protection plans were ended for some children during this period, but at a much slower rate than usual. While children were not attending nurseries or schools there was reluctance to step down a case when the usual the level of follow-up and support could not be guaranteed. When this is viewed alongside the expected surge in referrals which was thought likely when children return in large numbers to schools, there was widespread anxiety about the consequences for social workers' caseloads, when new child protection cases sat alongside those that were not being closed.¹⁴ One authority spoke about how it was beginning to look at child in need cases that had been open for some time to decide if any could be closed in preparation for the anticipated rise in referrals.

There were frequent delays in concluding care proceedings, which meant that fewer children were on placement orders waiting to be matched for adoption than had been anticipated. So once court work returned to a more usual pace, it was anticipated that there would be an increase in children requiring adopters. However, there were reports that during this time children had been matched and moved into adoptive placements, albeit at a slower rate and with careful risk assessments and planning.

5.4 Contact between children and birth families¹⁵

At the start of the lockdown the President of the Family Division, Lord Justice Andrew McFarlane, made clear that where coronavirus restrictions caused contact arrangements to be varied, there should be safe alternative arrangements for the child.¹⁶ This meant that reasonable judgements about the circumstances, including the child's health, the risk of infection, and the presence of any vulnerable individuals in the household had to be made.

Guidance from the DfE was not published until early in April.¹⁷ It included advice on contact arrangements for children in care. The guidance highlighted the possible 'traumatising' consequences of children not seeing relatives and supported the general approach that contact arrangements 'should be assessed on a case-by-case basis taking into account a

¹⁴ In a self-selected sample 70 per cent of social workers in CSC responding to a survey in *Community Care* in the first two weeks of March 2020 were struggling to manage their caseloads. See www.communitycare.co.uk/2020/04/03/social-work-caseloads-70-percent-childrens-practitioners-struggle-survey-shows

¹⁵ Neil et al. (2020) report findings of an online survey and interview consultations with professionals, birth parents, foster carers, kinship carers and adoptive parents to explore the arrangements agencies had put in place to support children to keep in touch with their birth families during lockdown.

¹⁶ www.judiciary.uk/announcements/coronavirus-crisis-guidance-on-compliance-with-family-court-child-arrangement-orders

¹⁷ www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings

range of factors including the government's social distancing guidance and the needs of the child'.¹⁸

In all the authorities, contact centres had been closed to families for at least some of the time. Contact between children and birth parents was predominantly virtual, usually with the support of courts, parents and foster carers. Where the necessary technology was not available, carers had often been provided with smart phones so they could facilitate contact. In most cases it was the foster carers who were supervising virtual contacts and they were said to have done this willingly while conscious of the need to make the contact secure including, where necessary, restricting the view birth parents had of their homes.

In a minority of cases face-to-face contact had continued while observing social distancing and after checks around self-isolations and shielding. Contact centres that were not open to the public could be used by professionals in special circumstances. Some authorities had suspended all final pre-adoption contact until it was possible to have a child and birth parent in the same room; others had made these an exception to the virtual contact norm. But after three months where final contact meetings had been delayed, decisions were having to be made:

We have got four sets of children where care proceedings have concluded and there are four final contact meetings pending. We have no intention of doing those virtually. We are waiting a further discussion with the judge which is due in the next few days to discuss her views about how things should proceed. We want to make sure we are doing this in association with our regional colleagues because we need to act in similar ways. (Authority 12)

I couldn't bear the thought of that not being face to face. It's traumatic at the best of times, but to think you would do that virtually, I couldn't countenance it. And carers and social workers have been really good around that; self-isolating where need be before, and with lots of precautions in place. (Authority 3)

There were also reports of groups of children who would find it difficult to cope with virtual contact and where other arrangements were explored:

We have a children's home for children with complex needs and disabilities, and that's been particularly challenging around family time, particularly for those children who are non-verbal. So we might have parents stood at the bottom of the garden, but we've had to make (the) decision on whether it is more distressing or less distressing. (Authority 3)

It was obviously difficult to facilitate virtual contact between parents and their babies and very small children where cases were in court proceedings and where parental assessments were being conducted. It was important to try to maintain a bond between a parent and baby which would normally be facilitated through regular contact. One informant, when reviewing case notes, had seen records of how parents had communicated with carers about children's development and activities; however, it could not compensate for the closeness and interactions that happened under normal circumstances.

¹⁸ www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services

Some courts had also requested face-to-face contact between children and birth parents, which was addressed on a case-by-case basis taking infection control measures into account. As cooperative as many foster carers had been, some had expressed concerns about children returning to them after contact with birth family in case they brought the infection into their homes.

As time went on there was increasing pressure to revise virtual arrangements and offer face-to-face contact where possible. When the interviews were conducted in May and June 2020, most authorities were reviewing their arrangements:

The mechanics of it have worked fine, but a lot a feedback from our young people about them missing their families, missing sometimes their brothers or sisters if they're not living in the same placement, and a real keenness for many of them for those arrangement to change, and that's one of the things we are actively considering now as we begin to see the restrictions changing. (Authority 12)

We had our Children in Care Council the other evening and young people were saying, we really want to see our birth family face to face when we can. So we are, now that lockdown is easing slightly, we're now going to be thinking about how we can safely move to some face-to-face contact, particularly for those younger children. (Authority 10)

Amidst the push to get back to more usual arrangements one informant suggested that something may have been gained through contact moving to a virtual medium. While not underestimating the importance of actual contact with their parents and families, they thought that there were advantages of giving young people more control over contact:

It might fit better into their routine. It wouldn't have been unusual for contact to follow straight on after school ... that's a lot for a young person in one day. But if they get to go home, chill out for a bit and have a 40-minute FaceTime, it might work very well. I think there's an opportunity to do some research on that locally or nationally in terms of how has this benefited care plans or not? (Authority 15)

(See Section 6.3 for independent foster agencies' experiences of contact.)

Section 6: Foster care

6.1 Placements

Prior to the lockdown period there had been widespread concern that the pressures would lead to placements breaking down and the demand would be increased by an unknown proportion of foster carers contracting COVID-19. Most authorities reported not having their worst fears confirmed, often reporting lower levels of disruption than normal, helped by the fact that the anticipated surge in the number of children coming into care did not happen. One authority had been so concerned after RAG rating their placements that they had a contingency plan to create a children's home in an unused council building. In the event it had not been needed. Another had identified premises that could be used as an additional children's home if they had needed to isolate children coming either from its own children's homes or foster placements, but again the premises had not been needed.

While most of these authorities had not experienced the surge in the number of children coming into care or the rate of placement breakdown that they had feared, a few had experienced problems:

COVID-19 has also a substantial impact on placements for children in care and has exacerbated existing challenges in finding placements for teenagers. Just under half of our foster carers are clinically vulnerable. Foster carers have managed to cope well with additional support, with the vast majority sticking with children and treating them as a part of the family, but 10 per cent of our placements are, however, currently not available. (Authority 6)

When authorities commented on the first draft of the report (mid-June) three of the 15 reported an increase in enquires from other local authorities looking for foster placements. Towards the end of June, Barnardo's reported that the number of children needing foster care had risen by 44 per cent during the pandemic and the number of enquiries from people looking to become foster parents for the charity fell by 47 per cent, although this was across England, Wales and Northern Ireland.¹⁹ At the time when authorities were responding to the initial draft of this report they were also asked to comment on these figures. The majority of the 12 who responded said that the number of children in care had remained relatively stable through this period and, in one case, had fallen to the lowest point for several years. While most authorities said the number of enquiries from members of the public interested in becoming a foster carer had increased or at least stayed stable, others, such as this one, had a different experience:

During Fostering Fortnight²⁰ we had 15 expressions of interest (which is) down from last year where the expression of interest was 25. However, given that we are usually reliant on

¹⁹ www.barnardos.org.uk/news/barnardos-declares-state-emergency-number-children-needing-foster-care-during-coronavirus

²⁰ Fostering Fortnight is an annual campaign to raise awareness of fostering and in 2020 took place from 11 to 24 May.

community activities which have not been taking place, that is understandable. We continue to receive enquires to become foster carers during COVID, although there was a dip in April and May. In June we had a remote virtual event day and we had seven expressions of interest... We are still confident that we shall reach our annual target. (Authority 10)

There had been problems in some regions in accessing placements through the independent sector and in finding parent/child placements more generally. In addition, foster carers who were shielding or self-isolating or were aged over 70 years could not be approached to take new children, so reducing the number of potential placements. These carers sometimes required additional support from fostering managers and supervising social workers to support the existing placements. Authorities had usually managed any increase in demand by placing children and young people with family and friends and by expanding the capacity of existing carers and providing additional support if necessary. Wherever possible, they had also kept fostering panels operating virtually to progress the approval of new foster carers.

Where children in their care were moving on to adoption, special arrangements had to be put in place:

We've had one adoption introduction where, because of underlying health conditions and shielding, [it] couldn't happen in the foster carer's home, so they had to do virtual sessions with the adoptive parents. We got the social worker to self-isolate for seven days prior to the start of introductions and the social worker did the introductions with the adoptive family. Not great, but it meant the child could move at this time. (Authority 3)

There was one situation where the foster carer had a vulnerable person in the house and the child was moving to an adoptive placement. Normally the adopters would have gone into the foster carer's home and had their introductions etc. We couldn't send that adoptive parent into the foster carer's home, so the introductions took place virtually and then in the park and it worked well. (Authority 14)

Placements are always difficult to identify and COVID has made this more difficult in some areas and with some age groups, particularly young people over the age of 14 years, but none reported having reached emergency levels. CSC had worked hard to support placements where breakdown might otherwise have occurred during this time. A few authorities that had adopted the No Wrong Door model²¹ – or a variation of it – had found the model worked well through this time. The multi-agency team had usually succeeded in supporting foster placements where young people had been struggling with life in lockdown as well as those in residential care.

Some authorities had also assessed residential staff as foster carers for children who were in a children's home on temporary emergency placements and using the flexibility contained

²¹ An integrated service for young people, aged 12 to 25, who either are in care, edging to or on the edge of care, or have recently moved to supported or independent accommodation whilst being supported under No Wrong Door, which includes support from a multi-agency team (Lushey et al., 2017).

in the regulatory amendments²² to recruit temporary carers from professionals employed in their authorities:

We've got professionally qualified people, for example, across the partnership who might provide emergency care for children, but we were saying we'd have to be really confident that those people would be able to do that. Their expertise and experience are already tested, but not their ability to be foster carers. I think you've got to be careful; you can't just cast your net wide and get anybody who rocks up off the street to look after kids without going through a panel and a proper approval process. (Authority 13)

We made an appeal to council staff to consider becoming a foster carer, and we also co-ordinated media coverage to the local community to ask people to come forward to be assessed as supported accommodation providers. These initiatives had an excellent response with 47 expressions of interest in becoming a foster care, and 17 expressions of interest in providing support accommodation. (Authority 6)

The decision over whether children attended school or not was usually agreed between foster carers and the child's social worker, sometimes involving the school and the child. Many children seemed to have stayed at home, although there were indications that numbers attending schools rose during May. The decision to keep foster children at home was sometimes made on the basis that it was thought to be the safest option for the whole family, but there were also instances where foster carers with their own children had not wanted to differentiate and chose to keep all of them at home. Overall, local authorities thought many children had benefited from the additional time they had spent with their foster carers' families.

Some authorities had faced more problems than others in sustaining their foster placements, but they were united in agreeing that most foster carers had gone above and beyond what could have been expected of them and worked with the authority to prevent major difficulties and disruption.

6.2 Disrupted placements

Although there were fewer than anticipated, there were disruptions. Difficulties arose where young people ignored the call to stay at home. They had then been at risk of exploitation and/or gang involvement and had to be moved out of an area for their own safety. It had proved difficult to find secure accommodation and, as a result, some young people had been placed at considerable distance from their homes.

Older children placed in commissioned placements out of the local authority were a source of concern for several authorities when they failed to comply with lockdown requirements and put their placements at risk, at a time when such placements were hard to come by:

We had particular problems with a couple of 16-year-olds in out-of-area placements. One responded to additional support and settled back down. The other has continued to go missing on a regular basis, coming back to his family and friends. He has complex needs and

²² Amendments introduced in The Adoption and Children (Coronavirus) (Amendment) Regulations 2020, also known as Statutory Instrument 1445

vulnerabilities and as a result numerous strategy meetings and risk management virtual meetings have been held involving all the relevant agencies including the police. Fortunately, he is in a solo placement without other residents, but he has put his family and the supported accommodation staff at risk of COVID-19. We have had a small number of commissioned residential placement disruptions and alternative provision has been very difficult to identify. One young person moved from one home to a new home and was then found to be COVID-19 positive. Both the former and new home then had to quarantine for 14 days. (Authority 5)

There are two young people in residential care who are on my radar every day because of concerns for them and the impact on other children... When you look and dissect it, there is nothing else we can do. It is risky and it isn't ideal, but we can't find any other placements, so that's a challenge at any time, but COVID-19 has impacted on it. Our youth service is open, we have a good youth service, but they're dealing with young people they already have a relationship with, it's really hard to start forming new relationships when you can't go and see them properly. I suspect ... some of these behaviours are more problematic and difficult because of all those aspects. (Authority 15)

Section 7: Care leavers and unaccompanied young people seeking asylum

7.1 Care leavers

The Secretary of State for Education had asked local authorities to ensure that no one left local authority care during this time, and this informed the approach to care leavers which was to allow them to stay in their placements or semi-independent living arrangements if that was what they wished to do, and continuing to support Staying Put arrangements.²³ However, a few informants gave examples of managed moves and some of the problems around these:

So if a tenancy came up, housing isn't providing carpets and curtains and everything else at this current time because of the risk. Housing treated that young person as a regular member of the public and we had to say, 'No, no, hang on, this is a care leaver; you can't move them into a flat that's empty, with nothing. We're their parents, and you wouldn't move your kids in', so there's been an opportunity to reassert our corporate parenting role. (Authority 1)

The main problem has been identifying accommodation for young people turning 18 and for those wishing to move back to the area after a period of being placed elsewhere. The majority of supported accommodation providers closed their doors to new referrals. (Authority 5)

So, ...young people who would otherwise be moving on to independent accommodation with their own tenancy have been unable to find a suitable property ... this then blocks placements for other children in need of them. (Authority 13)

Concerns focused on those who were 18 and over who were often living alone and in danger of feeling particularly isolated. A few authorities reported being in touch with all their care leavers through personal advisors, while most were in touch with the vast majority, using WhatsApp and other platforms to respond to immediate difficulties:

There were periods of time earlier on when we had care leavers who had [a] weekly allowance and shops would not accept cash payments. So, while we were switching people over on to cards, we were delivering food parcels for them, and we've continued to do some of that. (Authority 12)

Informants were acutely aware that this was a particularly vulnerable group, frequently living on their own, many of them very distressed by social isolation and, as a consequence,

²³ The government has allocated more than £33 million for the Staying Put programme supporting young people leaving care to continue living with their foster parents past age 18 and a further £9 million to provide personal adviser support for care leavers through to 25, to help them into employment, education and training. In June it also announced additional funding for care leavers and unaccompanied asylum-seeking children and young people.

experiencing high levels of anxiety. One of the ways these young people responded was by not observing social distancing and risking getting into trouble with the police.

While the leaving care teams were praised for the work they were undertaking, it was proving difficult to deliver the degree of intensive support required when most personal advisors were working from home. There were, however, many voluntary organisations across the country providing practical as well as emotional support.

There were difficulties where the young person did not have access to a smartphone or computer. Some authorities mentioned that the grant from central government had not been sufficient to cover all the costs incurred so they had not been able to replace smartphones if they broke. They noted that the laptops promised by the DfE²⁴ had not materialised so were not available to all looked after children or those leaving care.

Care leavers who were at university were often unsure what to do when terms finished early. Unlike their fellow students they could not return to family homes and they were also uncertain about the financial support that would be available to them. Those who wanted to stay in their university accommodation were usually able to do so, but institutions did vary over the support and flexibility they provided. If someone wanted to return to a former foster placement and it was available, then authorities had been supportive.

7.2 Unaccompanied asylum-seeking young people

Although the number of unaccompanied asylum-seeking young people (UASYP) arriving in the country increased during this period, placing strains on a few 'gateway' authorities in particular, only a few local authorities reported additional accommodation problems as a result of looking after this group. The main challenge had been in following the Home Office directive that all unaccompanied asylum-seeking young people arriving in the UK should be isolated, which created difficulties in locating suitable accommodation. One large authority had identified a venue to support up to four 16- to 18-year olds that could be adapted to accommodate more if required whilst assessments were being conducted and alternative placements found:

This will be staffed from residential staff and children's services staff who have 'volunteered' to work in alternative settings to support the priority service areas. Our foster carers have accepted young people into placement from other high-risk countries (Italy) at the beginning of the lockdown. (Authority 2)

This group of young people was the responsibility of the leaving care services or equivalent and, along with others from the voluntary sector, most authorities were RAG rating them to identify the most vulnerable so additional services could be provided. Asylum-seeking young people who turned 18 during this period would previously have moved into alternative accommodation, but in the current circumstances they continued to occupy a care placement which depleted the stock of placements for younger children. There were concerns for those who were living independently or in unregulated provision, some of

²⁴ www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-covid-19

whom were finding social isolation difficult and some were anxious about the lack of progress that was being made on determining their status.²⁵

Although it was not raised by the authorities contributing to this research, charities working with UASYP have raised concerns about the increase in the number of young people who have gone missing or become homeless as a result of the lack of contact they have had with statutory services. They were also concerned that their contact with children's services and other agencies had been reduced during the pandemic, as had statutory safeguarding duties towards them.²⁶

²⁵ On 10 June 2020 the Home Office announced additional funding to support unaccompanied asylum-seeking children (UASC). According to the Association of Directors of Children's Services, local authorities looking after higher numbers of UASC, at or above 0.07 per cent of their child population, would benefit from additional funding for under 17s. (See https://adcs.org.uk/general-subject/article/adcs.org.uk/search/by_tag/sli)

²⁶ www.ein.org.uk/news/charities-concerned-impact-covid-19-lockdown-young-people-irregular-migration-status-and-young

Section 8: Residential homes

Authorities had faced challenges accessing and maintaining residential accommodation. One authority had reduced the number of residential placements overall to provide more capacity in the system to create additional provision if needed by children who were on the edge of care who then needed to be accommodated. Young people who came into residential care during this period often did so because their behaviour proved too problematic for parents or carers to manage and this then introduced these behaviours into the homes with a potentially negative impact on the other children. In a few instances residential staff had found it difficult to manage children with particularly challenging behaviour and had asked for them to be moved so as not to destabilise the settings:

We had [an] 11-year-old child, who is very distressed at the best of times, he has probably got early symptoms of significant emotional disturbance, possible mental health issues in later life, very emotionally dysregulated and huge behaviour issues. He really struggled, hitting out at staff members in a children's home, and seriously injured one of them. We had to create a bespoke arrangement for him, and lots of stuff got put into that. We had to find somewhere for him, it's a holiday cottage that we're currently using to look after him with some staff and that's been extremely expensive. We haven't had loads and loads of those, but we have had a few and you only need a few to ramp up the bill. (Authority 12)

When children moved into residential provision they were usually asked to self-isolate prior to admission and there were also examples of residential workers self-isolating with children for two weeks because of the risk or concerns of being symptomatic. It was recognised that it was almost impossible to maintain social distancing in these circumstances and that even though staff were encouraged to wear PPE when children did not respond well it was not used.

The residential workforce had been depleted to greater or lesser degrees by staff isolating or by being vulnerable. As in other parts of CSC they had to find ways of compensating for this including, in the case of short-break care services, volunteers who were already involved, and more generally the redeployment of staff from across CSC, including from early help and youth services, working in conjunction with Ofsted as necessary:

(We have) ten children's homes, including a respite service for disabled children and a secure children's home. Staffing levels have been bolstered through temporary closure of two homes and the suspension of overnight respite in the disabled children's home, consolidating those staff into firstly our secure children's homes and then the other six homes. In addition, other children's services staff have been identified to work in the homes. (Authority 2)

At the start we had residential staff shielding or self-isolating, so we identified staff within social care with residential experience and moved them across into residential homes until staff returned... We've also completed a skills audit across the council, to find staff who could fit residential, and we will do some induction training for [them] as a further contingency. We have not had to use it. (Authority 9)

We really appreciated the way that the regulators were prepared to work with us in creating immediate ad hoc arrangements around children. (Authority 13)

Some authorities had maintained their residential short-break provision, including extending the use of a short-break service to provide self-isolation for children if this was required.

Others had closed it, often because parents had stopped using it in sufficient numbers, and redirected the staff to provide additional outreach support. A few had adopted a middle way:

One of our short-breaks homes is for children with disabilities and provides regular respite to approximately 30 to 40 children and families. During lockdown, however, the children with disabilities service RAG-rated open cases and prioritised ten children to receive an enhanced support package which included short breaks. These children are those most at risk of coming into care because of the pressure on parents to manage their care without breaks. (Authority 5)²⁷

²⁷ A survey by Disabled Children's Partnership (2020) found that 38 per cent of the 4074 parents of disabled children who responded had used short breaks but since lockdown three-quarters reported that all support had stopped.

Section 9: Multi-agency working

In general, multi-agency working was an area which had responded strongly through the COVID-19 period. There had been preparatory discussions at many different levels with and across authorities which helped when lockdown happened, and these then continued throughout. Not only was this the case with the agencies most closely associated with CSC such as education/schools and the police but also with local public health services. Not only had public health provided advice on PPE and other matters when there had been little national guidance, but it had provided practical support and reassurance when it was much needed.

While some agencies were said to be easier to contact and engage with than others, attendance at video meetings was said usually to be higher than the previous face-to-face ones. Joining by telephone had previously been acceptable, but it had not been widely used, possibly because those not in the room would feel at a disadvantage. Now that everyone was joining virtually, the situation was different. While not universally true, the attendance of GPs and paediatricians at meetings and conferences had not only risen but people who had not previously attended or had not done so for some time had joined video calls:

We've had more attendance by paediatricians, and in fact it was the paediatricians themselves who said, 'This is much easier for us and we think we stopped attending a while ago, and then you stopped inviting us, but now we're ready to attend'. (Authority 12)

Local multi-agency partnerships were regarded as vital in identifying those children who were vulnerable but who were not on CSC's radar. The fact that fewer children were attending schools had contributed to fewer referrals, but in many instances schools had worked with CSC to make as many children as 'visible' as possible. There were numerous references to the importance of and improvements in the relationships between CSC and schools:

One of the positives for us has been the level of collaborative working with our education colleagues within the local authority, and with the schools around this. So we've linked up very closely in terms of the data that we've collected from schools on vulnerable children, and we've linked those across to our data and our risk rating on our vulnerable children. So where the schools haven't been able to see them in the week or where we've RAG-rated a child as red in terms of levels of risk for us and there's no evidence from the school, then we're following those up. Our schools report on all the children that they're seeing or not seeing, if they're in or not, and if they're having contact with them. We are then aware of those who are or aren't in schools and we're following up with them to have those conversations continually. (Authority 9)

Through our early help service we've managed to develop further links with communities, and we've been able to make some proactive and preventative contact with a range of families in very creative ways. For example, we have got an early help locality hub for emotional health needs. They went back over the last six months to look for people who've contacted them to see if there's anything they can offer. We've used our data and public health stats to identify under-fives who registered with children's centres and may not have had contact with any service. We made sure we called them to check if they were there, and we also checked up on any older children. (Authority 9)

Almost all informants also commented on improved understanding of each other's professional domains:

The work with schools and education services has probably been the most critical and the most pressured area of work that we have all been engaged in. As you can imagine, it's been a very difficult period for schools, they've had to deal with really complex issues. The guidance that comes out of the DfE almost daily is incredibly dense, it needs careful consideration. Our senior leadership team has supported those colleagues to think how we keep schools open and how we meet the needs of vulnerable children. So the multi-agency working has been critical. In the first period of lockdown there was a daily meeting taking place, now it is three times a week, and that's been really vital and I think not without some really significant challenges... There are tensions around what is being asked of schools and teachers and I completely understand the frustrations – perhaps better than I would have done before. (Authority 11)

Teachers have said they have had an insight into the decisions we have to make day in day out and have actually said they understand our role as social workers better than they did previously – let's hope that outlives the lockdown. (Authority 1)

Working with the NHS had initially been impacted by the extreme pressures under which it was operating, but after the significant drop off in the number of children going to NHS appointments CSC worked closely with local NHS clinical commissioning groups to get the message over that the NHS was 'open'. As the number of children presenting to the NHS increased, so did the number of referrals to CSC.

CSC and the police were working closely on many areas. One specific area focused on gaining a better understanding of the risks in relation to children and young people who were vulnerable to sexual and criminal exploitation. Since the lockdown there had been a decline in these types of referrals in authorities where there was usually a high incidence compared with the national figures, and this had been accompanied by a decline in street violence. This was not being interpreted as the risks having gone away; rather, the exploiters were said to be finding alternatives to county lines, usually concentrating on local areas, and CSC and the police were working to understand the local 'mechanics' of illicit drug operations.

In nearly every discussion the way in which multi-agency arrangements had worked were reported very positively and it was hoped that the benefits, improvements and personal relationships would be retained. The 'hiccoughs' that occurred were few and mostly near the beginning of the period. Initially different IT platforms or outdated equipment had sometimes been difficult at the outset, but most of these difficulties had been resolved quite quickly. When health visitors were deployed to other parts of the NHS, not only were families not being visited, information they held on families was not easily accessible. And as pointed out earlier, it also came as a revelation to some informants that COVID-19 guidelines were not consistent across agencies.

The COVID-19 situation had also hastened the development and embedding of some multi-agency initiatives and given birth to others. One authority had just established social work teams around schools prior to the pandemic and was in the process of creating virtual partnership links to catchment areas. This meant NHS, social care, education, police, early help and youthwork were all operating within the same small geographical footprint or

locality which facilitated daily, detailed discussions about individual children. These helped identify children who were not 'visible' or known to agencies, and co-ordinate the partnership response more effectively. In another local authority the extension of the virtual school concept to encompass all vulnerable children had moved from concept to reality across a large authority in four and half weeks. Under 'normal' circumstances it was thought that this would have taken at least a year to establish:

We're not saying it's a finished product but in terms of a helpful, productive, everybody engaged process, I think there's a lot to be said for that, and in terms of the opportunity for future joint work, as demonstrated by this, has been considerable. There's also something important, in a lot of staff, managers and leaders having gone through this together, and actually being more interdependent, being more mutually dependent, which is having some real benefit. (Authority 12)

The intensity and pace of the situation had accelerated the development of working relationships with the goal of solving problems together. The speed and willingness of partners to work together and find solutions was described as 'unprecedented' in this authority, but the sentiment was reflected in all discussions.

Section 10: Cross-authority work

All the authorities were involved in various cross-authority groups but there was very little feedback on how they had operated during this time. Some arrangements were well-established regional partnerships while others were groupings attached to national organisations such as the Association of Directors of Children's Services or to specific roles such as principal child and family social workers. In most cases they were working well, with some references to jointly prepared guidance or sharing of information and practice across groups:

There has been an online resource-sharing portal, and that's been really fantastic because some local authorities have been prodigious in producing documentation – they must have someone that just does that full-time – have shared things on there, so you're able to go in and have a look at what different things people have done, and that's been really helpful, and people have done it without any preciousness at all, so I think that's been really helpful. (Authority 11)

New arrangements had also been made between authorities. For example, in one case it was deemed important that a young person in an out-of-authority placement was seen but it was not practical for a social worker to travel to another part of the country. In this case the local authority arranged for a social worker in the other authority to visit the young person and provide a report:

In this case we needed to see where she was living because we had no sense of what was going on... so somebody needed to go and see it, so that's why it was a face-to-face. But in other circumstances and with a regular visit it could have been virtual. (Authority 14)

Two specific subjects were flagged as being of particular consequence. One was a regional agreement to place an embargo on staff moving posts during this time which had led to increased staff stability, at least in the short term. There were more references to the second development which concerned moves to slow down or halt cross-border transfers of child-protection and child-in-need cases. In several local authority areas, instead of routinely allowing a two-way flow between authorities, transfers were being considered on a case-by-case basis according to risk and safeguarding and with due regard as to the most appropriate professional to oversee the case. Not surprisingly this was leading to delays in cases being transferred. One authority had gone as far as suggesting that no transfers should take place, but this had been interpreted flexibly in the informant's authority where cases were accepted when the circumstances of their cases made it preferable to do so:

So we've had some local authorities say, we're not taking anything till COVID-19 is over, which is not what the guidance said. We just take them all because it hasn't changed our practice. I've had several individual escalations that I've had to do with local authorities. I got them all resolved and transfers happened, but some people are seeing it as an excuse not to take cases. (Authority 15)

Section 11: Students and their practice placements

In England, social work students on traditional university-based routes have two placements, usually of 70 and 100 days which are assessed and contribute to their result. Social Work England (SWE), the specialist regulator for social workers in England, has only recently taken over this role from the previous regulator²⁸ and the former standards are still in place. These do not actually specify a required number of placement days, although this will change later in 2020. SWE's guidance was that:

Placements may continue, if they are appropriate to do so, be suspended, interrupted or deferred. We encourage education providers to make local arrangements for the assessment of each student's practice learning, in conjunction with practice educators, and how any gaps in learning can be filled.^{29, 30}

Concerns were expressed by two informants about how the British Association of Social Workers (BASW) and *Community Care* had reported feedback from students around the time of lockdown.³¹ The 1200 responses from social workers to BASW's ongoing COVID-19 survey included some student responses that highlighted that they did not want to stay in placements but felt pressurised to do so. This had not been the experience of informants, nor, they thought, had it been in other authorities with whom they were in contact through teaching partnerships.³² While there had been problems at the beginning, particularly as universities took different approaches to whether placements should continue, the majority of students were said to have wanted to complete their placements.

It had been a particularly difficult time for students who were on their final placement and due to qualify this summer and whom, if successful, local authorities would want to employ. Most of those in children's services would have been in that position given that CSC is unlikely to take students on their first placement. Many would be preparing to go through recruitment process in their placement authority or in another. Over time most students who had been withdrawn were reported to have returned, with only a minority of universities maintaining their students should not do so. There appeared to have been specific difficulties for Step Up to Social Work³³ trainees. Authorities where they were

²⁸ Health and Social Care Professions Council

²⁹ www.socialworkengland.org.uk/coronavirus/information-for-education-and-training-providers

³⁰ At the time of writing (June 2020) SWE is conducting a survey of education and training providers to capture the current and anticipated challenges they are facing.

³¹ www.communitycare.co.uk/2020/04/01/failed-placements-online-lectures-uncertain-futures-covid-19s-impact-social-work-students

³² There are 23 accredited social work teaching partnerships in England funded by the Department for Education to strengthen the partnership between universities and employers.

³³ A fast-track social work recruitment programme for graduates over a 14-month period. It is work-based with a postgraduate diploma awarded at the end which allows graduates of the programme to apply for registration as a qualified social worker.

placed said they had all been withdrawn by universities, but they did not have sufficient information at the time of the research to provide further details. It subsequently became clear that most had returned to their local authorities and their course had been extended.

One informant drew attention to the work of the local teaching partnership in reviewing the challenges around placements as a result of COVID-19. The partners, in local authorities and universities, had looked at the data on disruptions and developed a plan around resumption and additional support:

The analysis suggests that if we don't have a plan in place for the student disrupted placement this will create a problem for workforce planning. (Authority 7)

Section 12: Recruitment

Recruitment during this period was not discussed in much detail. However, some authorities said it had been more difficult to find locum or agency staff. It was suggested that, given the uncertainty that accompanied COVID-19, many had been attracted by offers of permanent employment in the authorities where agency social workers had been working.

Other experiences were, however, varied, with some authorities mentioning that recruitment had been brisk and proceeding as normal, with more interest than usual in advertised posts, and others reporting the opposite:

We're finding it quite difficult to recruit just now, we're out to recruit for ASYEs and that's a real challenge. I have absolutely no idea why. We did this this time last year and we had 200 applications and this year we've had 30 and we've been out twice, so I don't know. We think that local authorities with significant numbers of students have offered them a job straightaway, anticipating increased workloads after the lockdown, but other than that we're a bit stumped. (Authority 13)

One authority had held a recruitment webinar for newly qualified social workers to commence in the academy; this was attended by 50 prospective newly qualified social workers, many of whom then submitted applications.

A temporary register, set up by the emergency Coronavirus Act 2020, allowed all social workers who had left the register in the past two years and were eligible to return to work to re-register. The Local Government Association (LGA), in partnership with SWE and the Government, set up a platform called Social Work Together to match temporarily registered practitioners with employers looking to recruit and to provide some training. The demand was thought to have predominantly come from adult social work. A minority of the 15 participating authorities had registered an interest in attracting social workers into children's services. Two had employed social workers as a result, two others had registered but not heard that anyone was available, and one was more interested in the longer Return to Social Work programme³⁴ when it reopened.

³⁴ The Return to Social Work Programme offers free training and coaching as well as placements to former social workers to enable them to return to practice.

Section 13: Support for local authorities through COVID-19

In April the government announced additional funding of £3.2 billion for local authorities to help them meet additional demands including those within CSC.³⁵ Interviewees were uncertain about the amount that would be allocated to CSC by their local authorities, but estimates were that it would only meet between 25 and 50 per cent of the costs that had been incurred. ADCS has made the same point and had drawn attention to the budget shortfalls that will exist.³⁶

As far as government guidance was concerned the consensus was that it had been very slow to appear and that it was not always fit for purpose:

The guidance in relation to the use of PPE seemed to avoid children's homes where the concept of social distancing really cannot apply, and so the guidance was not usable in the form that it came and as a consequence in the end (local) Public Health, using the guidance as a starting point, worked on something that was helpful. Similarly, things like guidance for transporting children didn't arrive in any condition you could use, so it then causes a lot of concern whilst we worked through what we're supposed to do in relation to providing safe, reasonable approaches for children and where our staff could be kept healthy and reasonably safe, so that's been problematic. (Authority 12)

Every single local authority in the whole of the country had to come up with a whole set of procedures and ways of doing things in the absence of any guidance from the DfE until quite late in the day, to be honest, and we kept waiting, and saying they've got to give us some guidance, surely they'll give us some guidance. (Authority 11)

There was also frustration around the fact that when government documents arrived there was little signposting as to any changes these introduced or the processes they impacted. This left every local authority to work this out when it would have relieved the burden on them for this to be done centrally:

The DfE has not been good – it has either been way behind the curve in terms of producing guidance that it has been so late it's completely pointless because you've already done it, or the guidance that does arrive has been contradictory. (Authority 1)

I think the problem with the Government guidance is what they don't say, 'This differs from the previous version in this and this respect', which has meant that with every iteration or addition somebody has to go through and try and work out what it is that's different... Local authorities have wasted an enormous amount of time trawling through the guidance to identify what is different from the previous one. (Authority 10)

Why do we have to spend loads of time interpreting it individually when they could just say here it is and this is what it means. It feels like it's a bit of a test, to try and work out the answer, so why not help us out and do it for us? (Authority 15)

³⁵ Additional funding is also targeted at specific groups and projects. See www.gov.uk/government/news/multi-million-support-for-vulnerable-children-during-covid-19

³⁶ <https://adcs.org.uk/funding/article/comment-childrens-charities-report-on-children-and-young-peoples-services>

Local authorities had also recently been asked to respond to a DfE data collection exercise at short notice. It was said to have involved a considerable amount of additional work because the timescales and some of the items did not match the recording systems in place in authorities, so the data could not be extracted easily. The exercise was seen to counter other pleas the DfE had made to reduce requests of, and burdens, on local authorities:

There was an initial version of the survey and we said that wasn't that helpful and they came back with a subsequent version of it and we've responded to that. I don't think anybody objects to contributing to these things if there's a clear use for them and it's going to be helpful; sometimes it feels a bit like feeding the beast when we've got lots of other operational demands that we've clearly got to get on with in this context. (Authority 13)

We said we'd fill in the bits we could, and we wouldn't fill in the bits we couldn't. They asked questions about how many children have you got on children in need, how many have been contacted or visited in the last two weeks? So, for example, with children in need there are no time spans within our recording system for 'two weeks', all of ours are set at three, so we had to re-set everything, so it started to get people very fed up because they were setting new parameters and targets that we never had before. (Authority 10)

There were references to telephone calls between directors of children's social care (DSCs) and Department for Education officials, as well as between the Chief Social Worker and local principal child and family social workers (PCFSW)s. We were told very few details of these meetings other than the focus was on giving and receiving information, which more than one informant referred to as part of the process of 'managing communications'.

The amendments, introduced via The Adoption and Children (Coronavirus) (Amendment) Regulations 2020, also known as Statutory Instrument 1445, came into force on 24 April 2020.³⁷ The amendments include provision to alter timings of visits by social worker adoption and fostering processes, and children's residential care. They also include the removal of timescales around care plans, placements and care reviews for children in both new and existing placements. The Secretary of State for Education told the Education Select Committee that the sector, including DCSs, had asked for the relaxation of duties due to concerns that local authority children's social care departments would become overstretched and understaffed during the COVID-19 pandemic.³⁸ In her evidence to the Education Committee the President of ADCS, Jenny Coles, made it clear that ADCS had been consulted by the DfE about possible changes but that the Association had not fed into the eventual regulatory changes.³⁹ While an ongoing survey by BASW had identified social workers' concerns about their ability to be able to fulfil statutory responsibilities,⁴⁰ subsequent discussions across the social work profession, and more widely, led to the need for all or many of the amendments to be questioned. Organisations and individuals

³⁷ They will expire on 25 September 2020.

³⁸ Evidence to Education Select Committee, 22 April 2020

³⁹ Evidence to Education Committee, 12 May 2020

⁴⁰ www.basw.co.uk/social-work-during-coronavirus-covid-19-ongoing-survey, and www.communitycare.co.uk/2020/03/27/social-cares-covid-19-challenge-like-grenfell-response-slow-motion-basw-chief-warns

including the Children’s Commissioner for England, the National Children’s Bureau and Article 39 condemned the amendments not only because, in their view, they could place vulnerable children at greater risk, it was feared that they could lead to longer-term changes. There was a forceful reaction from those who saw them as endangering legislation that had been put in place over decades to protect children and that the flexibilities could be an attempt to reintroduce and establish changes that had previously been attempted unsuccessfully.⁴¹ In these authorities practice had not changed to any great extent as a result of these flexibilities. Very few authorities were considering adopting any of the amendments and those that were would only do so in very limited circumstances and where it was seen to be in the best interest of a child.⁴² So, for example, assessments of potential foster carers were going ahead virtually, as were fostering (and adoption) panels, and as a result the flexibility around these had not so far been needed. The prospect of not having a panel, and not then having independent scrutiny, was not considered to be a good idea.

A small number of informants thought that some of the amendments could be helpful in particular circumstances. So, for example, an extension of time when temporary foster carers could be approved might be required but moving it to 24 weeks seemed excessive and unnecessary.

While most of those interviewed thought the amendments were largely unnecessary, a few were vehemently opposed to their introduction:

As far as I can see there was no meaningful consultation over these, yet it overthrows safeguards that have been put in place to protect the most vulnerable members of society and weakens the protective shield around them. (Authority 5)

These were not needed. What would have been helpful was timely guidance from the DfE that did not come out until the first week of May. They have not covered areas where authorities would have welcomed guidance such as greater clarity around front line and child protection practice and, for example, whether a virtual visit with a child counted as a statutory visit. (Authority 10)

Two informants expressed concerns about the absence of contact from the DfE about the impact of the lockdown on children who are at risk and vulnerable. They were aware that it may have been raised in meetings to which they were invited and that discussions had taken place with some of the larger voluntary organisations, alongside some media coverage of the question. However, they did not consider that this debate had been sufficiently wide:

⁴¹ For a summary see www.cypnow.co.uk/news/article/rights-group-threatens-dfe-with-legal-action-over-relaxation-of-statutory-duties, and www.cypnow.co.uk/news/article/covid-19-impact-on-vulnerable-children-key-messages-from-education-committee-hearing

⁴² As with the recruitment of council staff as temporary foster carers described above, there were a few authorities that might consider the flexibility in relation to short breaks, to be able to extend the short-break provision rather than disrupt children and bring them into a full-time foster placement.

I would suggest that the closure of schools and the withdrawal of lots of children from public view should be more of a concern than it is. (Authority 3)

The question for me is what is more of a risk to our children, is it death as a result of COVID-19, or is it the very serious impact of the consequences around their safety and wellbeing in the family? So if you're asking me about surveys and questions from the DfE, I guess I'm quite surprised that there's not been more of a Government focus on the potential negative impact of lockdown on children, and how we mitigate some of that more broadly. (Authority 13)

When asked where other support for the local authorities had come from during this period three agencies were mentioned most frequently. These were ADCS and its regional groupings, the Local Government Association (LGA) and the Office for Standards in Education, Children's Services and Skills (Ofsted). There was no surprise that ADCS and LGA had been supportive and they were both praised for being measured in their response and generating useful information. Authorities seemed more surprised that they were mentioning Ofsted, the body that inspects them under normal circumstances. Not only were Ofsted officials responding to queries with alacrity and holding regular telephone calls with DCSSs, the agency had also seconded some of its staff to authorities where additional support was required.⁴³

There was also positive feedback about the various regional groups of which informants were a part. Some were profession and role specific such as that for DCSSs, assistant directors, PCFSWs and heads of service groups, others were multi-professional, for example, local NHS clinical commissioning groups.

⁴³ There were also references to the support received from Ofsted in the comments received from the independent fostering agencies whose feedback is reported in Annex 2.

Section 14: Planning for the end of lockdown

At the time of the interviews the government was beginning to announce plans for moving out of lockdown. Discussions were happening on how CSC would be able to return to anything like normal working arrangements. At that point it was not envisaged that this would happen in the immediate future and there was uncertainty about how it could happen in the medium term. In keeping with government requirements, buildings were being assessed to calculate numbers of staff who could return while recognising that they would not be able to get everybody back at the same time:

Our building holds 600, they reckon they can now only accommodate 100. That's not just social workers, that includes other council departments. So in our planning people are going to have to stay at home in some shape or form for quite a lot longer. They won't necessarily be at home all the time, but we shall not revert any time soon to previous ways of working. (Authority 10)

With reduced office capacity it was envisaged that the next phase would involve continued home working alongside rotas of teams coming into an office base. Hot-desking was thought to be a thing of the past and rigorous desk and other areas' sanitation would be a necessity. The challenge would be to maintain team cohesion and face-to-face time while operating with a level of home working that was never previously thought possible. Discussions were beginning in some authorities on ways to reassure staff that they could return to the office, even for a short time:

We've been talking to staff about starting some team meetings in a safe space, where we'd observe social distancing maybe just to meet with their teams for 30 minutes ... because I think there's some barriers for a lot of people and we need to help them get beyond them. The idea has been well received. It would mean they could just come in, go through that barrier of driving to work, etc. It is something we are exploring, and it is about supporting mental health and resilience. (Authority 3)

While remote working and social distancing would mean fewer people in the office, there were also fears among some that this could drive plans to save money by closing buildings rather than assess the office space that was needed for whom and when.

It was also recognised that there was a relationship between social workers returning to the office for any length of time and schools reopening. As it stood many social workers had exercised their parental right not to allow children to attend school even though they would be able to do so under the key worker scheme. The approach during those early months of lockdown appeared to have been based on consensus and consent but some arrangements were not sustainable in the long term:

We have to work that through because there's an understandable balance between being a sympathetic employer who wants to support the workforce, and at the same time needing to get the work done. They all appreciate that, they do, and we're going to have to be really flexible about how we do it. (Authority 3)

Some people who perhaps are working at home with their small children and therefore cannot do face-to-face visits, those visits are being shared out across the team, with their colleagues covering, and in return they're doing other work for their team mates; that kind of approach is fine, but it can't be how we work forever... There is a relatively small number

who have been really anxious and really concerned about visiting, either because they have some underlying health conditions or members of their family do, or they're just very anxious. We have to find a way of accommodating that because it's undoubtedly real and it's not going to go away, and these circumstances are going to be with us for a considerable period. (Authority 12)

Section 15: Lessons for the future

When respondents were asked to reflect on what they might have done differently to inform any future response that may be necessary if there is a resurgence of COVID-19 infections, some of their responses were very practical. These included focusing on ensuring an adequate supply of PPE and using guidance and protocols that had been developed from the start, whereas in March 2020 these needed to be developed. While they mentioned that it was good to know that emergency planning procedures had worked well, learning for the future focused around the importance of taking a measured, phased approach to a crisis that was flexible enough to respond as it developed rather than escalate immediately into an emergency response. There were those who thought they had been too cautious at the start, especially in relation to home working. The implication was that if there were to be another spike in infections and a partial or full lockdown was necessary, the uncertainties about how social workers would be able to practise from a home base would not exist.

The last few months had led to a reconsideration of the previously established pattern of face-to-face meetings, particularly in large authorities where travel time was being reduced considerably by using a video platform for professionals' meetings. With the benefit of hindsight, even though business continuity plans had been helpful, there were those who thought there should have been planning for an event such as COVID-19 with the platforms in place that were needed to facilitate efficient communication with families. There was still some uncertainty over the wisdom of using the technology for meetings involving parents. There were questions to be resolved about the extent to which parents were disadvantaged both by not being able to attend face-to-face meetings, and when they did not have access to the necessary technology. Similarly, while it was agreed that virtual communication could work well as a complement to face-to-face work, it would still need to be used with some caution with many young people. There were many questions still to be answered about who it forked for and under what circumstances. In many authorities the work of family courts had also moved to a virtual platform with various levels of success.⁴⁴ But lessons were being learnt about what could happen virtually, such as the potential for 'virtual' straightforward directions and case management hearings, and what could or should not – for example, complex contested final hearings. The decisions around a middle ground in CSC had still to take place:

We're using it for everything now, so for case conferences, child in need meetings, core group meetings, trying to keep as much of that going as we possibly can, but it requires some thought. I think we need to look at the series of meetings we have across the whole journey of the child and think about what might lend themselves to the virtual discussion and it will be some, but not all, I would say. (Authority 13)

One of the things we have seen is that where there was a good existing relationship with the worker, using the technology has been easier, but one of the questions we're asking in terms of use is how to develop that alongside face-to-face contact... I think one of the challenges is not knowing what you don't know ... in terms of the hidden harm, and people

⁴⁴ This research did not explore the use of virtual technology in court. Ryan et al. (2020) conducted a rapid consultation in April 2020 on remote hearings in the family court, introduced in the light of the COVID-19 pandemic and associated social distancing measures.

talking about a spike (of the virus), and those things, and I think that will probably happen, but ... the challenges for me, and one of the things we're working on as we think about our recovery plan is not just assuming that everything virtual is good and absolutely where it should be ... I think there are some losses if we do everything virtually. There are lots of efficiencies, but I think the balance of that needs to be carefully thought through. So if we're talking about child protection conferences, I don't think we should be doing them all virtually; we should certainly have the first one there with some hybrid model of the parents being seen, in a social distanced way, so I think therefore there will be challenges of finding appropriate spaces where we can do that. (Authority 9)

There was now proof that it was possible for social workers to work from home to a far greater extent than was ever thought possible. Any belief that social work could not be done from home had now been challenged. There was general acceptance that the clock would or could not be completely turned back, but it would be necessary to strike a balance between working away from the office and having the support of a team and colleagues. While home working at its current level was not thought to be sustainable, and the overall impact still had to be reviewed, there had been a significant shift in mindsets as well as in practice. There had been learning around what could be done remotely, but more exploration was needed of the balance of efficiencies and the benefits of human contact. This had to go hand in hand with an examination of the implications for management oversight when the work itself was becoming increasingly complex.

However, there were also suggestions that flexibility should go beyond this and that a root-and-branch review was needed of how social work was done which might then find a better match between the ways in which social workers wanted to work and the times when families needed support:

I always think about when I was doing frontline and I worked all the hours and I didn't have kids, so I could. I can't do that job with kids now, and I think there are really creative ways that we could use to get around some of that. We can even look at shift patterns and work, and some of these families need us at eight o'clock at night, not four o'clock when the kids have just got home, so I think we don't help ourselves by thinking too traditionally about what the role should look like. (Authority 15)

A few informants wished they had been more proactive in helping staff deal with the pressures some were under at the beginning of the lockdown. Although managers had worked hard to support teams a service-wide approach had not always been established from the start.

In nearly every discussion the ways in which multi-agency arrangements had worked were reported very positively and it was hoped that the benefits, improvements and personal relationships would be retained. Similarly, the increased attendance of professionals from other agencies at virtual meetings was judged to be so beneficial that it was important to ensure this was sustained. In these authorities the relationship that stood out beyond all others as having improved was that with schools. The fact that fewer children were in school had contributed to fewer referrals but in many instances schools had worked with CSC to make as many children as 'visible' as possible. Working with the NHS had initially been impacted by the extreme pressures under which they were operating, but after the significant drop in the number of children attending NHS appointments CSC worked closely

with local clinical commissioning groups to encourage appointments and consultations. As the number of children presenting to the NHS increased the number of referrals to CSC rose.

In the months and years that follow the lockdown it will be important to look at the medium- and long-term consequences of the decisions taken on cases and resources as a result of the adjustment to the COVID-19 crisis.

Section 16: Conclusions

This research has indicated the resilience of CSC to the challenges of COVID-19. The 15 authorities had responded to three interrelated imperatives: to keep social workers safe while promoting their health and wellbeing, to work with extremely vulnerable families and to use technology to undertake work with these families who may be technology poor. They had done their best to balance all three, but they were also conscious of the need to review their practice and learn from the experiences of others as they shaped what was frequently termed 'the new normal'.

The other phrase that was frequently used was 'not knowing what we don't know'. All authorities were conscious that soon they could be facing additional challenges as they dealt not only with the practicalities of social distancing and technology, but the increased number of referrals that they expected once other services returned to 'more business as usual' operations. The extent of what had become known as 'hidden harm' was impossible to gauge, but its existence was beyond doubt in their minds and was informing forward planning. There was concern about those families who had been exposed to the risks arising within their homes such as domestic abuse, coercive control, alcohol and substance misuse, with consequences for their mental and physical health.

There was also the effect of poverty upon families and communities. Bywaters and colleagues (2016) reported a strong association between family poverty and child emotional abuse and neglect. ADCS has regularly drawn attention to the swingeing budget cuts imposed on local authorities since 2010 (see, for example, ADCS, 2017). While spending on child protection had usually been ring-fenced, the same was not the case for early help and family support services, undermining the infrastructure that was needed to support many families. Prior to the pandemic, the Resolution Foundation (Corlett, 2019) estimated that child poverty would rise to record levels within the next five years and would be six percentage points higher in 2023–24 than in 2016–17, that is equivalent to an extra one million children in poverty. The Organisation for Economic Co-operation and Development (OECD) (2020) is forecasting that, as a result of COVID-19, the UK will experience severe economic damage and national income will fall by nearly 12 per cent. Such contexts highlight the challenges that may await local authorities as the 'new normal' emerges and when increased demand, reduced budgets and fewer services combine.

COVID-19 has led CSC to think afresh about how things work. It has speeded up changes that would have taken years to introduce. Previous notions of how to conduct an assessment, engage in direct practice and offer student placements are amongst the many activities that have been tested and reshaped, at least temporarily. Social work has been catapulted into a world where remote working and virtual practice are accepted norms which are unlikely to go away. However, social workers need to be able to share experiences, reflect on practice and absorb professional wisdom from each other. There are times when they should be together. While exploring the positives and negatives of home working there was a sense that the implications of the shift and its impact on social workers may not be known for some time. It was also raising questions about how employers would support but also manage their workforce in the long term. If one response was to close buildings to save money it could turn out to be a false economy. Social work may have adapted to home working, but it cannot be its main locus.

Similarly virtual visits to families were reported to be effective in certain circumstances and be less intrusive for some families, but not all. Establishing face-to-face contact in the home, to see or hear what children live with and build relationships that will be fundamental to achieving change, will continue to be necessary. The experiences of children and families are central to this shift and must be captured systematically and used to inform practice.

Discussions about how to manage this future are live across the world and it is important to engage and learn from what works here as well as elsewhere. The local authorities contributing their experience were trying to do the best they could in challenging and novel circumstances, and it is fitting to conclude with two reflections:

Fascinating how we have all, independently, experienced the same issues and responded quite similarly even though we are disparate and very different local authorities. (Authority 2)

Given that we were in uncharted territory, I think we did the best job we could and, I think for me, the question is how do you tell if you did a good enough job? (Authority 3)

Managing through COVID-19: local authorities' and child protection

The project has been approved by King's College London's Ethics Committee (King's College Research Ethics Committee MRA-19/20-18809)

Confidentiality statement

All the information provided will be treated in confidence. No individual will be named and no comment attributed to an individual or an authority. The names of authorities who have contributed will be provided with explicit permission of those authorities. Authorities may choose to not be listed.

General Section

1. In what way, if any, has COVID-19 affected the way the following are conducted:
 - a) referrals of concerns about children and young people?
 - b) assessments of need?
 - c) ICPCs and RCPCs?

2. Some children's social care services have risk-assessed and then reviewed the circumstances of every family they are currently working with, ensuring that those facing the highest risks are visited the most frequently. Was this something your authority did? **YES /NO**

If **YES**, how was it decided which families would continue to receive face to face visits?

3. a) Where face to face meetings with families were necessary have any arrangements to maintain mutual 'safe distancing been put in place? **YES /NO**
If **YES** please briefly describe

b) Were guidelines produced on how to maintain social distancing, use PPE etc?
YES /NO

If **YES** it would be helpful to see a copy.

4. Have there been specific areas to address in relation to:
 - a) Contact between children in care and birth parents?
YES/ NO If **YES** what were these?
 - b) Identification of new foster placements
YES/ NO If **YES** what were these?
 - c) Foster cares where a vulnerable person lives in the house?
YES/ NO If **YES** what were these?
 - d) Unaccompanied young people?
YES/ NO If **YES** what were these?
 - e) Residential homes?
YES/ NO If **YES** what were these?
 - f) Young people moving to independent and semi-independent provision? (including contact with personal advisers)
YES/ NO If **YES** what were these?
5. As far as multi-agency working* is concerned have ways of working changed or new arrangements been put in place?
6. Have there been any specific issues in relation to cross-authority / cross-country working?

Adjustments to regulations

7. Prior to the introduction of the temporary changes was your local authority struggling to meet any of your statutory duties in relation to children in need? If so in which areas?
8. a. Do you consider that the removal of the requirement for a social worker to visit – or even telephone – a child in care every six weeks, reducing it to “as soon as is reasonably practicable” was necessary? **YES/ NO**

Will this change practice in your authority? **YES/ NO**

- b. Do you consider that it was necessary to change the requirement for reviews of looked-after children’s care, beyond the first two reviews, to take place at least every six months to “where reasonably practicable”?

Will this change practice in your authority? **YES/ NO**

- c. Do you consider it necessary to have relaxed the standards governing children's homes in relation to the stipulation that care is delivered by appropriately skills and experienced staff, who are supervised by suitably skilled and qualified supervisors, by the addition of "where reasonably practicable"?

Will this change practice in your authority? **YES/ NO**

- d. Do you consider it necessary for independent panels which approve foster carers and adoption placements to have become optional?

Will this change practice in your authority? **YES/ NO**

- e. Do you consider it necessary that children can now be placed with emergency foster carers – who will be approved as carers, but may for example not be approved to care for the number of children placed with them – for 24 weeks rather than the usual 6 days? **YES/ NO**

- f. Do you consider it necessary that children can now be placed in a 'short break' placement for up to 75 days, rather than the usual 17, with reduced requirements on visits and care plans? **YES / NO**

- g. What are your views on:

- the maximum timespan of emergency foster care placements being extended from 16 to 24 weeks?
- the fact that there is no longer a requirement for temporary foster carers to have a connection with the child or be approved by a nominated officer?

9. Overall, in your opinion, were the regulations for supporting vulnerable children necessary? **YES / NO**

If you wish to do so please comment on any of the above:

Digital and remote working

10. Where remote or digital processes have been adopted where have these been used and for what purposes (including telephone contacts)?

b. Were guidelines produced on digital / remote working with families? **YES / NO**

c. What, if any, have been the main:

- Challenges?
- Benefits?
- Risks?

(Please cover provision and adequacy of technology; confidentiality; assessment of platforms used e.g. Skype, Zoom, WhatsApp, FaceTime)

d. Have any support been put in place to support social workers where they are working predominantly from home

11. Overall where remote / digital working has been deployed in new circumstances:

a. what, if anything, has been learnt?

b. do you think they will outlive the current COVID -19 restrictions? (Please give your reasons if not covered Q9 or elsewhere) **YES / NO**

Workforce issues

12. a. In addition to anything covered earlier have any arrangements have been in place to all social workers to maintain social distancing (e.g. home working, spaced office provision etc)?

b. Have any challenges been created for management oversight of work conducted under these arrangements? **YES / NO**

If **YES** what have these been?

c. Has it been possible to maintain supervision arrangements? **YES / NO**

If **YES** how?

If **NO** please comment

d. There has been a scheme to bring back and register social workers.

i. Have you had experience of this scheme **YES / NO**

- ii. If **YES**, please give details of your experience *or* if **NO** was there a reason for this?
- e. Are there plans in place for resuming more normal office-based working?
- f. What happened re students on placement / planned placements?

Available support

- 13. Is the Government funding that has been made available for local authorities to meet extra demand and costs arising from COVID-19 sufficient? YES/ NO
- 14. What, if any support has been available from:
 - i. Department from Education? (other than financial)
 - ii. Professional groups
 - iii. Other?

Learning

Up to three key lessons learnt through this period?

Is there anything you would do differently?

Please provide any additional comments you wish to make.

**** Do you wish your authority to be named as participating in this research? YES / NO**

**** We are extending this project to include multi-agency work would you be willing to help us make connections with other agencies YES / NO**

References

- Ashley, C., Johnston, J. and Hall, J. (2020) *Kinship Carers' Experiences during the Coronavirus Crisis*. London: Family Rights Group.
- Association of Directors of Children's Services (ADCS) (2017) *A Country That Works for All Children*. Manchester: Association of Directors of Children's Services.
- Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. and Steils, N. (2016) *The Relationship between Poverty, Child Abuse and Neglect: An Evidence Review*. York: Joseph Rowntree Foundation.
- Corlett, A. (2019) *The Living Standards Outlook 2019*. London: Resolution Foundation.
- Devaney, J. (2015) Research review: the impact of domestic violence on children. *Irish Probation Journal*, 12, 79–94.
- Disabled Children's Partnership (2020) *#LeftInLockdown – Parent Carers' Experiences of Lockdown*. <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers'-experiences-of-lockdown-June-2020.pdf> [last accessed 29 June 2020]
- Early Intervention Foundation (EIF) (2020) *COVID-19 and Early Intervention: Evidence, Challenges and Risks Relating to Virtual and Digital Delivery*. London: Early Intervention Foundation.
- Ferguson, H., Kelly, L. and Pink, S. (2020) *Child Protection and Social Distancing. Research Briefing*. Birmingham: University of Birmingham.
- House of Commons Home Affairs Committee (2020) *Home Office Preparedness for COVID-19 (Coronavirus): Domestic Abuse and Risks of Harm within the Home. Second Report of Session 2019–20*. London: House of Commons.
- Lushey, C., Hyde-Dryden, G., Holmes, L. and Blackmore, J. (2017) *Evaluation of the No Wrong Door Innovation Programme*. London: Department for Education.
- Neil, E., Copson, R. and Sorenson, P. (2020) *Contact during Lockdown: How Are Children and Their Birth Families Keeping in Touch?* London: Nuffield Family Justice Observatory.
- Organisation for Economic Co-operation and Development (OECD) (2020) *OECD Economic Outlook*. Paris: OECD.
- Ryan, M., Harker, L. and Rother, S. (2020) *Remote Hearings in the Family Justice System: A Rapid Consultation*. London: Nuffield Family Justice Observatory.

Annexe 1: Observation from Family Rights Group

This research has captured the perspective of senior managers working in children's social care in 15 local authorities in the first months of lockdown as a result of COVID-19. It has explored how social workers have made the transition from office base to home working and from seeing all the children and young people and their families with whom they work face to face to seeing many on video links via tablets computers or phones. It was beyond the scope of this research to explore the perspectives of children and families. We have acknowledged the absence of this important dimension in the main report, alongside the fact that this will be the focus of other studies. However, we did ask the Family Rights Group (FRG) to comment on an earlier draft. FRG is a charity that works with parents in England and Wales whose children are in need, at risk or are in the care system and with relatives raising children who cannot remain at home. The comments are based on the contact they have had with families during this time. It is important to recognise that they were not referring to the experiences of parents or carers in the 15 authorities in the study, but on their experiences far more widely.

The Family Rights Group has made the following points:

In 2017–18 the Family Rights Group facilitated the Care Crisis Review (see www.frg.org.uk/involving-families/reforming-law-and-practice/care-crisis-review), a sector-led review of the high numbers of children in the care system and the record number of care cases coming before the family courts. The review found the child welfare system to be 'overstretched and overwhelmed', with children and families too often not getting the direct help they need early enough to prevent difficulties escalating. It identified a 'palpable sense of unease about how lack of resources, poverty and deprivation are making it harder for families and the system to cope'. Many contributors expressed concern that a culture of blame, shame and fear has permeated the system, affecting those working in it as well as the children and families reliant upon it.

The environment was found to be increasingly mistrustful and risk averse, prompting professionals to seek refuge in procedural responses. The review's findings highlighted the unevenness in practice and standards evident across authority areas and different regions. The consensus was that relationship building is at the heart of good practice and that greater focus on exploring and supporting family as a resource could safely avoid more children needing to come into care or could help them thrive in the care system.

During the current pandemic the child welfare and family justice systems, and those who come into contact with those systems, face a raft of additional challenges. Many families are facing increased stresses, including poverty and isolation. At the same time many support services, including substance misuse and domestic abuse services, which may have mitigated risks and provided reassurance to social workers about specific families, have had to close temporarily or offer a reduced service. Local authorities are juggling priorities within their collective caseloads. The family justice system is navigating the complexity of how and when to operate on a remote basis. Whilst video conferencing and email may mitigate some situations, digital poverty is a major barrier to many parents being able to access advice and participate in discussions about their situation.

The experience of Family Rights Group's advice service and the findings from an online survey of more than 650 kinship carers (Ashley et al., 2020) is that the pandemic has accentuated variations in practice. The charity has evidence of exceptional, creative steps by social workers and children's services leaders to maintain relationships with families and enable children to remain safely within their family network, but this is far from routine. In the main we have heard of child protection conferences and child in need meetings being sometimes delayed and routinely taking place by phone, or at least with the parents having to join in by phone, accentuating their feelings of exclusion. Parents have reported not having seen any documents which should be prepared ahead of the conference (for example, the social work report), not understanding who is on the call or the nature of concerns or decisions made. Their ability to ensure their voice is heard and to challenge (where needed) the information set out by the professionals is severely compromised. We have heard similarly in relation to children in need and looked after children reviews and even pre-proceedings meetings.

As the research found it is even more difficult than normal to find mother and baby placements and it is also harder to locate places in residential mother and baby units. These offer the opportunity for an independent assessment of a parent's ability to parent their child. Without that the chances of babies being removed increase.

This report has not dealt with family and friends' care assessments, but it is worth noting that some authorities have delayed these, and we know of cases where a new-born has been placed geographically distanced from the prospective kinship carers and contact has not been facilitated during the crisis. This may mean that a permanent placement outside of the family network becomes more likely. Similarly, there are authorities who have resorted to procedural responses and imposed blanket rules in relation to contact between children and their birth families, whilst others have tried to respond to specific circumstances, albeit within very difficult working conditions.

Annexe 2: Reflections from the independent fostering sector

Reflecting on the issues raised by local authorities gave four independent fostering agencies (IFAs) the opportunity to describe their experiences. During this time new foster carers had been recruited and the assessment process had started and, in a few instances, had also been completed. As with staff in CSC, staff in IFAs have been working from home and there were concerns expressed about how key elements of processing and reflection, fundamental to social work practice, could be missed when contacting their carers virtually. So, there were concerns about completing an entire assessment virtually:

We also feel that for some people, they will not be able to show themselves in 'their best light' through virtual calls. The observation of family functioning is a vital part of any family assessment and I worry that this is missed when completing assessments only virtually. We have thus made a decision... To be creative in engaging with potential carers, managed by social distancing etc. (IFA 1)

IFAs also had to adapt to the new ways of working in local authorities. In most cases the transition had been smooth and there were comments that local authority support for placements had often increased and been welcomed. However, there were problems when changes in approach had been introduced without prior consultation. For example, one authority increased the frequency of visits to children in foster care from six-weekly to fortnightly:

They stated that this was to provide extra support to placements but there was no consideration of the impact of this on placement stability, on children themselves and no consideration of it on a case by case basis. More recently, some social workers have begun to do 'doorstep' visits on an increasing basis, but again no real thought has gone into the potential impact, what they achieve (in terms of support or safeguarding) or to consider possible issues of stigma for children. (IFA 1)

Contact between children in foster care and their birth families was a continuing area of concern even in late June when restrictions were beginning to lift. Virtual contact was still the norm, although demands for more face-to-face contact were increasing. IFAs were very conscious that they were balancing the concerns of foster carers to protect themselves and families against any unnecessary exposure to the virus with the need of children and families to see one another other than on a screen. They wanted to be able to negotiate a way through this with local authorities, but they were beginning to see some local authorities insist that carers allow face-to-face communication without first discussing it with the IFAs.

Local authority respondents had suggested that young people particularly may benefit in the future from a mixture of actual and virtual contact with their families (see Section 5.4) and this also emerged in the comments received from IFAs. In their experience not only do some children find it hard to accept that family members are allowed to visit what they consider their 'safe space', they also thought that introducing virtual contact may help to balance family relationships and placement stability, particularly where children have experienced traumatic events within their birth families.

Demand for placements had remained relatively stable although two IFAs noted an increase in requests for parent and child placements and those that were able to take children with complex needs. They were, however, conscious of the possible surge in demand if the hypothesised level of 'hidden harm' led to a substantial number of children entering care which, according to two informants, could coincide with the effects of stress and burnout amongst some carers who would have been at home with children for such a long period of time. This had led them to begin to think of measures to minimise the impact.

Overall, IFAs had not seen a noticeable impact on placement instability, and as mentioned by local authorities many children were said to have thrived during this period from having spent quality time with their foster carers. Again, similar problems and solutions to those raised by local authorities were reported in relation to young people who defied lockdown restrictions and social distancing. Carers then became concerned about the possible consequences for their own families. As a result, agreements had often been reached to allow them to return to their families to whom they had usually been gravitating. At the time of responding it was not known if they would return to their foster placements and what the impact might be if they did not.

Several IFAs referred to the training which they provided for carers, both one-to-one and group sessions. IFAs that covered a wide geographic area were able to replace, in the short term, the location-specific face-to-face sessions with virtual sessions that were available to far more foster carers. It was not yet evident to what extent this would become a permanent feature of practice after the COVID-19 crisis had passed.

kcl.ac.uk/scwru
@HSCWRU
