The impact of COVID-19 on Children's Social Care in England

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ABSTRACT

Background: As a response to COVID-19 the population of England was asked to stay at home and work from there wherever possible. This included those working in children's social care (CSC) who have responsibility for child protection and other safeguarding duties.
Objective: The study was designed to understand how CSC made the transition from being an office-based agency to one where the majority of social workers were based at home and to understand how CSC perceived the impact on children and their families. Participants and setting Senior members of CSC staff in 15 local authorities took part in the research in June 2020.
Methods: Nine interviews were conducted by video call, three by telephone, and three consisted of initial written responses that were then followed by telephone calls.
Results: Service delivery had been maintained across all the authorities with most visits being made virtually after assessments of risk had been conducted on all cases. Multiagency working had improved, with greater involvement of general practitioners and paediatricians. Overall activity in CSC had been lower than normal but as lockdown eased this was changing. Concerns were expressed about how to manage the response that would be required to meet the expected level of harm that had occurred but been hidden.
Conclusions: Responses to COVID-19 prompted widespread innovation and it will be an imperative to evaluate which initiatives have worked for children and families, as well as practitioners, and which should be discarded, sustained or reshaped.

1. Background

The week between 16 and 23 March 2020 witnessed the largest transformation in practice that English children's social care has ever experienced. The possibility that COVID-19 would lead to disruptions in services had been mooted since late February and into the first weeks of March which provided an opportunity for plans to be discussed and drafted at local level as well as nationally. In the week of 16 March local authority social workers continued to work in their offices, they visited families and attended meetings. In the 15 authorities that are the focus of this paper by the next week over 80 per cent of them were working from home, connected virtually to their offices, colleagues and the families and children with whom they were working.

Local authorities had to balance the challenges of keeping their workforce safe, respond to the imperative to try to ensure children were safe, and adapt to new ways of working. They sought to ensure support continued to be focused on the most vulnerable children. Senior managers in children's social care (CSC) had to oversee this transition to new ways of working without knowing how many of their staff might be unable to work either because they had contracted the virus or because members of their family were at heightened

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risk or needed support. Up to that point only rarely had most social workers in CSC worked from home for more than the odd day, but within a very short period the technology that was in place to support office-based staff had to respond to demands for assistance from a workforce now based at home but still needing to access their office systems. There was little room for system failure. CSC core responsibilities for 'at risk' children continued, and ways had to be found to maintain the oversight of some of society's most vulnerable children and families.

On Friday 24th April 2020, nearly five weeks after the lockdown had started in the United Kingdom (UK), the 'Adoption and Children (Coronavirus) (Amendment) Regulations 2020' (HM Government, 2020) came into force in England and temporarily amended 10 sets of regulations relating to CSC in England including (1) those in the care system, (2) young carers, and (3) those known to be at risk of sexual abuse or living with domestic abuse. So, for example, a social worker was no longer required to visit – or even telephone – a child in care every six weeks, reducing it to "as soon as is reasonably practicable" (Regulations, Section 13). Other relaxations included changing 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" and independent panels which approve foster carers and adoption placements became optional. The measures attracted considerable criticism for several reasons, including the suggestion that there had been minimal consultation with national bodies such as the Association of Directors of Children's Services (Turner, 2020a). It was later confirmed in a reply to a Freedom of Information (FoI) request made to the Department for Education (DfE) that no formal consultation had taken place (Personal communication to authors from the originator of the FoI, John Radoux, a residential childcare worker and child and adolescent counsellor). The DfE did not comply with the usual 21day rule of publication three weeks prior to coming into force, although the government explained this was to allow authorities to meet their statutory obligations at a time of crisis. Of more significance was the concern that a framework, developed over many years and designed to protect children, was being unpicked and the relaxations were being used to trial more permanent changes, some of which had been attempted several times over the past three years by the previous government. As a result Article 39, a children's legal rights charity, brought judicial review proceedings to seek the overturn of the regulations. However, in *R (Article 39) v Secretary of State for Education* [2020] EWHC 2184 (Admin) the High Court found that the Department for Education did not act unlawfully when laying the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 before Parliament and had done to so meet 'the very particular challenge' faced by the CSC sector in Spring 2020.

The aim of this paper is to describe how CSC adjusted to the conditions of lockdown in order to contextualise how social workers continued to work with families and children. The overall objective is to examine the changes that occurred in CSC over this early period of the pandemic in England's CSC and to explore the advantages and challenges they pose for a post-COVID-19 world.

2. Methodology

This paper reports a qualitative study designed to explore how 15 English local authorities' children's social care (CSC) (also known as children's services departments) responded both in the initial period following lockdown and in the following months. The study collected interview data in the early months following the Coronavirus outbreak in the UK (from late May to early June 2020), when it was not known how long measures such as lockdown (the stay at home order), the shielding of clinically extremely vulnerable groups, and social (more accurately physical) distancing would continue.

It was decided that the recruitment of 15 authorities was feasible in the context of the pandemic and represented at least one authority in eight of the nine English regions. Despite repeated efforts it did not prove possible to recruit an authority in the ninth region. Given that there are 151 local authority CSCs it was a pragmatic decision to recruit only a ten per cent sample. We sought to recruit between 12 and 15 volunteer local authorities who would be prepared to engage with researchers within a short time frame. While a larger sample would have introduced increased sensitivity on implementation and experience, Weller et al. (2018) conclude that 'In general, probing and prompting during an interview seems to matter more than the number of interviews' (p15), with probing and prompting being features of the interviews in this study. In this instance, the intention was to explore a restricted number of areas in depth and to provide the opportunity for others to reflect on the findings and their congruence with their experiences. It would have been difficult to know in advance when and if we could have achieved saturation.

Normally research that is taking place in more than three local authorities in England requires the approval of the Association of Directors of Children's Services (ADCS) but, given the pressures under which it was operating, ADCS allowed the researchers to recruit authorities that volunteered but asked that we conduct a limited study so as not to place too much burden on local authorities. We were also conscious of the request from the Department for Education (DfE) not to place undue burden on authorities.

A call for participant CSCs was publicised on social media, in addition to direct or indirect requests made to professional and CSC networks. When interest was expressed requests were then made to the Directors of Children's Services (DCS) or to another senior manager for approval and the identification of the individual(s) who would provide the response. All local authorities interested in participating were sent an information sheet which outlined the study's aims and explained that while participating authorities could choose to remain anonymous or to be named in the report, no data would be attributed to an authority or individual. Fifteen authorities were recruited and all agreed to be named. They included three cities, two London boroughs, six unitary authorities and four county councils.

The topics covered in semi-structured interviews were informed by discussions with other local authorities where the authors had been engaged in research and evaluations, as well as by reports covered in the new media, in social work magazines and other online publications. The interview protocol was then discussed with a group of practitioners holding senior positions across four authorities and with three social workers in frontline teams. It was trialled in an authority in which one of the researchers was working on another project.

Once it was established who would be speaking on behalf of an authority the interview schedule was sent to the individual(s) and

arrangements were made to conduct an interview by telephone or video call. Of the 15 interviews, nine were conducted by video call, three by telephone, and three people provided an initial written response by email that was then followed by a telephone call.

All the interviews were digitally recorded and transcribed verbatim. Thematic content analysis was chosen by the researchers as a *'method that provides a systematic and objective means to make valid inferences from verbal, visual, or written data in order to describe and quantify specific phenomena"* (Downe-Wambolt, 1992, p. 314). Both researchers were involved in this iterative process that allowed them to make sense of the data, with patterns and themes emerging and outliers and atypical responses captured. In this instance we did not use a qualitative data analysis (QDA) tool but interrogated the data manually, becoming familiar with the data while coding separately, reaching agreement on the emerging themes and then collating the codes into themes, following Braun and Clark's (2006) advice that:

> Data within themes should cohere together meaningfully, while there should be clear and identifiable distinctions between themes. (p 91)

This very standard approach to thematic analysis was combined with a narrative analysis to highlight important aspects of the accounts that were provided.

Originally it was intended to employ a modified Delphi methodology, adapted to take account of the speed with which data collection was undertaken. In a traditional Delphi process expert opinion is gathered through a series of iterative questionnaires, with a goal of coming to a group consensus (Goodman, 1987; Sackman, 1974). In hindsight, the Delphi approach was so modified that it will not be recognised as such by some adherents, but the process of collection and then feedback and reflection allowed the data to be collected rapidly and collaboratively and then to ensure that the report reflected the views and opinions shared with the authors (for details of the full report see Baginsky and Manthorpe, 2020). The draft report was circulated to all those that had contributed to allow them to enter a discussion with the authors and provide the opportunity for participants to elaborate on their views. In the event feedback was received from 13 of the 15 with a common theme running through the responses that they had been surprised and given confidence by the similarity of responses and experiences.

While there were challenges in analysing data collected in different formats and by different methods, these were outweighed by the privilege of hearing and reading of experiences that may have been harder to capture if only one approach had been adopted. These data were collected at a time when the participants were not only working in very different ways, but they were managing both risk to children and young people while overseeing staff based in a multitude of locations and working amid a national context of stress and hyper-uncertainty (see Longfield, 2020).

Research Ethics Approval was granted by King's College London's Research Ethics Committee.

3. Findings

3.1. Workforce deployment

In order to put into perspective the ways in which social work with children and their families has changed during the restrictions arising from COVID-19 we sought to understand how social workers, as the key professionals responsible for child protection under the Children Act 1989, were being deployed following national lockdown. Although there were a few references to individuals who had contracted COVID-19, there had been little impact on the workforces' sickness levels during this period. Making the transition from an office to home base was said to have been reasonably smooth for a profession where the level of home working had previously been low and usually restricted to carrying out administrative functions rather than engaging with families and children. In all 15 authorities in the study social workers already used, or had been given, laptop computers or another portable device that enabled them to work from home while connected to the local authority information recording systems. Over the following weeks each local authority issued advice to staff on ergonomic matters such as sitting in a well-supported chair and being at the right angle to the screen. In some cases larger screens, telephone handsets and chairs were purchased for home use, but the overall amount of expenditure on additional equipment was said to have been relatively low:

> (With) some staff I was concerned about their seating arrangements, so I actually took chairs from the office, and I said 'drive in, I'm going to load a chair into your car and you can take that home'. (Authority 14)
> The technology was there, but if people needed headphones or bigger screens, there was a budget so people could buy stuff off Amazon (online) and have it delivered at work for anything they needed at home. (Authority 10)

In a few authorities IT systems struggled to cope with the increased demand and had to undergo a substantial upgrade over a few weeks, that in other circumstances might have been planned over months if not years:

> So there was some initial guidance from the IT people about not using video streaming because that used up a lot of the capacity. But then, whatever magical fairy dust they sprinkled on the system, they did some particular upgrade which meant that half of all the home users were on one server and half on another server, and since then, probably the third or fourth weekend, it's worked remarkably well. (Authority 12)

It was reported that it was easier to address technological and equipment shortfalls than it was to find solutions to other consequences of home working. By 20 March all schools were closed. Social workers with school aged children had the option of using their 'key worker' status to send them to schools that were open for those children, as well as those who were defined as 'vulnerable'. ('Vulnerable' covered children with a social worker and children with statements of special educational needs who would most benefit from the provision.) In the event very few children from any of the groups attended schools during the first six weeks (Department for

Education, 2020b), although attendance increased slightly during May. Local authorities therefore had to consider the likelihood that many social workers would have children at home and /or may have other caring responsibilities.

In general, social workers were reported to be very positive during this period and had readjusted daily routines accordingly:

> Many social workers are managing work and home at the same time. Working at home requires doing things differently – even walking round the block. Some managers have now become good at taking lunch breaks when they never would in the office. (Authority 5)

However, it was also recognised that, in addition to finding ways to balance home and work, some social workers were facing specific challenges. For example, conditions were not always suitable for home working, particularly for young social workers who were more likely to be sharing accommodation and could not always guarantee to find a place to hold confidential conversations. Sometimes the only place might be a bedroom, and some did not want to join video conferences with families and / or courts from this location. Managers also knew some staff were working under specific strains, either because of stressful or even abusive home situations or as a result of their own poor mental health. In these situations some had been offered office space or opportunity to join a rota for office-based work, but that was only possible if an office was open.

4. Workplace capacity

In this section we report three separate but inter-related workplace capacity challenges, namely equipment, managerial contact and student placements. The first relates to the widely reported shortage of personal protective equipment (PPE) in UK hospitals and care homes (Blackall, 2020). The availability of PPE in CSC varied in the early days, even though in most instances the same quality of PPE was not required in CSC as in health settings or adult social care, it was rarely available in the quantity required (British Association of Social Workers (BASW), 2000). This changed as time passed, and social workers were usually advised to wear a disposable mask, apron and gloves when visiting families. Information was not collected on the proportion of visits being made by social workers wearing PPE, but in some cases social workers were reported to be choosing not to wear it or deciding to arrange meetings outdoors to avoid it altogether. Working alongside other agencies also unearthed differences in policy and procedure, with stories of social workers wearing PPE going out on joint agency visits with police colleagues who were not required to do so in the early weeks of lockdown, although this also changed later.

The capacity to maintain contact between managers and staff was said to have increased over time with frequent telephone and video calls taking place to provide reassurance or just 'check in'. Team meetings continued by video links, as did 'drop in' sessions where work was not the focus but where the intention was to fill the gap left by the inability to be able to chat over coffee or just in passing. Supervision was also usually by video unless the two staff involved were in the office at the same time. While supervision was reported to be occurring at the same frequency as before COVID-19, it was also said to be shorter and to concentrate on the progress of cases, with any staff wellbeing matters left to other contact points. Management oversight of cases also adapted to the new circumstances, taking on board and reviewing any processes around prioritising visits and policies and interventions that had been introduced.

At the time of lockdown many social work students were on CSC placements. CSC usually only provides placements for final year social work students in England, and, given the timing, many of these would have been coming towards the end of their course and seeking employment in CSC. Immediately after lockdown there appeared to be no national directive on what should happen and participants reported having been uncertain as to whether or not they were allowed to include students as part of the workforce, particularly as universities took different approaches as to whether placements should continue. In the study's authorities it was reported that most students had wanted to complete their placements and, in these authorities at least, that did happen. Where universities had withdrawn students, most returned soon after and continued their placement from a home base.

As was the case in previous years, many students went on to accept posts in the authorities where they had been on placement. Social worker recruitment continued right through this period, so newly qualified and more experienced social workers were being offered and accepted posts and were being inducted into their new roles. Some authorities had received a good response to advertisements while others had not, even from those who were just graduating and on whom many authorities relied. One participant speculated that this was because authorities had over-recruited from students on placement to boost their workforces in order to be able to manage an anticipated surge in referrals once lockdown was lifted or schools reopened. At national level, the Coronavirus Act 2020 created a temporary social work register that enabled all social workers who had left the register in the past two years and were eligible to return to work to re-register (see Social Work England, 2020a). Only a minority of participating authorities had registered an interest in this temporary register to maintain workforce capacity and the reasons for this might be worth exploring.

By the time of the interviews in late May / early June concerns about maintaining both capacity and response had declined, as the new ways of working were becoming embedded. Instead attention had turned to the future and the uncertainties attached to returning to offices, with considerations of both the constraints of social/physical distancing, as well as individuals' preferences in relation to the risk of doing so. A few authorities lacked sufficient office space to be able to accommodate staff and maintain social distancing requirements; others feared offices might be closed on financial grounds, making home working the norm for the majority.

Only a small proportion of children in the legal care of CSC were attending nurseries or schools during lockdown and so the level of daily oversight of children with child protection plans and children in need plans was limited. Consequently, there was a reluctance to end such plans that would have been stepped down. This had implications for social workers' caseloads which in pre-COVID-19 times were often already high (Institute for Government, 2019) and in excess of those contained in the annual release of workforce statistics by England's Department for Education (DfE, 2019) which gave the figure of 16.9 as the average caseload held by CSC social workers.

During interviews in these 15 authorities the problems associated with high existing caseloads were often linked with the expected increase in referrals when more children returned to school and new child protection cases were added to those that had not been closed, confirming the findings of a national survey (Turner, 2020b). So, while social work capacity in the sector was steady there was a yet unknown level of future demand.

5. Responding to concerns about possible abuse

In England most referrals to CSC about children's welfare come from the police, as well as health and education services (Department for Education, 2019). In the immediate period following lockdown most of the 15 authorities had received fewer referrals than in the same period in previous years. Overall, only small proportion of children who could attend school were doing so during lockdown, with most remaining at home. This was thought to explain a proportion of the fall in the number of referrals, but not all. In some areas health visitors, nurses or midwives who work with families of pre-school-age children had been redeployed to other parts of the NHS that were under pressure as a result of COVID-19. This removed another layer of professional contact with children. The referrals that were received were said to contain those that were more serious than usual and with higher numbers coming from hospital staff. Police referrals were often linked with incidents involving domestic violence, the level of which was reported to have escalated nationally (Townsend, 2020), as well as internationally (Bettinger-Lopez, 2020), since the start of lockdown. While the level of activity in CSC in April and early May was below that of earlier years, by mid-May numbers were reported to be increasing as more children returned to school and health visitors returned to practice. Local and national campaigns that had been launched to raise the general population's awareness that children may be at risk may also have contributed to this rise (End Violence against Children, 2020).

Early help is the term used in England's child welfare system for support given to a family when a problem first emerges in order to prevent situations deteriorating, improve the chances of better outcomes for children and young people and halt cases escalating to CSC at any point in a child's life (New Economics Foundation, 2016). It may be provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health problems or drug and alcohol misuse (HM Government, 2018). It relies on local organisations and agencies working together to identify and assess children and families who would benefit from early help and providing services to address the assessed needs. Throughout lockdown authorities that had strong early help services in place were more confident not only that families most in need were able to access support, but that these services also provided an opportunity to monitor the risks to which children were being exposed. It is, however, a sector that has been depleted during the years of austerity that followed the financial crisis of 2008 (Action for Children et al., 2016). There are now fewer family support services as they have closed due to cuts in local authority budgets or have been reshaped to meet higher level needs (Buchanan, Poet, Sharp, Easton, & Featherstone, 2015).

Some authorities were in a more fortunate position than others. It is a sector that has been depleted following the financial crisis of 2008, with provision varying around the country (Ofsted, 2015) and stronger in those localities where there were networks of voluntary agencies.

6. Working with families

On receipt of concerns about the safety and well-being of a child CSC staff decide what steps need to be taken. In pre-COVID-19 circumstances where a report suggested a home visit was required a social worker would undertake this, having first contacted the family. With COVID-19, apart from emergencies, families were being contacted to find out if anyone in the household was symptomatic or shielding (highly vulnerable) to prepare the social worker and the family for the steps that must be taken. While social workers were advised to wear PPE on all home visits, some judged that this would upset young children and decided not to do so. Visits were sometimes undertaken on a doorstep or in a garden, supplemented by a virtual tour of the home to gauge the conditions in which the child(ren) lived. While it was unlikely that one visit would be sufficient, subsequent ones might be virtual. At times two social workers made the virtual or actual visit, to allow one to support the child or parent while the other asked questions or discussed their current situation. It enabled two minds to focus on an assessment that was being conducted in unusual circumstances, and address underlying concerns about what, if anything, was being missed, especially when the visit was happening virtually and where it might only be possible both to gain a partial view of homes and harder to assess body language and facial expressions.

Social workers were also holding existing cases where similarly hard decisions about contact had to be made. Most participating authorities had introduced a RAG (Red, Amber, Green) reporting system usually applied in project management for rating status reports. Those marked as 'red' were prioritised for visits and more frequent contact. The assessments were regularly reviewed in the light of information from social workers and other agencies. Where other agencies were linked with CSC through electronic recording systems, they were able to log concerns or any updates which could then be reviewed by managers overseeing the cases as well as by families' social workers:

> We carry out quality assurance weekly and then every week we do a quality assurance report to say what the quality is like … and we saw an improvement because we use that quality assurance to feed into practice… but 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)

Only one of the 15 authorities did not RAG rate cases in this way, although this one said it was in line with practice in their neighbouring authorities. In this authority the expectation was that children with child protection plans would continue to be seen

face-to-face every fortnight and those on child in need plans every four weeks. Overall, even when the contact with the child was virtual many social workers were developing new ways of engaging with children and young people, such as by making games or activities they could do together.

Multi-agency child protection conferences were also being conducted virtually. Such conferences were acknowledged as potentially intimidating for parents at the best of times but that this would be particularly so when parents were on their own. While some of these virtual conferences were said to work well, others had been more difficult. Parents did not always have the necessary technology or skills to join virtually and being the only person to dial in on a telephone when everyone else was on a video link was thought to put them at a disadvantage. Various attempts to compensate were mentioned, such as providing smartphones and data allowances, sometimes going to the home or bringing parents to an office so they could be supported by a social worker or sit alongside the conference chairperson. Papers for the conference did not always reach families before the meeting and there were also reports of conferences being very long, particularly in the early days. Reflecting on what the future may look like, participants assumed that it may become the norm for other professionals, such as general practitioners (family physicians), paediatricians and the police, to join by video, especially as their attendance had often improved, but the same assumption was not made about parents. Virtual and telephone conferences were viewed as short-term responses to the government's directive to work from home and stay at home, but they were not seen as sustainable in the long-term. As well as concerns over parental access there were also questions about the ethics of allowing a range of professionals to access family homes which was judged to be intrusive and risked exposing children to information they should not hear.

Other changes that were highlighted related to inter-familial contact. The President of the Family Division, Lord Justice Andrew McFarlane (2020), issued a statement on 24 March saying that where coronavirus restrictions led to any changes in contact arrangements between children and their birth parents then alternative arrangements should be established. All participating authorities had closed their Contact Centres to families for at least some of the time. Most contact became virtual, usually with the support of courts, parents and foster carers, with the latter usually supervising it. For the most part they had done this with goodwill, but some were reported to be apprehensive about the visual access this gave to their homes. Often pre-adoption contacts had been cancelled as there was an understandable aversion to allowing these to take place other than face-to-face, but as lockdown continued discussions were taking place to see how these and other contacts could be facilitated:

> We've started looking at face-to-face contact with younger children and risk assessing those, but this has got to be in the context of the court arena and court requirements, so we're doing a lot of regional work to make sure that consistent approaches for all our local authorities within the court region as well. (Authority 9)

In the early days of lockdown many authorities had been concerned that pressures associated with it would lead to placement breakdowns which could be further aggravated if foster carers became ill and could not continue. Although there had been breakdowns and illness, these worst fears had not been realised and, in fact, in some authorities there had been a reported increase in placement stability. For the most part this was accounted for by foster carers' dedication and determination to maintain stability for children and young people during a time of exceptional uncertainty. Additional assistance had been given to foster carers when needed, but the contingency planning to create additional residential places had not been needed. 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 foster carers. Where additional support was necessary, some authorities had assessed their own residential staff as foster carers for temporary emergency placements for children staying in children's homes, using the flexibility contained in the regulatory amendments discussed above. The same amendment was also used to recruit temporary foster carers from professionals employed in their authorities. Nonetheless, most authorities were not enthusiastic about the introduction of the amendments and intended to use very few unless justifiable on a case by case basis:

> We've taken a very strong view that we will only use amendments where it is in the best interests of the child to do so, and there's very few of those that we have adopted, and where we have done it's been in very limited circumstances. but that is one of the regulations that we have been able to make some use of, in the best interests of the child, being the right plan for them. (Authority 11)

More significant problems arose from a shortage of mother/ family and baby placements and from the behaviours of older children and young people who had found the constraints of lockdown too much to bear. There was little that could be done to correct the former deficit but when placements broke down for the reasons that children were beyond carers' control they were usually moved to residential provision, where it was available. But operating residential homes during this time was also complicated. Children were usually asked to self-isolate prior to moving to a home and sometimes residential workers self-isolated with children.

This research focused on how CSC had responded to COVID-19. All the authorities were collecting accounts of the experiences of children and young people through their senior staff who had collected them from practitioners and conveyed them in our interviews. Children and young people were reported to have usually been very positive about virtual engagement with CSC staff. Many were said to prefer engaging via FaceTime or WhatsApp. 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 and to connect with social workers away from their schools where so many contacts had previously taken place. There were also reports that relationships between social workers and families had often improved during this time, whether through virtual or face-to-face contact, as they were engaged in a shared struggle against the virus.

7. Discussion

Concerns that the social work workforce would be significantly depleted by staff sickness as a result of COVID-19 did not materialise, but with an increasing awareness of the pressures under which social workers had been working it was far from clear that this would remain the case. When the interviews were conducted it was not possible to assess fully the impact on the workforce or on families of the very different ways of working.

Conversations across authorities were focussing on a possible increase in referrals as hidden harm surfaced and the nature and scale of these will need to be investigated. A loss of direct contact between children and their schools or health workers was one factor that contributed to the rapid fall off in referrals during the lockdown period. During this time families had experienced an extended period of home confinement and the levels of domestic violence, abuse or neglect could not be known. Although referrals fell by up to half immediately following lockdown (Calkin, 2020), several predictions of significantly increased referral rates were being voiced in the interviews and more widely (Association of Directors of Children's Services (ADCS), 2020; Royal College of Paediatrics & Child Health, 2020, and Safeguarding Board Northern Ireland, 2020). Towards the end of July the Director of Kent Children's Services, one of the largest authorities in England, predicted that, when schools return to normal in September, referrals could rise by 250 per cent (Martin, 2020).

At the time of writing it is still not clear what will be the medium to long term legacy of the developments that have taken place in CSC practice. In most of the participating authorities, risk assessments had been completed on all open cases to identify which families would receive face-to-face visits rather than video or telephone contact. Only those identified as high risk were being visited. The systems and tools used to make these assessments were reviewed regularly, but their ability to support such a significant task as prioritisation will need to be assessed and may need to be revisited. This also raises the question of why children remained the subjects of child protection plans if it was judged in cases where they had so easily been transferred to less intensive contact. The trajectories of these families over this period is worthy of further research as it may be possible to learn a great deal from the quality of contacts with children and young people and their families during this time and the impact that this had on subsequent decisions. Similarly, given that it is an important part of the social worker's role to establish relationships with those with whom they are working and understand the impact on them of their lived experience and environment, might this be compromised by a PPE barrier or the rules around social/physical distancing? Similarly, where meetings took place through a video connection what, if any, were the consequences for the decision-making processes and the outcomes for all parties when compared with the 'business as usual' model?

Again at the time of writing, while more face to face visits were being made than in the preceding months if virtual contacts continue in any form the question of digital poverty or exclusion will have to be addressed, so that some parents are not disadvantaged by innovations that may benefit others. Blank, Dutton, and Lefkowitz (2019) have observed that since the internet has become an integral part of everyday life in countries such as the UK, those who do not have access to broadband or the technology or the skills are at a severe disadvantage. The 2019 UK Consumer Digital Index reported that 22 percent of people do not have the necessary digital skills for everyday life (Lloyds Bank, 2019) and a survey published by the Office for National Statistics (ONS) found that 5.3 million Britons had either not gone online or used the internet in the last three months (Office for National Statistics (ONS), 2019). While most of the 5.3 million were in the older age groups, the ONS data also showed that 700,000 secondary school pupils did not have a tablet or computer to access the internet at home, and a further 60,000 had no internet access at all. The Cambridge Centre for Housing and Planning Research at the University of Cambridge has been examining digital exclusion for a number of years and concluded that not only do those living in poverty experience the most significant digital disadvantage, but that this has been intensified by COVID-19 (Holmes & Burgess, 2020). Many of the families involved with CSC are living below the poverty threshold and that number was increasing before the pandemic (Buttle UK, 2019).

Similarly, while there were many positive reports of how young people seemed to prefer engaging through their smartphones and tablets, it did not work for all. Questions remain about when it is appropriate to connect virtually, as well as whom it works for and under what circumstances. For those children in local authority care and removed from their parents some would find the absence of physical contact hard to bear, while others may welcome it and find the virtual entry of their parents into their personal space an intrusion and something they would want to avoid. There was considerable reluctance to agree that a final parental visit with a child prior to adoption could be through video, but this had to balanced by concerns that delays could adversely affect the child.

Early help services played an important role in stopping CSC being overwhelmed by maintaining contact with and providing support to many families. Where they were reported to be working well, often in collaboration with schools and early years providers, they were portrayed as a safety net for vulnerable families and a point of contact for children who might just fall outside CSCs' remit. As noted earlier, these services had been significantly affected by reduced budgets. A report by the English County Councils' Network (CCN) (2020) found that spending on preventative and early intervention services by county authorities dropped by £172 m since 2015/16 and this will be reflected in authorities across England. As a result of these funding reductions, local authorities have had to cut or scale back many of the services that come within the 'early help' remit. So while spending on statutory services has risen to meet increased demand, there have been significant reductions to services which would be classified as 'preventative'. The findings from this research indicate the importance of maintaining and, indeed, supplementing funding for them in order to secure statutory services for those most in need. The period of lockdown has also impacted on local authority income from many sources as income generating facilities (such as leisure centres) have been closed. However, as noted above, the demands made on them by CSC are likely to escalate as the predicted levels of need emerge and if children and their families are to receive the support required to recover and halt further deterioration. This suggests a need not only to research social work interventions and systems, but also the resilience of early help services.

Local authorities, along with voluntary organisations and universities, were faced with the challenge of managing and supporting

students on placement. The regulator, Social Work England, required a placement to be evaluated based on how appropriate it was for it to continue, taking account of the paramount importance of a student's health and wellbeing (see Social Work England, 2020b). In some authorities students stayed in or returned to their teams, working from a home base, while some universities supported students to develop virtual placement experiences. Placements may have been shorter than required while arrangements were made for their continuation or where the ceased completely. In these cases, academic staff have had to review the records of students' work on placements to ensure that the regulator's standards have been met and advise both student and practice educators where additional work was necessary. Social Work England has made it clear that in the future they may require students to verify how any alternative or virtual placements have met their standards when they apply to join the register (Social Work England, 2020b). For the foreseeable future placements will continue to prove a challenge but one that may have provided a significant point for reflection for those engaged in social work education (Ixer, Baginsky, & Manthorpe, forthcoming).

A feature of social work with children in many authorities is high staff turnover which has led to a heavy dependence on recently qualified and early career staff (see Institute for Government, 2019). This, in turn, is a group that relies on colleagues to provide them with professional guidance and day-to-day oversight. Baginsky and Manthorpe (2015) found that the workplace context encountered by newly qualified social workers was intimately connected with how prepared they felt to practice. Even though managers and senior colleagues kept in regular contact with staff in addition to supervision sessions, there is scope to explore if and how working through this time impacted on their professional identity and commitment. It will also be important to follow up those students who were catapulted into virtual placements, felt valued as 'key workers' or who have had their path to qualification thrown off course.

The local authorities where the interviews were conducted were confident that they did not need most of the flexibilities contained in the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 which reflected the degree of control they believed they had established over what was a fast-moving situation. Moreover, in addition to feeling that they did not need to fall back on the flexibilities, many of those who were interviewed agreed with individuals and groups opposing their introduction. The exemptions were due to expire on 30 September and, despite recognising that the regulations were being used very infrequently (DfE, 2020a), in mid-July the government launched a survey seeking views over the extension of those relating to adoption and contact visits until March 2021. The given rational was that they would support CSC during the recovery stage of the pandemic and possibly through any future surge in COVID-19 cases.

An area of concern for authorities at the outset of lockdown was whether they could move an office-based workforce into one that would be predominantly working from home.

This was implemented rapidly and there is scope to consider what 'return to work' initiatives may be needed to mitigate stress, even if return is flexible (see Tan et al., 2020). Not only will social/physical distancing mean fewer people will be able to be in an office at any one time, social workers may prefer to continue with a mix of virtual and face to face meetings from an office and / or home base, not only in terms of time saving and convenience, but also to offer greater flexibility to the families they support. While there are very positive aspects of remote working, such as time and money saved on travelling, there are also obstacles and challenges. There is still uneven broadband quality across the country and there will be a tendency for home and work lives to merge, with the latter adding to concerns about the risk of burnout and fatigue across the children's workforce (Association of Directors of Children's Services (ADCS, 2020).

In the short term the number of home visits will increase but while the virus is in circulation everyone will proceed with caution. Until offices open and the level of home visiting has returned to some level of normality, it may not be possible to assess the long-term consequences for children's outcomes, practice or the wellbeing of staff (Descatha, Dab, & Jean, 2020). Details in respect of staff are being collected by surveys developed by the British Association of Social Workers (BASW), Ulster University and partners, while work on the impact on families is part of a large study being conducted at the University of Birmingham (Fergusson, 2020).

8. Limitations of this study

This study recruited a self-selecting sample of local authorities and, although geographically and socio-economically diverse, they are only a minority of local authorities. There is a risk of bias in that they may have provided a more positive picture of events than was the reality for other authorities because they may have felt more confident in their operations or under less pressure. The counter to this is that the strength of this study lies in the early data collection and insights from local authorities who had time to reflect on their first responses and to revise them if they so wished. The data may assist others undertaking surveys of the CSC workforce to set their findings in context.

9. Conclusions

Much changed during the early weeks of the pandemic, and these interviews captured reflections at the time when managers in CSC were thinking about system recovery and adaptation, as well as individual risks and resilience. Collaboration between agencies in the public sector, as well with those in private and independent (third) sectors, was already a feature of public services long before COVID-19 but we found indications that these organisational and professional arrangements have been strengthened. Only time and research will prove if this is sustained and improves children's outcomes. Perhaps surprisingly at a time of a national pandemic there was an absence of major engagement with national developments and guidance in CSC work, possibly because such guidance had appeared late and local solutions had been created. Attention was very much on the local, as well as on strengthening of connections between neighbouring and regional authorities and networks.

COVID-19 was considered to have accelerated change; it had tested the resilience of services and it may have exposed new

weaknesses which are yet to emerge, including escalating the dimensions of inequalities. COVID-19 also accelerated the role of digital connection in areas of social work practice and systems that had not previously been imagined, let alone tolerated. Out of necessity this led to a leapfrogging over difficulties that would, in normal times, have seemed insurmountable. Local authorities reported that social work practice was operating in a more agile way; individuals and teams were collaborating in new ways and being more experimental in their practice. Risks were being assessed continuously within environments where the overall level of risks is estimated to have risen for many parties. There is an opportunity to consider if COVID-19 might transform England's CSC in the long term and to build on the legacy of its first few months or if it should be taken as a litmus test to consign certain practices to the waste heap as failed experiments.

Acknowledgements and Disclaimer

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