

Social work in a pandemic

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<https://flipbooks.gs-cdn.co.uk/aru-executive-summary/> an accessible summary
<https://flipbooks.gs-cdn.co.uk/aru-accessible-summary/> and the full report
<https://flipbooks.gs-cdn.co.uk/aru-final-report/>

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Executive summary and recommendations

Pandemics, by their very nature, are rare and tend to be hard to anticipate and predict. There are several variables affecting impact and response: the rate of spread and the seriousness of the illness and its impact on both patients and the community. These are always likely to result in an element of unpreparedness, and a need for health and social care services to adapt quickly and effectively, to the challenges they present. So, the Covid-19 pandemic has afforded a unique opportunity to explore new ways of leading and delivering social care services for children and families, and the lessons we can learn from it will, assist in recovery, change policy and practice, and provide insight into preparing for future pandemics and other extreme events.

This report was commissioned from Essex County Council, by the Department for Education to help current and future thinking. To deliver this, five other local authorities, Cornwall, Hertfordshire, Medway, South Tyneside and Stockport, and the University of Birmingham joined with Essex. The authorities were assisted to design semi-structured interview tools, by the academics, which they then used in pairs to evaluate organisation and practice in all six authorities. Initial findings were presented to a national conference in May 2021, and contributions from participants at the conference have helped inform thinking for this report. In a separate workstream care-experienced, young researchers worked with Anglia Ruskin University and their respective authorities, to produce their own report. The links to that work can be found in the Acknowledgements section of this report.

The rapid rate of change in family life and social work intervention, especially after the first lockdown was announced, meant it was inevitable that authorities adapted to the 'new normal' differently. Yet, all have sought to balance the risk of infection to children, families, and staff, against the risks of reduced or non-intervention to the child. In responding to these challenges, and by continuing to visit children and families, social workers and other professionals have very clearly demonstrated their commitment, to the first of the Nolan principles of public life:

'Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their families, or their friends.'
(Nolan, 1995 p.14)

During this period, negotiation and co-creation, between professionals, children, and their families, were essential to deliver more effective support, and improve safeguarding practice. There were many challenges too, and we have thought carefully about what this means for the future, and present our findings here, thematically, beginning with the importance of multi-agency working. In doing so, it is hoped that this will inform the development of future social work practice, and help truncate the initial response phase, in future pandemics (c/f Bryant et al., 2021).

Identifying children in need and at risk: The importance of multi-agency working

When they were not attending schools or other services, and were locked down at home, children's lack of visibility resulted in a significant reduction in contacts and referrals to social care, and the number of assessments conducted. When restrictions were lifted and children were seen at school again, the picture was mixed. Some authorities experienced a return to pre-pandemic levels, but not all, and this suggests that, either families found other forms of support and new ways to cope, or harms to some children at risk remained 'hidden', or the thresholds applied by authorities, for access to children's social care services, were different.

The existence of 'hidden harm' is supported by data that shows that serious child harm cases, reported by councils in England, rose by nearly 20 per cent during the first year of the pandemic, including a 19 per cent rise in child death notifications. 36 per cent of these notifications involved children aged under one.

The absence of home-visiting health professionals such as health visitors and midwives – who were sometimes called to other healthcare roles during the early stages of the pandemic – was particularly noticed by social workers, in our research. Where a multi-agency approach would have been adopted in the past, social workers were left to operate alone, at times, leaving them feeling isolated and overwhelmed.

The impact of lockdown on families often affected parental, and child mental health and wellbeing adversely. Difficulties accessing mental health services and other support services, together with delays in identifying young people at risk, resulted in more complex family circumstances being reported at referral, longer interventions to achieve positive change, and more children in care.

There were also some examples of good collaboration between health and social care, for example in one local authority, Occupational Therapists helped provide PPE and guide social workers in its use. They also continued to see and support disabled children, who had experienced a significant deterioration in their mobility.

Notwithstanding examples of good practice, the Children Act 2004 and amended by the Children and Social Work Act 2017, requires a partnership approach to safeguarding. While there is a need to deal with health consequences of a pandemic effectively, failing to deal with social consequences collectively has a significant impact on the safety of children and young people and family resilience. So, this leads us to the first of our recommendations:

In future pandemic planning, multi-agency safeguarding arrangements should be sufficiently robust, that social workers and social care staff are not left with sole responsibility for safeguarding children.

Child protection plans and children in care

The number of child protection plans has remained fairly stable over the pandemic, in most of the participating authorities. One authority saw a significant dip in the number of children becoming subject to child protection plans, but also saw a sharp increase in new entries into care at the start of the pandemic.

Authorities developed hybrid child protection conferencing, which often worked well (see below). However, families experience of remote Court hearings was less favourable, because they felt under prepared, disempowered, or were concerned about confidentiality.

All authorities reported increased numbers of children in care. In part, this was due to fewer children exiting care than usual, as direct social work with families was curtailed and access to addiction and support agencies became harder. The participating authorities reported that, for children entering the care system, pressures on families caused by the pandemic were a contributing factor. Furthermore, delays have occurred in all types of court matters: in permanence for children, in re-unification plans, adjournments and lack of availability of experts, leading to significant drift in cases. The increased demand for placements nationally, meant authorities experienced difficulty in sourcing suitable placements, especially for children with more complex needs.

Many services offered some form of digital contact for parents and children in care, but it was acknowledged this was challenging for many children and families. Digital contact also placed new demands on those caring for children, not only in managing calls and relationships with birth families, but also helping children deal with their experiences and feelings. Examples of innovation included: keeping contact centres open throughout, offering weekend sessions, and encouraging foster carers to support contact sessions.

Post-pandemic practice will be marked by significant, on-going demands, caused by the complexity of issues experienced, by families not being referred, or getting the help they needed from partners, sooner. The delay in hearing and concluding court cases is gradually being worked through, but family problems and frustrations with the system will persist for those cases heard during the pandemic, and especially where family time (contact) was either stopped or heavily regulated, resulting in parents not being able to touch or get close to their children due to social distancing requirements.

There were also concerns about access to special schools and other educational provision by children with an EHCP. **Examples of good practice, highlighted in this learning exercise include, allowing direct payments normally spent on support services to be spent instead on goods and activities to help occupy and educate children at home.**

It is vital that lessons are learned in this area, including the positive ways in which some local authorities adapted normal practice to better meet the needs of disabled children and their families.

All participating authorities maintained their focus on hearing the voice of the child during the Covid-19 pandemic, by increasing contact with Children's Rights advocates and a range of forums for children and young people's feedback.

Examples of innovation exploiting the increased use of digital technologies include young people being asked to chair online meetings, a virtual conference on the effect of Covid on youth, with young people making videos of themselves in response to questions.

All local authorities reported challenges in balancing children's desire and need for face-to-face contact against the need to maintain safety and social distancing.

Going forward, we must explore the possibilities of digital technologies for participation and co-production, especially, given how some young people responded so positively to this form of communication.

Domestic abuse

While nationally demand for domestic abuse services, such as charity helplines, increased significantly, locally in our sample there were differences, with some police services and local authorities experiencing reduced calls. Given victims may have struggled to disclose or be seen by professionals or concerned others when 'locked down' with abusers, it seems likely that the full extent of harm and need is not yet clear. The consequence is more complexity in casework, and a slower 'throughput' in social care systems, especially where child and adolescent and parental mental health and wellbeing services struggle to meet demand.

Government and local authorities and other partner agencies should review service capacity, to manage the additional work caused by complexity.

Early help

Several local authorities reported increased demand for early help services when compared with the same period pre-pandemic. Significant increases occurred in referrals for children with emotional/behaviour difficulties, as well as a significant spike in referrals for abuse and neglect. Some local authorities also experienced increased concerns about the risk to children of sexual or criminal exploitation during Covid-19. Peer review discussions highlighted a number of ways in which families were practically supported by social workers and organisations. Some examples include Money Matters Advisors in an Early Help Hub, to help families experiencing financial hardship. Where direct payments were provided for purchasing services to support eligible children with disabilities, one local authority encouraged social workers to help families identify and purchase goods that might entertain or sooth children while respite and support services were closed.

All local authorities highlighted the importance of a multi-agency response, early intervention and timely access to children and families. Innovations to learn from included, making an enhanced early help offer, and early help webinars with partners. Improved links with independent sector organisations and direct support from the Department for Education led to the early provision of laptops for disadvantaged, and vulnerable children and young people.

In a pandemic it is important that those living in poverty are not excluded from education or social care, because they do not have the IT equipment they need.

Particular innovations

Digital and hybrid services for children and families

All participating local authorities exploited the potential of digital technologies as a way of minimising in-person contact and thus infection risk. Digital and hybrid or ‘blended’ ways of working with children, families and partners were used across all service areas, which combine in-person and digital interactions. Evidence of innovative forms of digital direct work was provided by several authorities. This has been complimented by more of a focus on meeting children and families outdoors, which has broadly been viewed as a positive experience. Some authorities found digital visiting enabled more contact with children, young people, and families, in part because they felt more comfortable using these platforms on a day-to-day basis. This includes video calling and text-based communication. Using an application like WhatsApp mirrors what many families and teenagers use in their own lives, so there can be a more flowing conversation. Participating local authorities are also aware of the limitations of technology, such as the lack of sensory information that comes from being their face-to-face with service users and how the camera lens limits what can be seen, who else is present in the home, or with the young person in the community and so on. Thus in-person engagement will always be necessary, alongside what digital communications can offer.

Digital poverty prevented some families and their social workers from virtual visiting, early on in the pandemic. Investment by the Department for Education and some local authorities in devices and, for a limited period access to wi-fi, was appreciated by young people and their families, and enabled them to engage with social workers and school safely.

Planning for the future, the social care workforce must be provided with adequate digital devices, such as high specification smartphones and technology, tablets, laptops, and connectivity.

To make best use of the technology, social work students and social care staff should receive training in how best to communicate virtually, for instance in doing direct work with children. Where that work has to be carried out from home, staff should be provided with the necessary furniture, secure storage, and equipment, to do so properly.

It is also important that there should be equity in access to services, that the provision of devices to vulnerable and deprived children and families enabled.

Digital meetings, conferences and reviews

Enabling remote participation is widely seen to have increased professional attendance at meetings, including by groups such as GPs who previously struggled to attend. There were concerns that the quality of participation can sometimes be reduced, for example if professionals leave meetings early or don’t share reports in advance. Some parents also preferred digital child protection conferences, since they felt less pressured and could choose how and from where they interacted over the phone. Some children responded positively to digital care reviews. There were concerns that digital child protection conferences can be more process-led and family issues explored less, meaning children might stay on plans for longer and that families lack the option of presenting material visually. A hybrid approach was regarded as an effective way of managing these risks by inviting families to attend social work offices with most professionals still attending remotely, and the case study of Cornwall’s approach provides an exemplar for doing this well.

While good social work depends on the quality of human interactions, and there are consequentially clear risks inherent in not seeing children and families face-to-face, it is vital that local authorities do not simply revert back to the ‘old normal’.

Work must be done to find the most positive uses for digital communication, and these are understood and harnessed, making a blended approach the 'new normal'. This work should take careful account of how meaningful involvement can be achieved for children and families. Defining best practice in this area will also be important when responding to any future pandemic.

Practice and management of practice

During the first phase of the pandemic, the priority of all local authorities was to ensure that vulnerable children were identified, prioritised, and seen. The amount of contact between social care staff and families was maintained, with several authorities noting that families were seen more regularly, in part due to increased digital communication. This was generally seen as positive, but it was acknowledged there can be a qualitative difference between monitoring (to serve the needs of statutory agencies) and supporting (to serve the needs of families).

The provision of practical support helped social workers and families build positive relationships, which helped make direct work easier and more successful. Concerns were also expressed about increased workloads in some local authorities. Authorities also innovated to try to reduce workload pressures and bureaucratic demands.

Peer review of all participating local authorities found that senior managers paid attention to the immediate importance of communication. This was highly significant, given rapidly updated national guidance meant there was potential for confusion. Some teams increased the frequency of meetings – for example, a practitioner focus group reported that monthly team meetings became fortnightly – and also used digital technologies to check in, e.g. via WhatsApp. Staff had mixed feelings. Some reports show overlapping findings on staff wellbeing, often suggesting staff generally felt supported and valued by leaders, and some practitioners appreciated the importance of peer, rather than managerial support. In spite of these challenges, one authority provided evidence not only of staff progression, but the attraction of agency staff into permanent positions.

There was some outstanding and innovative leadership, in making senior managers more visible. This included service-wide meetings, senior managers attending team meetings, open door policies, a dedicated heads of service rota, as well as the production of briefing notes and written communications, of which, Stockport's one-minute briefings provide a valuable example.

Some practitioners reported an overload of information or concern that difficulties at the frontline might not be fully understood by senior management. Peer review reports also highlight challenges ensuring access to PPE in some authorities or services, especially at the start of the pandemic. This was deeply problematic since it placed frontline staff at risk of catching a potentially deadly virus and passing it to their own families. Frustration at the front-line was evident in several areas, such as when senior managers did not share or understand the impact on workers' experience of some health and social care services withdrawing from face-to-face provision, tending to report improved experiences of partnership working at the strategic level.

It is important that Government and local authorities manage communications well, making sure social workers are supported, and that they receive access to important information to practise safely and effectively, without overwhelming them.

The pace of the response by leaders and IT service teams is highlighted as a key strength in several peer review reports and how the continuation of service was made possible through the swift adoption of a wide range of communication platforms, including MS Teams, Zoom and also WhatsApp. The most significant challenge encountered by all local authorities was ensuring families had the equipment and support they needed to participate in meetings.

All local authorities had to close offices and extended the opportunity to work from home to a wide range of roles in lockdowns during the pandemic. Some staff talked about feeling more organised and up to date with case recording than pre-pandemic. Some authorities promoted universal home working, with one suggesting this helped staff to feel confident that their safety was considered, and that they were part of the corporate collective across the local authority area. Other authorities maintained property occupancy throughout the pandemic. There was no consensus amongst authorities about this, but it is clear that while many staff welcomed the opportunity to work from home, this was not without difficulty, and there is a body of academic literature, which identifies the importance of office working for social workers.

In future planning, there needs to be an appropriate balance between the advantages of home working, with those afforded by the informal support and supervisory oversight, when working in offices, as the latter is crucial to professional development and consistency in practice, especially for early career social workers.

Providing practical help to families had a positive impact on the working relationship and provided real help to families in lockdown. Government and local authorities need to think about the role of practical support, outside of pandemic conditions.

A renewed focus on staff wellbeing

Covid-19 brought a number of new pressures and emotional challenges for staff working across children's social care. These included: having to juggle life at home whilst working, especially when home schooling; coping with changed working environments and new tasks; working without natural breaks and opportunities for reflection, for example provided by travelling time; managing personal anxiety about new risks from the virus and potential sickness; and helping contain the emotions of others, including children and families but also colleagues. For instance, during the third lockdown from December 2020 in particular, some local authorities reported increased numbers of staff directly affected/impacted by Covid-19 infection and illness. Leaders at all local authorities were concerned to understand how their workforce was experiencing the pandemic and to implement specific strategies to protect the health of the workforce and promote workforce wellbeing. One response identified as particularly innovative was the introduction of a new role in a Quality Assurance service to focus on the quality of staff wellbeing. Some authorities made bespoke arrangements for groups believed to need supervisory support and peer interactions most, particularly newly qualified workers, as well as for staff identified as at higher risk of Covid-related complications. Not all staff have a suitable space to work from. Some of the innovative strategies adopted focused on raising spirits and encouraging collective feeling through fun shared experiences and relaxation activities, such as yoga.

All authorities reported attempts to respond to ethnic disparities in Covid-related risks and outcomes, particularly through individual risk assessments for staff from BAME groups. However, several authorities found that some BAME staff did not welcome targeted risk assessments, feeling singled out by management when all individual need should be assessed, or feeling that lip service was being paid to risks taken by staff, who were still expected to take significant risks by doing in-person casework.

Staff must be provided with the practical resources necessary to work from home by funding for home working equipment being agreed, meaning practitioners don't have to purchase their own desk, chair, and monitors without reimbursement. Office planning needs to take account of staff safety from Covid, and any future pandemic infection.

It is vital to consider the impact of office changes on service users and the less obvious tasks and interactions that take place in offices, such as care leavers picking up their allowance, where having a presence is important so they can have a conversation. Minimum office standards would help, and these should be co-designed with social care professionals, children, and their families. They should take account of the need for virtual and hybrid working, and meeting rooms equipped to support this new way of working.

It is important to overcome the perception gap between senior managers and their workforce, which meant that, during this pandemic, some front line practitioners derived their emotional support mainly from peers and line managers, rather than from senior management-led initiatives. Initiatives need to be ready like 'Coping with Covid' peer support groups, where workers were encouraged to 'park their role at the door', rarely talk about work, with the freedom of talking about feelings. Recognising the impact of secondary trauma on the workforce, providing workshops to help practitioners process challenging emotions and making available psychotherapeutic support is vital. Responding to the particular needs of staff (and families) from BAME or other adversely affected social groups must be prioritised.

Additional support mechanisms should be established during a pandemic, when office working is not possible. This should take account of how a virus impacts on different groups in the community, too.



Introduction

The Covid-19 pandemic has placed unprecedented demands on social workers, allied professionals, and organisations tasked with keeping children safe. While local authorities consider disaster planning as part of their standard Business Continuity Plans, the extent and reach of disruptions relating to the Covid-19 pandemic required rapid adaptations beyond expectations. The Department for Education commissioned this Partners in Practice review exercise to capture learning about how local authority children's services delivered safe and effective social work, and innovated to improve services, during a pandemic. It is hoped that this will inform ongoing social work practice, but also help local authority leaders faced with a similar scenario respond effectively in the future.

The project, which is led by Essex County Council, involves six local authorities – Cornwall, Essex, Hertfordshire, Medway, South Tyneside, and Stockport – and academic partners from the Anglia Ruskin University and the University of Birmingham.

It draws on three components:

- A peer review, conducted by partnered local authorities, exploring practitioner and organisational experiences, including the steps taken to deliver a safe and effective service for children and key learning for the future.
- Participatory research conducted by researchers from Anglia Ruskin University with social workers from participating local authorities and two groups of young people: care leavers and young people with disabilities.
- A national learning conference, in which steps were taken to consider how learning from all aspect of the project could be best applied in the future.

The report highlights outstanding and innovative practice, sound arrangements for delivering core services, and challenges encountered by partner local authorities.

The findings are presented thematically, reflecting the key lines of enquiry developed collaboratively by partner local authorities:

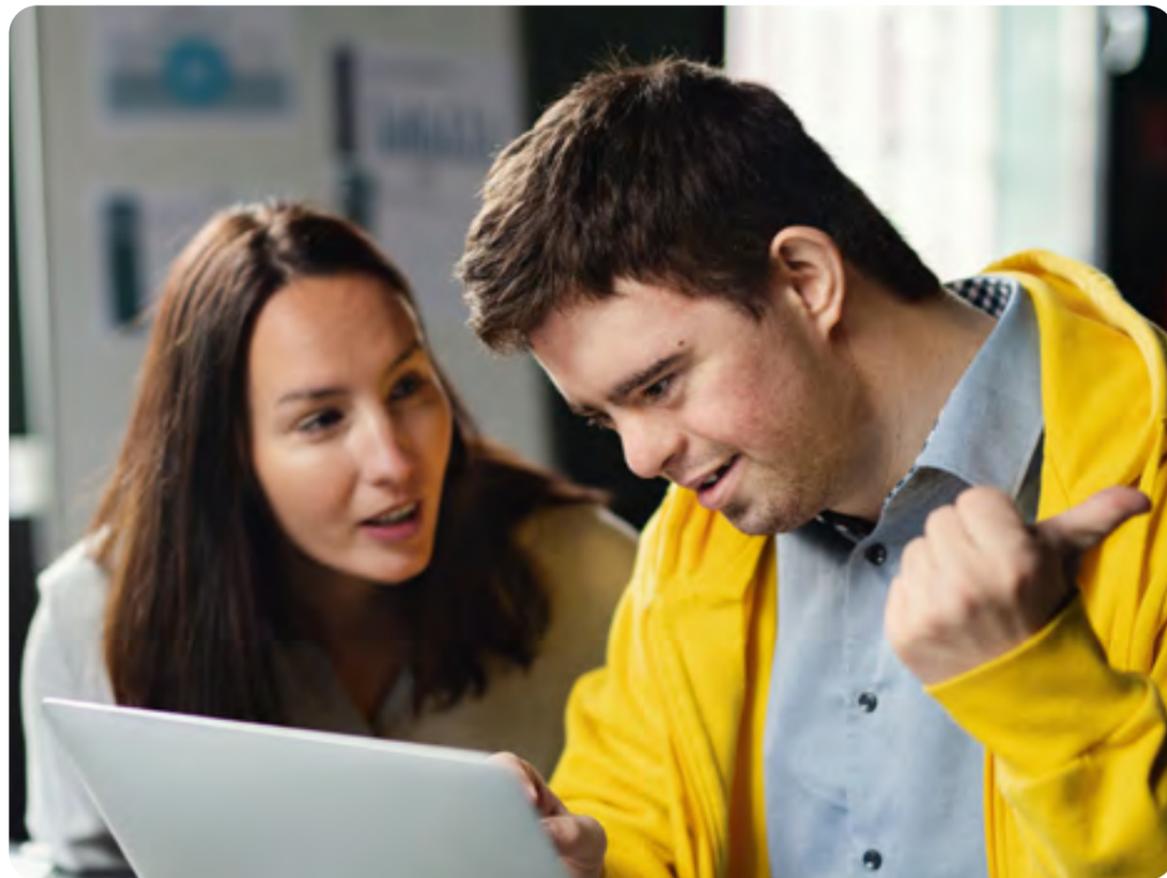
- Practice and management of practice
- Leadership
- Property occupancy
- Working from home
- Technology
- Workforce wellbeing
- Diversity
- Voice of the CYP
- Partnership working
- Court work.

The local authority partners also acknowledge that their responses to the pandemic took place in several phases, reflecting changes to policy and practice in the context of fluctuating infection risk. In their research considering how local education and children’s services in England have responded to the coronavirus pandemic, Bryant et al. (2021) identifies four phases, while acknowledging some differences between areas due to regionally variable (‘tiered’) regulations and levels of Covid-19 infection, particularly in the latter part of 2020:

- 1.** Initial response to lockdown (March to early April 2020), where the focus was putting in place systems for keeping ‘eyes on’ vulnerable children and developing structures of system leadership, communications and partnership working. Schools were closed except to vulnerable children (defined as those with an ECHP or a social worker) and children of critical workers. However, uptake among these groups was low, with an average of just 8 per cent of eligible groups attending before schools partially opened in June (Department for Education, 2021a; Children’s Commissioner 2020: 4).
- 2.** Adapting to lockdown (May to mid-July 2020), where some lockdown measures were eased, including reopening early years settings and a phased opening of schools, and the focus was on adapting to the conditions of lockdown and planning for recovery.
- 3.** The ‘new normal’ (September to mid-December 2020), when lockdown measures were lifted and there was a return to in-person teaching and face-to-face support for families, notwithstanding a month-long second national lockdown.
- 4.** Return to lockdown (period from January 2021 until March 2021), when the third national lockdown in England was announced. This period differed from phase 1 since systems of remote support were already established and the balance between providing support and reducing opportunities for transmission was informed by greater knowledge of Covid-19 and access to testing and vaccinations for children’s social care staff. From 5th January 2021, schools were again asked to provide on-site education only for vulnerable children and children of critical workers. Greater numbers of vulnerable children attended than during the first lockdown, but attendance by these groups was still relatively low (e.g. approximately 34 per cent of all pupils with an EHCP on roll in state-funded schools were in attendance on 13 January, down from 75 per cent on 16 December. Approximately 40 per cent of all pupils with a social worker on roll in state-funded schools were in attendance on 13 January, down from 76 per cent on 16 December) (Department for Education, 2021a).

To this report, we add a fifth phase:

5. Moving out of lockdown (from March 2021 until the present [June 2021]), when children's social work organisations were adjusting to having a vaccinated workforce and beginning to engage in less restricted in-person casework, bringing opportunities to engage more fully in reflection and analysis about how pandemic adaptations could inform future practice, while also grappling with increased (and rising) demand for their services in the present.



Each section of the report reflects on the significance of change over time as well as commonalities and differences in local authority responses.

Methodology

The Department for Education commissioned this exercise to capture learning from how local authority children's services delivered safe and effective social work, and innovated to improve services, during the Covid-19 pandemic. This overview report pulls together key learning and indicates areas that could be explored in depth.

Peer review

- Essex was successful with a proposal for a peer review and recruited a mix of different types of local authority: large/small, urban/rural, southern/northern, with different performance profiles. The review brought together Cornwall, Essex, Hertfordshire, Medway, South Tyneside, and Stockport. The review partners felt that learning identified from one authority's experience will have value in other contexts, and that innovation occurs everywhere and has potential to be used anywhere
- The local authorities worked in pairs to review each other's arrangements for operating in a pandemic. The methodology was developed by a steering group drawn from the six authorities and the two participating universities: Anglia Ruskin University and the University of Birmingham
- The peer review did not simply report on what the local authorities experienced. It set out to find out the steps each took to deliver a safe and effective service to children and their families, and to identify learning for future stages of this pandemic, and for future pandemics
- The reviewers set out to discover what worked: identifying outstanding and innovative practice which can be used to improve services; sound arrangements for delivering core services (using agreed flexibilities where these were helpful); and seeing all other experiences as a learning opportunity. The review accepted from the outset that the pandemic has been, and still is, an exceptionally challenging experience, and that all of the participating authorities will have missed things they could have done, tried things that didn't work, or had ideas that they weren't able to make happen

- Ideas or practices that were identified in one authority may also have been happening elsewhere but may not have been picked up on or highlighted by the review team. This is because the review teams worked within a broad framework, rather than a tick-box format, and were encouraged to be curious, seeking to identify learning as the main priority.

Participatory research with children and young people

- The product and recommendations from this work are available here:

<https://flipbooks.gs-cdn.co.uk/aru-executive-summary/>
<https://flipbooks.gs-cdn.co.uk/aru-accessible-summary/>
<https://flipbooks.gs-cdn.co.uk/aru-final-report/>

- The voice of the child/young person appears here as a key line of enquiry to help the review identify learning across the spectrum of services. The peer review element of the learning exercise also ran parallel to a project to hear and understand in depth the experience of the children and young people involved with services at the six partner local authorities. The stories told and issues raised by a group of 25 young service users, who worked alongside a team from Anglia Ruskin University and Essex County Council to progress the research, and an additional 21 young people with disabilities are reported on separately in video and book format as well as in two more conventional research reports (O'Brien and Dadswell 2021a, 2021b).

Conference

'Effective Children's Social Work in a Pandemic: What we've Learned' took place on 26th May 2021. The day involved:

- Keynote presentations from Jenny Coles, Association of Directors of Childrens Services, Yvette Stanley, Ofsted, and Professor Harry Ferguson, University of Birmingham
- Presentation of key findings from the peer review involving the six partner local authorities
- Presentation of key findings from participatory research with young people. A powerful video was shown, depicting findings and the words of care leaver co-researchers alongside images they had taken to illustrate their pandemic experience. Conference delegates participated in workshops facilitated by the young co-researchers, supported by social workers from Essex County Council and researchers from Anglia Ruskin University. The research team made a series of recommendations (see O'Brien and Dadswell 2021a, 2021b), and delegates were encouraged to make time-bound, actionable pledges in response to these and the research findings.
- Participatory workshops. The six participating local authorities offered 13 workshops on aspects of practice most centrally affected by Covid-19 pandemic. These focused on the following themes:
 1. Providing effective leadership in a pandemic
 2. Staff wellbeing and secondary trauma
 3. Anti-racist practice strategy
 4. Assessing children and families, through the virtual lens
 5. Finding what works and opening up possibilities in an edge of care service
 6. Direct work with children and families
 7. Medway youth service and family solutions: Supporting young people and families with group work during a global pandemic



- 8. You're on mute: Technology and social work practice
- 9. The social work office and the social work home office: Support and practice development in a pandemic
- 10. Getting the groundwork right
- 11. Providing effective support to foster carers in a pandemic
- 12. Child protection case conferences, and child care reviews: Cornwall's approach to hybrid meetings focusing on children's rights and family participation
- 13. Young people with disabilities' experiences during the Covid-19 pandemic.

Notes were taken to ensure that learning from the conference could be fed into this report.

The impact of the Covid-19 pandemic on children and families

Emerging findings on the impact of the Covid-19 pandemic on low-income families (Brewer and Patrick, 2021) and on child and adolescent and parent/ carer mental health (Shum et al., 2021a; 2021b) confirm that, as anticipated, the pandemic has exacerbated existing challenges for those living in poverty, with disabilities and special educational needs, and with mental health issues.

The Child Safeguarding Practice Review Panel (2020) audited rapid reviews of practice where Covid-19 was (n=44) and was not (n=40) cited as a factor in serious child safeguarding incidents reported to the panel between 1 March 2020 to 30 September 2020. The panel concluded that parental and family stressors (e.g. lack of contact with extended family, household changes to avoid lockdown restrictions, disrupted routines and overcrowding) were major factors across cases involving Covid-19 and were judged to be the most significant factor in escalating risk in cases involving harm to babies under 12 months old.

Children and young people's mental health and wellbeing was also impacted by the loss of structure and routine and by being away from the support of friends, trusted adults, and school, since many vulnerable children who were entitled to attend school did not (see also Children's Commissioner, 2020; Department for Education, 2021a). Adaptations to practice were also identified as an important factor by the Child Safeguarding Practice Review Panel (2020). The report grouped various changes to social work practice and multiagency work, which the Partners in Practice peer learning exercise suggests could be helpfully unpicked. This will be explored in more detail below.

Key trends and shared challenges

- Participating local authorities reported fluctuations at the ‘front door’ to social care services during the pandemic. They recorded notable reductions in contacts and referrals to social care and early help during the first period of lockdown. This is believed to result from children’s reduced contact with education, health, and other professionals (ADCS, 2021). Although schools were open to the children of keyworkers and (known) vulnerable children, take up of these places was low (Department for Education, 2021a). Other professionals who would normally see children also changed their ways of working in response to social distancing requirements, with services either suspended or offered remotely using audio or video calling and conferencing. The absence of home visiting health professionals such as health visitors and midwives – who were sometimes called to other healthcare roles during the early stages of the pandemic – was particularly noticed by social workers and helps explain the drop in referrals from this source (see also Driscoll et al., 2020; Reed and Parish, 2021). (There were some exceptions to this, which are acknowledged in the main report.)
- Local authorities also reported a reduction in numbers of assessments and s47 enquiries completed during the first quarter of the pandemic. Some authorities note sustained reduction in levels of s47 enquiries compared to previous years, while others have seen significant increases and place these in the context of previously escalating demand
- Contacts and referrals have subsequently risen in all areas, with increases around school opening times occurring as expected. Some – although not all – authorities have observed lower than normal referrals across the year, even as contacts increased further. This prompts concern that not all children at risk are being identified and referred, although there is also widespread evidence that referrals are now rising. Some local authorities report more referrals into statutory social care services compared with a similar period pre-pandemic, which indicates increased risk to children living in vulnerable families and more complex cases at the point of referral

- There is other evidence of increased complexity. Some authorities note higher numbers of unborn cases and repeat child protection plans or increased re-referrals. Repeat intervention is sometimes believed to reflect the particular pressures of the pandemic. Families who were ‘just about managing’ before the pandemic now are not
- Despite this, the number of child protection plans has generally remained fairly stable over time. One authority reflected that an early increase resulted from slower throughput and potentially also practitioner concerns about ending plans given uncertainty about other sources of support. Another authority saw a significant dip in the number of children becoming subject to child protection plans. This authority also saw a sharp increase in new entries into care at the start of the pandemic, and they have conducted internal assurance exercises to ensure cases are being held at the right level
- All authorities report increased numbers of children in care in peer review report), often due to fewer children exiting care. Local analysis suggest, this reflected children not returning home as direct work with families was limited by the pandemic and delays to court hearings affected young people subject to adoption/SGO and rescinding of care orders. One authority reporting increased numbers into care has carried out detailed analysis of this, suggesting that there was evidence that direct or indirect impact of Covid-19 was a primary or contributory factor in approximately 1/3 of cases
- Local authorities also note how pandemic-related pressures, including financial difficulties, increased anxiety and stress, a loss of structure and social contact, and reduced access to support services, have impacted on presenting issues. Domestic abuse remains an area of concern. National charities have reported large increases in people seeking support, including a ten-fold increase in numbers using Refuge’s National Domestic Abuse Helpline website (ADCS, 2020) However, police partners in at least one area suggest that they actually saw a reduced number of domestic abuse cases during the pandemic. Other areas have seen an increase in referrals for domestic abuse, but not at a significantly elevated level. Given victims may have struggled to disclose or be seen by professionals or concerned others when ‘locked down’ with abusers, it seems likely that the full extent of harm and need is not yet clear to services. Some local authorities also report increased concerns about the risk to children of sexual or criminal exploitation during Covid-19 (see also Children’s Commissioner, 2020)

- Several local authorities report increased demand for early help services when compared with the same period pre-pandemic. One local authority notes that their local Tier 3 service (which incorporates Troubled Families and step-down from statutory social work intervention) step-up cases to a social work team once threshold is met. In other words, they are confident that increased demand does not reflect misdirected work. Another authority reporting an increase in numbers of children referred to the multiagency safeguarding hub highlight a significant increase in referrals for children with emotional/behaviour difficulties, as well as a significant spike in referrals for abuse and neglect in the third quarter of 2020/21, when lockdown measures eased and professional encounters with vulnerable children increased
- All local authorities highlight the importance of a multiagency response, early intervention, and timely access. Specific methods through which this was achieved are detailed in subsequent sections.



Standout innovations

Digital and hybrid services for children and families

All participating local authorities exploited the potential of digital technologies as a way of minimising in-person contact and thus infection risk. Digital and hybrid ways of working with children, families and partners were used across all service areas. ‘Hybrid’ or ‘blended’ approaches combine in-person and digital interactions.

The temporary Adoption and Children (Coronavirus) (Amendment) Regulations 2020 and Children (Coronavirus) (Amendment) (No. 2) Regulations 2020 allowed statutory visits to children on child protection plans or in care required by existing legislation to be made by telephone, video link or other electronic means, instead of in person, alongside other amendments. Some authorities found digital visiting enabled more contact with children, young people, and families, in part because they felt more comfortable using these platforms on a day-to-day basis. Participating authorities also report positive responses or greater engagement from some parents and young people on digital platforms, including through text-based communication. As one delegate at the national learning conference suggested, using an application like WhatsApp mirrors what many teenagers use in their own lives, so there can be a more flowing conversation. Features of the application include the ability to see if messages have been read (depending on settings). This was perceived to be useful when working with children and families, while also presenting some ethical concerns.

Evidence of innovative forms of digital direct work was provided by several authorities. The importance of face-to-face contact for children was also highlighted and indeed evidenced through an audit undertaken at one authority, with another emphasising to their staff that the best way to understand children’s lived experiences is through direct observation. Taken from a staff survey, this manager highlights how the restrictions of the pandemic prompted innovative practice that combined digital and in-person interactions:

‘There has been lots of innovative practice during the pandemic and thinking of new ways of working with children and families virtually and in person, whilst adhering to the rules of social distancing and PPE. The use of Teams has expanded, and this has been used to complete sessions where it’s not been possible to do this in person. There’s also been more of a focus on meeting children and families outside, completing direct work outdoors which has been great to see.’

These findings are consistent with messages from consultations with the sector and from academic research. Department for Education (2020, 2021b) consultations supported extending the option of ‘virtual visits’ when required to comply with legislation/guidance relating to coronavirus or when not reasonably practicable for a reason relating to its incidence or transmission. The consultation documents acknowledge that video visits were sometimes seen as more broadly beneficial, with many responses in favour of a hybrid approach to their future use, in which in-person and digital interactions are combined to maximise benefits on a case-by-case basis (see also Baginsky and Manthorpe, 2020; Cook and Zschomler, 2020; Ferguson et al. 2021; Pink et al., 2020, 2021).

Participating local authorities also acknowledge the limitations of technology, especially when used with those who don’t engage effectively with remote support – or indeed engage at all if calls are left unanswered. Social workers in this peer learning exercise and in the academic research cited above also express concerns about being deprived of the sensory input they usually draw on in their work, for example being able to smell an unwashed child or sense a hostile atmosphere in a home. They also are concerned about what is not visible through a lens, for example someone behind a camera directing children’s responses.

Some local authorities involved in the peer learning exercise particularly highlighted the need to consider diverse needs, e.g. in relation to work with children with disabilities and special educational needs. Specific technological challenges and broader issues of digital poverty and exclusion were also highlighted and will be discussed in the ‘Technology’ section below.

Digital meetings, conferences, and reviews

Enabling remote participation is widely seen to have increased professional attendance at meetings, including by groups such as GPs who previously struggled to attend (see also Driscoll et al. 2020; Reed and Parish 2021). Some concerns were expressed that the quality of participation can sometimes be reduced, for example if professionals leave meetings early or don’t share reports in advance. Going forward, the peer review project and national learning conference suggest there is a need to further unpick the suitability of different approaches for different kinds of meetings, conferences, and reviews. For example, it was suggested that some children responded positively to digital care reviews. Some teenagers engaged more, liking being at home and able to show people their home. Some parents also reportedly preferred digital child protection conferences, since they felt less pressured and could choose how they interacted over the phone, for example just listening or playing with a child rather than engaging. The latter presented concerns for practitioners, who felt the seriousness of concerns was easier to convey in person. They also missed the opportunity to communicate information visually and to provide support, especially if parents became distressed or angry. It was also suggested that digital child protection conferences can be more process-led and family issues explored less, meaning children might stay on plans for longer. During the pandemic, several authorities developed a hybrid model to address these concerns while maximising the benefits of remote meetings and conferences, either involving practitioners joining families in their own home, or inviting families to attend social work offices with most professionals still attending remotely. Several authorities intend to continue remote or hybrid/blended meetings, conferences, and reviews post-pandemic.

Practice Example

Cornwall Hybrid Child Protection Conferences

A key issue for LAs was how to ensure the meaningful participation and engagement of families in child protection case conferences given Covid-19 restrictions and lockdown arrangements. Cornwall reported how Child Protection Case Conferences were managed fully virtually during the first lockdown period between 23rd March 2020 and 5th July 2020, initially using Skype and then Microsoft Teams.

Children's Rights Advocates raised significant concerns early on in the virtual approach evidencing that parents in particular were being disadvantaged by this approach. The Service Manager for the Children's Rights Advocacy Service with the support of the senior leadership team presented a proposal to the LA Operational Recovery Group to implement a hybrid approach for meeting with families where this was safe within the context of Covid-19. Children's Rights Advocates then made contact with families two weeks prior to the meeting to discuss the options and agree the most appropriate approach for the specific family; this has varied depending on the number of children and parents, step parents and extended family involved but always has the main carer physically present in a room with the Children's Rights Advocate (Chair), the Social Worker and any advocate for the child or adult as appropriate; all other professionals have participated virtually and are displayed on a large screen in the meeting room.

Families have felt that they have had more choice in relation to their participation and engagement and have felt less disenfranchised from the process. The approach has better enabled families to exercise their rights within the child protection process. Some families have also experienced the benefit of specialist professionals being able to attend as virtual participants which has been helpful in relation to services such as CAMHS, Perinatal Mental Health Services and General Practitioners. Partner agencies have been reassured that families have better options in relation to their engagement and participation and in some circumstances have supported families in their own home where they have not felt able to attend personally. Feedback from families in discussion with the Children's Rights Advocate have evidenced that introducing the hybrid meeting option has been well received with families expressing relief that they can attend in person. Parents have reported a reduction in anxiety about meetings, particularly where they experienced fully virtual meetings between late March and June 2020.

It is clear that this approach could be beneficial in the future in a range of settings. The attendance of specialist services using a hybrid approach in the future is an area which is being fully considered although the expectation from 21 June 2021 is that all core group members would be present in the room where restrictions allow.

Children, young people, and parents using technology to tell stories

The peer review process also highlighted some examples where technology had enhanced local authority attempts to obtain the views of children, young people, and families. One authority had encouraged young people to make videos themselves in response to questions. At another local authority, the Principal Social Worker described how a parent who had raised concerns about the quality of services she and her child had received was invited in to give a webinar to the workforce to share her story. This was very powerful and received well, and a second session is planned. The Principal Social Worker would like to expand on this and create opportunity for more parents to share their stories to support learning and service development and improvement. A third local authority, which was identified as particularly strong in engaging children and the co-production of services, reflected on whether there were some missed opportunities to develop participation and co-production using digital platforms, given how some young people responded so positively to this form of communication. These positive experiences – and the success of the participatory element of this project which used video conferencing to connect young people from all six partner authorities (O'Brien and Dadswell, 2021a, 2021b) – suggests there is considerable potential to take this forward in the future.

A renewed focus on staff wellbeing

Covid-19 brought a number of new pressures and emotional challenges for staff working across children's social care. These included: the realities of having to juggle life at home whilst working, especially when home schooling and since some but not all key worker children were in school; coping with changed working environments and new tasks; working without natural breaks and opportunities for reflection, for example provided by travelling time; managing personal anxiety about new risks and potential sickness; and helping contain the emotions of others, including children and families but also colleagues and direct reports. Some first line managers, for example, discussed the emotional challenges associated with making decisions about the allocation of work (and risk), as well as managing staff sickness and turnover. During the third lockdown from December 2020 in particular, some local authorities reported increased numbers of staff directly affected/impacted by Covid-19 infection and illness.

Leaders at all local authorities were concerned to understand how their workforce was experiencing the pandemic and to implement specific strategies to protect the health of the workforce and promote workforce wellbeing. These differed from service to service. One response identified as particularly innovative was a whole service focus on staff support and wellbeing, which staff described as a 'human being approach'. This included activities led by the Principal Social Worker, such as scheduling reflective space for open and honest discussions between staff at all levels, as part of a culture of 'it's ok not to be ok'. It was also reported that senior management tried to set healthy expectations by discouraging out-of-hours emails and encouraging regular breaks, although the demands of the work sometimes made this difficult. The approaches taken by other local authorities will be considered in more detail in the 'Workforce Wellbeing' section.

Responding creatively to the challenges facing families

Participating local authorities were concerned that the pandemic had exacerbated pressures on already vulnerable families. Peer review discussions highlighted a number of ways in which families were practically supported by social workers and organisations. Some examples include Money Matters Advisors in an Early Help Hub, to help families experiencing financial hardship. Another example of successful innovation involved flexibility in the use of direct payments. Where these are normally used to buy services to support eligible children with disabilities, one local authority encouraged social workers to help families identify and purchase goods that might entertain or sooth children while respite and support services were closed.

Practice and Management of Practice

Essentials done well

During the first phase of the pandemic, the priority of all local authorities was to ensure that vulnerable children were identified, prioritised and seen. The peer review reports show various systems through which this prioritisation was achieved, including RAG (Red Amber Green) risk assessment and a binary A/B system. The children identified to be at the greatest risk of harm were visited in person throughout the pandemic. Sometimes this required reallocation of duties or co-working as social workers and other social care staff were shielding due to their own health needs. Unannounced visits also continued in high-risk situations. As the pandemic and related restrictions endured, local authorities also recognised that related pressures on families could increase risk and developed risk assessments to capture this.

All local authorities understood the importance of family time (contact) and found ways of making this as good quality as possible, within challenging new constraints. Approaches differed between authorities and over time. Many services offered some form of digital contact, but it was acknowledged this was challenging for many children and families. Digital contact also placed new demands on those caring for children, not only in managing calls and relationships with birth families, but also helping children deal with their experiences and feelings (see also Children's Commissioner, 2020; Neil et al. 2020). Local authorities involved in the peer review process adopted different approaches to resolve these issues – for example keeping contact centres open throughout, pausing face-to-face family time but restarting this as soon as possible, or risk assessing individual circumstances rather than adopting a catch-all policy.

Services also worked around restrictions on numbers in a contact centre at any time, for example offering weekend sessions or encouraging foster carers to offer contact sessions.

The amount of contact between social care staff and families was also maintained, with several authorities noting that families were seen more regularly, in part due to increased digital communication.

This was generally seen as positive, but an important question about how families experience increased contact was also posed, and services acknowledged there can be a qualitative difference between monitoring (to serve the needs of statutory agencies) and supporting (to serve the needs of families). In some, but not all areas, a multiagency approach to visiting and face-to-face contact was maintained. There are also some examples of good collaboration between health and social care, for example Occupational Therapists helped provide PPE and guide social workers in its use in one local authority (Essex). They also continued to see and support disabled children.

Outstanding and innovative

One authority went through recently closed Child in Need cases to see if they needed to revisit any given children might not be seen in school, which would be considered a protective factor in normal times. Parenting work was sometimes carried out by ‘front-door’ teams while assessment arrangements were being put in place, which ensured families were immediately supported. Some services also used joint visits with other professionals to minimise the number of visits to families. Several authorities described exceptionally creative direct work, for example direct work packs with photos of the social worker to familiarise the child before introductions. Practical support for families was also provided, such as ‘boredom boxes’ full of age-appropriate activities games and books and food parcels distributed from Family Centres. Importantly, it was suggested that the provision of practical support helped social workers and families build positive relationships, which helped make direct work easier and more successful. Social workers were also involved in distributing laptops funded by the Department for Education (2021e), which helped young people engage in virtual work with social workers as well as access other services.

Challenges

Participating local authorities were concerned about the pressures of Covid-19 and related restrictions on families. As noted above, there were reports of complex needs and increased levels of risk, particularly in relation to mental health and domestic abuse. The impact of school closures was also keenly felt, despite the attempts made by schools to remain in contact with vulnerable children. School can provide a space where children living in abusive or neglectful homes feel safe and supported, as well as offering a trusted environment to disclose concerns to the educational professionals who are also tasked with safeguarding children (Children’s Commissioner, 2020). Ensuring there were ‘eyes on’ vulnerable children was an early priority for local authority partners, particularly given the likely negative impact of loss of routine, structure and support for children and families, when locked down together (see also Bryant et al., 2021; Child Safeguarding Practice Review Panel, 2020).

In this context, many participating authorities expressed concern about other agencies withdrawing from home visits. Even if other forms of remote support were offered, it was sometimes felt that social workers were left to operate alone, leaving workers feeling isolated and overwhelmed. It was also suggested that this limited progress on casework. Particular concern was expressed about changes to health services. One local authority reporting a reduction in health visitors and midwives undertaking home visits noted that this reduced the level of scrutiny for children under 5 and pre-birth cases, who are a most vulnerable group, particularly with a reported increase in domestic abuse. Practitioners felt that there was limited partnership accountability, with ‘responsibility left at their door’. Difficulties accessing mental health services and other support services were also reported. Practitioners in one area expressed particular frustration that mental health services were declining to offer a service due to the mental health presentation of the child or young person being a result of environmental factors (response to the increasing anxiety and isolation due to Covid-19), rather than a mental health condition. They felt this gap was likely to increase, leaving children and young people isolated and anxious with limited opportunity to access support to prevent their mental health deteriorating further.

There are some differences reported about arrangements for partnership working and assessments of their effectiveness and impact on children, young people and families which will be discussed under ‘Partnership Working’ below.

Concerns were also expressed about increased workloads in some local authorities (Cornwall and South Tyneside), in part reflecting these concerns that other partners may not always have been as active in safeguarding and supporting children as they had pre-pandemic (Essex). Other reasons given for raised workloads included increasing demand and increasing complexity at the 'front door' as the pandemic progressed (South Tyneside). Several authorities reported pressures around completing assessments, including the need for re-assessments due to court delays (discussed in more detail under 'Court Work' below). Authorities also innovated to try to reduce workload pressures. An example of bureaucratic changes to ensure Covid-related need could be captured with the minimum possible increase to practitioner workloads is given below.

Practice Example

Cornwall adaptations to recording and monitoring tools

Concerns were identified in relation to the impact on social workers and families resulting from new ways of working within the context of a pandemic. Social workers were working predominantly from home between 23 March 2020 and 5 July 2020 and worries in relation to well-being, workload and capacity were highlighted by Team Managers.

In order to support social work practitioners in carrying out their statutory duties more easily a number of system changes were made. The Social Work Assessment and Statutory Visit templates were simplified to reduce to burden and reflect alternative ways of working e.g. including the recording of video calls in the visit's episode.

Covid-19 Support Plans, recorded in case notes, were introduced and reviewed at key points within the pandemic as restrictions lifted and children returned to school. These were audited by the Practice Development and Safeguarding Standards Service and used to provide information to Education colleagues in relation to the prioritisation of vulnerable children accessing school places; these children were reviewed on a regular basis through the Vulnerable Groups Meeting (a combination of Education and Children's Social Care managers).

Covid-19 Support Plans ensured that families had clearly outlined support and understood which professionals would be in contact or visiting them each week.

Partner agencies had a clear understanding of the arrangements for children and their families and understood the role they played on a day-to-day basis.



Auditing of Covid-19 Support Plans and children's records showed that many families found this type of support and contact helpful in supporting their needs around free school meals, isolation, and family tensions. Recording in this way was a limited burden to social workers and allowed for easy audit to determine the effectiveness of the Covid-19 arrangements across Children and Family Services.

Social workers reported appreciating the changes to Social Work Assessments and Statutory Visits and after reviewing it has been agreed to maintain many of the changes made.

Leadership

Essentials done well

Peer review of all participating local authorities found that senior managers paid attention to the immediate importance of communication. This was highly significant given rapidly updated national guidance meant there was potential for confusion (Department for Education 2021c and subsequently 2021d). This was seen everywhere, and all authorities responded quickly. There were some differences in the specific communication strategies that were adopted. Some teams increased the frequency of meetings – for example, a practitioner focus group reported that monthly team meetings became fortnightly – and used digital technologies to check in, e.g. via WhatsApp.

The challenges of the rapidly changing context and policy/guidance for senior managers were also acknowledged. At one local authority, it was reported that even when practitioners felt unclear about specific organisational arrangements (e.g. around visiting, holding meetings and use of office space), they felt that overall senior management were quick to respond to the changing horizon and staff were able to adapt to the ‘new way of working’. Indeed, senior management briefings at this authority were described as ‘fantastic’. Some reports show overlapping findings on staff wellbeing, often suggesting staff generally felt supported and valued but sometimes also acknowledging the importance of peer rather than managerial support for practitioners. Some peer reviewers also highlight the clarity of purpose they encountered at their partner authority, with staff at all levels clearly committed to the children and families of the local authority area.

As noted already, demand for services fluctuated during the pandemic. This made it challenging for senior managers to plan. Several participating local authorities described how they drew on live data and worked with strategic level partners to track and model demand.

Peer reviews also highlight how they maintained core functions such as an ongoing focus on recruitment, induction, retention, and professional development via digital platforms. One authority provided evidence not only of staff progression, but the movement of agency staff to permanent contracts during the pandemic.

Participating authorities also used workforce surveys to understand practice and identify work-related challenges. One peer review team positively commented that ‘everyone (i.e. staff at all levels participating in peer review focus groups) could talk about surveys and follow up actions from them’.



Outstanding and innovative

Some outstanding and innovative practice in this area of leadership related to the attempts to make senior managers more visible. This again was achieved through a variety of location-dependent methods, including service wide meetings, senior managers attending team meetings, open door policies and a dedicated heads of service rota, as well as the production of briefing notes and written communications.

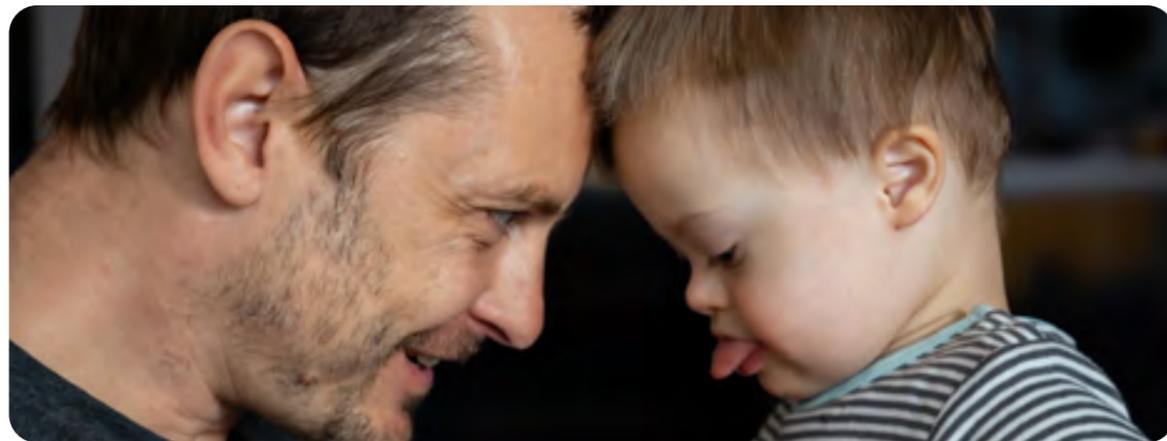
Senior managers modelling the behaviours they wished to see in the workforce – for example enforcing screen breaks in meetings – was also seen as beneficial. This intersects with attempts to promote staff wellbeing led by leadership teams will be described in the ‘Workforce wellbeing’ section below.

Some authorities not only attempted to model current need and demand, but also to look ahead and plan for the impact of a likely economic downturn. This foresighted approach was praised by peer reviewers.

Peer reviewers also highlighted some specific communication methods as outstanding practice, such as the one minute practice briefings described below.

Challenges

Reported feedback from staff about the clarity and timeliness of communications was often but not universally positive, with some practitioners reporting an overload of information or concern that difficulties at the frontline might not be fully understood by senior management. One authority identified getting the balance right between reporting requirements and placing extra tasks with frontline workers as a key area of reflection. The need to catch exhaustion amongst the workforce – at the frontline, but also amongst team managers responsible for managing staff anxiety and allocating potentially risky work – was identified as an area for reflection and will be explored in more detail in the ‘Workforce Wellbeing’ section below.



Peer review reports also highlight challenges ensuring access to PPE in some authorities or services, especially at the start of the pandemic. Even in authorities where the response was generally judged favourably – at one local authority, peer reviewers reported that swift sourcing of PPE made staff feel valued – there were reports of difficulties obtaining PPE for some practitioners. This was deeply problematic since it placed frontline staff at risk of catching a potentially deadly virus and passing it to their own families.

Practice example

South Tyneside 1 minute briefing guides

South Tyneside used ‘1 minute’ quick-read briefing guides for the workforce in a range of areas during the pandemic. The peer reviewers found that fast and simple messaging to the workforce provided clarity. The WFH guidance paid particular attention to and gave advice on how to create a safe working space in the home, how to stay connected with the organisation, confidentiality in the home and managing a work life balance. A 1 minute guide explained the RAG rating process used to assess risk and vulnerability for all staff and ensured managerial oversight and scrutiny for those children deemed most at risk. The Risk Assessment, Planning and Recording (Coronavirus) 1 minute guide for staff also provided an excellent opportunity for there to be a focus on how Covid-19 has impacted on the individual needs of the child and household with workers being asked to consider the following:

- How are the changes brought about by Coronavirus affecting the child/family?
- How is the child/family managing in the circumstances?
- How does this impact our view of risk of harm, and how are we going to mitigate this?
- What are the key changes we need to make to the plan?

Peer reviewers suggested this document could be further enhanced with specific reference to diversity and cultural needs within the household. However, the peer review team heard of some good practice examples of how the local authority responds to diversity, including a one-minute guide for staff focusing on cultural competence.



Property occupancy and working from home

Essentials done well

All local authorities had to close offices and extended the opportunity to work from home to a wide range of roles in lockdowns during the pandemic. Peer review found that participating authorities generally moved quickly to purchase the right technology and ensure additional needs were met quickly. All authorities report increased flexibility and trust around working from home compared to pre-pandemic times. There was evidence that staff benefited in various ways from working from home. For example, one peer review team found strong evidence from staff of the work life balance benefits they have experienced during the pandemic including reports of working from home can give time to pause and reflect and accrue previous lost time of travelling to and from meetings. Some staff talked about feeling more organised and up to date with case recording than pre-pandemic. Much of the work force expressed a wish for working from home/flexible arrangement to continue.

A staff survey conducted at another local authority found that, prior to the lockdown, 20 per cent of Children and Families staff worked at home regularly and 49 per cent occasionally. This helps explain why 91.5 per cent reported that they had adjusted well to working from home, or 97.4 per cent reported adjusting well to using Microsoft Teams. However, only 19 per cent reported there were no limitations to working from home. 65 per cent reported reduced social interaction, which was important in their relationship-based model of practice; 22 per cent cited interruptions and distractions; 21 per cent difficulty in managing their work/life balance, which is really important, given they work an average 51 hour week; 20 per cent encountered difficulties with their wellbeing; up to 75 per cent reported equipment problems; and 18 per cent a lack of office space.

Given these limitations, it is not surprising that all authorities also conducted risk assessments of buildings and introduced safety measures to allow at least some staff into offices and, where offered, for hybrid meetings to take place. This required senior managers to liaise with the corporate team and make a case for the necessity of property occupancy.

There were some noticeable differences in approach. Two authorities promoted universal home working, with one suggesting this helped staff to feel confident that their safety was considered, and that they were part of the corporate collective across the local authority area. Other authorities maintained property occupancy throughout the pandemic or when consistent with Government guidance, arguing that swift sourcing of PPE and the implementation of workplaces safety strategies gave staff the benefits of in-person interaction while also managing risk and ensuring staff felt safe. Strategies adopted to ensure Covid-safe office spaces included rotas, one-way systems, and extra precautions such as additional cleaners or blocking off some desks.

The importance of informal peer-to-peer interactions as well as formal supervision for emotional support and work-based learning was widely acknowledged by participating LAs and is supported by research (Ferguson et al., 2020; Jeyasingham, 2016, Stanley et al., 2016). Some authorities made bespoke arrangements for groups believed to need such interactions most, particularly newly qualified workers, as well as for staff identified as at higher risk of Covid-related complications.

Outstanding and Innovative

Participating local authorities introduced various forms of online activities to bring staff together, such as ‘virtual tea breaks’ with chat. One local authority also spoke of developing a culture of work as an activity, not simply place-based.

Local authorities also developed innovative ways of returning to the office safely. One authority introduced ‘work bubbles’ to allow opportunity for staff across the system to have some in office time. This was planned around duty social care arrangements. Staff feedback was extremely positive in this regard. Staff welcomed opportunity to touch base with peers and managers. The office space has felt a safe place to be at this local authority, and peer reviewers note a sense of gratitude for efforts made to make the office space safe. Any area of the property that continued to be used was subject to a health and safety risk assessment to ensure it was Covid-secure.

Challenges

Some of the reported challenges in this area were specific to certain local authorities. One peer review team found evidence of workforce dissatisfaction as funding for home working equipment has not been agreed, resulting in some practitioners having to purchase their own desk, chair, and monitors without reimbursement. In early 2021, a year into the pandemic, some practitioners still lacked the right equipment to support them to work from home safely and comfortably, with consequent risks for health and wellbeing.

Home working also introduced challenges that were observed by all participating local authorities. First, it was acknowledged that not all staff have a suitable space to work from. Many workers were required to share space with others in their households, which for some meant working in uncomfortable conditions or in locations where it was difficult to ensure the privacy required to have confidential discussions. This reflects concerns reported in the emerging literature on this theme. Cook et al. (2020)’s research, for example, found that the move from being office based to working from home represented the loss of a ‘secure base’ and at a time of increased anxiety about personal safety due to the coronavirus, which adversely affected the well-being of some staff (see also, McFadden et al. 2021).

It was also felt to be more difficult to debrief in a home environment, for example following difficult conversations. Some workers reported feeling isolated and unsupported without easy access to managers and peers. The blurring of work and home was also an issue for some workers. Peer reviewers observed that the leadership focus moved from the pre-pandemic concern about whether or not homeworkers would work as effectively as office-based staff to a concern that their workforce was working too much or lacked access to necessary support and supervision. The need to maintain flexibility, while also making sure individual support needs are met, is a focus of planning beyond the pandemic. This is particularly true for training and newly qualified social workers, as the practice example below explores.

The implications of these challenges are explored further in the ‘Workforce Wellbeing’ section. They are key to understanding why some local authorities strove to return staff to offices as soon as possible and considering associated risks. The peer review process highlighted some additional areas of difficulty in relation to property occupancy:

First, it was challenging to supervise and support newly dispersed teams who were often still working part time from home. For teams that had largely worked away from the office during the pandemic, there were concerns about how easily they would readjust to office life. At one authority, staff reported that, whilst managers put provision in place for contact and conversations, the lack of face-to-face contact was isolating at times and there was very limited opportunity to go into an office. At another, concerns about inconsistent use of space were raised, with some groups operating and others not.

Second, where staff had returned to offices, it was challenging to maintain safe and Covid-secure buildings, even with reduced overall numbers. Participating authorities report administrative challenges – e.g. how to maintain rotas or the need to regularly update assessments, but also the need to revisit fire and safety plans to reflect the changing work patterns of responsible staff. Some authorities also report issues with staff compliance, sometimes due to deliberate disregard (e.g. moving signs from desks) and sometimes due to involuntary breaches of social distancing regulations caused by space limitations. Strategies to enhance staff safety, such as rapid cleaning following a positive test, could introduce panic amongst staff. Good communication at the times of high infection and high risk was key.

This is an area where there is a lack of consensus about the best way to plan for the future. At the conference held to discuss peer review findings, a workshop on this theme found there was no one approach that local authorities represented at the meeting would take in future re office working/home working. There are ongoing concerns about the impact of changed arrangements on staff, children and families, and a recognition that the need to balance public health, care and workforce wellbeing considerations remains even when office spaces are occupied. There is a need to consider less obvious tasks and interactions that take place in offices, such as care leavers picking up their allowance, where having a presence is important so they can have a conversation. An example was given of an abandoned child that was there with staff in the offices until 9pm. The workshop leader speculated that views of the future may have been partly formed as a result of practitioner and manager's lived experience and would be dependent on their level of risk-appetite, support of staff working in these difficult environments, and the degree of importance attached to face-to-face work vs work using digital technologies.

Practice example

Stockport: social worker placements in a virtual workplace

<https://socialworkers.blog.gov.uk/2021/03/25/social-worker-placements-modelling-restorative-practice-in-a-virtual-workplace/>

The pandemic and associated lockdown posed a huge worry and concern for our student social workers. We in Stockport (and nationally) were faced with the dawning reality that the way we train and support students and newly qualified staff would likely need to change significantly.

As part of the Greater Manchester Social Work Academy, we chose to confront this challenge by bringing together our practice educators from across the region for our first digital practice educator conference in October 2020.

As a result of the conference a virtual community has been created providing support to both students and practice educators. Practice educators are met every two months with a check-in and workshops, and, for students, three weekly check-ins occurred.

Benefits are already being realised, we have observed students go on and be successful in securing roles as qualified social workers in Stockport.

The main lesson we have learnt is that it is possible to train, support and assess students in the context of a pandemic. The commitment from senior leaders is key, and central to Stockport's thinking is that these groups are the future social workers in our communities.

Stockport found that support grew for our student social workers and practice educators organically through digital discussions and through this support meaningful relationships were forged.

Reflective supervision can happen on digital platform and that good quality conversations and learning can occur. For example, sharing screens to collaboratively work through a reflective discussion together.

Technology

Essentials done well

All local authorities made rapid provision for activities such as meetings, court work and training to take place online. Peer reviewers found that authorities coordinated well with partners to ensure that all had the right technology to access online meetings. This involved coordination of video and audio-conferencing platforms – particularly MS Teams and less commonly Zoom – as well as the development of a shared understanding of what online meetings should look and feel like. One local authority developed professional standards for MS Teams to assist this work. Some peer review reports discuss specific examples of good practice, including making appropriate IT equipment such as laptops, tablets, smartphones, monitors, and printers available to staff. Local authorities also provided young people and families with devices and dongles/data to help them get online.

Outstanding and innovative

The shift to online meetings and the introduction of at least some digital casework represented a dramatic departure from normal ways of working. All peer reviewers highlighted how the continuation of service was made possible through the swift adoption of a wide range of communication platforms, including MS Teams, Zoom and also WhatsApp, which was commonly used with families and to help practitioners connect with one another when working away from the office. The pace of the response by leaders and IT service teams is highlighted as a key strength in several peer review reports. Many reports also praised the adaptability of the workforce. There are also examples of excellent and outstanding methods for supporting staff and addressing technology-related queries, including the identification of skilled ‘superusers’ and direct access to technology contact centres. A local authority with geographic connectivity issues evidenced administrative flexibility (e.g. around phone providers for those in poor reception areas) and creative problem solving (e.g. issuing guidance for tethering phones where connections were poor).

Challenges

The need to achieve the appropriate balance between in-person and digital meetings and casework was highlighted. Several peer review teams highlighted the need to better understand who benefited from different modes of interaction (Cornwall). Drawing on the Children’s Commissioner’s (2020) report, *Childhood in the time of Covid*, The What Works Centre for Children’s Social Care (2020) argue that:

‘Emerging evidence suggests that virtual and digital support works well for children and young people with protective factors, for example those in a stable foster care placement, where young people with existing good relationships with their practitioner or a carer can provide updates. However, virtual support can be more challenging for others, for example very young children, those with special educational needs, cases where risk might be concealed, or where there is limited access to technology.’

While peer reviews highlight similar issues, it is also important to emphasise that the use of technology to engage young people with disabilities was also identified as a strength by one peer review team. The further development of existing guidance (e.g. BASW and SCIE, 2020; PCFSW, 2020) and tools to support practitioners in making case-by-case assessments of when and how to use digital technologies as part of a hybrid or blended practice is crucial. From an organisational perspective, local authorities need to ensure recommended platforms comply with information security requirements, as well as appeal to children and families, and that local policies support staff in managing the new ethical questions raised by digital social work (PCFSW, 2020). The need to develop blended practice strategies in collaboration with partners in

order to ensure attendance at meetings is proportionate for children and families was also highlighted as an ongoing concern. And as one peer review partnership also notes, while this learning exercise has beneficially sought the views of the workforce, what opportunities are there to extend this conversation further with children and their families to further inform and shape digital social work practice post pandemic.

The most significant challenge encountered by all local authorities was ensuring families had the equipment and support they needed to participate in meetings. Concerns raised included lack of access to IT equipment, connectivity issues and the importance of responding to the specific needs of children and families when using technology for communication. Addressing digital exclusion is likely to remain an ongoing challenge, particularly if Department for Education grants to help disadvantaged children get online are not maintained post-crisis (Department for Education, 2021e). Poverty was identified as a barrier for families in accessing and using IT, impacting on the level of support they can access, increasing isolation and stress levels. Specific challenges relating to poor connectivity in rural areas also raise equity concerns.

Going forward, it will also be useful to reflect on which current and emerging technologies best support the workforce. At one local authority, for example, staff reported that working with small screens makes it more challenging to effectively undertake direct work, chair meetings and conferences, as it is more difficult to see/share information and see faces/body language clearly. There is potential for further digital enhancements to promote communication and engagement with the workforce post-pandemic, including about these issues. Authorities report varied assessments of the use of digital technologies in workforce training. Advantages can include greater accessibility and flexibility about timing e.g. evening/twilight sessions. However, it was also reported that participants can find it hard to maintain focus and some existing training courses may have run more successfully offline.

Practice example

Hertfordshire Virtual School

The Virtual School brings together information about children and young people who are looked after by the LA as if they attended a single school. The Virtual School maintained an approach throughout the coronavirus crisis that the processes and procedures known to support schools, social workers and carers to help promote progress and attainment of Children Looked After and previously looked after, should be continued as usual and where possible. Where it was not possible, processes were adapted to be delivered in a different way, usually utilising on-line facilities.

Throughout the lockdown, the aim was to provide clear advice, guidance, information and support on behalf of children looked after by the LA, with the objective to ensure their vulnerability to education disadvantage was not exacerbated. Thoughtful consideration of the needs of children and young people at the time, was supplemented by focus group activity with designated teachers, social work colleagues and foster carers, to ensure that the planning and delivery of services to children and young people was appropriate, timely and helpful.

The period of lockdown and more recently since the schools have reopened and restrictions partially lifted, is characterised by excellent cross-service collaboration and joint work which appears to have supported placement stability and enabled children and young people to enjoy time in school and benefit from learning at home.

A great deal of development work has been completed by the Virtual School staff, and our professional partners, in partnership with colleagues in schools, Fostering and Adoption staff and through the direct work of social workers, of children and young people over this period. This work enabled the recovery strategy to be active as soon as children returned to full time schooling after the extensive period of disruption.

Issues to be addressed were non-school attendance due to foster carer shielding and other circumstances that required the mitigation of risk to health to carer and/or child. This was particularly relevant where the age profile of foster carers was 60+.

Activities and interventions included virtual visits to schools and virtual training for teachers, comprehensive home learning information made available online, online casework and the continuation of personal and specialist advisor services for children looked after and care leavers, telephone advice surgeries, the provision of laptops, commissioning a SEN online tuition service, a 'virtual classroom' for 25 UASC, and using digital technologies in various ways to support the learning of children placed out of county.

Potential evidence of positive impact beyond simply the continuation of support includes a strong return to school in terms of attendance levels, Personal Education Plans remaining timely and of good quality, and reduced exclusions, including no permanent exclusions.

The service is now working with partners to provide top up support focused on providing opportunities for learning and development while remaining alert to possible harms caused by disrupted routines and limited peer-to-peer interaction.

Workforce wellbeing

Essentials done well

Leaders at all local authorities were concerned to understand how their workforce was experiencing the pandemic and to implement specific strategies to protect the health of the workforce and promote workforce wellbeing. Peer reviewers also observed some variance in approach between authorities. As has already been discussed, other local authorities also promoted an early return to offices with new safety measures, for example by introducing 'work bubbles' that reduced overall staff numbers and the number of people each worker could expect to encounter when in work. This local authority shared findings from a staff survey which showed most respondents agreed or strongly agreed that they had been provided with necessary equipment for home working, a Covid-secure office space when in work, appropriate PPE, clear guidance and support, and opportunities to share feedback about arrangements put in place to promote the health and wellbeing of staff. Some local authorities also emphasised the importance of increased supervision, management availability and the continuation of core activities such as practice development when discussing workforce wellbeing, suggesting this helped the workforce feel their needs and development were valued. The approach taken by Essex is outlined below.

Outstanding and innovative

Some of the innovative strategies adopted focused on raising spirits and encouraging collective feeling through fun shared experiences. Activities taking place in Essex are explored in the practice example below. Other authorities also offered fun sessions, such as online yoga. Other outstanding practice included a 'resilience hub' which evolved and was updated during the pandemic in response to staff need, and Principal Social Worker-led 'Coping with Covid' initiatives including peer support groups, where workers were encouraged to 'park their role at the door', rarely talk about work, with the freedom of talking about feelings, and a weekly newsletter. Senior management at this local authority also recognised the impact of secondary trauma on the workforce and developed workshops to help practitioners process challenging emotions. Local authorities also drew on expertise within their organisations to support their workforce, for example providing access to in-house psychologists or supporting the Children's Occupational Therapy team in training workers in the use of PPE and safe visiting.

Challenges

As noted above, Covid-19 brought a number of new pressures and emotional challenges for staff working across children's social care. Peer reviewers at one local authority also highlight a probable perception gap between senior managers and their workforce, suggesting front line practitioners derived their emotional support mainly from peers and line managers during this period, rather than from senior management-led initiatives. This seems borne out by reflections on returning to the office. While an authority that had promoted home working to keep staff safe reported some of the examples of innovative and outstanding practice above, they also commented that 'despite all the provision for support in place, staff have felt the impact of working from home and away from their teams for such a prolonged period of time'. In particular, 'some staff experienced a feeling of isolation in case management and reflected that sometimes they became very re-active when they did not have the opportunity to discuss a case or visit etc. as they would have done previously'. It should be emphasised that the importance of supervision was maintained by all authorities and peer review reports suggest that regularity was not affected. The finding here relates to the significance of informal peer support to social work practice – again, something supported by academic research (e.g. Cook et al., 2020).

Practice example

Workforce Wellbeing in Essex

The Essex approach to workforce wellbeing during the Covid-19 pandemic combined a leadership-led focus on the issue with the encouragement of peer-to-peer support.

Leaders rapidly sourced PPE and home working equipment (which focus groups suggested made the workforce feel valued), ensured regular conversations with managers, encouraged the taking of leave and breaks during the working day. They also provided counselling services through Occupational Therapy teams and an all-staff counselling line, Human Resources support for individual cases when Occupational Health reached capacity. Existing workforce development and support activities were continued, but using digital platforms rather than in-person meetings.

Managers at all levels also encouraged new fun and social activities. These included online yoga sessions, team-based TikTok challenges and sending goodie bags to teams. Such activities worked alongside strategies to enable safe property occupancy to encourage the peer-to-peer support which many social workers and allied staff emphasise as important.

Microsoft Teams revolutionised work within Essex and advances in technology have been important, for example the newer version of Teams now allows more people on the screen. At the beginning, the Directors and Service Managers at Essex County Council met daily so there was two-way flow which was important. When they picked up that people were worried about PPE, they arranged for Occupational Therapy to demonstrate how to put it on. When they were aware there were concerns about vaccinations, they put this to their public health colleagues and ensured there was factual information about what was likely to happen and addressed worries going around about misrepresentation. Communication and speed for this was key.

The dedicated Social Care Wellbeing Group continue to take an hour out of each week to think about wellbeing to avoid mission creep. There are staff workshops and information about Covid-19 giving people the most up to date information led by health colleagues. There has been increased support in relation to trauma informed approaches. Essex County Council have continued to deliver most of the CPD, working with providers to adapt the programme. The structure of virtual sessions and activities had to be thought about, screen breaks added, and shorter sessions held so there was detailed planning. The development of technology has been positive in reaching large groups of staff for a shorter period, for example over 740 people dialled in for a Covid-19 session.

More broadly, there has been a whole council approach led by the Corporate Wellbeing Lead, with individual managers promoting wellbeing. There is a Spring Wellbeing Campaign, with a focus on the importance of a lunchbreak and having an hour out for wellbeing in the week.

Diversity

Essentials done well

Peer review conducted at all participating local authorities reported an openness to learning and addressing diversity issues. All authorities also reported attempts to respond to ethnic disparities in Covid-related risks and outcomes (Public Health England, 2020), particularly through individual risk assessments for staff from BAME groups. All authorities also organised workforce development days, training and events relating to equality, diversity, and inclusion. Several authorities also report support for the Black Lives Matter movement, following the murder of George Floyd by a US police officer and subsequent global protest and reflection.

Outstanding and innovative

Outstanding and innovative practice included the use of technology to engage young people with disabilities and a Fostering Diversity Inclusion group, which is really well attended and links with the corporate group. Various initiatives intended to show solidarity with the Black Lives Matter movement and advance anti-racist social work practice within authorities were developed, including a service newsletter and a workshop during Black History Month, staff wearing red in support of 'show racism the red card' and presentations by BAME workers about their experiences in social work.

Challenges

The key workplace challenge encountered in this area was the recognition that attempts by senior leaders to respond sensitively to the increased risk posed by Covid-19 to BAME workers were not always sufficient or successful. Several authorities found that some BAME staff did not welcome targeted risk assessments, feeling singled out by management when all individual need should be assessed, or feeling that lip service was being paid to risks taken by staff, who were still expected to take significant risks by doing in-person casework. There were also some delays in putting additional support in place, further undermining the positive intentions of managers.

The key challenges when working with children, young people and families related to challenges communicating using digital technologies. As explored above, several authorities were concerned about their ability to support children and young people with disabilities using digital technologies. There were also concerns about supporting unaccompanied asylum-seeking children. In some areas, peer review teams suggest that practitioners found it difficult to meet the emotional needs of these often traumatised children, to respond consistently and to seek their voice when planning their care.

There were also concerns about access to special schools and other educational provision by children with an EHCP. This has been highlighted as a national problem by the Office of the Children's Commissioner (2020: 8-9), who explore why only 6 per cent of children with an EHCP attended school on average from the start of lockdown until the end of May 2020, despite formal entitlement to places. Individual risk assessments were sometimes viewed as a barrier, since these highlighted changes to support services which made it more challenging to meet young people's needs in school. The Coronavirus Act 2020 set out that councils and local health bodies were required to make 'reasonable endeavours' to deliver services to which children were normally entitled, but many were paused or reduced until August 2020 when normal entitlements resumed. The impact on children and families is described:



‘Many families struggled to meet the needs of children with EHCPs at home. Very few parents had the specialist skills needed to effectively teach their children, meaning that progress previously made was lost. Looking after children around the clock has led to many parents and siblings becoming stressed and burnt out, with 70-80 per cent of parents saying that their own mental health has declined and 54 per cent saying their physical health has declined. This was compounded by a reduction of social care support: 76 per cent of families who had previously been receiving support from social services before lockdown (such as respite care and summer play schemes) saw it all stop during the crisis. One parliamentary committee heard how these families felt they had been ‘utterly abandoned’ ’ (Children’s Commissioner, 2020: 8).

It is vital that lessons are learned in this area, including the positive ways in which some local authorities adapted normal practice to better meet the needs of these families. Examples highlighted in this learning exercise include allowing direct payments normally spent on support services to be spent instead on goods and activities to help occupy and educate children at home. Participatory research with children with disabilities commissioned as part of the learning exercise also makes strong recommendations for the future (O’Brien and Dadswell, 2021b).

Practice example

Essex anti-racist social work: Beginning the dialogue

The county of Essex is demographically varied. Much of the county is predominantly White British, although rapid change is taking place in some areas. Areas which are proximate to London have historically been more ethnically diverse, and other areas are becoming so, as families move out of London seeking affordable property.

Much of the workforce in Essex is also White British. Discussions within the local authority that predated, but were given new impetus, by the death of George Floyd and subsequent global protest in May 2020 reveal that there is a lot of discomfort amongst staff when it comes to speaking about race, especially given other social divisions and potential sources of inequality are confidently discussed.

Existing diversity training drew on John Burnham’s (1992, 1993) culture models. This was judged to be a useful starting point, but more could be done to understand and address the specific inequalities facing workers and families of colour.

At Essex, there is increased understanding that anti-racist practice is a systemic issue. It has to be kept alive at the grassroots, as well as become embedded at the strategic level. Work is ongoing to build a cultural framework involving a lot of different activities.

These include the development of new corporate strategies that acknowledge anti-racist practice as distinctive from anti-oppressive or culturally inclusive practice.

There is a commitment to using data smartly to identify and monitor disproportionality in service provision, which in turn highlights new questions and possible targets for data collection and/or intervention. For example, in Essex it is known that children from BAME backgrounds are likely to remain in care longer than their White counterparts, but the precise relationship with adoption practices is not yet clear. There is recognition that umbrella terms such as BAME are not always helpful in identifying and analysing inequality and injustice.

Senior leaders in the local authority are trying to acknowledge mistakes and learn from feedback. For example, it is acknowledged that a targeted Covid-19 risk assessment for BAME staff was well intentioned, but not well received.

Training workshops at Essex have also become more dialogic, focused on hearing, and understanding diverse experiences and the power of using words thoughtfully, mindfully, and respectfully. There is a recognition that BAME practitioner voices need to be heard and amplified within small groups, such as team meetings, as well as specific initiatives such as the BAME network.



Voice of children and young people

Essentials done well

All participating authorities maintained their focus on hearing the voice of child during the Covid-19 pandemic. One authority increased contact with Children's Rights advocates over this period (Cornwall), and others described a range of forums for children and young people's feedback. A detailed practice example is given below.

Outstanding and innovative

All participating authorities noted innovative use of social media platforms, which increased contact and responsiveness. It is also important that young people responded differently to attempts at digital communication. For example, one authority highlighted the use of technology to engage children with disabilities as a strength while another reported challenges in this area. The research carried out with young people has helped explore and unpick these complexities (O'Brien and Dadswell 2021a; 2021b).

Specific examples of innovation exploiting the increased use of digital technologies include young people being asked to chair online meetings, a virtual conference on the effect of Covid on youth and young people making videos of themselves in response to questions. One local authority found that having three age-grouped strands to the Children in Care council has allowed all children's voices to be understood in detail during pandemic.

Challenges

All local authorities reported challenges in balancing children's desire and need for face-to-face contact against the need to maintain safety and social distancing. Practitioners at one local authority highlighted the ethical dilemmas for staff who offered support in breach of Covid rules by touching children (see also Ferguson et al., 2021).

Some authorities also reported challenges meeting mental health and emotional wellbeing needs, for example those of unaccompanied asylum-seeking children.

Going forward, there is interest in exploring the possibilities of digital technologies for participation and co-production, given how some young people responded so positively to this form of communication.

Practice example

Medway: Voice of the child and young person

Medway sought feedback from children and young people through various forums:

MASH Team completed direct work with children when schools were shut. Prior to this MASH team would ask school to ascertain children's views through direct work when making a referral.

Increased contact between allocated worker and children and young people through regular phone/video calls.

Face to face contact has continued where possible to complete direct work. The Head of Service identified an audit that he had undertaken that evidenced the difference it made for the child from virtual contact to then visiting face to face.

Impact of Covid-19 Care Leavers Study to be undertaken. Young Lives Apprentices from Children in Care Council (CCiC) have supported the Council to refine the questions for this survey to make it more YP friendly (December 2020).

There is a focus on more Children and Young People's voices being heard in Child Protection conferences, with practitioners being more creative around seeking views.

Early Help are currently undertaking a piece of research, working with Kent, to look at CYP mental health, with a particular focus on young males. This is in response to a recent YP death.

There is a planned Virtual Conference 'Covid: The Effect on Youth' to be held by Medway and Kent.

The Voice of Child Report was undertaken by Heads of Service in collaboration with various organisations in Medway and Kent (June 2020) to obtain the views of children and young people and understand the impact of Covid-19 Pandemic across Kent and Medway. This report outlines the key themes emerging and suggests how this feedback might be used to inform the development and delivery of post Covid-19 services, creating an excellent feedback loop. Further sessions were also planned to seek the views of C/YP with additional complex needs (CYPWD).

Specific examples of positive feedback that were shared during peer review include a young person thanked Medway for the pack sent. Medway Council also received an email (May 2020) from a father who wanted to thank a First Response practitioner who had spoken to his 11 year-old daughter about her anxieties around Covid-19 and wanted to know where his daughter could send a picture she had drawn for the practitioner – or as the daughter entitled it – 'A rainbow for the kind lady'.



Partnership working

Essentials done well

Most local authorities reported stronger arrangements and relationships at all levels, as partners pulled together to meet the specific challenges of the pandemic. There are successful examples of collaboration with education, health, and other support services, including charities, in all peer review reports. Several authorities report how existing models of collaborative working encouraged school attendance by vulnerable children, as well as enhanced access to support for children and families. One authority introduced safety huddles with partners to discuss where children were not being seen and reported various mechanisms through which information was shared by and with social care.

Outstanding and innovative

Enabling remote participation through the use of online meetings is widely seen to have increased professional attendance, including by groups such as GPs who previously struggled to attend. A number of participating authorities reflected on ways in which the benefits of online meetings could be maximised going forward, including through hybrid meetings in which families and key social care staff attend in person to ensure support needs are met, key decisions are conveyed, and parents are able to actively contribute.

There are also specific examples of outstanding online partnership working, such as twilight training for schools or evening foster care training that meant services for children not only continued but improved during this period. One local authority developed an enhanced early help offer, discussed in detail as a practice example below. Another authority offered early help webinars with partners. Some local authorities also describe improved links with charities, who are often able to innovate well and move into spaces where there are gaps in state provision. Examples here include the early provision of laptops for children and young people and the charitable provision of PPE for workers.

Partners in some areas also worked together to understand changing demand, for example conducting multiagency surge-mapping exercises that considered referral rates during the pandemic in the context of a five year comparative period. Other areas report information sharing arrangements that support safeguarding, particularly between health and social care services.

Challenges

As already described, many authorities expressed concern about other agencies withdrawing from home visits and any in-person engagement with service users. Given pressure on one agency affects functioning elsewhere, the peer review process also identified frustration at the front-line as senior managers did not share or understand this experience, tending to report improved experiences of partnership working at the strategic level. Another potential perception gap relates to how families experience services. Peer reviewers reflected that gains experienced by professionals may not always be experienced by families and their networks.

Practice Example

Stockport MASSH

The impact of the pandemic on front door services was immediate. Data suggested that request for support immediately declined, and, when requests at the front door to children's service (Stockport MASSH) were made, the level of need was greater.

The LA knew that existing pathways into early help particular for emotional wellbeing would be disrupted; particularly during times of school closures as this was the existing route into lower-level emotional support such as school counselling arrangements, emotional wellbeing services and education psychology.

In response, the LA developed the existing MASSH pathway, which is a consent based process that acts as an access point for early intervention into early help services. This involved enhancing the existing early help offer to include emotional wellbeing/mental health services and SEND support. Using communication strategies via schools, early years settings and the SEND local offer website they communicated the role of the MASSH and its enhanced offer.

Stockport MASSH observed an increase in self/parent referrals requesting support at time of need. By October 2020, 21 per cent of families progressed through the aligned early help pathways were generated from self-referral. The LA believe families reaching out and identifying need will help to build resilience in their communities. Professional referrals and traditional routes into the MASSH can push families deeper into a system than needed. Sometimes families just need one piece of advice or quick fix practical support. Feedback from families has been positive.

Covid-19 contingency planning led to services coming together to actively problem solve and accelerate existing transformation plans. Programme planning was accelerated through services being able to come together at speed through digital meetings. This led to a stronger partnership with agencies, in particularly aligning traditional early help services with mental health services.

The aligned early help pathway is now mainstreamed in Stockport and seen as key element of their early help offer. The Early Help Hub within the pathway take place on a virtual platform – this is bringing together colleagues from education health, social care/early help.

This is set to continue. Key learning here is also identifying the real need for ensuring the early help pathways has strong links to the voluntary and community sector – this will be the project driver for the next financial quarter.

Court work

Essentials done well

This is an area where local authorities reported fairly similar experiences. Following the introduction of social distancing measures in March 2020, the family courts in England and Wales rapidly adapted to using telephone and video hearings. There was some positive feedback received from practitioners about these ‘remote hearings’ during the learning exercise, since they reduced time spent travelling or waiting at court. It was also reported that some families felt empowered by less intimidating processes. Some families also benefited from extended proceedings (due to the delays discussed below), as it afforded them more time to make changes. The need to find new ways of working also encouraged increased consultation between social work organisations and the court and judiciary, which was believed to be positive. However, these new ways of working presented a number of challenges and concerns.

Challenges

Early research on ‘remote hearings’ was not positive. Ryan et al. (2020a: 9) conducted a rapid consultation with 932 stakeholders, including judges, magistrates, social workers and parents. They found ‘many examples of judges, courts, local authorities and other services working very hard to ensure remote hearings are fair and just’ but also ‘many expressions of concern, and some very worrying descriptions of the way in which remote hearings have been conducted to date’. Particular concerns are raised about being able to conduct hearings with empathy and provide the same level of support to families before, during and after hearings that they would normally get if they are legally represented or involved in public law proceedings. There are also difficulties ensuring the participation of parents, due to technological difficulties, lack of parental understanding about process due to less effective preparation and support by legal and other professionals, and lack of confidence speaking when they did not understand.

A follow-up study, which included another survey and additional focus groups with parents, found that most professionals felt that things were working more smoothly, all or some of the time, and saw some benefits to working remotely, for professionals and parents. They also found that ‘parents, other family members and organisations supporting parents were less positive about remote hearings. The majority of parents and family members had concerns about the way their case had been dealt with and just under half said they had not understood what had happened during the hearing’ (Ryan et al. 2020b: 1).

These concerns were similarly reflected in the findings of this learning exercise. All local authorities suggested that some participants, including families, find virtual hearings problematic. Of particular concern was the impact on families of feeling less well prepared for court hearings or feeling disempowered or disenfranchised. One authority also reports concerns about ensuring confidentiality. Allowing professionals access to office spaces was one way in which organisations were able to address these for staff.

All participating authorities also reported issues caused by delay in all types of court matters: delay in permanence for children, delay in re-unification plans, adjournments, and lack of availability of experts, leading to drift in cases. Difficulties sourcing certain placements, including parent/child placements was also reported to impact on timescales. Court delays have contributed to rising numbers of children in care and produce potentially lasting consequences for children as well as placing additional demands on already stretched services. Examples provided by one authority include a baby who came into care who is now 14 months old, with adoption the expected outcome and a potential adoptive family waiting for the court process to conclude.

References

ADCS (2020) Building a country that works for all children post Covid-19.

ADCS Discussion Paper. Manchester: The Association of Directors of Children’s Services Ltd (ADCS).

Available at: <https://adcs.org.uk/general-subject/article/building-a-country-that-works-for-all-children-post-covid-19/>

ADCS (2021) Safeguarding pressures: Phase 7 research report. Manchester: The Association of Directors of Children’s Services Ltd (ADCS).

Available at: https://adcs.org.uk/assets/documentation//ADCS_Safeguarding_Pressures_Phase7_FINAL.pdf

Baginsky, M. and Manthorpe, J. (2020) Managing through Covid-19: the experiences of children’s social care in 15 English local authorities. London: NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King’s College London.

Available at: https://kclpure.kcl.ac.uk/portal/files/131392323/Baginsky_and_Manthorpe_2020_Managing_through_COVID_19_Report.pdf

Brewer, M. and Patrick, R. (2021) Pandemic Pressures: Why families on a low income are spending more during Covid-19. London: Resolution Foundation.

Available at: <https://www.resolutionfoundation.org/app/uploads/2021/01/Pandemic-pressures.pdf>

British Association of Social Workers (BASW) and the Social Care Institute for Excellence (SCIE) Digital capabilities for social workers.

Available at: <https://www.basw.co.uk/resources/publications-policies-and-reports/digital-capabilities-social-workers>

Bryant, B., Parish, N. and Bunyan, A. (2021) Better connected: How local education and children’s services in England have responded to the coronavirus pandemic. Isos Partnership/Local Government Association.

Available at: https://static1.squarespace.com/static/5ce55a5ad4c5c500016855ee/t/605b8c7c001c534b1a223885/1616612479198/LGA_CV19_final+report.pdf

Burnham, J. (1992) Approach–method–technique: making distinctions and creating connections. Human Systems, 3(1): 3-27.

Burnham, J. (1993) Systemic supervision: the evolution of reflexivity in the context of the supervisory relationship. Human Systems, 4(3-4): 349– 381.
Children’s Commissioner (2020) Childhood in the time of Covid. London: Office of the Children’s Commissioner.

Available at: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/09/cco-childhood-in-the-time-of-covid.pdf>

Child Safeguarding Practice Review Panel (2020) Supporting vulnerable children and families during Covid-19. London: Department for Education.

Available at: https://www.darlington-safeguarding-partnership.co.uk/media/2035/cv19-practice-briefing_final_jan2021.pdf

Cook, L.L. and Zschomler, D. (2020) Virtual home visits during the Covid-19 pandemic: Social workers’ perspectives. Practice, 32(5): 401–408.

Cook, L.L., Zschomler, D., Biggart, L. and Carder, S. (2020) The team as a secure base revisited: Remote working and resilience among child and family social workers during Covid-19. Journal of Children’s Services, 15(4): 259–266.
Department for Education (2020) Children’s social care: Government consultation response, August 2020. London: Department for Education.

Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915980/Childrens_social_care_-_Government_consultation_response_3.pdf

Department for Education (2021a) Attendance in education and early years settings during the coronavirus (Covid-19) outbreak.

Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak>

Department for Education (2021b) Children’s social care: Government consultation response, March 2021. London: Department for Education.

Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/967663/Children_s_Social_Care_-_government_consultation_response.pdf

Department for Education (2021c). Coronavirus (COVID-19): Guidance for children’s social care services. UK Government. First published 3 April 2020. Last updated 24 May 2021.

Available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/>

Department for Education (2021d). Safe working in education, childcare and children’s social care. UK Government. First published 14 May 2020. Last updated 4 October 2021.

Available at: <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/>

Department for Education (2021e) Get help with technology during coronavirus (COVID-19). First published 19 April 2020. Last updated 1 November 2021.

Available at: <https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-covid-19>

Driscoll, J., Lorek, A., Kinnear E. and Hutchinson, A. (2020) Multi-agency safeguarding arrangements: overcoming the challenges of Covid-19 measures. Journal of Children’s Services, 15(4): 267-274.

Ferguson, H., Warwick, L., Cooner, T. S., Leigh, J., Beddoe, E., Disney, T., and Plumridge, G. (2020) The nature and culture of social work with children and families in long-term casework: Findings from a qualitative longitudinal study. Child & Family Social Work, 25(3): 694-703.

Ferguson, H. Kelly, L. and Pink, S. (2021) Social work and child protection for a post-pandemic world: the re-making of practice during Covid-19 and its renewal beyond it. Journal of Social Work Practice. Advance Online Publication.

Available at: <https://doi.org/10.1080/02650533.2021.1922368>

Jeyasingham, D. (2016) Open spaces, supple bodies? Considering the impact of agile working on social work office practices. Child & Family Social Work, 21(2): 209-217.

McFadden, P., Ross, J., Moriarty, J., Mallett, J., Schroder, H., Ravalier, J., Manthorpe, J., Currie, D., Harron, J., Gillen, P. (2021) The Role of Coping in the Wellbeing and Work-Related Quality of Life of UK Health and Social Care Workers during Covid-19. *International Journal of Environmental Research and Public Health*, 18(2): 815.

Neil, E., Copson, R. & Sorenson, P. (2020). **Contact during lockdown: How are children and their birth families keeping in touch?** London: Nuffield Family Justice Observatory.

Available at: https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/nfjo_contact_lockdown_rapid_research_main_report_revised_20200522.pdf

Nolan (1995). **Standards in Public Life: First Report of the Committee on Standards in Public Life Volume 1.** London: HMSO.

Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/336919/1stInquiryReport.pdf

O'Brien, N. and Dadswell, A. (2021a) **Care leavers' experiences of support during the Covid-19 pandemic: Final report.** Anglia Ruskin University.

Available at: <https://flipbooks.gs-cdn.co.uk/aru-final-report/>

NB Links to the summary and accessible versions of this report are available in the Acknowledgements section, above.

O'Brien, N. and Dadswell, A. (2021b) **Young people with disabilities' experiences during the Covid-19 pandemic: Final report.** Anglia Ruskin University.

Available at: <http://flipbooks.gs-cdn.co.uk/aru-b/final-report/>

NB Links to the summary report and film are available in the Acknowledgements section, above.

Pink, S., Ferguson, H. and Kelly, L. (2020) **Child protection social work in Covid-19: Reflections on home visits and digital intimacy.** *Anthropology in Action*, 27(3): 27- 30.

Pink, S., Ferguson, H. and Kelly, L. (2021) **Digital social work: Conceptualising a hybrid anticipatory practice.** *Qualitative Social Work.* Advance Online Publication.

<https://doi.org/10.1177/14733250211003647>

Principal Children and Families Social Worker (PCFSW) Network (2020) The PCFSW best practice guide for video call/contact and virtual/online home visit. Updated 17th April 2020.

Available at: <https://proceduresonline.com/trixcms1/media/5610/psw-best-practice-guide-for-video-call-and-virtual-home-visit.pdf>

Public Health England (2020) COVID-19: Review of disparities in risks and outcomes, 4 June 2020. London: Public Health England.

Available at: <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

Reed, J. and Parish, N. (2021) **Working for babies: Lockdown lessons from local systems.** Parent Infant Foundation/First 1001 Days Movement /Isos Partnership.

Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/01/210115-F1001D-Working-for-Babies-Report-FINAL-v1.0-compressed.pdf>

Ryan, M., Harker, L. and Rothera, S. (2020a). **What we know about the impact of remote hearings on access to justice: A rapid consultation.** London: Nuffield Family Justice Observatory.

Available at: <https://www.nuffieldfjo.org.uk/resource/remote-hearings-rapid-consultation>

Ryan, M., Harker, L. and Rothera, S. (2020b). **Remote hearings in the family justice system: Reflections and experiences.** London: Nuffield Family Justice Observatory.

Available at: https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/remote_hearings_sept_2020.pdf

Shum, A., Skripkauskaitė, S., Pearcey, S., Raw, J., Waite, P., Creswell, C. (2021a) **Changes in parents' mental health symptoms and stressors from April to December 2020, Co-SPACE Study Report 07.** Oxford: University of Oxford.

Available at: https://cospaceoxford.org/wp-content/uploads/2021/01/Report_07_19JAN-1.pdf

Shum, A., Skripkauskaitė, S., Pearcey, S., Waite, P., Creswell, C. (2021b) **Children and adolescents' mental health: One year in the pandemic, Co-SPACE Study Report 10.** Oxford: University of Oxford.

Available at: https://cospaceoxford.org/wp-content/uploads/2021/04/Report-10_05May2021.pdf

Stanley, N., Larkins, C., Austerberry, H., Farrelly, N. and Manthorpe, J. (2016) Rethinking place and the social work office in the delivery of children's social work services. *Health and Social Care in the Community*, 24(1): 86-94.

The What Works Centre for Children's Social Care (2020) How can children's social workers safely conduct necessary home visits during the Covid-19 epidemic?

Available at: https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_Rapid_Review_Home_Visits_and_Remote_Social_Work_June_2020.pdf



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