

Future-Proofing Multi-Agency Child Safeguarding Practice

September 2022 Recommendations

Summary

Strengthen and improve the cohesiveness of national government oversight of safeguarding

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This briefing summarises some of the key findings from a study investigating the impact of the COVID-19 social distancing measures on joint working arrangements and consequential adaptations to child protection and safeguarding practice. It presents core recommendations to strengthen practice in the wake of the pandemic, informed by the wider research literature and a symposium engaging government officials from the

Department for Education, Department of Health and Social Care, and the Home Office; relevant sector leaders; leading academics; and representation on behalf of young people. Areas of focus identified through our research align closely with some of the priorities identified by MacAlister (2022) and The Child Safeguarding Practice Review Panel (CSPRP, 2022).

Key Messages and Recommendations

Core recommendation:

Strengthen and improve the cohesiveness of national government oversight of safeguarding to provide clear leadership and accountability of multi-agency reform, streamlined funding, and shared outcome measures; and to promote strong local systems. We endorse the recommendations of MacAlister (2022) and CSPRP (2022) for a new Ministerial group/National Reform Board to oversee the implementation of reforms to the child protection system (see also Harris and Goodfellow (2021)).

Early help

- 1. Prioritise early help services in policy and planning for COVID-19 recovery and levelling up in order to rebalance the safeguarding system.
- 2. Develop a consistent descriptor for early help to enable comparison of the outcome benefits in different areas.
- 3. Develop i) the evidence base on effective early help and domestic violence interventions and ii) robust outcome measures for early intervention/help pertaining to benefits for children as well as parents/carers.
- 4. Increase the availability of well-evidenced interventions, particularly for children and families with very complex needs including mental health difficulties where there is a risk of escalation to child protection.
- 5. Invest in ongoing professional development for multi-agency practitioners working with children and families, including through high quality evidence-based training and qualification routes and appropriate assessment and screening tools and skills.
- 6. Reinvest in essential universal services for children and families, such as midwifery and health visiting.

Multi-agency working

- 7. Ensure all relevant actors/agencies are appropriately represented in decision-making by Safeguarding Partnerships.
- 8. Support development of clear local multi-agency monitoring and evaluation plans, of and through Safeguarding Partnerships.

- 9. Develop shared language, definitions, thresholds, and screening across all agencies.
- 10. Strengthen information sharing, including through shared information technology systems.
- 11. Promote research to support understanding and measurement of good Safeguarding Partnership working.
- 12. Develop a clear multi-agency strategy for action for teenagers suffering from abuse, including vulnerable children involved in gang and youth violence.

Professional wellbeing

- 13. Guarantee safeguarding supervision for all agencies and staff working with children and families, including Designated Safeguarding Leads (DSLs) in schools (subject to the outcome of the scaling up research project at https:// whatworks-csc.org.uk/research-project/supervision-fordesignated-safeguarding-leads-scale-up/) and the voluntary workforce.
- 14. Address staff shortages, backlogs and increased demand for services, including in community and mental health and SEND support, through investment and central planning.
- 15. Promote the cultural change required to address staff retention, professional development, workload and management support for all practitioners working with children.
- 16. Invest in professional wellbeing, including through access to regular individual and group supervision, managerial and peer support, and counselling.
- 17. Promote research relating to child protection professionals' wellbeing and work performance, such as burn out, secondary stress trauma and compassion fatigue, and the impact on the delivery of support to children and families and children's outcomes.
- 18. Reconsider support for schools to fulfil their safeguarding responsibilities in light of the impact of the pandemic on the work of schools and increased safeguarding demands and expectations on schools.

Introduction

• he strict measures taken to delay the spread of COVID-19 posed unprecedented challenges to child protection and safeguarding practice. The measures affected the work of practitioners from all professional disciplines involved in the safeguarding continuum, from prevention of maltreatment to the protection of children at risk of significant harm, and disrupted the multi-agency arrangements that lie at the heart of effective child protection. Meta-analyses of serious case reviews have long evidenced the importance of inter-agency information sharing and collaboration (e.g., Sidebotham et al., 2016; Brandon et al., 2020). The national review into the murders of Arthur Labinjo-Hughes and Star Hobson during the pandemic (CSPRP, 2022) once again highlighted weaknesses in information sharing and seeking between as well as within agencies and concluded that the multi-agency arrangements in place to protect children at risk of significant harm remain fragmented, with variations in the use of promising approaches around the country.

The study engaged safeguarding leaders from all professional disciplines involved in child safeguarding and protection. The first stage, undertaken between June and September 2020, comprised 67 interviews with London-based safeguarding and child protection leaders within seven professional groups: children's social care, health, mental health, police, education, law and Safeguarding Partnerships. Interviewees' priorities and responses informed the questions and response options for the second stage, a national survey distributed to similar professional groups in February–March 2021, which elicited 417 responses for analysis. Respondents represented all regions in England, with London and the South East accounting for 45 per cent of overall survey representation. Respondents were a very senior and experienced group with a predominantly strategic perspective, including directors of children's social care services, Safeguarding Partnership independent scrutineers/ business managers, headteachers or Designated Safeguarding Leads, designated and named health and mental health professionals, police safeguarding leads at area level, and local authority and children's panel lawyers. Respondents had a mode of 20 years' experience. The survey also generated over 1,000 comments.

Our study, and the work of others, highlights the urgent need to 'future-proof' child safeguarding practice in the light of the extraordinary pressures imposed as a consequence of the pandemic on a system that was already under significant stress. The visibility of vulnerable children to services decreased during periods of lockdown and social distancing measures, creating concerns that those children were hidden from the professional gaze or waited longer for identification and referral of child protection concerns (Crawley et al., 2020; Donagh, 2020; Green, 2020; Khan and Mikuska, 2021; Romanou and Belton, 2020). Concurrently, additional risks to children's safety and long-term wellbeing were presented by increased parental stress, the diversion of healthcare services, disrupted education, the closure of most children's centres, distanced professional support and increased inequalities and mental ill-health (Adams, 2020; Evans, 2020; Harris and Goodfellow, 2021; Hefferon et al., 2021; Wijedasa et al., 2022).

Through a policy lab in April 2021 in which we reported our findings, we identified three key areas of focus to address the enlarged challenge that now faces child safeguarding: strengthening early help services, supporting sustainable workforce recovery, and promoting robust multi-agency working and collaboration. Our findings in these areas informed an advocacy letter to the then three Secretaries of State for Education, Health and Social Care, and the Home Office in September 2021, leading to the symposium in March 2022 (see appendices). The symposium provided an opportunity to bring together a range of stakeholders to consider the implications of our study in the context of post-pandemic recovery and the broader challenges facing the child safeguarding system.

Early Help and Early Intervention

Prioritise early help services in policy and planning for GOVID recovery and levelling up

Increased Early Help Needs

In our study, levels of early help needs were reported to be rising due to stress and economic instability. Eighty-nine per cent of 193 survey respondents noted increased early help needs locally and perceptions were similar across agencies. In the context of pre-existing variation in thresholds for and access to early help services (Lucas and Archard, 2021), a few respondents (15 per cent of 144) reported lower thresholds for access to early help services: interview data suggests this reflected anxiety about unpredictable or rapidly changing risks to children. A similar proportion, however, reported raised thresholds, reflecting pressure on statutory services. Concerningly, 39 per cent of 153 respondents reported that early help services were cut in favour of statutory services. Survey respondents commented on the need to invest in early help services, especially in relation to resources targeting domestic violence and abuse and preventing children from becoming recipients of statutory services. The need for provision and funding of early help services to be prioritised by central government to prevent escalation of cases was mentioned repeatedly within the open commentary.

Literature published since our study notes ongoing exacerbation of vulnerabilities, including increased requests for help with parental addiction, domestic violence and abuse (McCarthy et al., 2022) and mental health problems (Public Services Committee, 2021). Sixty-seven per cent of respondents to YoungMinds' research (2021) believed that the pandemic would have a long-term negative effect on their mental health and nearly half (42 per cent) of children surveyed by Action for Children (2022) reported concerns about their mental health, compared to 29 per cent in 2019. Increased teenage vulnerability (Commission on Young Lives, 2021), financial pressures on voluntary youth provision (UK Youth, 2021) and evidence of adaptations to criminal exploitation approaches (Brewster et al., 2021) may have contributed to rising representation of teenagers in the 'in need' group (Department for Education/National Statistics, 2021).

Early Help Services

Our interviewees reported a shift towards online early help provision during periods of lockdown and social distancing and expressed concerns that information was not accessible and/or updated regularly. This was reflected in the survey data: 94 per cent of 196 respondents reported that most provision shifted to online delivery and about half of our survey respondents reported enhanced communication of early help packages to professionals, young people and families, facilitated by the move online, yet only 53 per cent of 108 felt online services were effective. These trends present concerns as some disadvantaged families may have been prevented from accessing support: 68 per cent of 173 survey respondents felt that the onus on families to contact services had increased. Online early help provision may not be suitable or accessible for some families due to digital poverty: 93 per cent of 316 respondents were concerned about exclusion of some groups where remote communication methods were used. The most recent Commission on Young Lives report (2022, p.13) notes that parents felt that the impact of the pandemic and shift to online services diminished their 'expectation that local informal support from their local authority was something they could count on when things got tough.'

Sixty-seven per cent of 191 survey respondents considered the full or partial physical closure of children's centres to be appropriate and most (89 per cent) noted that children's centres were offering full or partial pre-existing services remotely. However, only 43 per cent of 129 respondents reported children's centres being repurposed in some way e.g., to include health visiting and midwifery services. Moreover, 82 per cent of approximately 2,000 parents responding to a survey by Action for Children (2021) reported that they had either struggled or been unable to access an early years service, equating to an estimated 4.3 million parents of children aged 0-5 in England. The most reported challenges impacting on parental access to services included unavailability of services, unclear information on accessing services and online-only provision. Other research shows that early years (HM Government, 2021; Action for Children, 2021; Home-Start UK, 2021) and generic services such as midwifery and health visiting screening, support, developmental assessments and home visiting (Institute of Health Visiting, 2021) remain under pressure due to ongoing inadequacy in professional capacity and local variation.

The need to rebalance safeguarding practice to avoid a crisis driven child protection system was stressed by our symposium keynote speaker from the Early Intervention Foundation (EIF), Dr Jo Casebourne. It is a central tenet of The Independent Review of Children's Social Care (MacAlister, 2022), which found that early help services are insufficient and vary across the country and that their effectiveness is poorly evidenced. Literature published since our study was undertaken notes ongoing decreased funding in early help services as focus turns to child protection. Reports highlight the need to prioritise support for families (MacAlister, 2022; National Children's Bureau (NCB), 2021; Action for Children, 2022; Commission on Young Lives, 2022) and 'ordinary help' that builds trust (What Works for Children's Social Care, 2021). Nearly two-thirds of parents in a recent Action for Children (2022, p.27) report thought that the government is 'investing too little in services that support childhoods', while the need for greater support to prevent children entering care unnecessarily was endorsed by the young people in Barnardo's Care Review Collaborative (2021).

Our symposium highlighted the need to increase the availability of existing evidence-informed programmes for parenting support and early help and intervention, invest in robust evaluation of programmes to ascertain measurable benefits for children, and equip early help practitioners from all relevant disciplines and agencies with the tools and skills to deliver those. Dr Casebourne applauded the Best Start for Life review (HM Government, 2021) and extension of family support and family hubs while calling for particular attention to what works for families experiencing domestic violence and well evidenced interventions for families with complex needs, where there is a risk of escalation to child protection. Delegates endorsed these points and the need for more action to tackle the underlying issue of child poverty and increase investment in universal services such as health visiting. It is clear that early help and early intervention have a key role to play in both COVID recovery and levelling up, and that the necessary enhancement of child protection practice related to serious cases should not be to the detriment of preventative work.

Multi-Agency Working

Ensure all relevant actors/agencies are appropriately represented in decision-making by Safeguarding Partnerships

Inter-agency collaboration and information sharing

The crisis appears to have fostered greater commitment to inter-agency collaboration and promoted increased sharing of data and trends within and between local areas. Our survey respondents, who were largely in leadership roles, were more likely to report that joint working between their agency and other agencies had improved than that it had deteriorated during the pandemic, both strategically and operationally, and all agencies were more likely to report improvements in strategic working with Education than deterioration. Education respondents in our study, in contrast, were more likely to report deterioration than improvement in joint working with all other agencies, both strategically and operationally, considered further below.

There is a wealth of evidence that remote communication methods improved attendance, communication and efficiency at multi-agency professional meetings, including Walklate et al.'s study (2021) of virtual multi-agency risk assessment conferences (MARACs) and Dixon et al.'s research (2022) on GP virtual consulting practice. A large majority of our respondents agreed that remote multi-agency meetings for a variety of purposes, including MASH processes, strategy meetings, case conferences and looked after children reviews, were generally better attended and constituted more efficient use of time. Wood (2021) also noted evidence of strengthened inter-agency working and concluded that remote working and communication increased professional availability and attendance at inter-agency meetings. The CSPRP (2021) cited good practice examples from some safeguarding partners and local authorities, including weekly conference calls to support identifying risks, information sharing and monitoring, as well as creation of local campaigns during lockdowns to communicate to communities that services were still addressing any instances of child abuse.

However, circumstances arising during the pandemic highlighted weaknesses in strategic oversight of child safeguarding at both central and local government levels. Examples of these include the ways in which single-agency decisions in relation to redeployment, withdrawal of services or changes in service delivery reduced opportunities to identify safeguarding concerns, severed established lines of communication and disrupted information sharing and inter-agency collaboration. Some symposium delegates highlighted particular challenges in multiagency collaboration in response to teenagers exposed to abuse or exploitation, including those involved in gang and youth violence (see also Commission on Young Lives, 2021; MacAlister, 2022). Social workers in Kelly et al.'s study (2021) reported working alone during the pandemic without usual cross-agency support and engagement. Ninety-eight per cent of 280 respondents in our study indicated that, from their experience during the pandemic, they would support introduction of a system by which all agencies could share pre-agreed safeguarding information: no agency returned less than 94 per cent support. Kantar's research (DfE/Kantar, 2021) found that complex data-sharing protocols impede staff confidence in cross-agency information sharing. The CSPRP (2022) and MacAlister (2022) reviews both echo our research participants' identification of the need to develop a robust system to enable efficient and effective inter-agency information sharing amongst safeguarding partners and relevant agencies.

Safeguarding Partnerships and relevant agencies

Seventy per cent of 293 survey respondents agreed or agreed strongly that the shift to tripartite leadership and decision-making through the introduction of Safeguarding Partnerships was successfully achieved or maintained in their local area during the pandemic. Fifty-six per cent of 269 respondents agreed or strongly agreed that working relationships amongst the safeguarding partners and relevant agencies in their area improved as a result of professional adaptations in response to the social distancing measures, such as increased meetings, online communication and increased information sharing. Our symposium keynote speakers, Professor Jenny Pearce and Nasima Patel from The Association of Safeguarding Partners, endorsed the extent to which Safeguarding Partnerships modelled good leadership and the way in which the crisis prompted a collective and collaborative professional response. However, a few symposium delegates expressed concern at the potential impact of the introduction of Integrated Care Boards on decision-making at Safeguarding Partnerships, including asymmetry of leadership input, accountable health safeguarding input and the ability to make quick, impactful decisions.

There is currently little research on the effectiveness of Safeguarding Partnerships in the planning and oversight of multi-agency safeguarding arrangements. Key evidence derives primarily from the early adopters (Clements, 2019), Wood (2021), Kantar's research involving five case studies (DfE/Kantar, 2021), the review of scrutiny of LSCPs (Pearce et al., 2022), Partnerships' annual reports and What Works for Children's Social Care's (WWCSC) (2021a) evaluation of those reports. It is notable however that the four key problem areas emerging from Kantar's research in 2020 (DfE/Kantar, 2021) (information sharing, effective cross-agency and within-agency communication and engagement of wider organisations) suggest that the longstanding challenges of effective multi-agency working remain. Findings from The Independent Review of Children's Social Care (2021) and The Child Safeguarding Practice Review Panel's most recent annual report (CSPRP, 2021) highlight that 'silo-working' and lack of information sharing between agencies impact on practitioners' ability to recognise and respond to safeguarding concerns; this was also a key finding from the national review into the deaths of Arthur Labinjo-Hughes and Star Hobson (CSPRP, 2022).

Our keynote speakers underscored the importance of leadership at Safeguarding Partnership level to model inter-agency collaboration and embed multi-agency working into practice. Working practices have been significantly altered in response to the pandemic and evaluation of those adaptations needs now to be undertaken as we move forward. Our speakers identified key steps in strengthening the operation of Safeguarding Partnerships and wider multi-agency working, including sharing of good practice, putting children at the centre of the Partnerships and scrutiny (e.g., through promoting the role of young scrutineers), and ascertaining and benchmarking the characteristics and qualities of a 'good' Safeguarding Partnership.

There was exceptionally strong support in our study for greater involvement of relevant agencies in the work of Safeguarding Partnership sub-groups: 98 per cent for education providers

and Child and Adolescent Mental Health Services (CAMHS), 96 per cent for health providers and 94 per cent for housing (of 284-299 respondents). There was also strong support for greater representation of these groups at Safeguarding Partnership executive boards: 94 per cent for education providers, 88 per cent for health providers, 84 per cent for CAMHS and 73 per cent for housing (of 255-304 respondents). Wood's report (2021) acknowledges challenges in the engagement of and with relevant agencies, while Kantar's research (DfE/Kantar, 2021) identified that smaller meetings at strategic level led to some organisations and staff feeling undervalued.

The Role of Schools

The pandemic has forced to the fore in particular the question of the role of schools in local safeguarding arrangements. The importance of schools in the identification and response to child safeguarding concerns is highlighted by the fact that the year ending 31st March 2021 saw a 31 per cent fall in referrals from schools compared with the preceding year (Department for Education/National Statistics, 2021), as a result of schools closing to most children. The significance of schools' role in safeguarding is confirmed by the level of support in our survey for the suggestion that school attendance should have been mandatory for all primary school (87 per cent agreed) and secondary school (85 per cent agreed) vulnerable children with low clinical risk. Seventy-eight per cent of 255 respondents expected that Elective Home Education in their local area would rise as a result of the pandemic: the Association of Directors of Children's Services (ADCS) Elective Home Education survey in October 2021 (ADCS, 2021) reported an increase of 34 per cent in home educated children compared with the 2019/20 school year. We therefore welcome the government's commitment to a registration system for children educated outside school.

Schools were central to efforts to monitor the safety and wellbeing of children, whether attending school or not. When asked about provision of support for vulnerable children not in school during the first lockdown and when schools were open to most children, respondents reported providing regular contact during termtime (and to a lesser extent during holidays), food parcels, IT for online learning, in-person or 'doorstep' visits, books and games. Over half of respondents also reported using follow up by children's social care or with police liaison to contact non-responsive families. Interviewees noted that families may have perceived school interventions as less threatening and more supportive than usual, and this was echoed by respondents, most of whom (63 per cent) agreed/strongly agreed that 'keeping in touch' arrangements initiated by schools improved relationships with families.

In contrast, 35 per cent agreed/strongly agreed that 'keeping in touch' arrangements by children's social care improved relationships with families.

The contrasting perception of joint working between Education and other agencies in our study reported above may provide a sense of the immense pressure experienced by schools during the pandemic. Eighty per cent of 111 survey respondents agreed or strongly agreed that schools had taken on more responsibility for safeguarding during the pandemic than previously, including 90 per cent of Education respondents. Over half of respondents who agreed that schools had taken on more safeguarding responsibility during the pandemic felt that this enhanced role should be retained in the future, but that doing so would require additional investment. However, Education respondents were most likely to consider that it is not an appropriate role for schools, or only appropriate in circumstances where most children are not attending school. Some described significant communication barriers between schools and children's social care services and a sense felt by some schools that their views and knowledge of children and families are not adequately considered at local level, which was also a strong finding in Baginsky et al.'s (2022) pre-pandemic study of the role of schools in safeguarding. Our symposium keynote speakers highlighted the status of Designated Safeguarding Leads in schools as the 'unsung heroes' of the pandemic and delegates commented on the ongoing demands of safeguarding responsibilities for schools alongside increasing expectations in relation to broader wellbeing such as mental health and SEND support.

Professional Capacity and Wellbeing

Guarantee safeguarding supervision for all agencies and staff working with children and families

Workload and capacity

During periods of lockdown and social distancing, concerns about increased risks to children under the 'stay home' regulations, the lack of 'eyes' on children, reassessment of risk under professional guidance and closure of many universal services fuelled professional anxiety as well as increasing safeguarding practitioners' workloads. Although the conditions under the pandemic led to an initial fall in referrals to children's social care services, our survey respondents concurred with interviewees that referrals increased in both severity (84 per cent of 238) and complexity (88 per cent of 240) since the onset of the pandemic (see also Baginsky and Manthorpe, 2021; Johnson et al., 2021 and Pearce and Miller, 2020). Other research has reported increased family violence and hospital treatment for child-abuse related injuries (e.g. Cappa and Jijon, 2021). Through a Freedom of Information request, the NSPCC ascertained that there was a 25 per cent increase in child cruelty and neglect offences recorded in 2021/22 compared with the preceding year (NSPCC, 2022).

Respondents to our survey also reported reduced numbers of staff within their agency/organisation (87 per cent of 268), and that staff experienced increased caring responsibilities (88 per cent of 267), loneliness (80 per cent of 263), mental health concerns (75 per cent of 251) and illness (61 per cent of 258) during the first COVID-19 lockdowns in England. A smaller number of respondents also noted that staff experienced bereavement, inadequate access to work-related resources, redeployment, economic hardships and housing precarity. Thirty-eight per cent of 160 respondents felt that these experiences were exacerbated for black and ethnic minority staff during the first lockdown, in keeping with Johnson et al.'s findings (2021) that children and family social workers who identified as Black/Black British and/or with a pre-existing mental or physical condition and/or those with responsibilities for caring for family and friends were all more likely to work overtime consistently.

A study led by the British Association of Social Workers (BASW) and LBC Radio reported that 58 per cent of 824 social workers felt that their caseloads were 'unmanageable', with 97 per cent stating that lighter cases would enable better protection of the vulnerable (BASW England, 2022). Overwork and organisational culture were key factors for those considering leaving the profession in Johnson et al.'s study for the Department for Education (2021). Similarly, according to a recent annual survey on the current state of health visiting services in England (Institute of Health Visiting (iHV), 2021), one in four health visitors are responsible for over 750 children: the iHV advises that a full-time health visitor work with no more than 250 children. Only nine per cent of health visitors delivering services in England reported working at or below the recommended ratio.

Redeployment

During the initial months of the pandemic (spring-summer 2020) our interviewees described the widespread redeployment of various professionals in universal and specialist health roles

involved in child safeguarding (e.g., health visitors, school nurses, paediatricians, CAMHS practitioners, midwives, designated doctors and nurses, named doctors and nurses). We asked survey respondents their perspective regarding redeployment of specific professional roles. More than three quarters of 276-286 respondents agreed with statements that safeguarding midwives, health visitors, and designated safeguarding doctors and nurses should never be redeployed; Ninety-two per cent of 288 respondents agreed that plans for redeployment of universal staff should be made in conjunction with safeguarding leads in the relevant agency; Eighty-two per cent agreed that plans for redeployment of safeguarding leads staff should be agreed by Safeguarding Partnerships; and 72 per cent agreed that plans for redeployment of universal health staff should be agreed by Safeguarding Partnerships. McFadden et al. (2021) also highlight how redeployment impacted on the work-life balance of health and social care professionals with English respondents and those identifying as midwives feeling the 'least prepared.'

Professional wellbeing

In this context, it is unsurprising that the impact of the pandemic on the wellbeing of safeguarding and child protection professionals was a significant concern of professionals from all seven disciplines in both stages of our study. Seventy-five per cent of 307 respondents to our survey felt that the wellbeing of safeguarding professionals had decreased to some extent during the pandemic. Interviewees described exhaustion from increased workloads and managing backlogs, continuous online meetings whilst working remotely, worrying about the impact of the pandemic on children and families and about accurate assessment of risk using remote communication methods, covering workforce gaps, and being unable to take leave. Relationships with other colleagues, which can be an important source of support, were also negatively impacted (Johnson et al., 2021; McFadden et al., 2021). While Aughterson (et al., 2021) notes that some health and social care professionals felt that the pandemic had instilled a sense of increased closeness and 'team unity', this was found to be more evident among colleagues and teams who had developed this professional rapport prior to COVID-19 and more challenging for those working from home and experiencing loneliness due to isolation.

Other recent studies on professional wellbeing, which tend to focus on health and social care professionals, have also found concerning levels of anxiety and stress (Gillen et al., 2022; McFadden et al., 2021; BASW England, 2022). A June 2021 report on the 'workforce burnout and resilience in the NHS and social care' led by the House of Commons confirms the impact of the pandemic on professional burnout and the exacerbation of existing issues concerning professional wellbeing and workplace culture. Johnson et al. (2021) found that 73 per cent of 2,240 child and family social workers in England (surveyed in September - December 2020) felt that work-related stress had increased due to the COVID-19 pandemic, with 68 per cent reporting increased anxiety.

In a survey by BASW (2021), 68.3 per cent of responding social workers agreed that working from home during the pandemic created difficulties in work-life balance and wellbeing. There is no doubt that 'Zoom fatigue' has been experienced by safeguarding professionals, many of whom in our study described endless back-to-back online meetings. While the shift to virtual communication methods enabled more efficient use of professionals' time, and in some cases a better work-life balance, it also created significant stress and worry about being able to assess levels of risk and need accurately, and about how to build meaningful relationships that would facilitate change (see also Aughterson et al., 2021; BASW, 2021; Dixon et al., 2022; Ferguson et al., 2022; iHV, 2021; Johnson et al., 2021). Pink et al. (2021) found that a hybrid approach to social work utilising both digital and in-person work, as decided by the social worker depending on context and risks, could alleviate professional anxieties around effectively identifying safeguarding concerns through digital communication. Our study participants described a range of creative practices that allowed practitioners to see children and families in-person, while mitigating the risk of COVID-19, such as door step visits, outdoor meetings or repurposing unused buildings. In a study by Ferguson et al. (2022, p15), social workers found that supporting families in the initial months of the pandemic with delivering food, medication or basic care needs, helped to strengthen relationships and shift practice towards "care" rather than "control".

Our keynote speaker, Gerry Nosowska from the British Association of Social Workers (BASW), framed the wellbeing of safeguarding professionals during the pandemic in the context of 'helping in a disaster.' She stressed the extraordinary challenges and pressures the pandemic created for safeguarding professionals within their working lives and emphasised that professionals were navigating new ways of working whilst processing personal losses and hardships. Rapid evidence reviews highlighting the impact of the pandemic on professional wellbeing and capacity have also been published by Barnardo's (2021a) and Atfield et al. (2021), providing timely evidence of the full range of concerns identified.

Initiatives to address professional wellbeing and capacity

Our research identified several strategies that were used to support professional wellbeing during the pandemic. Respondents reported that regular individual supervision (76 per cent of 253), individual manager contact (80 per cent of 264), ensuring opportunities for informal peer support (77 per cent of 256) and regular group supervision (71 per cent of 229) were utilised and found to be effective. While a limited number of strategies were identified to address the increase in safeguarding/ child protection workloads, the primary strategies used were increased scope and/or delivery of training (61 per cent) and revised rotas (51 per cent). When asked to select a 'top five' of training priorities for all relevant safeguarding/child protection professionals as a result of the pandemic from a pre-determined list based on responses from our stage 1 interviews, over half of survey respondents indicated the following four areas/topics as priorities for further professional training: 1) Impact of the pandemic on the mental health of children; 2) Remote safeguarding/protection of children; 3) Child protection during a pandemic; and 4) Domestic Violence.

Kelly et al. (2021) also outline several innovative adaptations and strategies to address and support the wellbeing of children and family social workers during the pandemic. Some examples provided included online yoga, a 'resilience hub', social media challenges, peer support groups led by the Principal Social Worker, workshops to support processing of secondary trauma, access to complementary psychologist consultations and training on PPE and COVID-safe face-to-face working. Similarly, GPs interviewed in Dixon et al. (2022) mention use of counselling groups, meetings with team members, peer-based support and skills development to address challenges related to remote working. BASW England (2021) suggests several 'tips' to ameliorate the impact of home or remote working on children's social workers' wellbeing including: maintaining professional and personal boundaries, communicating with colleagues, ensuring supervision support, taking essential breaks, and finding a healthy work-life balance. However, it is important to note that both McFadden et al. (2021) and Gillen et al. (2022) found that their respondents noted using both positive and negative coping strategies to respond to stress and poor mental health. It is critical then that structural changes are made to improve the wellbeing of safeguarding practitioners as well as the promotion of strategies that individuals and teams can employ.

The symposium demonstrated that a considerable amount of learning has occurred during this difficult period, which has provided an opportunity for professionals and organisations to reflect on what works well and what needs improvement. The symposium discussions drew attention to the central importance of professional wellbeing to effective child protection services. The need for increased supervision, professional development, capacity/time, support and leadership from management, sustainable and healthy workloads, provision of technical skills and support, and informal peer support were emphasised and endorsed by symposium delegates, with agreement as to the essential role of individual and group supervision. Following encouraging evidence from a trial of social worker supervision for Designated Safeguarding Leads in schools, the outcome of expanded pilots by WWCSC of individual and group supervision in primary and secondary schools is awaited (Stokes et al., 2021). However, some delegates considered that the pressures of the pandemic and the consequential need for self-care to be prioritised within organisations have not universally elicited adequate acknowledgement or response. Delegates recognised that professional wellbeing cannot be fully supported without addressing underlying workforce issues and that organisational as well as individual factors influence the delivery of professional support to children and families.

Concluding Reflections

While we recognise that there are a myriad competing claims for government investment in the wake of the pandemic, the concurrence of publication of The Independent Review of Children's Social Care (MacAlister, 2022) with the national review into the deaths of Arthur Labinjo-Hughes and Star Hobson (CSPRP, 2022) and the range of research studies on the impact of COVID-19 on child protection and safeguarding practice provides a once-only opportunity for reform of the child protection system. Our analysis highlights three key areas of focus to 'future proof' the child protection system: strengthening early help, multi-agency working and the capacity and wellbeing of the professional workforce.

It is manifest that strengthening early help and intervention has a key role to play in 'levelling up' and COVID-19 recovery (see also Early Intervention Foundation, 2021) and is critical in rebalancing safeguarding practice in order to avoid a crisis-driven child protection system. Learning from the pandemic should inform the way in which the role of schools in safeguarding and mental health provision is addressed as well as development of initiatives such as family hubs/family help services.

The measures introduced to protect us all from COVID-19 exposed the fault lines in multi-agency working at a time when Safeguarding Partnerships were newly established. The Wood report (2021) provides a springboard to consider the development of Safeguarding Partnerships, including the engagement of relevant agencies, the status of schools and the implications of the introduction of Integrated Care Boards. While there is considerable scope for greater use of online communication and hybrid meeting formats, caution is needed in ensuring equality of access and coordinated approaches and that children's safety is not compromised.

However, robust child safeguarding practice depends on the capacity, confidence and wellbeing of the workforce at all levels and in all relevant disciplines. Investment in early help services and multi-agency arrangements will not translate into improved outcomes for children in the absence of a sufficient, supported and stable professional workforce. There is clear evidence that child safeguarding professionals have been under extraordinary stress over the past two years, which has damaged professional wellbeing, increased mental health concerns and anxiety, and placed pressure on professional relationships.

Future-proofing our child safeguarding system is not just about preparing for another crisis: lessons learnt from the pandemic provide an opportunity to re-envisage provision and practice. The complexity of safeguarding work, the pre-existing pressure under which practitioners across the system were operating prior to the pandemic, and the importance of creating the right balance between services to support families and timely response to child protection concerns create a formidable challenge. Those factors and the scale of ambition needed to respond to the findings of The Independent Review of Social Care (MacAlister, 2022) as well as the national review into the deaths of Arthur Labinjo-Hughes and Star Hobson (CSPRP, 2022) all reinforce Wood's conclusion of the need for coordinated oversight of the role of agencies at all levels of the safeguarding spectrum and contingency planning in the case of future emergencies from the very top to ensure that the system can meet the needs of the most vulnerable children and families in our changing society. Our overarching recommendation is therefore to strengthen and improve the cohesiveness of national government oversight of safeguarding to provide clear leadership and accountability of multi-agency reform, streamlined funding, and shared outcome measures; and to promote strong local systems.

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For more information about this study and to download the full report, executive summaries, and research briefings please visit: https://www.kcl.ac.uk/research/protecting-children-at-adistance

Publications associated with this study:

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Appendix

Appendix 1: Advocacy letter to the then three Secretaries of State for Education, Health and Social Care and the Home Office - September 2021



7th September 2021

The Rt Hon. Sajid Javid MP The Rt Hon. Gavin Williamson CBE MP The Rt Hon. Priti Patel MP

Dear Secretaries of State,

A decade ago, Professor Eileen Munro published her landmark review of the operation of the child protection system. She established two core principles for effective child protection: a child-centred approach which reflects the critical role of building relationships of trust with children and families to understand how individual children feel about their lives; and that safeguarding is 'everybody's business'.

While the severity and nature of the threat posed by the Covid-19 pandemic rightly prompted extraordinary measures in response, those measures have greatly heightened the risks to children known to services and created new risks for other groups of children, prompting references to a 'secondary pandemic of child abuse'.

In partnership with expert advisors and leading organisations in child safeguarding, we undertook a mixed methods research study to understand the impact of the measures to combat the pandemic on multi-agency safeguarding work. Our findings showcase the extraordinary resilience, commitment and capacity for innovation exhibited by the child safeguarding workforce. They also reveal enormous cross-sector anxiety about the capacity of an exhausted workforce throughout the system to respond to the surge in need during and in the aftermath of the pandemic.

Our findings endorse the centrality of relationships in child safeguarding work between children and their families, children, families and professionals, and professionals within and across agencies. They highlight three urgent priorities for action if, in a post-pandemic context, we are to achieve Professor Munro's vision of an effective child protection system that makes a measurable difference to the lives of those most at risk:

- 1- Strengthen early intervention and invest more in early help programmes to support children and families as soon as concerns are identified, to improve children's life chances and reduce calls on the child protection system.
- 2- Ensure robust inter-agency oversight and collaboration relating to safeguarding networks and leadership, including through contingency plans for redeployment.
- 3- Support the critical work undertaken by staff involved in child safeguarding through attention to capacity and wellbeing and supervision for all safeguarding specialists.

In the absence of robust support services for children and troubled families, the prospects for safe, bright and fair life chances for children and young people will be significantly impacted. We know the pandemic has engendered significant, complex challenges to the delivery of effective family services interventions and child safeguarding. The impacts of child abuse can last a lifetime, and it is vital that we pro-actively alleviate the challenges that the pandemic has created to effective service and safeguarding delivery.

As a group of expert researchers and professional leaders from all disciplines involved in safeguarding children, we would welcome the opportunity to engage with you collectively to share ideas on purposeful cross-government action, building

on initiatives such as the Care Review and development of family hubs, to ensure that child safeguarding is at the heart of the government's plans to level up well-being and social mobility.

To this end, we would like to invite you to take part in a virtual summit with key multi-agency and sector leaders where we can share research and frontline insights in connection to opportunities for policy improvement and also hear your plans.

We enclose the findings of our research study and look forward to connecting with relevant officials to explore the potential scope of such a virtual summit. Dr Driscoll (jenny.driscoll@kcl.ac.uk) would be happy to liaise with your offices to discuss the opportunity.

Yours sincerely,

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Appendix 2: Response to the advocacy letter from Rt Hon Nadhim Zahawi MP, the former Secretary of State for Education - October 2021



Rt Hon Nadhim Zahawi MP Secretary of State

Sanctuary Buildings Great Smith Street Westminster London SW1P 3BT tel: 0370 000 2288 www.education.gov.uk/contactus/dfe

Dr Jennifer Driscoll Senior Lecturer in Child Studies Kings College London By email: jenny.driscoll@kcl.ac.uk

Thank you for your letter of 7 September, and for sharing your research study 'Hearing the Voice of the Child through the Storm of the Pandemic: The Impact of Covid-19 measures on the detection of and response to child protection concerns'. I would be grateful if you could share my response with your co-signatories.

COVID-19 remains the unprecedented challenge of our time, and we are incredibly grateful for the hard work and contributions of the social workers and allied professionals who make up the safeguarding system. They have continued to demonstrate extraordinary resilience and perseverance throughout the disruption of the pandemic, remaining committed to our most vulnerable children and families. The government's priority is to protect vulnerable children: keeping them safe, ensuring their welfare and putting their best interests at the heart of every decision we make. We are committed to pursuing excellence for every child and to aiding the recovery of those who have lost the most from the pandemic, including supporting the workforce and professionals involved to build back better and fairer.

We agree that family help plays an important role in promoting safe and stable families. It is about supporting and intervening with the right families, at the right time, and, most importantly, in the right way. The statutory guidance 'Working Together to Safeguard Children' is clear that local areas should have in place a comprehensive range of effective, evidence-based services to address assessed needs early. Across government, we are tackling the problems that cause children to be in need in the first place.

This includes better support for those with alcohol-dependent parents: the introduction of landmark legislation on domestic abuse; preventing young people being drawn into serious violence; and investing in early years education and support services for children and young people's mental health.

The pandemic has shown the importance and need for strong local partnership working, especially when looking after our most vulnerable children. The multi-agency safeguarding partner arrangements have been put to the test, but we have seen some great examples of collaboration and cooperation. Virtual meetings are now held more frequently and are focused on safeguarding issues allowing all partners to problem solve and find a way forward. Safeguarding partners are not only reviewing issues together as they play out, but they are also thinking and planning ahead for likely challenges.

During the pandemic, the Coronavirus Act 2020 enabled the emergency registration of social workers who had left the profession to return to practice as a contingency measure. Around 14,000 additional social workers are now on the temporary social work register. To support the surge in need during the pandemic, the government has given more than £6 billion in un-ringfenced funding directly to councils to support them with the immediate and longer-term impacts of COVID-19 spending pressures, including children's social care.

As you mention, it is vital that we support enough people to join the profession and that there are enough social workers in children's social care teams across the country. We are strengthening Higher Education Institutions (HEI) based initial training to give new social workers the best possible start to their careers. We are also investing in fasttrack programmes to attract high quality candidates to join via other routes. Additionally, those already in the profession need the right support to help them cope with the stress and additional pressures of the job and to remain in practice. This is why we are investing in the Assisted and Supported Year in Employment (ASYE), as well as other training and support programmes for managers and senior leaders to ensure that social workers are getting the supervision they need.

We will continue to work closely with local authorities and the sector to recognise, understand and support workforce wellbeing, whilst tackling pressures in the system, informing the next spending review and feeding into the independent Care Review.

In terms of further discussions on the research and the offer of a virtual summit, officials from my department, the Department of Health and Social Care and the Home Office would like to hear more. Please contact my official, at:

to make arrangements.

Thank you for writing on this important matter.

Yours sincerely,

Rt Hon Nadhim Zahawi MP Secretary of State for Education