

# PROTECTING CHILDREN AT A DISTANCE: SUMMARY OF FINDINGS FROM STAGE 2

**A multi-agency investigation of child safeguarding and protection responses consequent upon COVID-19 lockdown/social distancing measures**

Dr Jenny Driscoll

Dr Aisha Hutchinson

Dr Ann Lorek

Katrina Kiss

King's College London

School of Education, Communication and Society

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## **PROTECTING CHILDREN AT A DISTANCE:**

**A multi-agency investigation of child safeguarding and protection responses consequent upon COVID-19 lock-down/social distancing measures**

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### **EXECUTIVE SUMMARY: STAGE 2 SURVEY DATA**

#### **1- INTRODUCTION**

This Executive Summary presents key findings from the second stage of a study designed in response to widespread concerns about the operation of child safeguarding and protection arrangements consequent upon the Covid-19 lockdown and social distancing measures. In light of the challenges to intra- and interagency communication and the impact on joint working of actions taken by individual agencies, the study focuses on the multiagency response to the COVID-19 pandemic and the implications for professional practice and service provision.

The study was granted ethical approval by the King's College London Research Ethics Committee [LRS-19/20-19420]. Stage 1 was deemed a service evaluation by participating NHS organisations. The HRA confirmed that NHS ethical approval was not needed for stage 2 on 13<sup>th</sup> January 2021. The study is funded by the *King's Together: Multi & Interdisciplinary Research Scheme* and the *Economic & Social Research Council Impact Acceleration Accounts Social Science Impact Fund*.

Stage 1 comprised 67 semi-structured hour-long interviews undertaken between June and September 2020 with safeguarding leaders in London from Safeguarding Partnerships, and children's social care, health, police, law, education and mental health services (see Appendix 1). Most participants were identified through their professional role and contacted directly, with initial contacts forwarding to a nominee where appropriate. Overall, the participants provide contributions covering 24 London boroughs, although many covered more than one borough or worked across boroughs, particularly where they worked in an acute trust, as a solicitor, or as a police officer. The summary report from the first stage interviews is available here:

<https://www.kcl.ac.uk/ecs/assets/projects/protecting-children-at-a-distance-executive-summary.pdf>

Stage 2 comprised a national survey of the same professional groups, which focuses on the evolving concerns and response to the COVID-19 pandemic following the full reopening of schools in September 2020, in order to share emerging good practice and make recommendations on strengthening and 'future proofing' the safeguarding system in England. 417 responses from data collected from 1<sup>st</sup> February – 8<sup>th</sup> March 2021 were

analysed. These comprised safeguarding leads from Health (155), Law (71), Education (56), Children's Social Care (52), Police (30) and Mental Health (19). Some caution needs to be exercised in relation to the survey findings because of the balance of respondents both between and within groups and across local areas, small numbers in parts of the survey where not all respondents were eligible to answer: the summary presented here takes these factors into consideration as far as possible.

Our research provides a unique perspective on the challenges facing the safeguarding and child protection workforce during the Covid-19 pandemic and the adaptations to professional practice made in response to the social distancing and lockdown measures in two important respects. First, inclusion of the full range of disciplines enabled us to examine commonalities and differences in the key challenges encountered and solutions implemented, and to investigate the impact of changes in one part of the system on other areas and on inter- and multi-agency working. Second, our methodological approach ensured that questions and response options included in the national-level survey drew on the key issues and responses identified by expert senior practitioners in the interview stage. Although the study does not conform to the 'true' Delphi method in a number of respects, deviations have arguably strengthened the findings. We widened the remit of the survey from London to England-wide in response to professional feedback that London is in some respects a special case and that findings in that context may not translate to other regions. As a consequence, we also deviated from limiting the second stage to the same pool of participants as the first, although interviewees were invited to respond to the survey, and were able to capture data from a much larger group of respondents. The Delphi method also assumes that participants in later stages of a study are commenting on the same problem identified at the outset of the study, whereas in reality much had changed for our respondents as adaptations to practice evolved rapidly as the pandemic raged on for longer than initially expected. We therefore have some insight into developments over time as professionals sought to restore what they regarded as the most important aspects of established ways of working or find alternative means of assuring the safety of vulnerable children and young people.

This report focuses on the findings from the survey stage of the report, comprising 417 responses from senior safeguarding leaders. These data are enriched by more than 1,000 comments made in response to open questions. The open comments, in conjunction with insights from the interviews, provided valuable perceptions to support interpretation of some patterns in the data, such as what might at first sight be regarded as contradictory data about the shift to a tripartite model of local safeguarding leadership. At the end of our study we held a policy lab with our expert partners, representatives of our four partner organisations, policymakers, voluntary sector organisations and professional leaders. This elicited feedback on key priorities for policy and practice and centred our findings in the broader context of professional concerns around vulnerable children. The policy lab also provided valuable reflection on the extent to which key concerns are new as a result of the pandemic as

compared with the many issues that were pre-existing concerns that have been significantly exacerbated during the pandemic.

## 2- MULTI-AGENCY WORKING

Because the pandemic impacted when many **Safeguarding Partnerships** were relatively new, we were interested in understanding how the new structures were affected and how Safeguarding Partnerships had managed their role under the pandemic. We took advantage of the opportunity to ask about how the shift from Local Safeguarding Children's Boards to Safeguarding Partnerships was perceived to have affected arrangements under the conditions imposed by the pandemic.

It appears that the pandemic has helped to embed Safeguarding Partnerships arrangements through increased activity and communication in response to the crisis. 70% of survey respondents involved in the work of their local Safeguarding Partnership (n=293) agreed/agreed strongly that the shift to tripartite leadership had been achieved/maintained during the pandemic in their local area – although challenges were noted in achieving a truly tripartite accountability and leadership and some strongly worded qualitative comments suggest that the shift has not been a comfortable one in some areas. 7.5% disagreed/disagreed strongly with the statement.

Almost half of respondents (49%, n=279) were neutral as to whether the replacement of LSCBs with SPs improved inter-agency collaboration in their local area, with some noting the significance of strong pre-existing relationships, seemingly in line with commentary around whether a new body was the right response to questions raised about the operation of LSCBs. But the remaining respondents were more than 3 times as likely to agree than disagree: 12% disagreed/strongly disagreed; and 39% agreed/strongly agreed. Police, Children's Social Care and Safeguarding Partnership respondents were most likely to state agree/strongly agree.

56% of respondents (n= 269) considered that the strength of working relationships amongst Safeguarding Partners and relevant agencies improved as a result of the adaptations introduced as a result of the pandemic (described in interviews as primarily more frequent regular meetings; proactive communication and sharing of data and information; a sense of a shared predicament and less bureaucratic obstruction). Education respondents were most likely to disagree (39%). 67% (n=116) of respondents reported increased scrutiny of data and trends at Safeguarding Partnership level, with only 4 respondents of the 72 who commented on retention opposing retention.

Broader **joint/collaborative working between individual agencies** seems to have held up well overall, with many respondents reporting that levels of collaboration had been maintained. Of the remainder, most agencies were more likely to report improvement than deterioration in their joint working with other specific agencies, although with a more positive picture strategically than operationally, as we might expect. In particular, agencies were most likely

to report improvements rather than deterioration in joint working with education, suggesting other professionals have found schools to have responded well to the challenges of the pandemic. Consistently however, schools are less positive than other agencies about joint working with other agencies in their local area and many appear to feel excluded from information and not consulted adequately. There was a particular mismatch between Education (schools) and Children's Social Care in that Children's Social Care tended to report that joint working with schools was more likely to have improved than deteriorated over the pandemic, but schools were much more likely to report deterioration of joint working with Children's Social Care than improvement.

The greater responsibility for safeguarding devolved onto schools during the pandemic reignites a pre-existing debate as to the appropriate status of school representation within Safeguarding Partnership arrangements. Policy Lab attendees endorsed the importance of reconsideration of how to ensure meaningful engagement of the schools sector in Safeguarding Partnerships at a time when publication of the Wood report was imminent. There was exceptionally strong support from our survey respondents for greater representation on and involvement in the work of local Safeguarding Partnerships by education and health providers, Child and Adolescent Mental Health Services (CAMHS) and housing – over 90% in all cases. There was also surprisingly high support for representation of those agencies on the executive board, despite the statutory accountability arrangements: 94% of 304 respondents agreed that Education providers should be represented on the executive board. In respect of Health providers, the figure was 88%, for CAMHS 84% and for Housing 73%. These figures likely reflect concerns expressed in interviews around potential loss of the wider partnership with the shift to Safeguarding Partnerships and as to whether operational input was strong enough. We thought that the strength of feeling that we gleaned from the interviews as to the absence of the representation of health providers might be a problem particular to London where the health estate is particularly fragmented, but the survey results suggest it is a nation-wide issue. The question arises as to what the implications might be of the transition to Integrated Care Systems under the Health and Social Care White Paper *Integrating Care*. There were also concerns expressed at the Policy Lab as to the divergent development of Safeguarding Partnerships as well as comments echoing those from our interviewees about the importance of strategic thinking and multi-agency consultation in decision-making that impacts on safeguarding, such as redeployment.

Although over half of respondents (n=253) reported single agency **reassessments of risk** (RAG rating), just under 20% reported a single shared assessment coordinated by the Safeguarding Partnership and the remainder reported some inter-agency collaboration. Generally the exercise was regarded as effective and a joint agency approach appears to be perceived as more effective than single-agency (close to significance: (asymptomatic significance (2-sided) .055). Some commentary suggests that schools' knowledge of children and families was not taken full advantage of in this exercise, which is particularly pertinent given strong agreement that schools took on greater safeguarding responsibility during periods of school closure.

Qualitative comments highlighted concerns around children not known to services and significant proportions of respondents reported a range of adaptations described by our interview participants to support information sharing to pick up new or escalating cases:

- 33% (n=111) stated that the remit of the MASH or equivalent was widened to encompass consideration of more groups of children.
- 70% (n=135) reported increased sharing of data and trends within local authority areas and increased scrutiny on data and trends at Safeguarding Partnership level.
- 47% (n=101) described increased sharing of data/trends between local authority areas.

Those who introduced such changes were asked if they would retain them, and over 80% of the (smaller number) responding stated that they would. There was strong support (98%, no agency under 94%) for introduction of a system to enable all agencies to share pre agreed information relating to safeguarding children (n=280). A 'digital record so the child/young person doesn't have to keep repeating their story' was also suggested at the Policy Lab. Consideration should be given to further expansion of the Child Protection – Information Sharing project (CP-IS), which was extended to school nurses and health visitors during the pandemic but currently only covers children on a child protection plan or looked after and operates between health and social care.

### 3- REMOTE COMMUNICATION

One of the biggest impacts on professional practice has been the social distancing measures put in place to control the pandemic, which have significantly reduced the in-person contact between universal/early help/specialist safeguarding practitioners and children/families. The decisions made about how to engage with children and families through the pandemic have therefore been critical and shifting.

The study highlights the different approaches to, and appetite for, face-to-face work, both between and within disciplines in the early stages of the pandemic. In the first lockdown 52% of respondents said that **in-person work** was generally reserved for cases that were assessed as high risk or where the risk was uncertain, with only 22% of respondents indicating they adopted a 'why not in-person' approach. However, through subsequent lockdowns the 'why not in-person approach' was used more (rising to 39%) and reserving in-person contact for high risk or uncertain 'cases' reduced slightly to 35%. Some differences were seen by agency in the overall approach to communication and engagement with children and families. The Police predominantly adopted a 'why not in-person approach' through both the first and subsequent lockdowns while Mental Health and Law predominantly adopted an approach which reserved in-person work to the high risk or unknown cases through both the first and subsequent lockdowns.

While the majority thought that use of these communication methods through the course of the pandemic (in-person, Video-link or Telephone) has been about right (73%; 77%; 76%), 26% of respondents said that they felt in-person communication should have been used more, and 21% of respondents said that they felt telephone communication should have been used less. There were some differences seen in the experience and attitudes towards online communication with respondents from Education being consistently more likely than other agencies to indicate that they find remote communication problematic and they advocate more strongly for a return to in-person engagement.

Professionals exhibited high levels of anxiety about the extent to which remote communication methods inhibited robust assessment of risk as well as building of rapport and felt support. Overall, it appears that the initial caution regarding in-person communication seen in the first lockdown reduced in subsequent lockdowns as access to equipment, testing and vaccinations increased, with a move towards more in-person contact as much as possible within the restrictions. Respondents in Health and Education were particularly likely to consider that more in-person contact should have been used.

There was consensus regarding the common concerns about remote communication we listed, with 97% concerned about not being able to use all senses to pick up non-verbal cues, 93% concerned about who remote communication excludes, 95% concerned about not knowing who else is in the room, 85% concerned about the risk of misunderstandings, 84% concerned about the impact on relationship building/rapport and 80% concerned about lack of warmth/felt support in communication. There was less consensus on some of the benefits of remote communication, with large proportions of respondents (32%-53%) neither agreeing nor disagreeing with potential benefits (such as reducing feelings of stigma for parents/carers; easier to clarify roles; parents /carers feeling less intimidated; children feeling more able to contribute; avoids parents/carers being in the same room). The highest level of agreement with these benefits were: 58% respondents agreed that a benefit to remote communication was avoiding carers/parents having to be in the same room, and 44% agreed that children may feel more able to contribute. Conversely almost half of respondents (48%) did not agree that it was easier to ensure clarity of identity and roles of respondents online (and only 17% agreed with this).

Overall, there appears to be a high level of ambivalence regarding online communication, its use, its suitability for safeguarding work and its role in future safeguarding practice. However, when respondents were asked about their experiences of specific statutory processes that had been held remotely (such as MASH; Strategy/section 47 meetings/discussions; Child protection case conferences; Core group meetings; Emergency Court Hearings; Case Management Hearings; Final Hearings and Looked After Children reviews), most respondents felt that these statutory processes/meetings were better attended and a more efficient use

of time (the inevitable exception here being Remote Final hearings). Most respondents also did not agree that meetings/processes happening remotely were disliked by parents/carers and by children/young people (except for Final Hearings and Remote Core Group meetings). However, the majority of respondents believed that most of these remote statutory processes/meetings were difficult to access for some parents and carers, and also sometimes, although less so, for practitioners. Respondents saw the value and the challenges of remote communication, thus requiring a nuanced way forward rather than a blanket approach to its use, such as more frequent use for meetings between practitioners and check-ins with children and families, with in-person communication remaining an essential part of the safeguarding process. Approximately 40% of all respondents felt that any advantages of holding the meetings/events remotely did not outweigh the disadvantages.

We asked respondents how these various statutory processes/meetings should be held in the future, and the majority indicated that they should allow for both in-person attendance and remote attendance at the same time. The exceptions were Final Hearings, which the majority of respondents felt should return to in-person, and Case Management Hearings, which the majority felt should remain remote. However, while a large proportion of respondents said that they would like many statutory processes/meetings to be held in a format allowing both online and in-person engagement at the same time, it is unclear exactly how many respondents have had experience of this mode of working. For example, the majority said that child protection case conferences had been held online across most of the time from March 2020 until Jan/Feb 2021. The use of a Hybrid approach for case conferences appears to be relatively limited (approximately 15-20%, although this increases a bit more between lockdowns).

It is clear that there are many potential benefits to be gained from remote communication in the operation of statutory meetings, conferences and court hearings, particularly in terms of the efficient use of professionals' time and in facilitating 'attendance' at meetings which might otherwise require significant time taken up in travelling. But while most professionals were able to access essential IT resources and skills, very high proportions of our respondents reported that these could pose barriers to engagement for children and families, both technical and relating to engagement, understanding and felt support. There is also a mixed picture in relation to children and young people's engagement through remote communication methods, with some groups appearing to enjoy online contact. Potential benefits as reported in the interviews include increased contact with Looked After Children who are placed out of area. While there may be some safeguarding benefits for some young people in accessing mental health services remotely, the weight of opinion is of increased safeguarding concerns. Policy Lab attendees highlighted the need to acknowledge that virtual meetings cannot replace in-person contact but may supplement it and the importance of recognising where virtual communication is not appropriate.



Overall, while there is much ambivalence among professionals in relation to remote communication, there is a clear desire for meetings and statutory processes to be conducted where possible and appropriate in a way which allows both in-person and remote attendance ('hybrid' arrangements). There is clear scope for greater use of online or hybrid delivery of safeguarding training. While the balance of risk in individual circumstances must be an important consideration, our survey findings suggest that decision-making as to mode of communication was rarely left to the discretion of practitioners, although this increased over time, and even less likely to be guided by the preferences of children and families, although it should be noted that we have poorer responses rates for these questions. This indicates the need for further research on the experiences of children and families of remote communication, particularly when considering the use of hybrid models for the foreseeable future.

#### 4- SERVICE PROVISION

In follow up to the interview data, which raised several concerns about the nature and impact of **redeployment**, predominantly of health professionals, on safeguarding, we asked respondents to what extent they agreed with the redeployment of specific professional groups. The strength of feeling regarding the inappropriateness of the redeployment of key universal and safeguarding health professions is clear from the data. Less than 10% of respondents disagreed with statements that various staff should not be redeployed, and at least 80% or more of the respondents agreed with the statements about various staff not being redeployed. The only statement which had less support was in relation to whether the redeployment of universal health staff should have been agreed by Safeguarding Partnerships, whereas much more support is given to plans for redeployment of universal staff being made in conjunction with safeguarding leadership in that organisation and also that the redeployment of safeguarding lead staff should have been agreed by Safeguarding Partnerships. Overall, it is clear that respondents did not generally agree with the redeployment of universal health professionals (such as Midwives and Health Visitors) that are key to support, mental health screening and safeguarding, nor with the redeployment of Named and Designated health safeguarding lead professionals. It is also clear that more involvement in the decision-making around redeployment from safeguarding leads and/or Safeguarding Partnerships was wanted.

The backdrop of redeployment of safeguarding staff and closure of universal and support services in the community, together with increased risk factors for many children underlie evidence of increased complexity and severity of **referrals** reported by most respondents from all agencies, in line with some national data. Most respondents, including 16 of the 30 Children's Social Care respondents, stated that children in their areas were on plans for longer during the first lockdown, reduced to 13/30 in subsequent lockdowns.

Of particular concern, and building on pre-existing weaknesses, are reports of increased **early help needs**: 172/193 (89%) noted increased early help needs locally, with perceptions similar across the agencies. 60/153 (39%) said that early help services were cut in favour of statutory services. This was only the case for 3/28 (10%) Children's Social Care respondents and 4/15 (27%) of Safeguarding Partnership respondents, but particularly noted by Education 14/22 (64%). A few respondents (15%) reported *lower* thresholds for early help (n=144) while a similar proportion reported *raised* thresholds for early help (n=133). 118/173 (68%) said that there was more onus on families to take the initiative to contact services for early help: Education and Health 95/119 (80%) reported that families needed to take more initiative to contact early help services, but only 7/27 (26%) of Children's Social Care, perhaps suggesting that communication of changes and pathways to support were not always strong. 184/196 (94%) said that provision had shifted online, but only 57/108 (53%) of respondents said that the services online were effective. These changes are likely to exacerbate barriers to early help for those in digital poverty or who are less able to take the initiative to seek support.

All but 5% reported that **children's centres** were closed or partly closed physically in the first six months: 153/217 (70%) were closed, and 54/217 (25%) were partly closed. 67% of total respondents thought that this was an appropriate response to the pandemic. 56/129 (43%) said that children's centres were repurposed in some way, for example to include health visiting, with 74% of respondents regarding such repurposing as appropriate. 129/154 (89%) said that Children's centres offered pre-existing functions remotely, either in full (67/154) or for part of the service (62/154): only 4/29 (14%) from Children's Social Care said that there was no offer during the pandemic, and 37/151 (25%) of respondents thought that it was not appropriate to offer pre-existing functions remotely.

Due to the widespread increase in concern about the mental health of the population including all children and young people, we asked all respondents about the impact of the changes to **mental health services**, and whether they felt this has increased any safeguarding risks. Respondents predominantly felt that all of the main changes to mental health services (moving services offered to children/young people online; moving adults from hospital to the community and moving children/young people from hospital to the community) increased some safeguarding risks to children/young people, although a significant minority of respondents (21%) felt that moving mental health services online for children/young people may have had some safeguarding benefits.

We also asked all respondents about the importance of action by mental health services and practitioners in protecting children/young people during the pandemic. All of the actions and interventions by mental health services and practitioners we listed were considered important (i.e., over 90% of respondents say that the action is important or very important),

with particular emphasis being placed on keeping specialist services open and involving CAMHS early in planning support for looked after children.

Provision of placements for **Looked After Children** is another area where pre-existing challenges were intensified as a result of the crisis. A variety of approaches were used to increase availability of placements, with variable success:

- Recruiting more foster carers: of Children's Social Care respondents, 15/19 had variable placement success with only 4/19 indicating that it was not a successful strategy. This was reported to be the most used strategy effective in increasing the number of placements although respondents reported more concern about the nature of the placements.
- Returning retired carers was less successful: 14/23 Children's Social Care respondents did not use this strategy and of the nine Children's Social Care that did try to re-recruit, five were unsuccessful in increasing placements.
- Increasing numbers per carer: used by only 8/23 Children's Social Care respondents, and reported to be unsuccessful by only one of these; however, most respondents stated some concern about placements that had been made.
- Relaxed matching: 7/24 Children's Social Care attempted this, with some success for six of these, again with some concern about placement success overall.
- Most of 38 respondents carried out strategies to educate and provide pandemic information for carers (16/19 from Children's Social Care, of which 7/19 found success and 9/19 partial success in supporting finding successful placements for children). This was the most successful strategy and overall the majority responded that placements were successful.
- Overall 18/34 had experience of trying to extend the age range of children placed with foster carers, with increased placements reported by 15/18. Six of these felt confidence in the placements and nine expressed some concern.
- Enhancing the fee for emergency placements was only used by 3/23 (13%) Children's Social Care respondents with some success.

Commissioning extra residential placements was attempted by 14/23 (61%) Children's Social Care respondents, successfully in all but two, with some concern about the success of placements in nine of the remaining twelve. Cross authority collaboration was said to be needed to secure low volume, high risk accommodation by 32/42 (76%) of respondents working with Looked After Children, (11/17 (76%) from Children's Social Care).

The majority 59/87 (68%) felt that placement stability had stayed the same or improved during the pandemic, and 63/77(82%) said that relationships with carers had improved or stayed the same (only 18% felt that relationships had worsened). However, of significant concern is that 37/67 (55%) felt that relationships with parents had deteriorated during the pandemic (8/22 (36%) of Children's Social Care respondents) and this will require focused attention as restrictions ease. Encouragingly, 90% of Education respondents felt that

engagement with education had stayed the same or improved, although 36% of other respondents thought it had worsened.

A range of strategies were employed to support Looked After Children:

- Increased remote contact with Social Workers/Personal Advisers/ Independent Reviewing Officers was noted to be put in place by 26/27 (96%) of Children's Social Care respondents and given the repeated lockdown it is unsurprising that this has been maintained by 25/27 of them. 62/72 (86%) of total respondents noted that remote contact had increased.
- 24/26 of Children's Social Care respondents reported that their local authority introduced in-person contact with LAC in alternative places, and this was continued in 23 of them at the time of the survey and was said to be ongoing by 42/66 (64%).
- Virtual activities for LAC such as yoga or art were reported to have been set up by 18/22 of Children's Social Care and reported by 34/54 (63%).
- 44/67 (66%) respondents were providing food parcels for Looked After Children, and 42 reported that this was continuing at the time of responding to the survey, including 16/24 (67%) from Children's Social Care.
- Online resources were provided for foster carers by 24/25 (96%) of Children's Social Care respondents and 52/58 (90%) respondents overall.
- 31/52 (60%) respondents including 15/22 (68%) Children's Social Care noted that their area introduced peer support, with the majority continuing peer support at the time of the survey (29/52 (56%)). The outcomes of peer support will be useful to analyse in the future in relation to effectiveness and safety.

Respondents endorsed interviewees' concerns of reduced support for three particularly vulnerable groups of Looked After Children: disabled children, unaccompanied minors, and those in detention, where overall 30/65 (46%), 22/55 (40%) and 28/50 (56%) respectively felt that support was worse during the pandemic. They also reported concerns over isolation of care leavers (59/70 (84%)), including 21/24 Children's Social Care), for whom 33/75 (44%) felt that transition planning had been negatively affected, with delayed transition out of care noted by 19/24 (79%) Children's Social Care. 27/70 (38%) of respondents felt that professional support for care leavers had declined.

## 5- WORKFORCE WELLBEING AND CAPACITY

Our data shows the huge impact of the pandemic on **staff wellbeing** across all seven agencies included, with the majority of respondents stating that practitioners with responsibility for safeguarding/child protection in their agency had faced increased caring responsibilities, reduced staff and practitioners in their team/organisations, increased workloads, loneliness, mental health concerns, and illness. Bereavement, poor working from home and inadequate

resources to do their jobs were also noted by a significant minority. Economic hardships and housing precarity appear to have affected safeguarding/child protection staff the least.

Some small increases in workloads, loneliness, staff mental health concerns, reduced availability of practitioners, staff illness, bereavement, and economic hardship can be seen between the first lockdown and the third lockdown (in February-March 2021, when the survey was distributed). Some small decreases in increased caring responsibilities (probably because more school places were accessed for critical workers in the third lockdown), poor working from home environment, inadequate access to resources do their job and redeployment can be seen between the first lockdown and the third lockdown.

It is not surprising then that over the course of the pandemic (i.e. since the end of March 2020) 29% of respondents said that the wellbeing of safeguarding professions in their organisation had decreased significantly, 46% said that it had decreased slightly, 18% said that it had stayed the same, 7% said that it had improved slightly and 1% said that it had improved significantly overall. Education, Law and Safeguarding Partnership respondents more likely to state that wellbeing had decreased significantly, and Mental Health were more likely to say that wellbeing had stayed the same.

Various strategies were employed to support different aspects of staff wellbeing, the majority of which were rated as quite or very effective, particularly regular individual supervision, regular contact with manager, ensuring opportunities for informal peer support and regular group supervision. The two strategies which did not seem to be as effective as the others were accessing mental health support/counselling and decreased length of online meetings to allow for breaks – although we do not have any further data to indicate whether the strategies were ineffective because they were difficult to employ or because they were ineffective even when employed well. Respondents indicate that a limited number of strategies were used to address increased safeguarding/child protection work, the top two strategies being increased scope and/or delivery of training and revised rotas.

Four aspects of **training** were identified by over half of all respondents as in the top 5 training priorities for all relevant professionals as a result of the pandemic: Impact of the pandemic on the mental health of children; Remote safeguarding/protection of children; Child protection during a pandemic; and Domestic violence. Unsurprisingly the pandemic has had a huge impact on how safeguarding training is delivered, with only 3% being delivered online before the pandemic, while respondents report that 86% of safeguarding training is currently (February-March 2021) online. Online only and mixed methods were anticipated for the foreseeable future. However, when asked how safeguarding training is best carried out, only 2% of respondents said that it was best carried out online, with the majority stating in a mixed mode (63%) and a significant minority (33%) stating in-person.

## 6- ROLE OF SCHOOLS

Our study highlights the critical work undertaken by schools during the pandemic and the strength of feeling over the protective nature of school attendance for children for whom there are safeguarding concerns. 80% of respondents (n=111) thought schools have taken on more responsibility for safeguarding as a result of the pandemic; over half who agreed felt that enhanced role should be retained but to do so would require additional investment. Schools, however, 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: qualitative comments suggested that many schools have felt under extreme pressure during periods of lockdown.

Perhaps surprising strength of feeling was exhibited over school attendance during periods of lockdown:

- 87% of respondents (n=295) felt that attendance should be mandatory for all *primary school* vulnerable children in families with low clinical risk (health 92%).
- 85% of respondents (n=285) felt that attendance should be mandatory for all *secondary school* vulnerable children in families with low clinical risk (health 91%).

The most effective strategies to increase school attendance were thought to be the encouragement of Designated Safeguarding Lead or school staff known to the family (used by 97%, 83% thought effective to some extent/significantly); and using parental concerns about behaviour or schoolwork (use 91%, effective 68%). Encouragement of a social worker was reported as used by 87% and thought to be effective by 64%. 78% (n=255) thought that the number of Elective Home Education students was rising significantly (42%) or slightly (36%) as a result of the pandemic.

A wide range of strategies were employed to keep in touch with and support children and families where vulnerable children were not in school, including regular contact in termtime and (to a lesser extent) holidays; food parcels; IT provision; in-person/doorstep visits; supply of books and games; follow-up of non-responsive families by Children's Social Care; and follow-up of non-responsive families by police liaison. As suggested by interviewees, these appear to have been effective in improving relationships with families in many instances and these improvements have generally been sustained to date (February-March 2021, when the survey was distributed). Police liaison was regarded as controversial by some interviewees but was used by 57% of survey respondents (n=72) and the same proportion intended to continue with it in future if required.

Varied and sometimes uncoordinated support for children's mental health and disclosure in/through schools was described. Learning from the pandemic may be of longer-term use as schools take on greater responsibility for work to support children's mental health.

## 7- HEARING THE VOICE OF THE CHILD

We asked how well the voice of the child could continue to be heard at strategic and individual level during the adaptations introduced during the pandemic. More respondents considered that the voice of the child was less readily heard than felt that it was more readily heard, but this was less pronounced at strategic level (47% less readily and 20% more readily) than individual level (59% less readily and 16% more readily). At individual level, Children's Social Care respondents were most optimistic by some way (30% less readily heard and 35% more readily heard). At strategic level, education was least optimistic by a pronounced margin (68% less readily heard compared with 3% more readily heard).

Given the extensive disruption to fundamental pathways for the disclosure and identification of safeguarding and child protection concerns effected by the social distancing and lockdown measures, it is unsurprising that our survey respondents considered that the voice of the child has been less readily heard during the pandemic notwithstanding a plethora of initiatives. Delegates at the policy lab picked up on the importance of the research in exposing the need to access the child's voice and the significance of the constraints on hearing children. It is clear that these constraints span the entire safeguarding continuum, from concerns about hidden harms to children in families who are not known to services in the absence of universal services to worries about the isolation of care leavers. Policy lab attendees echoed our interviewees in highlighting the importance of face-to-face contact for non-verbal and very young children as well as children involved in court proceedings, and high levels of concern for particular groups, particularly children under 1, children with disabilities and those in custody or detention.

The pandemic has served to exacerbate pre-existing inequalities and draw attention to the impact of digital poverty in the identification and response to child protection concerns as well as deepening educational inequalities. The need for a more systematic approach to ensuring that all children's voices are heard and that children's perspectives are central and not regarded as an 'add-on' was highlighted at the Policy Lab, with suggestions such as outcome measures that take children's perspectives into account and further investment in digital resources and training. More work is needed on the effectiveness of virtual monitoring of vulnerable children and on engaging children in remote communication methods, including clear guidance on good practice.

Our research has consolidated existing evidence of professional anxiety over the safety of children and young people who are home educated. Non-attendance at school by vulnerable children was thought to be most commonly due to concern about the child or carer's health and/or a response to the national message to stay at home, but 85% of respondents cited families taking advantage of the opportunity to disengage from professionals as a contributory factor. Policy lab commentary endorsed our respondents' views that Elective Home Education (EHE) will have increased significantly as a result of the pandemic as well as

their calls for greater monitoring. The surprisingly high level of support by our survey respondents for mandatory school attendance for 'vulnerable' children of low clinical need during the pandemic evidences the critical role of schools as the only service with daily contact with (almost) all children from 4-18.

## **8- CONCLUDING THOUGHTS**

The global climate change crisis has drawn attention to the notion of intergenerational justice, a concept which is of value also in addressing the way in which the measures taken to combat an adult public-health crisis have disproportionately affected the safety, well-being and opportunities of the young. The pandemic came at a time when changes in demographics have resulted in adult social care attracting the priority attention of policymakers. Children's services such as CAMHS and the health visiting workforce as well as Children's Social Care services were severely under-resourced before the pandemic struck and little progress had been made on critical social policy issues such as child obesity, infant mortality and mental health. Coordinated cross-government attention and investment is needed to address the complexity of inter- and multi-agency information sharing, assessment and service delivery to safeguard children and young people. As focus is directed to the importance of tackling the education deficits affecting the children of lockdown, we must not lose sight of the need to reconsider the central role of schools in safeguarding and child protection; the implications of the pandemic for the mental health of children and families; and the well-being of professionals.



## Study team and acknowledgements

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### ***KCL project team:***

Dr Jenny Driscoll, Senior lecturer in Child Studies, King's College London  
Dr Aisha Hutchinson, Lecturer in Social Sciences, King's College London  
Dr Ann Lorek, Consultant Community Paediatrician, Designated Doctor (Greenwich)  
Professor Andrea Danese, Professor of Child & Adolescent Psychiatry, King's College London  
Professor Gillian Douglas, Professor of Law, Executive Dean, King's College London

### ***Expert partners:***

Her Honour Judge Carol Atkinson, Designated Family Judge for East London  
DS Steve Clancey, the Metropolitan Police Continuous Policing Improvement Centre (Safeguarding Strand)  
Annie Hudson, former Strategic Director, Children's Services, London Borough of Lambeth  
Professor Jenny Pearce, Professor of Young People and Public Policy at the University of Bedfordshire, The Association of Safeguarding Partners representative

### ***Research Assistants:***

Elise Kinnear  
Katrina Kiss

### ***Partner organisations:***

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### ***Expert Reference Group:***

Simon Bailey, Chief Constable for Norfolk Police, National Police Chiefs' Council lead on Child Protection  
Dr Peter Green, Chair National Network of Designated Health Professionals, Designated Doctor for Child Safeguarding, NHS Wandsworth CCG  
Sarah Hannafin, Senior Policy Advisor, National Association of Head Teachers  
Gwen Kennedy, Director of Nursing Leadership & Quality at NHS England & NHS Improvement  
Professor Jenny Pearce, Professor of Young People and Public Policy at the University of Bedfordshire and The Association of Safeguarding Partners representative  
Martin Pratt, ADCS Greater London Chair, Deputy Chief Executive & Executive Director Supporting People Camden, Regional representative on ADCS Council of Reference  
Hannah Perry, Co-Chair of the Association of Lawyers for Children (ALC), Joint Head of Family at TV Edwards Solicitors LLP

The project team can be contacted at:

[Jenny.driscoll@kcl.ac.uk](mailto:Jenny.driscoll@kcl.ac.uk)