



child protection and  
social distancing

research briefing

## Research Briefing Three: Digital social work – the emergence of hybrid practice during the COVID-19 pandemic

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This briefing examines emerging findings showing where and how digital social work practices have played a useful role in child protection work during the COVID-19 pandemic. We explore challenges encountered in the use of digital technologies. We also highlight circumstances in which newly emerging hybrid digital-physical practices help keep children safe or offer additional benefits for social workers and the families they support.

### About the project

This research project explores the impact of the COVID-19 pandemic on child protection practice and children and families, with the aim of improving the capacity of social workers to keep children safe in a period of institutionalised social distancing.

The 15 month research project is being funded by the Economic and Social Research Council as part of the UK Research and Innovation call for studies that can contribute to understanding and alleviating the social impact of the pandemic. The research is being done in four (anonymous) local authorities in England and has the support of Research in Practice and the British Association of Social Workers.

All project reports can be downloaded from our website:

<https://www.birmingham.ac.uk/child-protection-and-social-distancing>



### Introduction

In an earlier [briefing](#) we briefly suggested that a form of hybrid digital-physical child protection social work was emerging with the restrictions associated with the COVID-19 pandemic. This hybrid practice interweaves face-to-face home visits and the use of video calls and conferencing using apps and platforms such as WhatsApp, Skype, Zoom and Teams. Social workers have identified both drawbacks and benefits of the use of these technologies. In this briefing we examine in more detail what our emerging findings are showing about where and how digital social work practices have played a useful role in child protection work during the pandemic. We also highlight circumstances in which these newly emerging practices offer additional benefits for both social workers and the families they support.

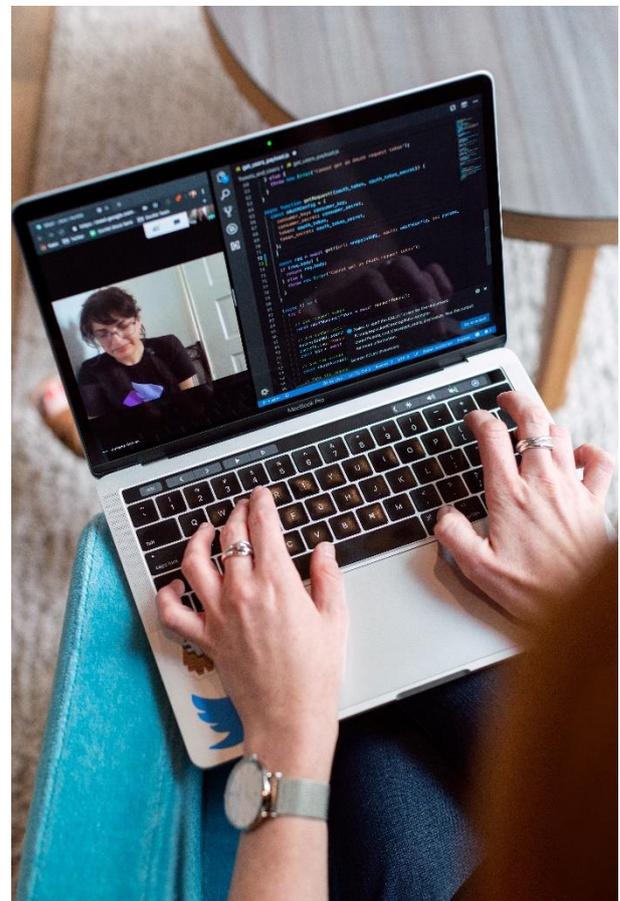
### Transitioning to the digital

Before COVID-19, social work had begun to engage with the impact of the digitalisation of society ([Taylor, 2020](#)) and particular platforms such as Facebook ([Cooner et al., 2020](#)). The focus tended to be on 'e-professionalism' and the ethics of using social media rather than uses of digital platforms to directly communicate with service users or for professional meetings, which rarely occurred ([Taylor, 2017](#)). The move to digital social work during the pandemic, therefore, involved a rapid and sometimes difficult transition, in a profession which social work researchers Megele and Buzzi ([2020: 10-11](#)) point out has been 'undermined by the lack of leadership in technology, digital innovation and related research and theory'. They propose a new agenda which would account for social media in social work training practice and regulation. This should attend to differences between online and offline contexts, digital convergence and the boundaries between personal and professional lives. They emphasise a need: to maintain professional standards when using personal online identity; to promote digital literacy amongst social workers; for both systemic and behavioural guidance to address new risks and challenges for digital practice; clarify expectations and regulation; train social workers in online safeguarding; and a restorative and training-based approach to social workers who breach regulations; and models that evolve and are responsive to this fast changing environment ([Megele et al., 2020: 200-203](#)).

Yet there is also another side to this; it is not only leadership in the dispersal of digital technology across social work practice that is needed, but also

listening and learning from the experiences of social workers themselves as they have rapidly deployed it in their practice. The necessarily accelerated up take of digital technology and the modes of digital innovation that social workers themselves have created on the ground during the COVID-19 pandemic, has thrown new light on the possibilities and potential of digital social work practice. Our research which tracked this process, has revealed new insights about the roles that digital technologies and media started to play, arising from how, limited by lockdown and social distancing during the COVID-19 pandemic, social work practice had to go on line.

Since the start of the COVID-19 pandemic, child protection social workers have been using a range



of apps and platforms to communicate with children and families. This has varied across different local authority areas, in relation to the technologies and apps available to and approved for social workers and service users' degrees of access to and use of digital. However, it has generally included the use of video calls using WhatsApp, Skype, Zoom or Teams, and SMS and WhatsApp messaging. Digital or virtual communication cannot replace the physical home visit which is at the core of child



protection social work. Yet, we have learned that new video call and texting practices have been developed and played significant roles in child protection social work, during the COVID-19 pandemic. In some cases, filling gaps or encouraging modes of direct communication that add to those associated with a conventional home visit.

**Video calls disrupt social workers' expectations of themselves and their practice**

For the child protection social workers who participated in our research, digital social work could never replace being there in person with service users, especially in their homes. They often worried that video or phone calls did not enable them to use both the formal skills that underpinned their practice or the sensory skills through which they could 'feel' if something was wrong.

The skills through which the social workers were trained to observe service users and evaluate their lives required their physical presence. They were concerned that, as one social worker put it "it does reduce our ability to use those key observation skills because we will hear what we're told and we will only see what we're shown" and she emphasised how it was "really important that we are not missing those aspects of our practice".



Social workers stressed the importance of sensing during home visits, which existing research has also shown forms a crucial part of child protection social work (Ferguson, 2018; Cook, 2020). They spoke about the role of "feeling" and "instinct" in social work, how they could "go to a room and you know something has happened, maybe there has been an argument beforehand or it has been sort of physical, punishment towards the children", or "get the atmosphere" and "sense if something is not quite right", telling us that they could not access those feelings or sensory cues on a video or phone

call. Social workers mentioned the role of smell in their work, and how for instance the potency of the smell of cannabis, urine, soiled nappies, dirt, mould, or air freshener trying to cover up something else, could not be detected on video calls. They also missed the body language which, for instance, told them that a person wanted to say something but could not. Social workers were also concerned about other strategies of concealment that they could not detect on a video call, such as the appearance of an anorexic teenager, people who were not meant to be in the home hiding in a cupboard, or when family members could not speak freely when there was someone the social worker could not see listening to the conversation. They emphasised how worrying this could be in cases of domestic abuse. And they missed the opportunities for physical closeness, especially not being able to get alongside children to play and communicate with them and use touch to bring comfort.

All of the social work services in our study have embraced the use of digital technologies for home working, staff meetings, multi-professional meetings (such as case conferences) and court hearings. There is some variation in its uptake in direct work with families, especially in one organisation where workers did not have good enough smart phones and IT to enable virtual home visits. However, for the most part the social workers, managers and practitioners in the study have embraced the use of digital technologies. Social workers anxieties were, understandably, focused on the gaps – what a video call missed, or could not tell them, or how, as one put it: "sometimes they just want a hug and you can't, you can just talk". As time went on they encountered new ways of 'feeling' in video calls. Whereas at the beginning of our study they reported the anxiety they experienced at not being able to visit families who they knew needed significant support, later we learned many examples of successful uses of video calls. As practitioners for whom reflection and supervision is part of their approach they were adept at explaining these learning experiences to us, so that we could gain an understanding of how their practices had emerged and evolved over time. This emerged as a hybrid practice which went far beyond the simple transfer of the physical home visit to a virtual visit. We began to see how emerging video call practices meant that in some circumstances social workers could (differently) sense families' wellbeing, or strategies of concealment using video calls. In other cases we learned how they had adapted to perform the gestures they use to establish the empathetic modes of communication needed to accomplish the requirements of their practice during such calls.



### Learning to work digitally

The COVID-19 pandemic initiated a rapid learning process both institutionally and in everyday practice. Local authorities developed systems and processes to support digital social work, the quality of which have varied locally. Nationally, the Principal Children and Families Social Worker (PCFSW) Network issued useful guidance ([PCFSW 2020](#)). Simultaneously, social workers themselves began to innovate in order to be able to practice in ways that they felt were adequate to keep the families they were responsible for safe, and to feel supported themselves. The latter involved multiple streams of support, for example where social work teams set up WhatsApp groups they would check into everyday morning, a continuous flow of e-mail, Zoom and phone calls, through which workplace social support and everyday routines shifted online.

These starting points were not always smooth. We found that access to and uses of digital technologies and platforms varied across local authorities, as it did across different service users. In some cases social workers work phones did not support WhatsApp, as one social worker put it, “we were really struggling with our phones just not being ready”. Local authorities also needed to determine which platforms were suitable and safe for social work practice, and in another case we were told how “we didn’t agree to do WhatsApp sessions until once it was all agreed by our service managers and by our team managers”. At one of our research sites the local authority only subscribed to the most basic Zoom package meaning that they could only get 40 minutes of use and meetings would either have to end or re-continue by everyone having to re-log in, which was experienced as very disruptive.

The ways social workers used the technologies were also surrounded by the contingencies of their own lives working from home – a topic which we cover in more detail in a later briefing. Technologies do not always work the way people want them to or when they need them to, and in some cases this meant social workers had to innovate to ensure they maintained boundaries between home and work. For instance, one experienced social worker was faced with a situation where she needed to make urgent contact with a family, and would usually have done this through a home visit. However, in this case not only was the visit impossible, but her work phone had stopped working. She needed to be responsive to a situation, to learn as she went along and to make decisions about how to act using digital devices and communications in relation to what she could and could not know or sense.

She determined how to make a WhatsApp video call from her own phone while withholding her

number, since the call was the culmination of a series of communications with this family who were in a complex situation and self-isolating at home. She had only achieved email communication with the mum recently, but with a series of alerts from other agencies involved in their case she had become increasingly concerned and felt she needed to talk to the child in question, who was 11 years old. Once she had made contact, again she needed to be creative, to bring her experience to bear in a new context, and resolve the concerns she had:

“I could talk directly to the young man [via video call] ... He started off quite reluctant, I would imagine because I was having to ask him, you know, some questions that initially he didn’t want to answer. So I just changed tack and we talked about general things, then I slotted it in the middle again like the usual way, and then we got answers to what we needed so. And it was actually nice to talk to him via that way rather than just a phone call to the family because I could see his face, I could see when that was changing, I could watch the body language, I could see that he was mobile in the room ... and I could hear the interaction between him and mum. So yes it was fine, and it actually saved us going out on a duty visit which initially we thought we would have to do.”





Video calls as face-to-face visits

While frequently social workers emphasised the difficulties in engaging children and young people via video call, the kinds of 'mundane digital intimacy' associated with online social relationships that media scholars refer to often resonated in many other instances. As one social worker put it, with reference to confidentiality in our interview, "when the young man, it is hard not to say his name actually ... it feels so personal that you should be discussing his name but that's weird".

The possibility that video calls offered social workers to see the faces of the families they worked with was welcomed. Performing physical home visits with Personal Protective Equipment (PPE) was sometimes seen as more difficult than a video call. Participants identified difficulties in communicating with small children with masks on and their faces covered, as one social worker put it: "small children seeing people looking very weird and having to sort of cope with that ... I know it is the right thing to do in terms of ensuring safety, but like is it the right thing to do". For some social workers wearing a mask was just not a viable option in situations where their facial expressions were integral to how they communicated, and in fact video calls were sometimes referred to as being "face-to-face". This applied equally to some conversations with parents, where it was felt a video call could be better than a physical visit wearing a mask. As these two social workers expressed it:

"I would rather have a difficult conversation with somebody over video link now that my phone is working, so that they can at least see my whole face, rather than going in to the home and having what I would normally always want to do in person because like half of my face would have to be covered."

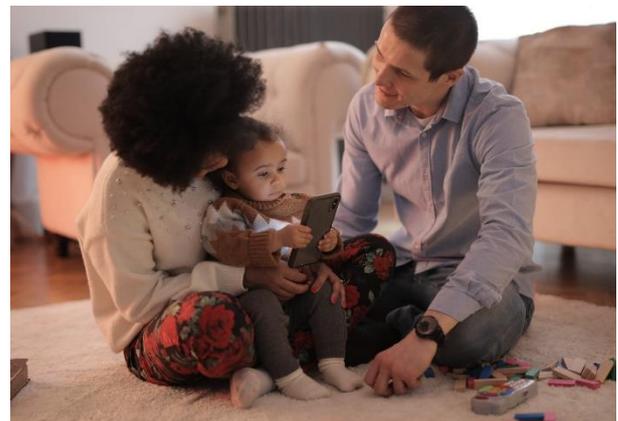
"Sometimes it is after a while when you're working with disabilities you start to be able to, you get a feel, you get to know, you can talk to families. I think talking to mum and actually seeing her face to face [on the screen] I could read her body language, I could tell what she was saying was honest."

This ability to communicate with families through video also meant that the home visit wearing PPE where it was considered essential that the family members were 'seen' could be combined with the "face-to-face" feelings associated with a video call. Thus, reflecting the hybrid modes of practice that we have identified as evolving.

Video calls as a way to build relationships

When social workers started to work with new cases for the first time through video calls they needed to innovate practices which enabled them to build relationships. The ease through which this happened varied in relation to the families themselves, in some cases they proved too difficult, in others they were very successful.

Difficulties need to be understood in terms of the families themselves and their circumstances. In one social worker's experience: "the children that are new to me, trying to build a rapport with a child over a video call is near[ly] uncomfortable, it is so challenging, it is not helpful for me". Some social workers were also concerned that the "informal relationship building" that could happen during a home visit was impossible. In one case, a social worker discussed with us her surprise at how families had responded to her over the phone: "really, really shocked actually, some of them have been more open with me over the phone than they have ever been with me face to face". The ease with which one vulnerable woman had been able to confide and open up to her over the phone without ever meeting her in person was concerning to the worker. This had enabled her to gain a deep understanding of the woman, including alerting her to the possibility that such disclosure could make the woman vulnerable to abuse and manipulation by others.





In other cases, particularly through video calls, positive new possibilities opened up. In an earlier [research briefing](#) we discussed how a social worker had been able to communicate with a small baby she had not previously met by getting up close to the screen. We also found that where younger children were willing to engage, with their parents' support, social workers felt that video calls were successful. For example, one social worker told us how whereas she would have usually undertaken one home visit, she was able to create two Zoom meetings, which worked successfully with a young child, and another emphasised how letting children lead the video call to show them around their lives and homes, enabled them to gain the additional insights that helped to reassure them about home life.

“Maybe we get an insight that we wouldn't have before. So you know like those natural things, like the children very often like to take the phone and take us around the house with them. They might do something a bit incidental like just go to the fridge to get a yogurt out and so we can then see what is in there, you know without having to ask.”

“My most successful Zoom was I think it was on Monday. So with a new case ... the mum thought he [young child] really wasn't going to engage with me but ... I introduced myself and showed him some of my teddies and tried to just engage in that way and he actually really opened up in the end ... but I was conscious I didn't want to overload him so we booked in a time in the next day to do sort of the three houses [work tool with children] over Zoom which he was excited for ... Then I messaged her [mum] before saying does he still want to do it? and she said yes he has been looking forward to it, so ... it gave me that opportunity to, yes, to have a better conversation with him without kind of yes overloading him or confusing him really.”

“We have actually seen some positives from it as well. In I think the isolating factor of lockdown actually, when we're calling some of our families, I am not sure whether ... they are feeling more comfortable because it is not the face to face discussion. So if you are slightly removed from that, sometimes you can feel more comfortable talking. I think an old analogy comes in ... like if you're driving in a car with a child, the distraction of the car journey can make people talk more.”



In other cases where social workers had existing relationships with families, video calls were sometimes seen as supporting new developments and enabling the continuation of these relationships. For example, one social worker had gained a closer relationship with a teenager through WhatsApp. In the past she had found that when she visited him at home after school he had tended to be very tired, since he was also dealing with health issues. Instead during lockdown, he was at home and able to speak to her during the day, she found him more chatty, and interested in showing her his toys. As she expressed it: “I felt like I knew him a lot better through the video calls about his likes and dislikes”.





The digital accessibility of social workers through video calls also enabled them to be available to support families over time. In one instance the social worker problem solved with a family by speaking to both parents separately and together several times, summing up, as she put it: “there was a bit of a crisis point over the weekend, yesterday I had multiple video calls with them, each of them lasted probably about 20-25 minutes ... I must have had really four yesterday, I have spoken to the dad today and it was about 20 minutes”. In this case her interventions were able to be woven through both their everyday lives and their argument, which she managed to support them in resolving. These ways that social media use can be woven through the day, bringing the virtual into alignment with the physical world and face-to-face social life as it plays out is an interesting element. The social worker commented that she felt that she had ultimately spent more time with this family on video calls than she would have had she been seeing them physically face-to-face in the traditional way.

Hybrid digital-physical social work



As we have emphasised, while social workers saw benefits in digital social work, the value of the in-person home visit remained central to their practice. Generally social workers found digital practice to be easier to develop with families who they had already met face-to-face (although we note that some cases were progressed only online). In cases, where they had first met the family over a video or phone call, social workers still did not see the case as being an exclusively digital one (although this did sometimes occur). Rather they anticipated a home visit in the near future, or compared their digital practice with what they would usually do. Using video and phone calls were a “gap filler” as one participant put it, until the anticipated home visit when they would be able to speak to everyone they needed to on their own and sense the home, to create the knowledge that would verify or change their evaluation and lead to decisions.

The social workers we interviewed had a shared professional imagination of what might be happening in the homes when they did the video calls. The “gap” could be filled with a number of possibilities, which were imagined on the basis of their prior experience and on how they sensed in the social and spatial elements of the video call.

“I suppose with the video calls I am very mindful that I am not able to speak to the children on their own. Even if they are on, if I see them on the camera, I don’t know who else is in the room, so that is definitely something that we have been having to be more mindful of.”

“For me the risk of Covid is one thing, but there is also the risk of you don’t know who else is in the room if you’re on Facetime. You don’t know the home conditions, you’re not really seeing the children, not really. You might see their faces but you’re not really, all of those like other observations, you can’t fake, and so it is a risk balance. But nothing is, you know even if we’re just [using] Facetime ... it is not risk free. It might be risk free from Covid but ultimately these kids are on a child protection plan for a reason and it is not because we’re not worried about what is going on at home. And so much of families that we work with there is DV [domestic violence] present, and I just think you could be having a conversation thinking you’re just speaking to one person and there could be anybody sat in that room. It just feels really risky.”

When justified in relation to their concerns and the restrictions, home visits did take place. One social worker described a situation where she had been worried enough about a mother and baby, to have



an in-person visit, but had followed up with a video call in which the mum was able to show her how she had improved her flat between the two meetings. The social worker felt that the mum “was quite proud to show me what she had managed to achieve in a couple of days because she had done a really good job and she put some pictures up and she was showing me you know things up to the camera that she had bought”. The earlier home visits were important for her since, she continued. “Because I know the flat already, I knew that she had shown me everything as well”. Therefore, having already done a home visit, or even sighting a child in person through a “window visit” was important to social workers’ confidence in evaluating a family’s situation and ‘knowing’ the home.

During lockdown, there was always the ultimate option of recourse to a physical home visit, even if this was not undertaken by the same social worker. Decisions were made in relation to the risks that the case involved. For instance, one social worker described a situation where she had been concerned when she had been unable to contact the family of a disabled child. As it was a Friday, she didn’t want to leave the situation over the weekend, so with her manager’s support determined that a home visit by someone who could undertake visits should happen that day if she could not resolve the situation. Commonly, social work teams used a system whereby cases were rated in relation to risk, with the possibility of a face-to-face visit if the risk was high and it was approved by managers. In this sense digital social work practice always held the possibility of recourse to a physical home visit, and therefore needs to be considered a hybrid practice, which works towards but seeks to avoid this possibility if there is an alternative that is safe for the child in question.

During full lockdown in-person home visits were only made where the child and family’s needs were regarded as complex and high risk. Often the family were seen in the garden or at the doorstep. Entering the home on visits was possible with PPE, although many social workers did not like using it due to perceived barriers created by masks. As we have shown [elsewhere](#), often inside the home younger children in particular did not practice social distancing and it was common for social workers to let the children receive the close, tactile contact they needed. Moving out of lockdown, and the easing of restrictions made in-person home visiting more possible. Yet, many social workers were still limited in terms of how they could practice. For example, they might be working from home with caring responsibilities themselves, or be vulnerable to the virus and unable to make visits, which created other

limitations. This created a new shift in practice, which required flexibility. For example, one social worker began to organise face-to-face visits with PPE once the restrictions lifted partially (although she found the communication difficult with a mask), but combined these with video calls because she had children at home herself and had to arrange her work according to her own circumstances and availability to be out doing visits.

While our participants have identified some benefits to virtual work with children and families, it is fair to say that the virtual home visit is regarded as inherently inferior and never matching up to the in-person home visit. A consequence of this is that virtual casework is not gaining the recognition it deserves as *relational* work. While it is not possible to hold an infant or check who else is in the company of older children while they are on the screen, the work that is done with them and their parents has emerged in our study as significant relationship based practice. An emerging finding is that meaningful relationships have been established with children and parents through a mixture of in-person and virtual casework during the pandemic. While a child may not be physically held they and their parents / family can feel emotionally held through virtual contact, sometimes or often combined with physical visits.

### Possible hybrid practice futures

It is not surprising that digital social work fits well with the lives and ways of communicating of some social workers and families. Video calls and texting are well established elements of everyday life, media ethnographers have shown how video calls support the social relationships of migrant families and their relatives overseas ([Madianou and Miller, 2011](#)) and how smartphones are used internationally to generate everyday feelings of ‘togetherness’ while physically apart ([Hjorth et al., 2018](#)) (see Pink et al., 2020). Megele and Buzzi moreover found that ‘young people and their families would like [social work] practitioners to liaise with them through multiple communication channels, including social media, text and email, and that such flexible use of digital and social media technologies can generate and sustain feelings of closeness and caring’ ([Megele et al., 2020: 179](#)). While, as reported above, digital social work cannot fill all the gaps, the narratives of the social workers we spoke to suggest to us that a hybrid digital-physical practice which combined the home visit with video call check-ins might be effective for the future. In the words of one social worker: “I definitely don’t think it will replace visits but I wonder if we will end up incorporating WhatsApp more as well”. In



addition to video calling, WhatsApp is sometimes also used in place of text messaging, since the application enables the free sharing of text, images and videos where wifi is available. Social workers also praise features that show when messages have been delivered and read.

In particular, social workers emphasised the possibilities of working digitally with teenagers in the future, they suggested that some teenagers were more comfortable talking on video calls, particularly when this was already part of their lives. Speaking on a video call helped avoid uncomfortable situations for teenagers, such as being called out of class at school, or during home visits. One social worker described a case where video calls had improved her communication with two sisters, who had seemed anxious and been very quiet when she



met them in person, but who had engaged with the video call to show her around their house and the things they had been doing. She concluded that “I think for older children ... that has been quite a positive step”. Social workers also envisaged the video call more broadly as a way to access conversations with children who found speaking in person to be harder. This could also be in cases when parents tended to “speak for” the child or as one social worker suggested: “especially with children that have been told not to talk to you, that might be a medium that we can use in the future because they are not actually talking to you, they are talking to a screen”. A key challenge and skill for hybrid practice futures will be to be able to assess which children and indeed adults will respond well/better to virtual communication and to provide it – alongside some in-person contact.

### Digital Inequalities

As we have noted in an earlier [briefing](#), questions of digital exclusion have also been raised by our research. Vulnerable people are less likely to have

access to information technology and wifi connections. Where they have smart phones, they may access the internet using mobile data plans, making video calls with their social workers unaffordable. In some cases where this cannot be resolved, the difficulties of their situations are exacerbated. Social workers reported cases of mothers whose children were in foster and other care, who were either unable to attend court hearing or had to attend meetings with their solicitors and other agencies using landlines outside the home.

Efforts have been made to resolve these situations to the extent possible. Local authorities in our study have made use of a Department for Education initiative supplying digital devices to care leavers and children with a social worker ([Department for Education, 2020](#)) and have purchased technology for children and families. At the beginning of our research one social worker described the scene that surrounded her at the time of the interview:

“I am at the stage of making sure children have got mobile phones and you know tablets, iPads or whatever they are. So I am, just funnily enough, this morning I have been setting one up ... I have got phones all over the desk here now trying to set them up for young people ... another one in a box ready to go.”

Similarly, other social workers had supplied phones to teenagers and parents so they could participate in digital social work visits, as well meetings with multiple agencies. As one social worker put it:

“We had to really think outside of the box on what families had ... because some people have old phones, some people haven’t got like finances to buy the latest phones and stuff like that so we really had to be creative and speak to the families about ... what was going to be helpful.”



### Concluding insights

At the time of writing (September 2020), following a period when lockdown restrictions were eased, all the local authorities in our study have dramatically reduced virtual home visits and reverted to in-person encounters with children and families. This is partly a response to having not been able to see children and families in person over a significant period, but it may also be an attempt to assert the 'old normal', manage risk and increased anxiety and to not have had the time and space to think about what can be learned from how practice changed during the pandemic. On the other hand, the relevance of what can be achieved through digital social work practice is increasingly acknowledged, not least because the COVID-19 pandemic has generated a widespread awareness of its possibilities. Claudia Megele, Chair of the Principal Child and Family Social Worker Network, reports that 'the overwhelming feedback [within the network] has been that going forward, we need to learn, adopt and adapt the positive practices we have developed during this period to complement

our face-to-face practice' (Megele, quoted in [Turner, 2020](#)).

Our research has brought to the fore the new knowledge, and appropriate theoretical concepts from digital anthropology and media studies, needed to re-think social work practice in relation to digital technologies and platforms. We have shown that digital social work and the hybrid practices it generates can provide a number of benefits. This might usefully be taken forward as part of an expanded set of techniques for support, communication and evaluation in social work, whereby their use is tailored to families on a case-specific basis. Yet these options need to be considered in the context of the ever deepening social and economic inequalities that characterise the UK at the moment, to ensure that they are designed in such a way that is equitable, fair and inclusive.



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