



child protection and
social distancing

research briefing

Research Briefing Two: Disruption and renewal of social work and child protection during COVID-19 and beyond

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This briefing shares some emerging findings about how COVID-19 has disrupted child protection and led children's social care to improvise in creative ways that, if sustained post-pandemic, could renew practice and provide improved outcomes for children and families.

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 our project partners Research in Practice and the British Association of Social Workers are working with us to help disseminate the findings and scale up the impact of the research.

Further information, including project reports, can be found on our website: <https://www.birmingham.ac.uk/child-protection-and-social-distancing>

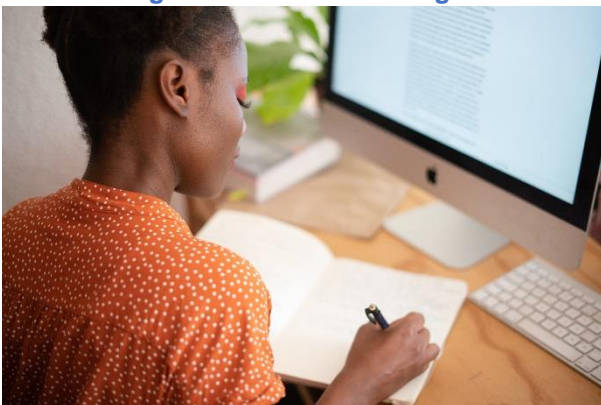


Introduction

Our data, gathered between April and July 2020, shows the complex practical and moral dilemmas social workers and their managers face in aspiring to best practice in helping children and families while social distancing. We have been following the same sample of social workers in four local authorities now for over three months, gathering their views and experiences of the impact of COVID-19 on their work. We have also begun interviewing parents in the same cases we are shadowing and discussing with practitioners.

As shown in an earlier [briefing](#), our emerging findings suggest that having to socially distance from children and other family members makes it more challenging for practitioners to safeguard and be helpful. But acknowledging this does little to answer the vitally important question of what can and has been achieved, despite and because of restrictions to normal services? This briefing focuses on some of the emerging research findings concerning how COVID-19 disrupted child protection and has led children’s social care to be innovative and to improvise in creative ways that, if sustained post-pandemic, could renew practice for the better and enhance the lives of children and families.

The challenges of social distancing



It is important to begin by placing creative responses to COVID-19 in the context of some of the challenges it has brought. Most social workers express a significant degree of pessimism about the effects of the pandemic and in particular social distancing on their work and certainly about what was achievable under full lockdown conditions.

“And when we were on duty the other week, whereas we would have been out and see every single child during the duty week, we were often doing WhatsApp calls, and which doesn’t give you the same sense of safety. On the ones we were really, really worried about we did visit and you know we had to wear PPE... however we weren’t doing it to the same standard that we would have been doing it before.”

While social care staff have worked very hard at completing assessments and trying to ‘progress’ Children in Need and Child Protection Plans, this is generally not regarded as being as thorough and effective as traditional methods of being with children and families through home visiting and seeing children in schools, day care and family centres. The time physically spent with children and families is often shorter than traditional home visits and often hampered by the use of PPE. Social workers also regard the absence of other support and therapeutic services which stopped due to COVID-19 as pivotal to limiting the capacity to have impact and create change.

To protect workers and families from COVID-19, since the start of lockdown most safeguarding services for children and families went online. Meetings, like case conferences, that involve a range of professionals are still happening by telephone or video conferencing. Social workers are often positive about inter-professional meetings being conducted online, largely since this reduces travel time, makes scheduling more straightforward and improves attendance by the range of professionals. The success and fairness of virtual meetings like case conferences that parents are entitled to attend ultimately depends on whether they and other family members have access to digital devices and internet data that enable them to fully participate.

Court proceedings have been taking place virtually, and our early findings support other research that



has expressed grave concerns about the limitations this places on the meaningful involvement of parents and other family in legal processes (Byrom, 2020). As time has passed during lockdown, increasingly social workers report hybrid court arrangements, involving attendance in person in the courtroom by some participants. Similarly, family time for parents and children in care has been taking place virtually, and the absence of physical contact and being unable to play, hang out together and express love through touch is extremely painful for families - although as restrictions have been lifted some in person meet ups are now occurring in some local authority areas.

Social workers' narratives reveal the centrality to them of relationships that depend on human presence, where they can see the home as well as the children and family and sense the feelings of individuals and places, and use touch to provide comfort, play and enter the child's world.

Humane social work

Yet social distancing hasn't stopped social workers and family support workers from being relational and finding ways of being effective and achieving what might be called non-physical closeness to some families. In fact social workers generally have been having more contact with families and the welfare and support dimension of their work has increased.

As one social worker proudly put it, I am "definitely doing more supportive work than before". The circumstances of the pandemic and being locked down together intensified stresses for many families, including food poverty, resulting in social workers providing a lot more material help than previously.

"So the support that we would provide seems to be a lot more intense. It is a lot more about meeting the basic care needs in terms of providing food, providing medication, because they haven't got the access to that."

Getting help to these families has been easier and quicker because during lockdown the usual bureaucratic complexities of applying for vouchers to use food banks, for instance, have been

removed. As one worker said: "the number of like food bank referrals I have done has been the highest it has ever been and problems with like gas and electric have been numerous". This capacity to deliver food to families' doorsteps has helped with rapport-building, not least in situations where there was no prior relationship and the family came into the service after lockdown. Some social workers, especially in referral and assessment where new cases had dropped by up to a half, have had more time available to do this kind of work. Yet it is not just about the time available but due to a redefinition of role with greater emphasis on the caring, welfare, aspects. As another worker put it:

"The welfare element is so strong at the moment - 'can you access food etc?' - drawing down on basic needs. It has removed some of the perceived power - 'oh, social care are here' - and humanised us as there to provide support, not just there to use power, but to work in partnership, what social work should be like. It's always there but it's the perceived power, no one wants to be seen as frightening due to their power."



Some social workers have referred to this move towards more supportive, kinder practice - 'care' rather than 'control' - as a rekindling of values and approaches that have struggled to be used in recent decades due to the impact of bureaucracy and managerialism restricting the time available to see families, a struggle that is borne out by research (Broadhurst, 2010). As one practitioner put it, "I'm doing social work in a way it was done before there



was the focus on paperwork”. The pandemic has brought to the fore power relations and structural inequalities and opened up possibilities for a social model of child protection and an ethics of critical practice that tackles head on the effects of poverty, racism and other injustice ([Featherstone et al, 2018](#); [Keddell, 2020](#)).

Hybrid practice: Integrating face-to-face, digital and humane practice

A striking feature of the development of practice since lockdown (23rd March 2020) is the integration of a variety of modes of communication and ways of relating. An example of casework that combined kindness, support and other innovative features of COVID-19 practice is the work a social worker we will call Sandra has done with the ‘Williams’ family. Sandra had adapted to COVID-19 and lockdown by seeing families in person, mostly on the doorstep or in gardens and on the screen, most commonly using WhatsApp video.



The Williams parents have had three children removed from them in the past. When lockdown began in March, Sandra had known them for five months and completed a pre-birth assessment. Her view was that “they are on top of their mental health now, have a good support network, and have detached from their risky families”. The baby was born at the start of lockdown and over the subsequent three months Sandra spoke to the parents daily, either on the phone or by WhatsApp video call. She has visited them in person regularly, going into the house and using PPE and done a weekend visit twice. She wears the apron, gloves and mask: “I still maintain my distance in the flat, but I do come quite close-ish to the baby, I haven’t held her yet, I’m a bit disappointed [she smiles, conveying how much she likes to get close to babies]”. She will maintain a metre distance and when, for instance, she’s having her nappy changed, “I get alongside to get eyes on but haven’t

held her yet”. Having had children removed from them in the past, the parents worry a lot that they will be perceived as not keeping to the child protection plan.

“I think it’s a good relationship, they will contact me a lot. Shortly after the birth they were using WhatsApp and sent me pictures, if they were unsure about anything they would text me. They did so at 10pm one night, they needed reassurance about the baby, to build that confidence. They are certainly reaching out and I now don’t feel particularly anxious about their care of the baby, she’s thriving, laid back, they are doing well. They texted me the other week and said they couldn’t get formula milk, so last weekend I nipped to [name of shop] and got some and dropped it in on the Saturday. I am very aware of how families without cars and who are living in poverty don’t have access to a range of shops. In normal times I would certainly have had a cuddle by now and would try and get her to have a look at me and follow my facial expressions, she does recognise my voice now and mum and dad say she does recognise me. Were it not for the pandemic I’d be a bit more hands on, I’m a natural hugger.”

This shows the use of a hybrid approach that combines telephone calls, video sessions with the family, the use of photos (WhatsApp) and in person encounters. Despite maintaining physical distancing the social worker’s narrative suggests she has got emotionally close to the family and established a meaningful relationship with the baby and parents. While she cannot hold the baby physically, she is holding her and her parents in mind and this helps them to establish a trusting relationship that heals past traumas ([Megele, 2015](#)). This relationship based practice was having a positive impact and supporting the parents to develop and change. When the parents were both interviewed for the research their perspective was very similar to the social worker’s. As the father explained:



“[Sandra] has been really supportive to me, she helps us to build our confidence. Because of what happened with the last three kids [being removed] we felt like we didn’t parent right and she’s given us confidence that we can parent. She would speak to us in a nice calm way and tell us how we are doing it and give us other options about how to do things. If we have any doubts she is always there at end of the phone to speak to. We have called her up once or twice, [the baby] was ill when first born and [Sandra] was the first person we called.”

While some parents we have interviewed feel that they have been treated unfairly or have had more negative experiences during the COVID-19 pandemic than previously, the story told here of humane social work is just one of several in our data.

The changing use of time

The Williams case-study also illustrates another emerging finding concerning the changing use of time during the pandemic. There is a general sense that time spent with children and families has reduced during lockdown in that in person home visits have been less frequent and shorter, in order to prevent transmission of the virus. However, the time that has been spent with families has often been in non-traditional ways and spread out more over a range of contacts, which take place through various formats. This again fits with the dramatic increase in the use of video and telephone audio communications and it has become quite common for families to be spoken to everyday. What we have seen is the emergence of shorter, frequent ‘check-in’ communications which are followed up with longer more substantial meetings. Practitioners have learned from greater use of digital platforms and email how to use time more efficiently. For instance, during lockdown workers emailed materials to families and then discussed it with them on video calls. Since returning to in person visits they have continued to email such material in advance and this has saved time that was previously spent with them reading while the worker

was there, thus being able to use the time they have together more efficiently and productively.

Renegotiating power and rights

Child protection work conventionally includes ‘unannounced visits’ which aim to see the children and how the family are living when they are not expecting to be seen. Some of these are still happening during the pandemic, but now social workers mostly ring the family from outside the house to assess the risk of the visit and whether any family members have COVID-19 symptoms. New requirements to assess risk and plan how visits can safely take place have created additional administrative tasks for social workers and their managers. However, it is also possible that this extra layer of communication around planned visits could help build more positive, negotiated relationships with families. One worker suggested:

“Maybe for families they feel that they’re a bit more respected because we ring up and we talk to them about the visit, whereas before, we would just ring up and say, ‘oh we’re coming round’. Whereas now we talk through what the visit is going to look like ... all that. So whether in the future that might be a skill that we use, because whether that’s made families feel more, that we’re respectful of their space.”

Beyond the interior of the home: Doorstep and Garden visits

Entering family homes and seeing children there – usually in their bedrooms – was the taken for granted way most child protection work was done, pre-pandemic ([Ferguson, 2016a](#); [Winter et al, 2017](#)). While going into homes has continued where it is regarded as absolutely necessary, a key way that COVID-19 infection risks are being managed since lockdown is by children and parents being seen more often in other places by doing doorstep and garden visits, where a two metre gap is maintained. We have also been told of cases where social workers have observed children through windows or over garden walls.



While such visits may reduce risk of infection, they present new concerns about privacy and confidentiality: as one worker told us: “as soon as you turn up for one it is like Piccadilly Circus, neighbours and delivery drivers and somebody has then decided to come and wash their car right next you or something”.

Doorstep and garden visits are not always successful in achieving social distancing because young children run out the door or across the garden to be with the worker. However, our participants have experienced them as safer and more secure ways to achieve social distancing and avoid infection risks than going into the home. And some meaningful work has been possible in gardens. For instance, here is a social worker describing a garden visit on a hot day to see an 18 month old boy as part of an assessment regarding concerns about unsafe and neglectful parenting.

“We arranged to have a session in the garden. There had been a lot of in-depth conversations on the phone and it’s been difficult to assess and see them through a video because they are focusing on the video, not why you’re there. We sat in the garden the entire time, mum, dad and the children. They have a gazebo which is set up at waist high to adults and it created maximum shade. I was sitting the other side of the path on the grass. A neighbour was in her garden with her children. The parents didn’t offer me a chair and I was okay sitting on the grass. The parents sat on the grass, at least 2 metres away. The boy isn’t walking independently and used a walker. He came close to me but didn’t come close enough to touch me, he was cautious about me being there, and walking around picking flowers, giving his mum and dad cuddles. I had gloves on because I had to knock on the door, ring the bell, I had arranged that the parents would open door and I followed them through into the garden. I walked away from that visit feeling really confident and I got something I wouldn’t have got from a video call.”

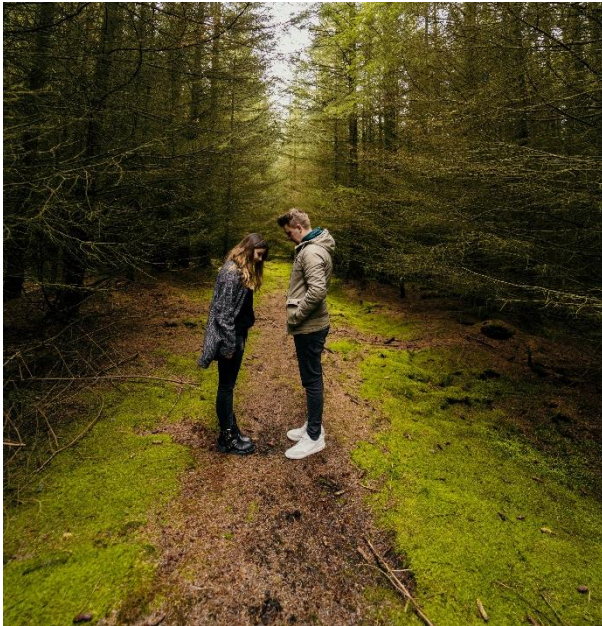


This typifies the public nature of garden visits, and how easily talk can be overheard means that their value often rests on observation, on what can be seen and felt about children and their relationships with family members. In addition, practitioners report achieving emotional closeness to children by being able to be more free and playful with them in gardens.

Mobile practice

There has also been another significant move away from the interior of the home being the primary and often only site where the family are seen. A consistent finding is that workers have gone on walks with young people and sometimes parents and used parks and other open spaces near family homes to walk, play or just be together in. When home visits are tense, using these other environments provides new opportunities for reflection and discussion. One worker told us how she and a co-worker arranged a ‘walking visit’ with a family whom they had been intensively supporting via telephone and video call during the lockdown period. They walked and spoke separately to a mother and her two teenage children in a “woody forestry area” near to the family home:

“We found that with the young people ... they felt more relaxed in that open space rather than sitting in a home and sitting in a living room and you’re talking face-to-face with them. I think they felt more relaxed ... didn’t feel so oppressed being in the home and the tensions that were in the home. They felt more relaxed being in that open space and they were able to share a lot more.”



Walking alongside children and other family members is felt to offer a form of 'side-by-side' rather than 'face-to-face' communication that is highly productive, since service users often disclose more when on the move. Walking interviews appear to have similar dynamics and therapeutic effects to what occurs in cars (Ferguson, 2010). In this case, the social worker suggested that walking with the mother allowed her to disclose her partner's coercive and controlling behaviour, which meant additional support intended to help those in oppressive relationships could be put in place.



It should be noted that some workers have felt frustrated by how the pandemic and lockdown has closed down spaces they previously would have used to relate to children and young people, such as having meals and drinks in cafes and playing pool. But generally workers have become more aware of how they can be more creative in using space and movement and that they can empower children and young people by allowing them to take the lead in choosing locations and routes. This manager suggested that the pandemic had helped

her team become more resourceful when planning work with children:

"I think that this has helped them to see that they can be a little bit more resourceful. So taking kids out on bikes, taking kids out on a socially distancing picnic up at the field, just lots of different stuff where we're not so ... because I think in an assessment team ... we're so rushed with our assessments that we just like sometimes very quickly do direct work with children rather than quality. So I think that we took this opportunity to do some more quality work, direct work with children. And I think that's been really, really helpful."

These are not entirely new ways of mobile working (Jeyasingham, 2018; Ferguson, 2016b), but their significance has increased during the pandemic.

Conclusion

In recent weeks, as lockdown restrictions have been eased, many local authorities have quite rapidly moved away from virtual casework and back to prioritising in person face-to-face encounters and home visits. As we will explore in future research briefings, this move is generally welcomed, although a number of practitioners also see an ongoing role for video calling and conferencing within child protection practice. It is important that the welfare approach, critical practice and creative, innovative ways of working that served many children and families well are reflected upon and, where possible, maintained as services emerge and develop post-lockdown. While some such work has been enabled by conditions that are unlikely to persist – such as reduced rates of referral to assessment teams – data collected during this period yield insights that have the potential to renew policy and practice over the longer-term and provide improved outcomes for children and families. We look forward to being able to share additional findings over the coming months.



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