COVID-19 Response

What helps and what hinders in building safety for children using naturally connected networks

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with Marie Devine

North Tyneside Council

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Executive Summary

During the COVID-19 pandemic, the restrictions imposed to limit the spread of the virus aimed to reduce contact between people with the result that children are less visible to others. Identifying and protecting children from maltreatment becomes more difficult while there is evidence that the increased stresses on parents and carers are also leading to an increased incidence of harm to children. In this context, the naturally connected networks around children — such as extended family members, neighbours and other community members — are a potentially valuable resource for building safety by supporting parents and children and noticing if a child is being harmed.

This research was funded by the Department for Education Partners in Practice COVID-19 programme which aimed to:

- capture the lessons from the response to the first phase of the pandemic in order to inform planning for the next phase of lockdown easements and future waves; and

- where there is promising evidence of innovative and/or novel approaches developed in response to the pandemic, these should be retained, particularly where the preferences of the children and families worked with are better met and new capacity is released into the system.

Four Children's Social Care Departments who were using the Signs of Safety practice framework were studied, examining how they were able to draw on those networks to enhance the safety and well-being of children despite lockdown restrictions, with the main research question being:

How can practitioners use the network around a child — such as extended family members, neighbours and other community members — to assist in building safety when professional support becomes more restricted during a pandemic?

The research used a range of methods: focus groups and interviews of people at front line, middle and senior management levels plus analysis of performance data. It had been intended to learn from parents and network members as well but there were insufficient responses to the survey to be useable. Ethics approval was obtained from the London School of Economics.

When lockdown began on March 23rd 2020, life for everyone changed dramatically. The four local authorities were quick to provide the technology and equipment to enable working from home and holding meetings online. Personal protective equipment was not immediately available but was soon also provided. Home visits continued after a risk assessment, weighing up the value of the visit versus the potential for spreading the virus. Most contact with families, networks and other professionals has, however, taken place online.

In two of the local authorities the use of networks was already embedded in the social work child in need and child protection teams. In the other two, their use had been informal and limited but senior managers decided later in 2020 that training and support for using them was a priority because of their perceived value during a pandemic.

The research found a wealth of evidence that social workers were using networks in very creative ways, adapting to the restrictions of lockdown. Family and network members, too, were very imaginative in finding ways to support and monitor the family. Virtual contact, using social

media, was the primary mechanism but once the Government permitted 'bubbles' to be formed between two households in certain circumstances, these were a valuable way of directly seeing and talking to the children and adults. The potential pool of network members was increased by realising that online contact could be valuable, revising the previous assumption that they needed to be in direct contact with a family.

The scale of adaptation and innovation was helped by strong managerial support, with senior managers keeping up strong communication links with all staff, making themselves more available for case consultation, and sharing the responsibility for difficult decisions. This was all the more important in that restrictions limited how much practitioners could directly check on the safety and well-being of a child. For practitioners to whom networks were new, there was often a degree of anxiety about using them instead of the familiar set of professional services. Casework support provided by 'practice leads' or 'champions' was highly valued in developing people's skill and confidence in using networks. The informal casework and emotional support provided by teams was also highly valued and strategies used to maintain it despite being unable to meet in person.

It was impressive that senior managers were not just trying to maintain standards but to implement planned improvements during this period.

Working with partner agencies functioned in varying ways since some were only having online contact with families. Teachers and health visitors were making visits and were frequently cited as being valuable partners who were working co-operatively with them to keep children safe. In the two local authorities which had not used networks much before the pandemic, there was some concern from other professionals about how well they could help in keeping children safe.

The findings overall show how networks were valuable in linking with families and children in a wide variety of ways and were seen as valuable to social workers who saw them both as helping the parents but also providing them with a better picture of family life as a result.

The performance data available was consistent with the hypothesis that using networks reduces child protection plans and removal of children, but longer-term data is needed and also the national and regional data so that comparison can be made with other places during this turbulent period.

One final point is that all who were interviewed showed commitment to maintaining a high standard of practice despite the pandemic restrictions but often this came at some cost to their own well-being.

1. Introduction

During the COVID-19 pandemic, the restrictions imposed to limit the spread of the virus aimed to reduce contact between people. As a result, families are more isolated, professional support services are reduced and children are less visible to others. Protecting children from maltreatment becomes more difficult while there is evidence that the increased stresses on parents and carers are leading to an increased incidence of harm to children. In this context, the naturally connected networks around children — such as extended family members, neighbours and other community members — are a potentially valuable resource for building safety by supporting parents and noticing if a child is being harmed.

This research aims to study how practitioners can use those networks to enhance the safety and well-being of children despite lockdown restrictions, with the main research question being:

How can practitioners use the network around a child — such as extended family members, neighbours and other community members — to assist in building safety when professional support becomes more restricted during a pandemic?

Working with the network is a standard part of the Signs of Safety practice approach, using their concern for the children as a major resource in keeping the children in their family and community. The aim is to create an effective everyday safety plan, even when there are problems and danger present, detailing who will do what to ensure the child is safe and well looked after because these are the people who are around the child on a daily basis and are most committed to them (see Appendix A for a more detailed account).

Children's Social Care departments in England who are using the Signs of Safety approach provide a means of studying how networks can be supported to help safeguard children during the pandemic. Despite restrictions, many of the network will still be in touch in some way with the families of concern and so able to provide some support. The issues that this study explores are:

1. The extent to which the focus on using network support is particularly beneficial in reducing harm during a pandemic where professional involvement is more limited

2. What organisational support is required to make this successful?

Since social restrictions are likely to continue to some degree for some months, the findings will be of use in increasing our understanding of how best to support networks. The findings will also have broader relevance because strengthening families' naturally connected networks fits well with the national policy emphasis on working in partnership and seeking to empower families, and methods and skills used in the pandemic may well have relevance in the longer term.

Using networks is not specific to Signs of Safety, so the findings will also be significant to other widely used practice approaches, such as Strengthening Families, Restorative Justice, and Family Group Conferences that also draw upon them.

Context

The COVID-19 pandemic has had a major impact on families and on the personal and work lives of the professionals with whom they are in contact. Governments' efforts to reduce the spread of the virus focus on reducing contact between people. Social distancing and self-isolation

measures, however, reduce the visibility of children and increase stress on families. The major stresses reported on families are: physical and mental health problems, economic stress due to reduced income, the challenges of home-schooling children, intensified marital relationships contributing to conflict and violence, and the intensified relationship between parents and children.

There is growing evidence that these stresses are leading to increased rates of maltreatment. Between April and September 2020 Ofsted received 285 serious incident notifications, a 27% increase on the same period in 2019. Of these notifications, 119 related to child deaths, an increase from 89 in 2019. Sidpra et al (2020) report a steep increase in children brought to Great Ormond St with abusive head injuries in the first 4 weeks of lockdown, rising from one case in 2018 and 2019 to 10 cases in 2020. Childline (NSPCC 2020) reports a sharp rise in calls from children, with concerns arising from the pandemic. The main problems are: mental health problems especially depression, anxiety and panic; reduced psychological support for those previously receiving help; family relationships, e.g. being together all the time causes tensions, witnessing arguments, being unable to see relatives who usually provide emotional support; completing schoolwork at home, and online bullying.

The impact on children's social care services, generally, has been an increasing volatility in levels of need, demand and complexity, experienced through:

- A sharp reduction in initial contacts and referrals to social care;

- An escalation of harm and risk of harm and an increase in the rate of children in care;

- Significant concerns regarding a subsequent increase in initial contacts and referrals, when schools returned, and professionals had contact with children and young people which had previously been limited.

Outline

During the pandemic social workers have had to alter their ways of supporting families and protecting children, with direct contact being reduced or modified as all concerned try to prevent spreading the virus. The radical change to the context of the work brought about by COVID-19 has prompted creative thinking and new ways of working. This report describes some of these new ways of working, particularly those connected to the use of networks to better enable children's services practitioners and organisations to identify the creative efforts made and to identify those most worth continuing after the pandemic.

This study has collected data on the complex interactions between families and Children's Social Care Departments. Presenting this data in a linear account, as is inevitable in a written report, loses some of the dynamic dimension of the practice and organisational relationships. We have compensated for this by highlighting the causal links between the layers of the organisational and family systems, reporting on how actions in one part of the system have been experienced by others.

Chapter Two describes the research methods and then Chapter Three looks at how practitioners have adapted and sought to continue keeping children safe, with particular focus on using the networks as part of creating safety. How social workers were able to safeguard children during the pandemic is strongly shaped by the support (or obstacles) they experienced within their organisations. This report therefore, considers what was happening in other layers of the organisation to help or hinder good practice in using networks, exploring the prac-

tical help provided to enable direct work to continue despite COVID-19 restrictions, support for continuing skills development, for reasoning about complex family problems, and for handling the emotional dimensions of the work and the pandemic. Safeguarding children is a multi-agency concern so we also report on how the contributions of partner agencies were altered by the pandemic.

Managing uncertainty is a core dimension of child protection work. The Signs of Safety approach asks practitioners to engage naturally connected networks in building safety which challenges the more usual approach of prioritising professional involvement. This inevitably raises the question for practitioners of how much can they trust the network. Chapter Six explores the anxiety involved in using networks to provide safety. The penultimate chapter analyses the performance data of relevance. The final chapter summarises and discusses the findings.

2. Research methods

The main research question focuses on the practitioners' work with families and their networks. The Signs of Safety practice theory of change (Theory of Change) (Turnell and Murphy 2017) sets out how their actions can improve children's safety and well-being and the role that networks can play. Practitioners' ability to implement this Theory of Change is affected by support factors in the organisation that allow and assist this way of working. Implementation is also affected by the context in which the work is done. The Signs of Safety organisational Theory of Change sets out the support factors that facilitate the implementation of the practice. To date, however, the context has been taken as a given. The pandemic, however, has created a new context where practitioners and agencies have had to question the taken for granted structure and culture for delivering services. Lockdown restrictions have radically altered the context: most offices have been closed, contact between staff has been limited and predominantly online not face-to-face. Provision of services has also changed dramatically. For social workers, home visits have continued when deemed necessary, but workers wear masks and socially distance, often not going beyond the doorstep. Most family meetings and meetings with members of the networks or partner agencies take place online only. Other services, such as education, health, parenting support and treatment, have had limited contact with the children so their visibility is markedly reduced. In these circumstances, radical adaptation is needed to function in the new context.

This study therefore asks:

1. What is the organisation doing to promote the effective use of networks both before and during COVID-19?

2. How helpful have these strategies been found to be by staff?

3. How widespread has the use of network has become and what can we learn from performance data about their impact?

We studied four local authorities all of whom were using Signs of Safety as their practice approach but who were at very different stages in implementing it at the beginning of the pandemic. It seems, anecdotally, that starting to use networks generally tends to occur at a later stage in implementing Signs of Safety. We have anonymised the local authorities, referring to them as A, B, C and D. In one authority D, network involvement was very widely embedded with the use of networks being standard practice. In another B, networks were used very extensively in child in need and child protection teams but in children with disabilities and children looked after teams were still relatively new and infrequent. The other two authorities, A and C, had partially implemented Signs of Safety but at the start of the pandemic little use was being

made of networks. However, in both a decision was made to drive this aspect of implementation through more training and practice support as a strategy for dealing with the reduction in professional services in the pandemic. We were told that in one authority this increased focus on using networks occurred in September 2020 and in the other authority in December 2020.

To address the research question, this study adopts a realist approach to examining the functioning of the organisation and the practice with families. Pawson's (2006) classification of Context, Mechanism and Outcome (CMO) provides a framework for capturing the mechanism of causal pathways. The context, in this study, has changed dramatically due to the pandemic so the research explores the impact of that change. How was the organisation facilitating the use of networks before COVID-19, how were those mechanism altered by pandemic restrictions, and in what ways were they modified so that they still provided support? In studying mechanisms, we use Dalkin et al's (2015) amplification of Pawson's account which distinguishes the resource (what was done) from the reasoning (how people reasoned about what was done. So, for example, senior managers may have recognised that the pandemic restrictions were preventing their usual methods of showing support and encouragement to staff and so instigated new methods of communication. But how did the workforce respond to those changes? Did they find them supportive? Between them, the actions of the seniors (the resource) and the reactions of the workforce (the reasoning) illustrate a causal pathway. So, for example, we ask practitioners 'what do managers do that make you feel supported?' not just the outcome: 'do you feel supported?' In reporting the findings, we are drawing on the respondents' perceptions of what has influenced them to identify causal pathways.

Scrutiny of the main research question led to generating a set of supplementary questions. The first five relate to what has been happening with the Children's Social Care departments both before and since the pandemic began, seeking to understand how much use was made of networks before and since lockdown and what was seen to help or hinder their use. The final three questions relate to the experience of family and network members.

1. How have local authorities identified and used networks prior to the pandemic?

2. What have been the barriers to sustaining networks during the pandemic?

3. What have social workers done to enhance and support network involvement and what did they do that worked less well?

4. How has technology been used to support the network and their involvement?

5. To what extent do leaders, managers and practitioners believe that involving networks has assisted in managing risks and building safety/well-being within available resources and practice limitations during the pandemic?

6. What has been the experience of members of networks during the pandemic?

7. What has worked for members of networks, and how?

8. What has worked less well for members of networks, and why?

The main method of data collection has been semi-structured focus groups and interviews with representatives of each level in the organisation because of our interest in what people thought, felt and did in relation to using networks. The themes in the semi-structured focus groups and interviews were drawn from the organisational and practice Theories of Change. Transcriptions were made of the conversations and qualitatively analysed using NVivo. Analysis was both top down — from the Theories of Change — and bottom up, generated from the data.

Performance data was also scrutinised, and comparison made with national data and statistically equivalent authorities in order to assess correlation between strong use of networks generally and during COVID-19. The set of key risk indicators were:

- Contacts

- Referrals

- Children in Need rate (CiN)

- Child Protection plan rate (CP)

- Children looked after rate (CLA)

To ascertain the views of families and network members, a survey was constructed but we obtained too small a response to be useful. It was problematic that we had to rely on busy social workers to act as gatekeepers and provide us with information on which families had a network.

Ethics

Ethical approval was obtained from the London School of Economics Research Ethics Committee.

3. Direct work with families and networks

In the introduction, we listed some of the stresses that have been impacting families nationally: physical and mental health problems, economic stress due to reduced income, the challenges of home-schooling children, intensified marital relationships contributing to conflict and violence, and the intensified relationship between parents and children. All of these factors applied to the families known to the four local authorities in this study with some respondents saying they had seen an increase in domestic violence, substance misuse and mental distress.

We've seen an increase in poor parental mental health at the front door and over the past few months social workers have been asking questions of parents, 'What's the impact of COVID?', you know, not necessarily 'Have you got COVID?', 'Have you got any symptoms?', but 'What's been the impact of COVID in your house?' And you can see for some families it's just a pressure cooker of stress and quite intense, so we've definitely seen an increase in the impact on parental mental health. Definitely seen an impact on increasing domestic abuse. Definitely seen an increase in some young people's mental health as well...at one stage over a matter of weeks we had quite a few young people who had self-harmed or self-harmed by taking overdoses and children missing.

I've got a couple of cases where they've come in over the COVID period where there's been no issues beforehand, but because of the additional pressures of having four kids in the house and being under each other's feet constantly, both being made redundant, that sort of thing has caused additional issues.

For those families who, with their social worker, had created a support network there was the additional stress because the network could not continue to operate in the same way while social contact was so limited.

There's been the isolation for families as well, where they've had this really high level of face-to-face support from their family network and then all of a sudden that's not available and that's really impacted their mental health.

We've seen decline where somebody's not had that sort of everyday pop in support that they've had previously with family members.

How social workers adapted to the situation

When the first lockdown started on March 23rd 2020, life for everyone changed dramatically. For staff in Children's Social Care, a service that involved high contact with children and families, radical changes needed to be made swiftly. Later sections will report on the organisational changes and processes that supported the front line workers but here the focus is on how they sought to engage with families, provide help and monitor the safety and well-being of children and young people.

Home visits continued to be made, where necessary, so that children could be seen in-person and checks could be made on the home situation. Initially, people were unsure of what was permitted and a lack of personal protective equipment (PPE) was problematic. This was in short supply in all the authorities at the start of the pandemic, but this was soon rectified and social workers had face masks, gloves and aprons to reduce the risk of their taking infection into the home, providing reassurance to families. Each authority soon formulated a risk assessment to help decide whether a visit was necessary, weighing the value of the visit against the dangers for all concerned and specifying the precautions that needed to be taken if a visit went ahead. An example of such a risk assessment is in Appendix B.

These visits however could frequently not proceed as usual and, since regulations included a ban on entering other people's homes except in specific circumstances, attention had to be paid to reassuring families about what was safe and legal.

When we initially went into lockdown in March, we had to do a lot of education work and provide reassurance to lots of families and talk about our role and responsibility. And they've been quite understanding of the fact that we've still got to be in the house, you know, the children are on a protection plan, there's a reason regarding that. We've had to work with families around educating them because sometimes they've had older relatives that they're worried about or they're having contact with them.

Families might object to the social worker entering the house because of the risk of infection.

There's some social workers who've had some families saying, 'I know that you've got high caseloads of 20–30 children and you're going in each one of them houses', so it was a lot of education work with families and providing that reassurance that we were working as safe as possible. But our job can't stop and it shouldn't, and it's just being really creative.

One authority introduced lateral flow tests to reassure families but sometimes the families' objection to a visit was deemed an evasive technique:

'Oh, you can't come in, I've got COVID symptoms', and we're like 'Let's not play this game. You were out doing your shopping 10 minutes ago, you haven't developed symptoms in 10 minutes'. So, we're seeing COVID being used as an excuse to try and prevent access quite a bit.

But it does make it difficult if they're avoidant, because we can't go see them in school, and if they're saying they're unwell with COVID symptoms, this is not safeguarding, but it's at a level that that would worry you so where you can't go in, that's when it gets difficult.

Visits could become difficult once children returned to school and were placed in 'bubbles' to limit the spread of infection:

They [the children] have been sent home I don't know how many times because their bubble's been in contact, and that's quite stressful for the families. It's quite stressful as well because we're not supposed to visit within that period of time if they've been in contact with COVID. So then we've had to be quite creative, you know, doing video calls and door stop visits and things like that, and also possibly being in contact with family members more to check in to make sure everything's going alright, so I'll often ring Aunt, Uncle, Grandma, Grandad just to see how things are going from their perspective, especially in those situations.

Most contact with families and networks has taken place online. This required providing technical support such as laptops and phones when needed. Social workers also had to help some learn to use Teams, Zoom, and WhatsApp.

The positives of doing it on Teams, once you know…we've paid for internet connections and explained to families how to download Teams. I think that there has been some technical issues, but once it's all sorted with the family members and who's in the family network meeting, it's positive 'cause there's no travel, there's no issue with childcare and lots of the family members can join.

I've had a bit of a mix with some of my families. I think it's worked quite well and actually my experience is some families who weren't necessarily engaging very well with you before then started to engage well with me by WhatsApp and over video and it sort of built my relationship. Whereas with other families, and I still think of one in particular and she was an older lady, didn't really have access to the internet, didn't know how to use that, so I had to go and show her, but that was a bit of a hindrance because she hadn't heard of Teams.

WhatsApp has been an absolute godsend for families, because families can use WhatsApp so easily and you can do a call on WhatsApp and invite the network to that. So, what we found is Teams works, but families at times struggle sometimes with Teams, but WhatsApp is brilliant.

Some reported that online contact worked best with families where there was already a relationship:

For my team, the first lockdown we weren't allowed to do any visits and so it went 100% online for the first lockdown, and that seemed to work better if the relationship was already established with the family. It was harder when it was new families.

How they adapted to maintaining contact with children was influenced by the age of the child. In general, in-person contact was preferred with a younger child, even if it could only take place in restricted circumstances such as talking through a window. Most older children were found not only to be able to cope with online communication but also seemed to prefer it to face-to-face contact. Getting to know a child initially, whatever their age, was seen as difficult to do well online.

Being able to talk with a child without being overheard was problematic. If the conversation was online, then you could not be certain that no-one was listening in. If it was taking place in-person, then physical restrictions could make it difficult. A theme in comments on this was the need to be creative.

I think in terms of the children and how important their safety networks are, and having those open discussions with children, we're also struggling because you won't ask children at home trying to find a safe space where we're able to keep those two metres and able to work within the guidelines, and asking a child feels really impersonal and it feels really, you know, 'ticky-boxy' for the children. That brings its own challenges — some schools aren't allowing you to visit or you can't get that direct work done there. But you have to be really creative about it so I've used paper and pens, just back to old school — can you draw a picture of your family, who's important to you and all of that. It's about really just thinking outside of the box, we're all working in times at the moment where everybody's struggling with everything and I think it's just about pulling as much of your old school thinking into it getting back down to basics, how do you do it? But I think for the children they're really confused at the moment, during a pandemic without even all of this need for safety network and children services involvement, it's a really anxious time for a lot of our children.

In terms of direct work with children and getting their views, sometimes it has been more difficult when you're doing doorstep visits. Obviously, you can't go into a huge amount of detail about what's going on for the family on their doorstep.

When we first went into the pandemic last year, one thing that helped with getting the children's voice when you couldn't go to the house was I would sometimes send out direct work and bits and bobs for them to complete and then have a chat with them on a video call on WhatsApp and talk about what they've done. But I do agree that you can't always get the voice of the child properly 'cause you don't know what's going on in the house, what's going on around them but that has been a creative way of working that I know quite few practitioners have done.

It was really difficult in the first lockdown last year from March onwards to be able to get the views of children. Certainly, children on child protection plans we really like to, or should be trying to, see them on their own, but that was really not possible at that time. But I know that quite a few people in our team would send out some different work or resources or games or fun things to do really to try and just be as creative as possible. Now we are back to face-to-face visits, taking perhaps older children, teenage children, out for a walk is something that I've done to get them away from home, to try and get their voice and know what home life looks like for them.

Initially in the first lockdown, sometimes I was going out and doing my visits, doing direct work stood at the window and trying to be creative that way or, weather permitting, were doing it outside in the garden and being a bit more creative, going on walks. And sometimes I've done it where we have done it by a video call and done that direct work.

I've had a couple of cases where I've done direct work with the children over Teams and that's worked quite well, and so I'll share like a Word document and I'll give them control over that. So we'll do like My Three Houses or Safety House over Teams and do it that way, which has worked really well on some occasions.

PPE could create problems:

It's not ideal for babies because they know our face and how we react and things like that and, sometimes when I've been to see a baby on my caseload, they're a little bit more wary than they normally would be. I think older children are absolutely fine. I've had a child with additional needs on my caseload, who would panic if I wore a mask, so I've had to be quite creative with that where I've sat a huge safe distance from him and not worn a mask because that would have really panicked him.

Keeping the required two metre distance could also be difficult with young children:

I have had children who have just run up to me and hugged me and I haven't been able to do anything about that. You can't say to a child get off. What I have done afterwards is just had a conversation about keeping each other safe and I thank them for the cuddle, but just said we have to keep a special distance just to make sure we're all safe.

The increased use of technology increased the options for keeping in touch with children and was cited by many as something they want to keep after the pandemic.

I give them my mobile number if they're teenagers and they've got their own phones. I'll say if you ever need me give me a ring, give me a text if you can't get hold of us leave a message, I'll get back to you. If they want to be in the WhatsApp group, they can be in there, if they want to ring me on mam's phone, if they want to ring me at school — I always leave it up to them. Especially in terms of visits as well, so if you don't want us to visit at school that's absolutely fine, I'll just visit you at home. I do try and give them quite a lot of control over how we communicate. Obviously, I say you know I've got to visit you every two weeks I've got to see you at home every two weeks and there's no getting out of that. But the other bits and pieces, it's up to you how you want to be involved.

I think when we look at some teenagers, they quite enjoyed doing the FaceTiming because that's what they were used to. So, for them to speak more openly they quite like some of the FaceTime rather than you stood there asking them lots of questions. Social media helped with that, in the WhatsApp groups especially, so I think that we've come on quite a long way in the past year, really.

Monitoring the safety of the child was done partly through visits and online contact but networks were also used in a variety of ways both to support the family and monitor the safety of the children.

Case Example

This case involved a Mum and Dad with historic drug and alcohol problems who had one child on a child protection plan and were expecting another baby. A family network had been established and a safety plan developed just before the first lockdown happened in March 2020.

It was really good, the plan that we developed, and then we went into lockdown and we were a bit shocked by the rules and how we were going to ensure safety for this baby.

The baby was born shortly after lockdown and was placed in foster care with a naturally connected person. The family network members continued to meet on video calls to develop the plan in the context of the new COVID restrictions. They had mapping sessions to share ideas about how they could support the family, as well as ideas about how they could make sure Mum could evidence that she could safeguard the baby when it returned home. As well as regular unannounced video calls to Mum from the social worker and other network members, one innovative idea was that the foster carer would video call Mum whenever the baby woke up in the night.

That worked really, really well because she answered the calls and that showed us that if the baby woke up in the night she could respond to that child.

The network continued to have weekly meetings and stayed connected in a WhatsApp group where the plan and notes from the weekly meetings were shared within the group so that everyone remained involved. After 8 weeks the baby was returned home, and the safety plan was reassessed.

We looked at what further things we needed to put in place and what things we didn't need to do anymore because we're making progress. And that plan changed continuously and the more that the parents stuck to the plan, the less we were worried and the less the network were worried.

So that was a really, really good example of getting that child home — we really pretended the child was home before the child was home to make sure Mum evidenced she could care for the child.

The final comment from the social worker echoes the views of many of this study's respondents when asked about the impact of having to work differently because of COVID restrictions:

I think before the pandemic, when I found out about it, I was really, really worried about how on earth we were going to evidence safety for this child. However, I think the pandemic also helped us in a way because we all had to be creative. We had to make sure we were in contact more. Video calls, that's not something that I would have done before the pandemic, however now even with other cases I'll video call and that's really good for building relationships as well, because, you know, you can go out and visit within your timescales but in between when you're video calling and having conversations with people you're building really good relationships.

Pandemic restrictions often meant they could not enter the house, but network members were able to have consistent, regular virtual contact (video calls, WhatsApp groups set up by the social worker, texts and phone calls) with families — these frequently happened every day, and often, several times a day. Also, under the government guidelines, many families were able to form a 'bubble' with another household where they could enter each other's homes and behave like one household.

> *Obviously, it's not ideal doing virtual visits, you want to be in the house and it's the things that you can see around the house on a virtual visit, but you can't see the body language. You can't feel the atmosphere and things like that. You can't feel those things as you do when you're in a visit. So, it's been difficult to do those analysing parts of your visit, you know, when you think what have I seen, what have I felt? But using those support bubbles has been a huge help in terms of getting the network involved, getting them in to see the children, what are they seeing and what are they feeling? Making use of that.*

The family 'bubbles' allowed members of the network to have that face-to-face contact to offer practical help and emotional support to families. In some cases, they were also able to move in with the family, or the family or children were able to move in with them or stay for short periods.

> *There was a period where we weren't allowed to visit so what I did was we used their bubble so that their bubble was checking in on the child, video calls and making sure the child was alright. They would put in information in the WhatsApp group so we knew when people were seeing them, and I would video call during that time and the parents would show me around the house and I would do unannounced and announced video calls and one of our worries would be if they didn't answer then we would then get someone out to check in.*

> [I have been] *in contact with family members more to check in to make sure everything's going alright, so I'll often ring Aunt, Uncle, Grandma, Grandad just to see how things are going from their perspective.*

> [In a neglect case] *I had a maternal grandma move into the family home to help with the practical care of the children, with the day-to-day living.*

> *I've had one family where they've got two severely autistic children and when they had to self-isolate, the uncle also had to self-isolate, and he actually took one of the children to live with him for those three weeks 'cos it would have just been unmanageable for them otherwise.*

> *We had a case in where Mum's had a previous baby removed from her care and Dad was an adopted child himself and quite significant worries around his violence. And actually, the network that we've been able to pull together — they went to live with paternal Mum for a period of time. They've got a group WhatsApp between them and they send the safety plan and the videos to the social worker to evidence what's been going on. So that's actually worked in the sense of we've been able to a) keep that baby with a naturally connected network and b) safe and thriving.*

> *When you've got, say, a grandmother who's going out every day to check up on children and just check in and see how they are, other agencies are seeing the impact of that and seeing that it can work.*

The number of people allowed to form a 'bubble' was limited and so other network members offered regular support through virtual means.

We've got members of the network who are doing video calls at different times of day to the family, but we've got that on top of professional visits as well.

Some of it is about that emotional support from the network, that telephone contact, being able to go out for a walk, some of it's about that the network keeps up with WhatsApp video calls.

The network have been able to speak to the child directly over the phone, or FaceTime or things like that and just check in to see that things are alright.

You've got network members who are shielding, they've got really difficult health issues themselves, they're worried about leaving the house. But they could just ring, maybe out of hours, and check in, see how things are going and report back, that sort of thing. It's just making the best of a bad situation, trying to put as much safety as we possibly can, even though it's not ideal.

We've had a few families set their own family WhatsApp groups and they'll all post on that, 'How are you doing today, do you need anything?' and it's kept the momentum of support going.

I think sometimes it's been worrying for families that they don't see the wider family circle as often, so they are checking in anyway — using text messages, FaceTime, that sort of thing.

The regular virtual and physical support that network members provided meant that safety plans could stay on track while social work face-to-face visits were limited. In all cases, members continued to update the rest of the network and the social worker as to how things were going.

So, what I would normally say to the network is to always mention if you've seen the children and check in with them personally as well. So yes, the network members and the children all report back 'I've seen Grandma and we had a chat and we played games online or whatever together'. So that's what I'm thinking of adding to that safety — Grandma saying she called, Mum allowed that call, kids are saying that call happened, and so it's adding to that safety. Just feels like it's a lot of additional little pieces of work that are kind of pulling together, if that makes sense.

I would say actually since the pandemic family members have been checking in a lot more with me. I've had where family members, when they necessarily haven't been able to go out to the family, but they still FaceTime the children or they've rang them and then they've got in touch with me and given me a regular update of how the children are doing or how parents are doing.

One of the local authorities set up a new team with specific focus on working with family networks and the team manager reported:

I'll just focus a little bit on the restoring family relationships team. So, it is a fairly new team, it's been running now just under three months and the team are quite new to family working and finding networks. But I think one of the beauties of the team because they haven't had…we've only got two people that are established early help workers — the rest of the five of the team are new to the service that was there haven't been exposed to Signs of Safety or Family Finding previously. I think what's been really refreshing to see is that new staff are very much more open to looking at networks, particularly things like what I've seen in practice where we sometimes have trouble with things like remembering that children have fathers, remembering children have a paternal side of the family. Really looking, exploring those networks from the maternal and paternal side of the family strengthens networks. Within this team, we've been running this just under three months, but since then none of our young people have accessed supported accommodation. They've either returned home to their family under some sort of repairing of relationships, or we've found another network for that young person to go and stay with. I know it's only a short term we've been running, but for three months I think we've been probably working with just over 20 young people and none of those accessed supported accommodation. We've had places where there's been SGO (Special Guardianship Order) breakdowns, we've had some breakdowns of child arrangement orders, and what we've been able to do is find another member of the family who's been able to take that young person on. So, we've been quite successful at this moment in time in terms of looking at networks and thinking more creatively around young people and avoiding going into supported accommodation.

Case example of network support during COVID restrictions

This case involved historical drug use and domestic abuse. There were worries that Mum was not engaging with the professional support services put in place to help reduce the risk of harm to the children. The first thing the social worker did with the network was a mapping session to look at the reasons Mum was not engaging with services, as well as the worries around drug use and domestic abuse:

We looked at what were the triggers…what would support her to work with services? We looked at the domestic abuse. What happened? What were the circumstances? What were the triggers there? As well as her drug use, we looked at what the triggers were with that.

Through the mapping, the network was able to identify certain triggers, for instance, when Mum drank alcohol, she was more likely to use drugs. Arguments with the Dad would escalate alcohol and drug use.

Historically Mum would go, you know, off radar for three days, that would be a significant worry; they knew that that would ring alarm bells. If Mum wasn't attending appointments, was a massive worry. If they had an argument and the Dad left, Mum would feel rejected, she would panic with that.

A safety plan was developed to address the worries and build safety for the children. The network was able to support the plan through a high level of virtual contact with Mum every day. Each network member had an allocated time to video call the Mum each morning and throughout the day. They would also video call at unannounced times during the day '…*just to check on Mum's presentation*'. If Mum didn't answer a call, the network member would let the rest of the network know though a WhatsApp group message. The person who lived closest to Mum would then go to her house and check in-person if everything was all right.

It was really good. We could rely on that network to provide safety, to provide us with information so that we could act on that.

There's a lot more reliance on that parent or primary caregiver to liaise with the other family as well. Let's say the child goes to the grandparents at weekends to take a bit of pressure off, we just have to rely on people to communicate with each other during the pandemic. While there's no knocking on the door or people coming into the office, we're relying on the networks a lot more.

A video of social workers discussing a case using a network is available at https://knowledge-bank.signsofsafety.net/it-can-be-done-using-networks-during-covid

The examples offered by social workers illustrated the varied ways in which, despite lockdown restrictions, networks kept in touch with families, helped them and helped the social worker to monitor the safety and well-being of the child.

4. Organisational support for front line work

Child protection social work is always a challenging area of work where support needs to be provided so that individual front line social workers are not alone in practice. Some level of practical help, supervision, team support, group discussion, learning opportunities and managerial oversight is in place helping with skills in engaging with children, families, and networks, reasoning tasks and the emotional impact of the work. In the pandemic, the need for support is heightened. At the personal level, everyone's life is radically disrupted and adaptations have to be made, with the illness and deaths caused by COVID-19 producing varying levels of anxiety, disability and grief. At the professional level, everyone has to create new ways of working whether they are involved in direct work or in managerial posts. In addition, in all of the four local authorities, the implementation of Signs of Safety was still seen as a work in progress with even the most advanced authority still seeing room for strengthening the skills. The goal therefore was not just trying to maintain past practice standards but to improve them.

The quality of the front line work described in the preceding sections was supported by many strands of work within the organisation. The findings are presented here in the linear sequence of practical support, teams, learning and development, and managers but it is the interaction of all these elements that is important in creating a sense for staff of being well supported. However, despite the availability of the support which is experienced and valued, there were numerous comments indicating how work in the pandemic is demanding on a personal level.

(a) Practical support

Local authorities proved to be very adaptive, making decisions and purchases considerably more quickly than usual and providing the practical means for home and online working to function both for staff and for families.

Electronic equipment was crucial. One person commented:

It took a pandemic to get some quite significant investment in the IT stuff.

Tablets were provided to all staff who had not already got them. In the one authority where social workers did not already have smartphones, they were quickly distributed.

Software to support homeworking was promptly made available, all opting to use Microsoft Teams.

The lockdown came in March and Microsoft Teams happened overnight, so it wasn't perfect, but it was there, it's continued to be updated...it has enabled the workers to continue to do their role and do it in a safe way.

Practical help to enable online working was provided not just to staff but to families, with authorities distributing, where needed, tablets and smartphones, and paying for internet connections.

We got about 400 laptops for vulnerable children and families that we got out to families. We used our pupil premium to make sure every child in our care had laptop and access to technology and then where we had families who were still struggling, rightly or wrongly, and this is going to be on tape, I gave permission for people to go and buy cheap smartphones with them.

Online working was hindered in two authorities by poor Wi-Fi and mobile signals in many areas.

At the beginning of the pandemic, personal protective equipment (PPE) was in short supply nationwide with health service provision being the priority so home visiting was banned or limited to very high concern cases. However, once it became available, the supply was regular and no shortages were reported. Staff were able to collect masks, gloves, sanitisers, and aprons for home visits. Staff are now getting vaccinated, adding to safety for themselves and the families they visit.

Help was provided in furnishing an office at home.

We've been able to go into the office, grab whatever equipment we need. They've offered desks, chairs, screens and things like that and then we've also been entitled to if we wanted to buy our own desk. So we've been given money to buy our own desk or buy blinds if we're sitting near a window, and extra heaters so they supported that really well.

(b) Team support

Comments showed how the team was a major support at a personal and professional level, the closure of offices for most staff disrupted the daily informal and formal contact that they valued, and several online strategies were developed for providing some version of its capacity to support individual well-being, help with the emotional impact of the work and with reasoning problems.

Working at home meant that people lost the clear structure to their day of going into and leaving the office.

I think what the hardest thing is you don't actually get to sort of finish work 'cos you're still at work. You're sitting here at home like, 'Oh, I'm still here — all I've done is closed the laptop'. I think that's a most bizarre feeling that unless I've gone out for a visit and I'm coming back then I feel like I've finished work, but most days I'm here finishing work and I'm like, 'Oh, it feels weird'. I'm not actually separating work from home life — home life is now work.

One team sought to create the working day's structure online:

We have a virtual Teams office that's accessible to all the team. What they do is they will say 'good morning' to each other or say their farewells like in an office environment if you come in you'd say hello to people, you'd say goodbye, so that those sort of things are happening.

Caring for each other's well-being was a common theme including being available to talk through practice worries.

It's just about catching up on Teams, having those 10-minute conversation about what you're cooking for today or what you've been up to at the weekend. Just those conversations like you would have in the office when you go to make a cup of tea and you catch up with someone in the kitchen, to catch up and just have that 5-minute downtime. I do miss my colleagues — there's some colleagues I haven't seen for a couple of months just because of how things have been. So yes, I think that's been the most difficult.

But also that opportunity to put on there, 'I'm stuck with something' or 'I need an idea or a resource', and people come in sharing their ideas about that across the team. Or there are times where people are saying 'I just had a really rubbish situation happen or a visit with somebody' and somebody within the team will call them and have a chat. I do think that within the realms of virtual office we've got something quite near to an office environment in the pre-COVID scenario.

We will often ring each other just in the day as a check in to make sure that person is OK, even if that's at the end of the day, in the middle of the day. And it's not always about cases, it's just that general check in to see how each other is doing and I found that quite helpful, because normally we'd be in and out of the office and you see a lot of people and we haven't had that. We also have a WhatsApp group for my team, there's just six of us so we'll always chat in there and check in on each other or if anyone needs support or advice we write in that group, that's been quite helpful.

We tried to be creative in terms of meeting up somewhere out in the open when we could so that we had a bit of that social support from each other that we were all missing.

Everybody's been in the same boat and starting to support each other and starting to make sure that everybody else's well-being is OK. Because you know, it's not great, it's not brilliant.

We all really struggled because we don't realise how much we talk to our colleagues in the office about some of the difficulties or bouncing ideas about, asking what services we could refer to, so sometimes I try and call people rather than email just to have that interaction. But they've been really good with having group supervisions and just catch ups as well, a phone call every day, which even if it's just an email and then a phone call to say 'Yes, we're online, and this is what we're up to', it's just knowing that those people are all there and all accessible. I've never felt like I can't contact anybody, so that's been really good, because it is hard.

I think everybody is missing the face-to-face. People are tired, and trying to keep people motivated when it's team meeting after team meeting. The chief exec was quite clear in January about making sure that people take an hour off in the middle of the day to get out and get some fresh air while it's light. If you look in her diary she's got it booked in as a model that that's what we need to do.

And it's that spontaneous, you know, just to be able to talk to a colleague when you've had a difficult call or come back from a visit and offload. They've missed it a lot.

In regards to support from supervisors, especially at the moment, I just feel like because they're just at the other end of the phone, whereas normally you would have a whole office to chat about things and go to people, I feel that all my questions are now directed straight at my supervisor. It has been helpful to have more contact and more access to them, really. I know if I have any questions at all I just call my supervisor and they'll always talk through things. And so I think COVID — 'cos it's more virtual and everyone's more accessible and everyone's available — I think it has helped in terms of that, especially if you do have a lot of questions and you want to get past them, so that has been positive.

We found that practice supervisors, so that's the first line managers, they're getting a lot more calls from staff, whereas normally they'd probably just check it out and offload to colleagues, supervisors are finding they're called a lot more and having to do a lot more of that work. And I think people that live on their own have really struggled with that isolation.

We've brought in a weekly team meeting. So instead of having longer meetings less often, we're having our long meetings once a week so that people have the chance to get round the table virtually and see everyone and catch up.

Some Duty teams operated from the office on a rota basis when regulations allowed but one authority kept the offices open for all teams throughout though the need to be COVID-safe meant that only a few at a time could be in and a rota system was devised. There was a high demand for a place.

(c) Learning opportunities

Despite the pressure of workloads, training continued to be given priority and the importance of on-going support in using Signs of Safety was acknowledged in all four authorities irrespective of their current level of implementation.

Obviously, there's training still available to staff, although it's moved virtually, but it is available for staff to book onto, and we've continued with our development in terms of people's progression in terms of further education. We've got people doing practice educator awards and we have got some staff started last week at University to do the safeguarding module, again virtually, but it's getting that learning. We don't know how long this is going to go on for and we didn't want to delay anyone's learning. People are really quite keen to do those, we haven't had to force anyone into it, everyone's saying, 'We want to learn, we want to progress', so we've supported that.

Training being available online was seen as both positive and negative, some pleased to save the travel time and appreciating the ability for the course to be taken by an unlimited number of people. Others missed the direct contact and discussion. People who went on courses were often then responsible for further dissemination.

We've got the practice advisors and they obviously share their knowledge and learning. We've got mandatory sessions that we attend on a monthly basis, practice lead sessions. So, people that attend there are practice supervisors — so equivalent of team managers in other authorities — our team managers, service managers and other authorities up from there, and anyone who's been on the five day Signs of Safety training is defined as a practice lead and then each team has a plan, a very structured approach to how they're going to then deliver and share the learning or those practice lead sessions within the team meetings. So we're really trying to continue to evolve that and maintain Signs of Safety as a focus of the ethos of our practice and make sure that new workers or newly-qualified workers or workers from other authorities that have not had the benefit or got the support in place to enable that model to be continued.

A respondent who had been on the Family Finding course, said:

I will be doing a session in one of our team meetings, just sharing some of that with the team and we've got that in for April just so I can go back and share some of those strategies to help the team members.

One authority who had recently stepped up their implementation of Signs of Safety had a Signs of Safety Consultant in from July 2020 for two months.

[We had a Signs of Safety Consultant] *in the MASH and the assessment team which really helped slow thinking down and also helped social workers ask the best questions of referrers and families, and I think really what we've done at the front door should hopefully start transferring through, or progressing through, to the other teams as well. I think if we start the practice there then it can also be picked up going forward.*

All the authorities had some posts providing additional learning and development with a variety of job titles such as practice lead, champion and practice advisors and all the comments on them were very positive; a judgment also reported in one authority's evaluation of the contribution of practice leads.

We can have sessions with the practice leads. We can book in sessions with them with the case that we're worried about and they're really, really good at slowing down your thinking and going over scenarios and helping you. So, I found them really, really useful.

We have a Family Finding champion and a restorative practice champion as well, so there's certain people trained in different things around family networking that we go to if you have any questions around it. So it helps knowing when people are in the team that are trained in different areas and then just giving them a call that would be helpful, especially if you do have a lot of questions and you want to get past them.

We've got the champions as well that you can go to, so if you've got them in your team and you might want to ask a family network meeting question or something else, you can direct it at them.

Group supervision was also a widely used strategy for casework support and learning.

We also have group supervision booked in. So, we have our own team group supervisions that we have with the manager and the rest of our own small team which is on Teams, and we all have an opportunity to share and discuss our cases. It's not just family networks that we get support with, it could be Words and Pictures, it can be a mixture of different things, it could just even be to get best questions to ask the family.

We have group supervisions as well. So once every few weeks we have a Signs of Safety team meeting, each time it's about a different topic so it could be Words and Pictures or network meetings.

You absolutely need somebody championing it [Signs of Safety implementation] *and driving it constantly, day in, day out. I think with that there, then you've got a chance of it landing.*

(d) Managers

Everyone, whatever their level in the organisation, had to adapt their work, often dissolving

some of their role boundaries to deal with the new normal. Team leaders, middle and senior managers, according to both themselves and other staff, recognised the need for additional support for teams having to work in such unusual circumstances. Mention has already been made of the practical support provided for home and online working. But there was also widespread recognition of the professional loneliness of home working:

Workers are really struggling and they're feeling isolated. It's bringing that stress and pressure into their once safe haven, and I think the pressures that are being felt by workers to be responding all the time — and it doesn't matter how many times you can say to people, 'If you were out on visits, you'd be going a whole day without responding to that email or that phone call, so why do you feel that pressure to put on yourself to respond to that straight away?' I think it doesn't matter how many times we're saying it and trying to reassure them, they're still feeling that pressure. They're still not taking regular breaks; in fact they're working for so much longer in front of a screen. I think across the board all teams are doing everything they can from a manager perspective to support. I think we probably all spend much more than half our day checking in with our staff. And I think there's a knock-on effect to your own work but you recognise that actually, your availability for that offload, for those case discussions, is much more important in supporting your staff. And I think everything that could be done is being done from this kind of virtual distance, but I still think there are workers really struggling with it.

The main strategies that managers adopted for supporting staff were to make themselves more easily available for consultation on casework or personal issues, to provide counselling support service and to provide positive feedback to staff, acknowledging the pressure under which they were working and praising their ability to still do good work.

Examples of making themselves more available included:

I think management, despite everything that's going on in the world, have been absolutely, incredibly supportive. I found my manager particularly to be absolutely great, I can go to her whenever I need to — ring her, email her, go on Teams, talk to her. I think that management have been doing really well in my experience — there's a pandemic going on yet they're still being cool headed and offering really good advice to help us in our practice. So, for me I've had nothing but really positive experience.

We also get to meet with the Assistant Director and senior management. We will meet with them and discuss any worries or anything that we feel we need answers to and that's really good, that's good to have that space and you do feel listened to, we do get a response to that. So yes, I think we are really supported.

I think the support from my senior manager has been absolutely phenomenal, it really has. She's just really supportive, she's very available, open and honest with me in terms of what's happening, and if I raise something with her I know I'll get a response quite quickly and timely.

Even pre-pandemic there was things that I had in place. So as a senior manager I would have, every other month, a kind of a drop in. I had one for the social work teams, one for early help, one for adoption then one across the other teams and anybody could come. It was a kind of a free session where they could ask any questions, talk about things that were worrying them, I always ask them to share things that were going well. And from that they would get a document of almost 'You said, we did' kind of approach to some of the issues they were raising. We've continued that throughout the pandemic albeit virtually. We didn't get it going straight away in that initial lockdown, but I would say probably since June we've been back up and running with those regular sessions and they're really well attended. I have to say it's probably my favourite part of the job, yes.

Managers made efforts to provide psychological support, acknowledging the pressures of the work environment.

We do get weekly updates from senior managers praising us for our work, mentioning good practice. A lot of other professionals are recognising good practice which would not have happened before COVID so that is really, really good.

We've been starting doing some self-care group supervision where we come together as a leadership team and look at things we found difficult and then share ideas around it. And that's led by clinical psychologists, and we're looking at sort of developing that further within a pilot area in terms of how we enhance our self-care package while working virtually during this scenario. Because a lot of our work, we still get burnout, compassion fatigue, vicarious trauma and it's really important that we're around trying to make sure that we're supporting in the right sort of way. So we're trying that out at the moment and if it is something that makes a difference I'm sure it would be something that we roll out to a wider children's service level. There's a lot of stuff in the discussions around permissions — giving yourself permission not to go back-to-back into meetings and actually it's OK to have a break, it's OK have a screen break, it's OK to go for a walk. A lot of it's around giving yourself permission to do certain things, we put ourselves under the expectation that we've got to answer every email or answer every call, or we book in back-to-back meetings to feel productive. So a lot of that was around in the conversations already about this idea about who gives you permission to do stuff. So it's been really useful.

Senior manager: *I do a weekly update to staff and a lot of that is about celebrating great practice and sharing great practice.*

I think we're in quite a good culture of checking out if we're not sure, you know, my phone never stops ringing and I'm happy with that and happy with people just checking things out. If they feel a little bit uncomfortable about something, there's often a reason for it so talking that through can be really helpful. I think overall most staff are quite confident in their decision-making but that's because of the systems that are in place around that to support that decision-making, like supervision, group supervision, management support, even other professional's support, the IRO service.

We've had from our director and from our Chief Exec quite a push around protecting time in the day to have emotional well-being. We are checking in, I think a lot more, it's fair to say in terms of knowing that people are isolated and not maybe having that offload with their colleagues.

Some brought in additional services for helping with the psychological impact of the pandemic and the changed working conditions.

At the very start of the first lockdown, they quickly put into place a telephone helpline for staff to be able to contact them for some emotional support if that was needed. And that's continued throughout the pandemic when staff members have had difficult cases to deal with or where they've had their own personal or family bereavement issues. So we have a principal therapist who generally picks up that work on a confidential basis.

5. Partner agencies

Safeguarding is a multi-professional and multi-agency responsibility and the pandemic restrictions altered the working patterns substantially for all but the police. Social workers reported a mix of predominantly helpful but also some unhelpful experiences in working with other professionals. The move to online working also changed the way the different agencies behaved. There were several comments highlighting that professionals were generally feeling more anxious because of families being under greater stress, children being less visible and services operating differently from usual.

Health

We work a lot with Health, and I think that throughout the pandemic it's been difficult because if you're looking at families in crisis, and if it's about behavioural issues say, we were quite frustrated at times that in Health their guidance seemed to be different than Children Services in terms of COVID and visiting, and things like that. So it was quite frustrating at times where they needed to be visiting families in crisis, but yet couldn't. They would have contact with us in the background and that would probably be the same as prior to the pandemic.

I think I've had more support — well maybe it's not that I've had more support, but maybe it's 'cos I've noticed how, especially with health visitors, how much they have been supportive especially during COVID, just helping with visits where we weren't able to go out. It's like we sort of took it in turns — I've gone on visits together with health visitors, when they've fed things back to me they gave me advice and we've always sort of worked together, especially since the lockdown… But I do find the health visitors…I've just got a new-found respect for their role and how much they've been supporting us during all of this. In all honesty, I don't think I could have done it without them.

Education

With the schools, they weren't really seeing the children so there wasn't that same involvement, but they were participating if we're having like care teams or child in need reviews. The professionals were attending those meetings and they were hearing what was happening as they weren't seeing the children — some were because they were dropping off food parcels and things like that, some children were still getting meals from school during that break and so some teachers were seeing their children. In terms of us communicating about our worries, it would just be on our meetings, such as the child in need reviews and the care teams and core groups and things like that.

Schools worked really hard. We got a really good school offer and schools were going above and beyond despite all the changing regulations about what they were doing. We tried to prioritise that from the off, so we did get quite a good response from schools. Some had to go to different schools 'cause we've got some tiny little schools here, but yes, I think we did get a good chunk of them into schools. That's part of our rag-rating on the children, we knew about whether they were going to school or not, and that was certainly the message we were trying to give to workers and families about getting young people in school.

With both schools and health visitors, there were some examples of people going beyond their usual role boundaries and doing what was needed for the children.

We've seen that schools in particular are going above and beyond to ensure children are visible and seen even when they've not got children in school and you know contacting us if they're really worried. We've been trying to coordinate a school attendance of our most vulnerable children, and if they're not in, the social workers are knowing about it and how we can support that in a very collaborative way.

I've got a lady I'm working with in a school who, obviously the kids weren't at school at one point, but I was isolating so I couldn't go out so she was doing my visits for us. So there's some professionals who have really gone above and beyond to make sure the kids are safe and be involved in making sure that happens.

Law

Lockdown has led to delays in processing court cases, and this is having a negative impact on children through delays in making permanent plans for them.

Commenting on the delays, one person said:

I didn't think that was necessarily in the children's best interest, but I could see why it was fair for parents to give them equal opportunity to have a hearing. I think you'd have got a fair hearing if you'd got Teams or Zoom. We've got children now who potentially have missed their opportunity. We had adopted placements lined up, and then you are months down the line and it's delayed the care plan and potentially changed the care plan. I think the judiciary are keen that not just justice is done but justice is seen to be done. If you think of the group that they belong to, perhaps to them, making decisions online was so alien that it just didn't feel morally OK. But they're doing it now aren't they?

One authority took practical steps to make it easier for courts to operate:

So, for example, as you know, there's an issue across the country with the delays within care proceedings because of the pandemic and various bits and bobs. So, we worked with the local judiciary and in each of our localities we've set up a family court hub, so that's a room that's got the right equipment in that anyone can access so they can go and be there and get access to hearing whether it's a parent and their solicitor or a professional or someone, just to enable that to work better and make sure that we're supporting everyone involved, but also trying to reduce the delays to everyone.

I think probably their anxieties are higher because of the current situation. Some schools are very different, but their expectation and the level of referrals we're getting, their expectations of a social worker remaining involved are higher than they were before. I can certainly think of a case where the school...this 10-year-old boy's got some quite challenging behaviour, and today we're full up to here but they want a social worker running out there right now after every incident. And we've gone, 'Well, hang on a minute we can't parent this child — let's look at the network. We know that there's a grandma. We know that there's an aunt. Let's look at what they're doing, let's look at the safety plan'. Actually, we don't need to stay involved. Because the family are the ones that are going to do this and we need to support them to have the tools to do it.

Therapeutic services

Several therapeutic services went entirely online so this affected the ways they provided help.

The drug and alcohol service, they're not offering a full service which has being quite hard on families we work with.

And it's difficult with the drug and alcohol service because they're not doing physical visits — only over the phone so they're not able to do any kind of urine screen and things, especially if you've got cases in court where you kind of rely on that for evidence for the child. And because they can't do any of that, they either don't come to the meetings and say, 'I've got nothing to share anyway', or they come to the meeting and say, 'I've got nothing to share because I can't do any work with them', which is really difficult and that could just be because that's the policies that the organisation's got in place. Which is obviously not their fault if they've got to follow them policies, but it has been difficult for our work.

There's delays in some services because of the COVID pandemic, I know in particular some of our families have raised around some concern about therapeutic services that haven't been working during COVID and it's delayed things for them in terms of addressing issues that they need to address. So, I think it has caused some delay in some parts of our care planning.

The move online had one unintended benefit: making it easier for more people to attend.

I think the use of video technology has really enhanced our capacity to engage in a different way. We've seen people attend meetings that previously wouldn't have attended because they wouldn't have been able to drive the two hours out of the clinic they were delivering and then spend the hour in the meeting...we even got three consultant paediatricians to a conference because it was online — we have never achieved that!

In summary, the picture provided of working with partner agencies during the pandemic offers a mixed picture with education and health, who normally have the most frequent contact with children, adapting in many ways to work collaboratively and maintain an oversight of the child.

6. Anxiety about using networks to provide safety

A major factor in using networks to provide safety for children and their parents is the extent to which social workers and partner agencies embrace the approach or become anxious at managing danger to children in this way. Using networks of naturally connected people who are selected by the family to help them think through their problems and find solutions that the network then helps them achieve is a radical change to a sector that has become used to creating child protection plans that set out a range of professional help that the family should access in order to improve the child's safety in the longer term.

Statutory regulations also act as a deterrent to using networks. The Care Planning, Placement and Case Review (2010) Regulations require that Connected Persons (members of the network) be temporarily approved as Foster Carers if they provide care of a child accommodated by a local authority (under s.20 or s.38 Children Act 1989). This hinders those 'naturally connected' to the child 'stepping up and stepping in' to help, support and care for a child which should be (although is not always) a reasonable expectation of a local authority. It hinders if not actively deters those valuable informal network arrangements of families by requiring assessment, checks, remuneration and training of a connected person as a 'Foster Carer' when for most, the last thing they wish to be considered as is a 'Foster Carer' and what they want to be is a friend, carer, 'granny', auntie, or good neighbour. Indeed, such informal arrangements are frequently used by families where there is no social work involvement. The 'intrusion' of the local authority and the conferring and treatment of Foster Care status is based on ensuring that children out of parental care and in the care of others is 'safe' — but the presumption underpinning the regulatory framework seems to be that members of the network are therefore 'not safe' and represents a disproportionate hindrance to the contribution of the network to safeguarding.

Signs of Safety and networks tend to be seen positively by social workers.

I think it appeals to a lot of people because it goes to the image of what they wanted to do with families, which was to work with them and to help strengthen them rather than to be primarily a policing agent.

But resistance to the idea was reported from several individual professionals in partner agencies with some indication that this was a problem that usually diminished through training in Signs of Safety and through experience. However, in the heightened anxiety caused by COVID-19 and the disruption to the usual ways of monitoring and protecting children, there were several comments from social workers on being challenged about the adequacy of safety plans involving networks. COVID-19 also led to the opposite reaction: of partner agencies accepting network involvement because they knew that alternative avenues of help were so limited.

Child safety is important to us all and it is a sector where professionals have experienced harsh criticism from the public for failing to protect a child. This has created some degree of defensiveness in decision making where the option that avoids the possibility of blame may be chosen despite reasons for considering another option would be better for the child. A clear example of a decision that can provoke defensiveness is when removal of a child is being considered. Removal of the child is unlikely to trigger blame and for many social workers creates less anxiety, in part because the situation now feels more controllable but leaving the child with their family feel more precarious because blame is likely if the child later experiences harm. But as one respondent said: *'When the risk leaves you, it then tends to go with the child about whether they get good care in alternative care'*. Introducing networks to such an anxious context can cause anxiety and represents a significant shift in culture.

The rationale for using networks in Signs of Safety is explained in detail in Appendix A but, here, relevant points are:

Though undeniably obvious, involving naturally connected people is a profound paradigm and culture shift for professional child protection agencies and is challenging in many ways. Child protection services have a propensity to focus on involving professionals with vulnerable families often and in part because this is perceived to be more manageable and achievable than the involvement of naturally occurring networks.

Within the Signs of Safety involving an informed naturally connected network around the children and their family of original is key to minimising professional involvement and to creating an effective everyday safety plan because these are the people who have critical insider knowledge about daily life for the children and family. Child psychiatrist Tilman Furniss succinctly stated that 'child abuse is a syndrome of secrecy'. It is essential therefore that for the naturally occurring network to be effective in adopting responsibility for the child's continuing care and safety they must be fully informed of the concerns that have brought children's services into the family's life. (Turnell, 2021)

The change to risk management implicit in this was described by one manager as:

It moved us from an idealised view of child protection in which you removed the risk or the child to this wonderful vacuum in which every individual with whom they had contact was benign. We're not talking about perfect safety — my children don't have perfect safety, they do a 10–mile commute to school in a car so they have everyday safety.

'Everyday safety' captures the reality for all children that there are dangers in the world that the most protective parent cannot shield them from and, indeed, by being highly protective the parent may restrict the child's life so much that they harm their development, diminishing their ability to learn to manage the hazards of life.

Networks however are a new concept for many and so many are anxious about using them, raising objections to safety plans.

I come across that [pushback] *quite a lot, especially professionals who don't know Signs of Safety who possibly look at us like we're crazy when we are trying to develop networks and safety plans. But yes, I think a lot of colleagues come across that as well, and it's nice to hear their shared experience so you know it's not just you.*

We're seeing a lot of professionals scaling quite low [on the safety of the child] *on the basis that it's a family-led plan. And we're like, 'That's the point. That's the purpose. We've got the family to come together, develop their own plan that they think is realistic, and we actually agree will keep the child safe. They've took complete ownership of it, they're more likely to follow it. Where's the concern?'…'Well, they're not doing the freedom program'…'Well, how does the freedom program keep this child safe? And it's that whole, 'It's family-led, that's really concerning. Where's the professional oversight?'…'You're a school. You have some oversight, you see this child five days a week potentially. Or have contact with them multiple times during the week during term times you're there.'*

But yes, I think some of the difficulties we've had were around not appreciating how the network will help manage risk. I think they feel that by allowing the network to take over some of that, that that somehow lessens safety around the child rather than increases it. I think we still do have some professionals that just haven't embraced it in the language that they use, in the approach that they use, and I think staff are getting more confident and are trying to challenge that in a way that is helpful.

We've seen that [pushback] *quite a lot especially around the time where you're looking at ending involvement or you're looking at stepping down from child protection to child in need, or child in need to early help, I think there is a lot of pushback. We've seen it quite a lot from some schools in particular around…I think there's just some professionals in particular have moved forward and have adapted really well to Signs of Safety, and other professionals have struggled to grasp the concept of it, and that's evident through a lot of the push back we're seeing…From my experience, it comes down to individual judgments and attitudes, I think, especially around things like PLO* [Public Law Outline]. *An example that pops straight in my mind is a school where there were some worries but the network stepped in and the safety plans were followed but the school was up in arms, 'But there's been an incident, we need to be thinking about getting legal advice going down the PLO route'. And our argument was, actually the network and the safety plan has worked — these children are being kept safe.*

I think there's a lot of examples we do see quite a lot [of pushback]. *We've got quite a lot of unborns at the minute where substance misuse is a big issue. We've just had a baby born where there were positive samples during pregnancy for cocaine. A lot of work was done with the family, they referred over quite early on and we had a lot of evidence of that work being successful. Mum had been really insightful into the worries, the coping mechanisms that she'd used in the past. We had a period of negative samples being provided but we had a network who were aware of the worries and who were all working together to try and work with the family to reduce the risks. We had a child already in parents' care, there would have been no worries around the care afforded that child, it was all coming down to the toxicology samples. And again, I think the pushback from Health was significant around 'Yes, but, this baby has been placed at risk because there's been drug misuse', so there's a lot of pushback with that one, but it was managed under child in need. There's babies being born where there are network members or professionals visiting every day, there are no worries and everyone is thinking about what our role is moving forward, because a lot of the work's already been done at this early stage.*

Heightened anxiety and COVID-19

The pandemic and associated restrictions make children less visible so professionals have increased anxiety about their safety.

It's very challenging for workers, particularly very child-focused workers who have worries about cases that they're managing, because to not physically see someone, and we've had lots of conversations and discussions about this in terms of what you see on the screen — you're not seeing the messy living room behind or the things that you would normally pick up on or observe if you did that face-to-face visit.

I will be open about, you know, this period for me in the role I'm in has been the most anxious in my career. I'm scared about what are we missing and what are we not seeing? That's not about the ability or the capability of practitioners — that work feels safer to me — it's what isn't in the system.

Some who had been hesitant about relying on networks became more positive about them because so little else was available.

I think some agencies have probably become more agreeable to it since the pandemic because they're starting to realise that sometimes that's the only support network that people have. And when you've got, say, a grandmother who's going out every day to check up on children and just check in and see how they are, other agencies are seeing the impact of that and seeing that it can work. So I think in my experience people are more positive about them than previously. I think there was some still some reluctance about relying on that solely and not having our involvement for longer periods of time.

We've had a number of struggles. More often with partners, so some of our safety planning involving networks I would say that there was...Strategically, I started having conversations with strategic leads from CAMHS, strategic leads from the police, strategic leads from health, and at that senior level with a number of meetings that I had, they were in agreement. Particularly CAMHS, 'cause CAMHS are just under meltdown, there's no way that they could bring as many children in, they haven't got the beds to bring as many children in to kind of resolve the problems. So, they were really accepting at that most senior level that we need to be working more with families and networks and building that resilience and building that sustainability.

Although the comments on pushback are presented in a negative light by respondents in the research, critics also have a positive function in challenging the soundness of a safety plan, leading the social worker, family and network to make their reasoning clearer and to review it. Networks are not always effective or workable and some degree of caution and questioning is valuable.

Moving toward a learning rather than a blame culture

In order to reduce defensive practice, an organisation has to shift from a culture of being quick to blame to one that judges the management of cases that lead to an adverse outcome by examining the reasoning behind the decisions, not with the benefit of hindsight that makes whatever happened look as if it was obviously what was going to occur. There was evidence that the four authorities were seeking to create a more just and learning culture where workers could keep the focus on the child and not on covering their backs.

Previous senior managers were much more punitive, we are much more learning-focused really. We recognise that people make mistakes, but we learn from those mistakes and we have started having more learning reviews. I was having a conversation with my manager the other day, who's the assistant director, because we had a child death. It was believed to be a cot death but straight away there's this 'oh, we need an audit'. But it's not really helpful to staff when they know that straightaway senior managers are saying we need an audit. We need to rephrase that to 'we need to understand' because what they really want is a sort of overview to give them a summary of the case, what the issues were and what was happening on the case. So we are trying to move away from that appreciation that if something awful happens on a case, the first thing we senior managers do is 'we need an audit, let's look for where things have gone wrong and then deal with it'. Where actually, yes, we have to do more learning. We had a fabricated illness case that didn't go quite as we would have liked, and the chair flagged up and said 'You know what? There's a lot we can learn from this'. So we had an independent chair, the professionals involved and we did a piece of work about what could we have done differently and what can we learn from this and then use that.

The greater availability of senior managers during the lockdown has been seen in their increased offer of help with difficult practice decisions which thus shares the responsibility. Having managerial backing for the use of networks and safety plans that looked so different from those everyone was used to was mentioned frequently as important.

There has been a cultural shift. A significant one to me, and if your senior managers don't endorse that message, it would be very hard for people at the frontline to work with it.

I do feel supported by my manager and I think if something did happen you can guarantee she would be able to reel conversations off because we do talk about our cases in depth, so I'd be quite confident she would — unless I've done something I shouldn't of — she would support me.

I know my manager, my practice supervisor, and team manager are very good at unpicking that decision making. So if you are feeling underconfident about that decision or you do think there's a level of risk, they're very good at unpicking that and helping you feel confident of why we're making that decision at that time and how you're going to make sure that's recorded and backed up. But I do appreciate that it's not the same for everyone across the county and it is very dependent.

I also feel that I'm given the autonomy to make those decisions and nobody is going to come back to me and say 'What the heck have you decided that for? That's a load of rubbish'. They're just going to be, 'Tell me a little bit more about this. Tell me about your thinking on this. Why do you think it needs to be like this?' And then they'll respect my decisions, even if something else is decided in the end, that's still going to be put on as my professional judgment. So I feel really well covered and secure in decision making.

In summary, involving networks is a paradigm shift in children's social care and it creates anxiety as a novel way of keeping children safe. For the shift to occur, leaders need to show that they understand it and support the practice while encouraging a spirit of inquiry over the decisions by having mechanisms for sharing and reviewing decisions and plans.

7. Performance data

We are able to report on the performance data for the four local authorities for the period of the study — March 2020 – March 2021. Data gathering and analysis considered a core set of indicators (Contacts, Referrals, Child in Need, Child Protection, and Children Looked After — number and rate) over the period March to November 2020. This was compared with equivalent numbers and rates for the same period the previous year. Statements regarding percentage change relate to an average of CiN/CP/CLA rates during the two periods and their comparison.

It is recognised this is a limited data set and any conclusions, as they relate to the effectiveness and impact of network involvement, will be tentative, as each authority and local area will have a range of other factors that determine demand and the extent of statutory involvement. It would be useful to compare these authorities with national and regional data, but this has not yet been published. We can identify correlations between the authorities with an established record of using networks having lower rates of children on child protection plans but more study is needed to determine whether one can claim a causal connection.

Contacts

All authorities received fewer contacts with concerns about child safeguarding when compared to the same period the previous year. This is to be expected, given the nature of the lockdown and fewer professionals having 'eyes on' children and young people, and resonates with the premise of the research. The largest reduction in contacts was 12%, evidenced by Authority A.

Referrals

All but one authority (B) have also seen a reduction in referrals compared to the same period the previous year. This is slightly surprising, as you might expect that those contacts that have been made would potentially have been the 'higher end' concerns, which would result in a referral for social work assessment.

Child in Need rate per 10K

Two out of four authorities have increased their CiN rate (D and B), whilst two out of four have decreased their CiN rate. One of the authorities with an increased CiN rate is also the authority with an increase in referrals (B), which would be expected as a correlation. One of the authorities with a decreased CiN rate is also the authority with a reduction in contacts and referrals, which again would be expected as correlation.
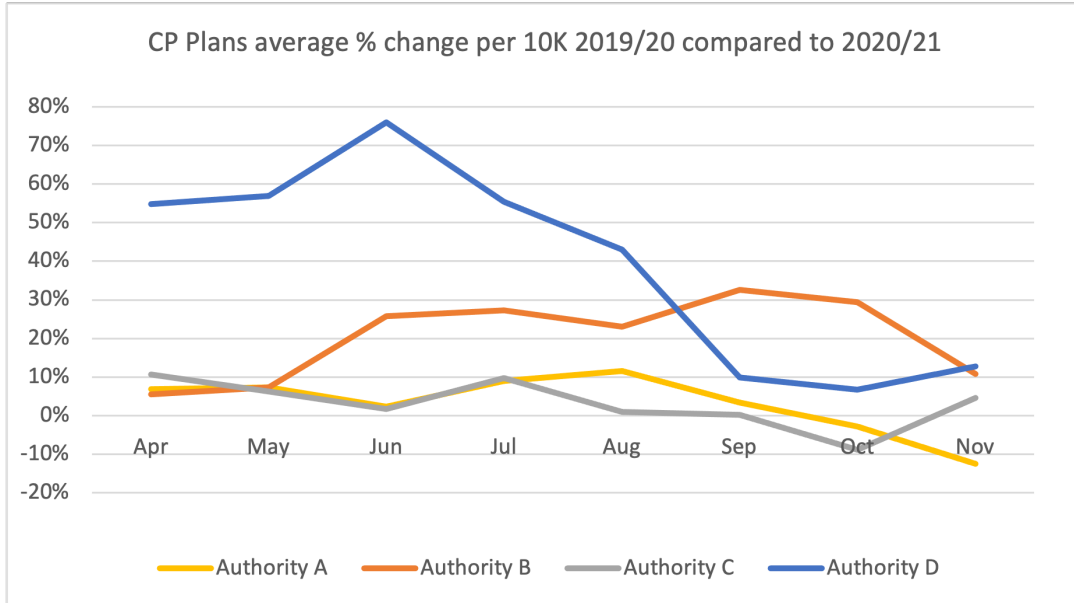
Child Protection Plans rate per 10K

All authorities involved in the research have evidenced an increase in rate per 10,0000 of children subject to Child Protection Plans during the pandemic in comparison to the same period in 2019/20.
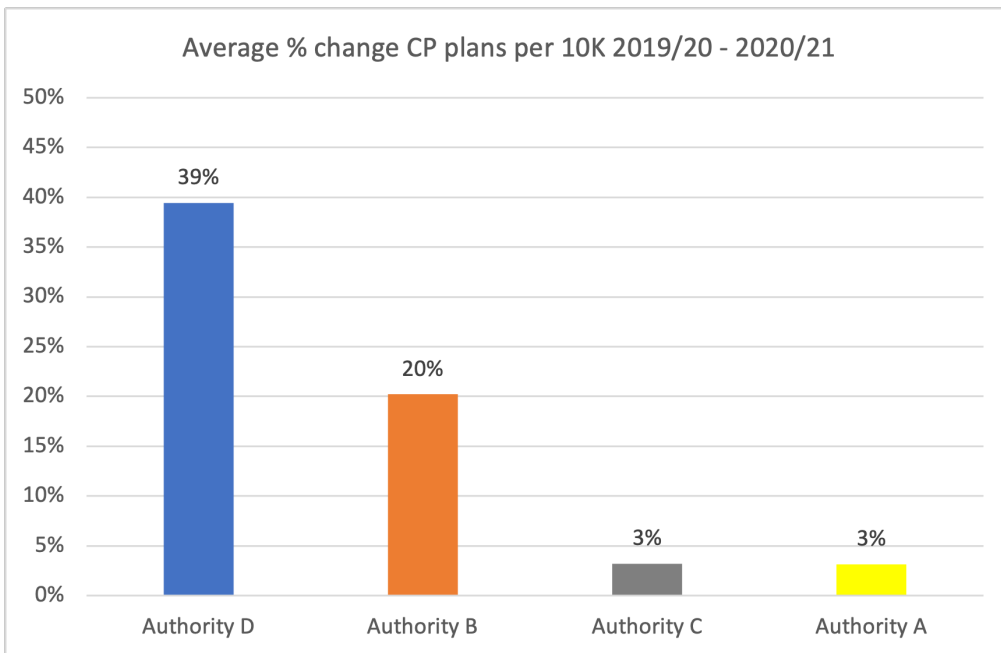
At the start of the pandemic, there were very varied rates of children on child protection plans. Authority B had the second highest number of children in need but a low rate of child protection plans. D with the highest rate in March 2020 showed a 39% increase in children on plans. B, with a low starting point, had a 20% increase. C, with a moderate previous rate, and A, with a

low previous rate, showed very modest increases.

CP Plans average % change per 10K 2019/20 compared to 2020/21

— Authority A   — Authority B   — Authority C   — Authority D

Rate per 10,000 children subject to Child Protection Plans, average % monthly change

Average % change CP plans per 10K 2019/20 - 2020/21

Authority D	Authority B	Authority C	Authority A
39%	20%	3%	3%

Rate per 10,000 children subject to Child Protection Plans, average % change 2020/21 in comparison to 2019/20

The two authorities with the biggest increase in CP rate (D and B) are also the two authorities with the biggest increases in CiN rate, although this is not as significant an increase as that of CP. One of these authorities is viewed as being relatively advanced in its approach to networks, whilst the other is viewed as being in its early days regarding networks. The latter authority has seen an increase across CiN, CP and CLA.
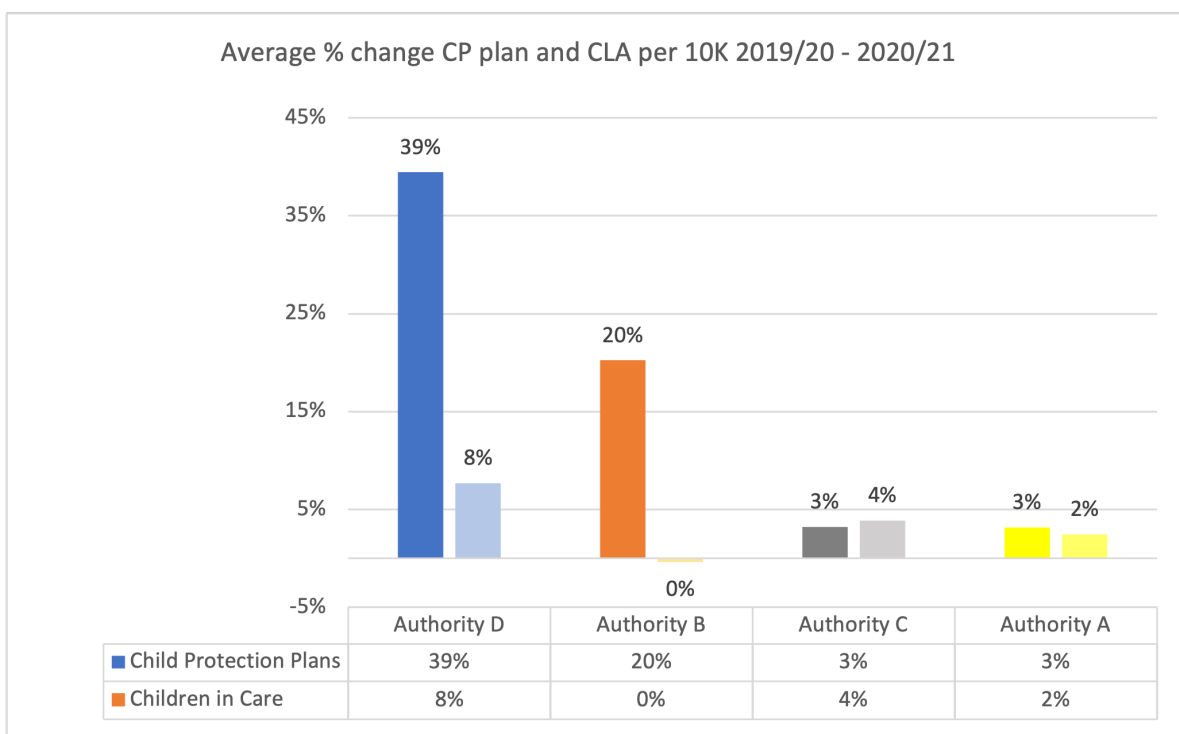
Children looked after rate per 10K

Only one authority (B) has seen a reduction in CLA rate, although no authority has seen a double-digit average percentage increase in CLA rate (the highest being 8%), an increase is evidenced, although a smaller increase in comparison to the increase in child protection plans (as

referenced in chart below).

The two authorities with the biggest increase in CP rate (D and B) are also the two authorities with the biggest increases in CiN rate, although this is not as significant an increase as that of CP. One of these authorities is viewed as being relatively advanced in its approach to networks, whilst the other is viewed as being in its early days regarding networks. The latter authority has seen an increase across CiN, CP and CLA.

Average % change CP plan and CLA per 10K 2019/20 - 2020/21

	Authority D	Authority B	Authority C	Authority A
■ Child Protection Plans	39%	20%	3%	3%
■ Children in Care	8%	0%	4%	2%

Average % change of child protection plan and children looked after, rate per 10,000

D has seen the highest overall increase in statutory involvement (CiN, CP and CLA), with also the highest percentage increase for each of CiN, CP and CLA of all four authorities. This is alongside very limited change to initial contacts received and those referred for assessment.

A has seen the smallest increase in statutory involvement (CiN, CP and CLA), but this is in the context of the highest percentage decreases of contacts and referrals out of all authorities. So, the conversion rate is likely higher than for other authorities.

C has seen the least volatility in terms of demand and statutory involvement. This authority is also viewed as being advanced in its approach to networks. This may be a contributory factor to the only marginal increases in CP and CLA (whilst CiN marginally reduced).

B is the only authority to reduce its CLA rate. However, B has also seen a significant increase in its CP rate. This authority is viewed as being relatively advanced in its approach to networks, which may help explain the ability to not increase its CLA rate, with more children continuing to be supported at CP.

8. Conclusion

The research question was:

How can practitioners use the network around a child — such as extended family members, neighbours and other community members — to assist in building safety when professional support becomes more restricted during a pandemic?

The evidence we have collected illustrates how networks can be used during a pandemic and how they contribute to helping families and building children's safety. The motivation for this research came from the experience of one local authority that was using networks before the pandemic as one strategy for improving the safety and well-being of children and young people and found that they continued to function well during the COVID-19 lockdown when other sources of help for families were restricted or absent. A similar picture was found in the other local authority that had been using networks extensively before the pandemic. The other two authorities had made little use of networks but began a focused effort to train and support practitioners in using them during the pandemic.

In seeking to find out how networks are being used, we have explored how the pandemic altered practitioners' daily working conditions and what, within these novel circumstances, helped or hindered them in creating and working with networks and using them to help learn about and respond to any evidence of harm or danger of harm.

How the local authority organisations responded to lockdown

The COVID-19 pandemic is a low probability/high impact event. The possibility of a major health incident of this nature appears in national and local authorities' risk registers. While the precise details of the threat it poses could not be predicted, the general features of coronaviruses were known and planning was possible. However, at the national level there were some deficiencies in implementing the plans that affected the local authorities, such as the national shortage of PPE. Indeed, crucial details about the virus and its impact on human beings were not clear at the beginning of the pandemic and the mortality, morbidity and transmissibility rates are not constant but changing as health care improves some features and virus mutations make some others worse. The pandemic therefore falls outside the range of expected and planned for disturbances and tests the resilience of the organisation in the sense of testing its ability to respond to a novel threat (Woods 2015).

Besides facing a pandemic with little preparation for the specific problems COVID-19 created, the local authorities were poorly prepared in that there was little slack in the system. Organisations with some redundancy have back-ups and duplication which help their functioning when deal with an extreme event (Grabowski 1997). After 12 years of funding cuts, local authorities did not have this extra capacity. The degree of success that they have achieved in adapting to the threat is, in part, due to staff undertaking additional work at some cost to their own well-being, as evidenced by the numerous comments we heard on the personal negative impact of working during the pandemic.

There is an extensive literature on what helps or hinders in organisational responses to novel disturbances to normal functioning and three of the features considered to be constructive were particularly apparent in the responses of the four CSCs: flexibility, maintaining continuity and creating a shared understanding of how the service was functioning.

(a) flexibility: research on how organisations respond to such novel threats has found that command-and-control systems do not work well. People are working in conditions that are changing from routine to novel and so are needing to make decisions and act in novel ways. Flexibility not rigidity is needed as is creativity to find solutions within the resources still available to them.

All the local authorities showed evidence of such flexibility. The provision of the practical supports for home and online working was achieved in ways that bypassed the usual managerial decision making structures in order to achieve speed. Within the Children's Social Care departments, flexibility was strongly apparent in managerial and front line work.

For those undertaking direct work with families and networks, this study found countless examples of creative adaptations so that the core tasks could still be carried out. To some degree, this is not new: social work is a personal social service and providing it always involves some degree as creativity as the general knowledge and skills is adapted for each family's needs. However, the circumstances of lockdown undoubtedly led to greater use of imagination in finding solutions to disruptions in the usual way of functioning.

There was also evidence of creativity on the part of the networks in finding ways of monitoring and protecting children.

(b) maintaining continuity: while so much change was made to day-to-day working conditions, there were examples of people keeping the core features of the service working. At the team level, efforts were made to maintain the intellectual and emotional support each received from their team. Managers sought to maintain support for practice, including their pre-existing plans to improve it, and to monitor practice.

(c) creating a shared understanding of how the service was functioning: with such radical upheavals in their normal working conditions, senior managers saw the importance of increased dialogue with staff so that they learned about what was happening at each layer in the organisation and kept everyone informed about the big picture of the changes being made.

Using networks

The four CSCs were at differing stages in implementing Signs of Safety and the use of networks. In two, the use of networks were well established in at least the child in need and child protection teams. In the other two, networks were not a standard expectation but their value in a pandemic led the senior managers to make a focused effort to develop skill and opportunity for using them. To further this aim, they were following the Signs of Safety organisational Theory of Change in changing a number of features: the IT software, the QA process, providing on-going learning opportunities, expert support on individual cases and shared decision making on major decisions.

As the virtual working became common research participants described the following benefits involving support networks:

- More contact with extended family members and a greater capacity to involve more people

- No travel and child-care problems

- WhatsApp found to be consistently very useful for families because of ease of use

- WhatsApp was used to document actions people were taking in seeing the children, supporting the family and checking the children were okay

- Workers learned skills of leading mapping and safety planning meetings with parents and support people

- Some reported that children and particularly teenagers liked the contact through Messenger or WhatsApp because it was more what they are used to

- Workers were able to draw on the two-household 'bubble' arrangement to build the network and for them to take on the role of checking in with the child

- Families and their networks increased their virtual contact with each other

The most common challenges and difficulties were

- Online contact was easier where a relationship was already established

- Having conversations with children in the home raised concerns about whether the children could speak openly. Some practitioners got around this by getting children to do written work and then sending it through to or showing the worker

- Not being able to be in the home and see the environment

Organisational and leadership support was said to be vital by practitioners. This included:

- Increased contact by leaders with practitioners and teams

- Practical support in providing required hardware and in setting up home offices

- Training and support in use of virtual working with families and in teams

- Workers reported that the lack of face-to-face contact was hard and that regular catch ups and checking in virtually or by phone was very important, both to maintain connection with colleagues and also when needing help with casework

- Continued provision of training opportunities

Since protecting and safeguarding children are multi-agency responsibilities, changing the way social workers operate needs to be communicated to partner agencies and, ideally, their support won. However, the sector has had a culture of seeing children's safety being provided by professional plans and professional services so the use of networks and encouraging families to take the lead in creating a safety plan are different ways of managing the uncertainties and dangers in the work. This always arouses anxiety in some, but the level of anxiety seemed even greater in this study probably due to professionals having a justifiably greater anxiety in general about the safety and well-being of children during the lockdown. This led to pushback from partner agencies so social workers needed to explain and justify their actions more, with some fear of being blamed if anything adverse occurred.

What the performance data tells us

The data provides a very varied picture with the two local authorities in which networks were well used before the pandemic being generally lower on all measures both before and during

the period of study than the two that only focused specifically on implementing the use of networks during the pandemic. However, a causal link cannot be drawn at this stage. Both a longer period of study and comparison with regional and national data are needed to show whether or not this is just a chance correlation.

An opportunity for learning

The pandemic has forced the CSCs to adapt to the unusual circumstances in which they have to operate. When the worst impacts have diminished, there will be some who want life to return to normal. However, the experience can also be viewed as an opportunity for learning and there was evidence that people were already thinking about what can be gained from the experience.

Several people thought that it would be useful to keep online communications as an option. Some children and young people said they preferred keeping in touch with their social worker this way and so it would be useful to offer them the choice. Also, enabling some people to attend multi-agency meetings online would be welcomed since it eliminated travel time which could deter busy professionals. The online option for network members was also seen as a valuable development, enabling people who did not live locally but were important in a family's life to play a useful role. The relative merits of in-person or virtual contact need to be appraised relative to the professional purpose of the contact.

Another area of learning is in the use of networks themselves. For two of the four CSCs studied, their use was increased during the pandemic, motivated in part by the reduction in professional services, and both plan to continue using them when restrictions are lifted.

A final consideration is that the experience of giving social workers more flexibility and encouraging creativity has shown how constructive this has been in finding new ways of working with children, families and networks to protect and support children. To quote one senior manager:

I think sometimes and historically, we've potentially under estimated or not given our workers the permission to be as creative and flexible as they could be, and now they've got that permission by default because it's the only way to do it.

This is a small scale, qualitative study and so its conclusions are tentative. The key question is whether networks make a worthwhile contribution to improving children's safety and well-being and, while the performance data from these authorities is consistent with this conclusion, the hypothesis needs further testing. However, this study also shows how 'using Signs of Safety' does not in itself provide sufficient information on whether the use of networks is being done in accordance with the Theory of Change.

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Appendix A: Involving Naturally Occurring Safety Networks in Child Protection casework

Andrew Turnell

The wisdom of the oft quoted African saying, 'It takes a village to raise a child' is the foundation of childcare in traditional cultures and well recognised in developed countries. The aspiration that children's services should do everything possible to maintain a child's connections to their family and community is also enshrined in the child protection legislation of almost all countries with established children's services systems. A child who is connected to many people that care and are involved with them will almost always have a better life experience and be safer than an isolated child.

The Signs of Safety seeks always to involve everybody that has natural connections to the children to most effectively build lasting safety and healing, therefore the stated purpose of the Signs of Safety is:
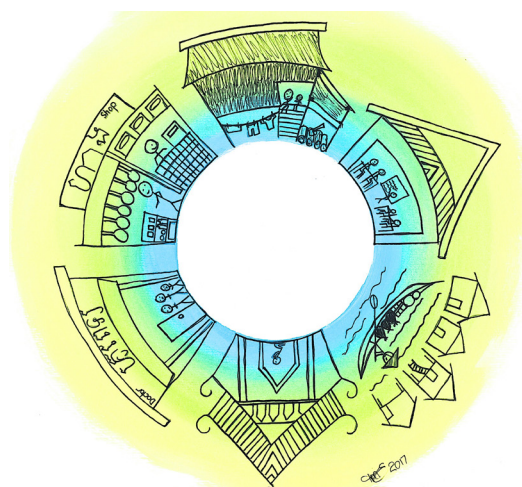
To enable child protection agencies to deliver all their services with a rigorous focus on child safety and wellbeing and to set up their practice, policy, procedures and organisation so that the practitioners can do everything possible to put the parents, children and everyone naturally connected to the children at the centre of the assessment, decision-making, giving them every opportunity to come up with and apply their solutions before the professionals offer or impose theirs. Full involvement of family and network is always pursued, whether the child lives within or outside their family and kin, so that everything is done to sustain the child's lifelong connection with their family, culture and community of origin throughout children's services involvement.

The aspiration to involve every possible person who has natural connections to the child including kin, friends, neighbours and professionals such as teachers, family doctor, etc., is an obvious proposition since these are the people who have primary interest in, and responsibility

for, the child. Every child deserves to be connected to their family and community of origin. However, for so many children in care, the professional system fractures or extinguishes their connections to their immediate family, kin and community of origin.

Though undeniably obvious, involving naturally connected people is a profound paradigm and culture shift for professional child protection agencies and is challenging in many ways. Child protection services have a propensity to focus on involving professionals with vulnerable families, often and in part because this is perceived to be more manageable and achievable than the involvement of naturally occurring networks.

Within the Signs of Safety, involving an informed naturally connected network around the children and their family of origin is key to minimising professional involvement and to creating an effective everyday safety plan because these are the people who have critical insider knowledge about daily life for the children and family.

Child psychiatrist Tilman Furniss succinctly stated that 'child abuse is a syndrome of secrecy'. To be effective in adopting responsibility for the child's continuing care and safety, it is essential therefore that all members of the safety network are fully informed of the concerns that have brought children's services into the family's life.

The Signs of Safety approach utilises a range of practical methods to openly discuss the problems and to break the secrecy and shame that typically surround situations of child abuse:

- Plain language risk assessment within the Signs of Safety mapping

- My Three Houses work with the child (the child's experience for the family and safety network)

- Words and Pictures explanation (the parent's explanation prepared with children's services about the child maltreatment issues for the child)
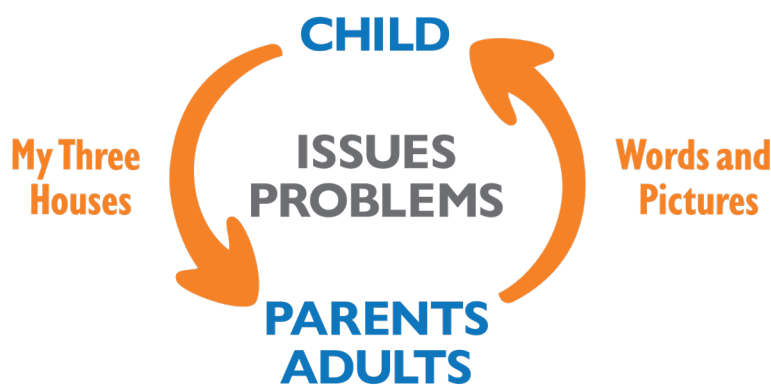
The Signs of Safety utilises a range of methods to find and build naturally occurring safety networks around the child and their immediate family including:

- Family Safety Circles tool

- Network Finding Matrix

- Genogram and Eco-mapping

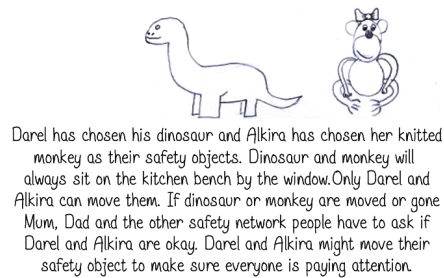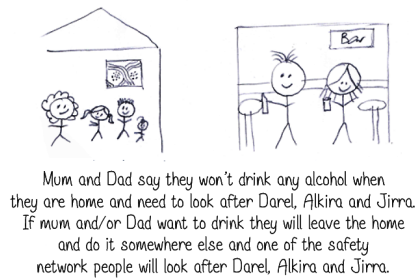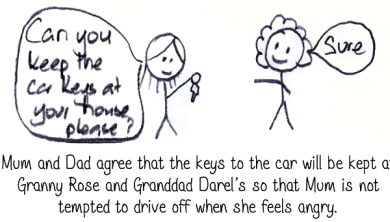- Various methods drawn from Family Finding (Koziolek, 2020).
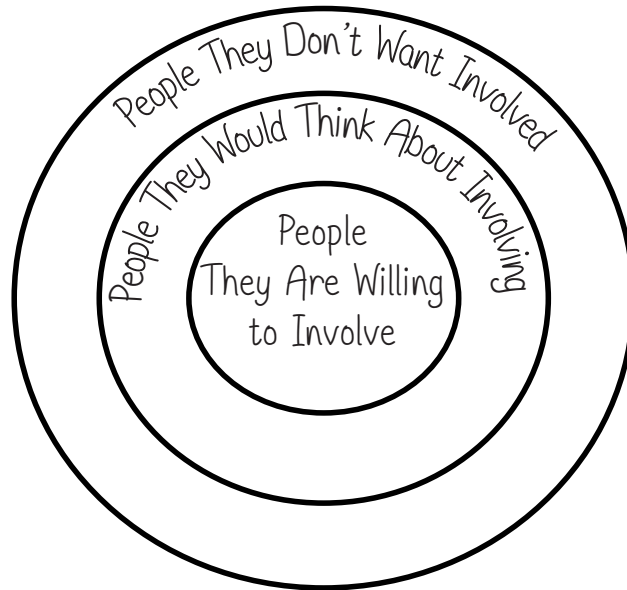
Family Safety Circles Tool

Within the Signs of Safety, involving an informed naturally connected network around the children and their family of origin is key to creating an effective everyday safety plan detailing who will do what to ensure the child is safe and well looked after even when there are problems and danger present.

The Signs of Safety utilises a range of methods and tools to create lasting, family-owned, detailed safety plans with the immediate and extended family and the naturally occurring safety network, including:

- Safety planning preparation worksheet

- Safety Journal

- Child's Safety Object

- Age appropriate Words and Pictures Safety Plan

Dad has said if he feels angry he will go to his shed and work on fixing the car until he feels calm. Dad says sometimes this might take at least an hour and everyone should leave him until he comes out. Dad will call Pop Pat if he needs help to calm down.

Mum and Dad agree that the keys to the car will be kept at Granny Rose and Granddad Darel's so that Mum is not tempted to drive off when she feels angry.

Mum and Dad say they won't drink any alcohol when they are home and need to look after Darel, Alkira and Jirra. If mum and/or Dad want to drink they will leave the home and do it somewhere else and one of the safety network people will look after Darel, Alkira and Jirra.

Darel has chosen his dinosaur and Alkira has chosen her knitted monkey as their safety objects. Dinosaur and monkey will always sit on the kitchen bench by the window. Only Darel and Alkira can move them. If dinosaur or monkey are moved or gone Mum, Dad and the other safety network people have to ask if Darel and Alkira are okay. Darel and Alkira might move their safety object to make sure everyone is paying attention.

Age-appropriate Words and Pictures Safety Plan

Further Reading:

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Appendix B: North Tyneside Risk assessment for home visits

1. Home visiting should still be based on a necessity test undertaken by a Team Manager/ Leader which is as follows:

In deciding on the necessity of a Manager should have regard to:

i. The value of the home visit in:

   a. progressing the case work (a judgment as to whether the work could be progressed in other ways, such as virtually, to achieve the same effect)

   b. building relationships to bring about change (will the visit to the home during COVID promote or damage the relationship)

   c. Establishing the welfare of the child, including the context of care such as home conditions (a judgment will need to be taken whether this could be achieved through other means)

   d. The context of the child or young person (for example where the engagement of the family has been poorer than we would have wanted; children are not going to school; children are known to be Young Carers, children are known to go missing or be subject to MSET)

   e. Being able to have a face-to-face conversation with the child or young person to support their emotional wellbeing, would be beneficial and preferable to the child or young person.

ii. The duration since the last home visit to the child or young person (when would visiting have occurred and how long outside of this timescale has it been)

iii. The priority of the home visit in relation to other visits (judging the backlog of casework to establish when a visit should take place)

2. If a Team Manager/Leader, having considered all the above, deems it 'necessary' then a visit should go ahead subject to the following checks by the worker established by the longstanding Operational Guidance:

- All workers must wear a surgical mask for the duration of any direct work with children, young people, parents or carers and remain 2 metres apart, where ever possible;

- Where a visit is deemed necessary by a Team Manager/Leader, prior to the visit, the worker must telephone the parent or carer in advance to establish whether the child, parent, carer or other member of the household or any member of the household is self-isolating or social distancing, has the symptoms or has been diagnosed with COVID-19;

- If there are no self-reported symptoms, a visit should go ahead, where possible with social distancing of 2 metres such as seeing the child or young person at the door rather

than entering the home. Where it is not possible to socially distance and/or essential to access the home (for example to see home conditions), it may be necessary to ask the household to stay in one room whilst observation of the home is undertaken and then any conversation undertaken with appropriate distancing. As we would in normal circumstances, please continue to wear disposable gloves when conducting inspections of bedding, mattresses, clothes, etc. where there might be the possibility of coming into contact with bodily fluids;

- Where it is not essential to meet in the home, the worker should try and meet in a COVID-secure building such as a school or outside;

- Where it is self-reported that a child or young person or their parent or carer or other member of the household is self-isolating, has the symptoms or has been diagnosed with COVID-19, unless it is deemed absolutely essential, NO home visit should take place;

- If not undertaking this visit may lead to a credible risk of imminent harm to a child or young person, consideration should be given as to whether, in the judgment of a Team Manager/Leader, it is absolutely essential that a child or young person needs to be seen. Where it is deemed that a visit is necessary, a worker will need to attend the home and speak to a child or young person using Full Personal Protection Equipment (Full PPE required — disposable gloves, disposable plastic apron, fluid resistant surgical facemask (include eye protection if client is coughing or sneezing);

- Practitioners should not visit a home where there is a Clinically Extremely Vulnerable household member (the definition of CEV can be found here) unless there is a credible risk of imminent harm to a child or young person within the home.