Final Report

Barnardo's

Children's sector workforce: challenges and responses to the COVID-19 pandemic. A rapid evidence review

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Executive summary

Background

To complement the evaluation of the Barnardo's led See, Hear, Respond (SHR) programme, a rapid evidence review was undertaken to more widely situate the learning from SHR and benchmark the evaluation findings. The COVID-19 pandemic and its associated lockdowns have had a profound effect on children and families in the UK, as well as the workforce which supports them.

This evidence review rapidly appraised research in children's and families' services to highlight what the challenges have been for the workforce, and how they have successfully navigated these, highlighting good practice identified.

Scope of the review

A rapid appraisal of evidence was carried out between January and March 2021, identifying publicly available references in the academic and grey literature. The formal research questions[1] of this review were:

- What challenges and solutions have those involved in supporting vulnerable children and young people during the COVID-19 pandemic experienced?

- What are the emerging models of good practice crisis responses across children's services?

Challenges experienced by the children's workforce

The first UK lockdown in March 2020 meant that the majority of school-aged children were no longer attending school, and community and other universal services which support children and families mostly ceased to function in their usual face-to-face delivery of support. This presented a number of significant challenges for professionals, summarised below.

A key theme identified in the literature is that the new or exacerbated needs families faced during the pandemic often intersected and compounded one another. Similarly, the challenges faced by children's services in meeting these needs and responding to the pandemic interacted with one another.

Challenges affecting the needs of children and families

- **Increased risk of maltreatment and deterioration of mental health:** The conditions of lockdowns and restrictions associated with the COVID-19 pandemic, alongside the increased risk of economic uncertainty and risk to

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[1] The review parameters did not include a specific focus on the impact of poor practice or service closures on children and young people during the pandemic. Further research is needed in this area.

physical and mental health meant that children and families were at increased risk of maltreatment and a deterioration of their mental health.

- **Recognition of particular groups at greater risk of vulnerability**: Certain groups such as families of children with Special Educational Needs and/or Disabilities (SEND), Black, Asian, Minority Ethnic and Refugee (BAMER) families and care-leavers were described as being at greater risk of poor outcomes and struggling during lockdown.

Challenges affecting the day-to-day functioning of services:

- **Reduced face-to-face oversight of children, limiting professionals' ability to safeguard:** Practitioners (including teachers) had reduced face-to-face contact with children and families, meaning that they were limited in their ability to assess ongoing risk and vulnerability, nor make appropriate referrals to statutory agencies in the usual way.

- **Digital exclusion:** There were barriers to effective digital service delivery where families did not have the appropriate equipment or internet access to participate in services meaningfully, which needed to be addressed by services.

- **Longer-term increase in referrals, case complexity and intersectionality:** Over time, practitioners were seeing an increase in cases being referred to them, with more pronounced and intersectional issues. The chronic effects of the pandemic were manifesting in children and families, with those already most vulnerable being most detrimentally affected.

Challenges resulting from changes to practitioners' working environment

- **Impact on workers' physical and mental health:** The change in working conditions and the stress of working within the pandemic took its toll on practitioners' mental and physical health.

- **Difficulties in home-working:** Not all practitioners had adequate space and/or appropriate set-up to work from home effectively (e.g. especially newly qualified practitioners). Managers struggled to informally support their staff on a day-to-day basis via digital means, as they could do in a face-to-face setting.

- **Being supported by leadership to work safely and effectively:** Practitioners did not always feel they were being supported to work safely (e.g. with personal, protective equipment (PPE) or risk management advice).

- **Increase in ethical dilemmas and risk-taking**: Practitioners found themselves facing increased ethical dilemmas and instances of balancing the risk to them, versus their commitment to their professional values.

How services adapted to the pandemic

In the face of these challenges, services adapted their offerings in the following ways.

- **Flexible service offer and working quickly and innovatively:** Services moved swiftly and innovatively to creatively deliver interventions which navigated the restrictions of the lockdown.

- **Use of digital technology:** The majority of services moved their core activities to digital platforms to continue to be able to offer families ways to engage. These included online parenting classes, delivering digital therapy or 1:1 work, video conferencing to carry out 'home' visits or assessments and moving statutory multi-agency meetings (e.g. case conferences) online.

- **Creative and effective multi-agency working:** Agencies and organisations worked together at all levels to ensure meaningful service planning, delivery and information-sharing to ensure appropriate outreach and intervention within their communities.

Emerging good practice

There remains a gap in terms of robust evidence about the impact of the responses to the pandemic, and there is a need for robust monitoring and evaluation to be put in place to address this. While the literature did not identify emerging *models* of good practice, *elements* of good practice were identified based on mainly observational and qualitative evidence:

- **Flexible approaches**. Responding flexibly and rapidly to changes in the context of COVID-19, and to the needs of children and families, was recognised as key to effectively responding during the pandemic.

- **Working rapidly, innovatively, and creatively with partners**. Partnership working was identified as an important aspect of responding during the pandemic, particularly for streamlining responses and sharing key information to ensure needs and risks are identified.

- **Digital service delivery and addressing digital exclusion in services delivery**. Using digital technology has been key to delivering services within the challenges of the pandemic, both to deliver support and to work with colleagues and other professionals and agencies. It has been associated with several benefits, although the literature also identified the need to consider challenges such as digital exclusion, and the need for robust impact measurement.

- **Targeted support**. Although the effects of the pandemic have been wide-reaching and some have argued for a broadening of support, this was coupled with a recognition that support targeted to specific groups has been important to responding to the pandemic.

- **Co-production of knowledge and service-planning**. Working closely with children and families to better understand their experience and to plan interventions together was recognised as an important strand to effectively responding within the challenges of the pandemic.

Directions for the future

Within the literature, priorities for future service-planning as we emerge into a new stage of the pandemic were identified:

- **Need for well-planned evaluation and monitoring activity.** There was a gap in evidence within the review about which responses to the pandemic were most effective. It is likely that more robust evidence will emerge over time as services and organisations have time to measure, assess and publish their findings. Organisations should commit to making evidence available in a transparent and timely manner so that the sector can continue to develop and improve in response to the pandemic.

- **The need for strong governance and leadership.** The rapidly changing context of the COVID-19 pandemic, coupled with the shift to remote working and digital service delivery for many practitioners, has created new challenges for leadership and governance. The need to address these challenges and ensure that the workforce is supported when navigating new obstacles was highlighted in the literature.

- **The need to consider the challenges and opportunities of using digital technology**. Although the shift to digital service delivery was suggested to be an emerging element of good practice, associated with some unanticipated benefits, the need to carefully consider challenges and unknowns associated with this shift, alongside possible opportunities, was identified.

- **Holistic and systemic approach to intervention.** Given the far-reaching effects of the pandemic on all aspects of children's and families' lives, a more whole-system and holistic approach to assessment and intervention was argued to be important for future interventions to support children's welfare.

- **Population-level interventions with appropriate funding.** An extensive expansion of universal, early intervention and mental health services (with a corresponding commitment to investment) was argued to be critical in mitigating against the wide and longer-term impacts of the pandemic.

- **Targeted support to most vulnerable groups.** Alongside a significantly expanded universal service offer, it was recognised that the most vulnerable groups of children and families, who have been disproportionally affected by the pandemic will require targeted and specialised support and that services need significant investment to cater for these needs in the future.

1   Introduction

1.1   Overview

To complement the evaluation of the See Hear Respond (SHR) programme, a rapid evidence review was undertaken to more widely situate the learning from SHR and benchmark the evaluation findings.

This rapid review of the literature identifies the specific challenges that those working with vulnerable children faced during the pandemic, highlights effective responses in the context of the COIVD-19 pandemic and evidence of good practice in this area.

A review protocol was established and agreed in consultation with Barnardo's and the review was carried out between January and March 2021.

1.2   Research questions

The agreed research questions[2] of the review were:

- What challenges and solutions have those involved in supporting vulnerable children and young people during the COVID-19 pandemic experienced?

- What are the emerging models of good practice crisis responses across children's services?

Appendix 1 presents the review approach that was agreed to develop the bibliography for this review. Appendix 2 provides a bibliography.

1.3   Review structure

The review is structured as follows:

- Chapter 2: Challenges experienced by the Children's sector workforce

- Chapter 3: Responses to the challenges

- Chapter 4: Emerging good practice

- Chapter 5: Considerations for future practice

- Chapter 6: Conclusion

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[2] The review parameters did not include a specific focus on the impact of poor practice or service closures on children and young people during the pandemic. Further research is needed in this area.

2 Challenges experienced by the children's sector workforce

2.1 Introduction

The COVID-19 pandemic brought about a unique set of challenges for those working with vulnerable children, never before experienced. As Driscoll et al., (2020) set out, this put into place a cascade of challenges which affected children's services (both statutory, and in the voluntary and community sector, VCS). These included:

- The withdrawal of community and paediatric services to relieve acute COVID-19 related health pressures

- The retraction of universal services that would have otherwise monitored children and made onward referrals to other agencies where appropriate, and finally

- A lack of face-to-face direct work with children and families, resulting in challenges in fostering effective working relationships with families and ensuring the welfare of children.

This chapter focuses on the obstacles that the pandemic and associated lockdowns and restrictions created for the sector and how this impacted on the workforce and the delivery of their services. The following types of challenge are discussed:

- Challenges affecting the needs of children and families.

- The effect of COVID-19 on practitioners' core activity and service provision.

- Strategic and/or national challenges.

- Challenges resulting from changes to practitioners' working environment.

2.2 Challenges affecting the needs of children and families

The COVID-19 pandemic impacted on the needs of children and families, often increasing risk and worsening wellbeing. Combined with the other challenges for children's services discussed throughout this chapter, these changes in needs presented difficulties for children's services in responding to the pandemic.

2.2.1 Deterioration of children's and families' mental health

One challenge that was highlighted across the literature was the anticipated and realised deterioration of mental health difficulties for both children and families during the pandemic (Children's Commissioner in England, 2021; Barnardo's,

2021; Fitzpatrick et al., 2020; Wilson, 2020; Moore and Churchill, 2020; NSPCC, 2020a, 2020f).

Levita et al., (2020) reported an increase in anxiety in young people, as well as COVID-related trauma or Post Traumatic Stress Disorder (PTSD) -like symptoms, as well as decreased general well-being. These being more pronounced when parents were key-workers and/or from a Black, Asian or Minority Ethnic (BAME) group. Loades et al., (2020) also showed elevated depression and anxiety in children and young people during the pandemic. Whilst Ougrin (2020) found a *decrease* in self-harming behaviours in young people during lockdown, this was not seen to be indicative of a decrease in help-seeking behaviours per se. Rather, it was seen as possibly the result of a lessening of social pressure due to the closure of schools, combined with an inferred lesser opportunity to self-harm, with families being confined at home together.

Although the closure of schools was purported to be a large contributing factor to children and young people's deteriorating mental health, Young Minds (Autumn 2020) identified young people with existing mental health concerns as in fact reporting a *worsening* of their mental health once schools re-opened. These young people attributed this to several factors such as academic pressure, social distancing, increased fear and anxiety in the school setting, and a decrease in school-based mental health support.

2.2.2 Increased risk of maltreatment during lockdown

Romanou & Belton (2020) argued that children were likely to be at elevated risks for maltreatment during the pandemic due to increased stressors on their parents/families, coupled with their increased vulnerability and the lack of usual protective factors in place. In particular, there were significant and widespread concerns about domestic violence increasing within the home during this period (Campbell, 2020; Barnardo's, 2021; Baginsky & Manthorpe, 2020a and 2020c).

However, this perceived increase in levels of risk to children and young people was difficult to evidence, due to services having close to no physical contact with them during this period, and therefore a lack of information. Calls to Childline during the pandemic have illustrated that there was a significant increase in the spectrum of maltreatment (i.e. physical abuse, domestic abuse, sexual abuse, online abuse) that children were experiencing during this time, which led to an increase in support that Childline and NSPCC practitioners were offering to address these needs (NSPCC 2020a, 2020b, 2020c, 2020d, 2020e, 2020f).

Although this is a rare snapshot of what was going on inside the homes of families with children during this time, it is likely to be a significant under-representation of the scale of the problem, given the nature of self-reporting and the relative powerlessness that maltreated children have within their households.

2.2.3 An elevated risk of disadvantage for certain service user groups

It was noted within the literature that although the pandemic had a wide-reaching impact on all children and families, there were nevertheless groups of families that were more acutely affected than others. This includes children with SEND;

Black, Asian, Minority Ethnic and Refugee (BAMER families); groups of older young people; and others.

As such, there are implications for those practitioners both within statutory and VCS settings that offer more specialised support to these groups or work with certain communities of children and young people.

Children with Special Educational Needs and/or Disabilities (SEND)

Asbury et al., (2020), NSPCC (2021), Pavlopoulou et al., (2020), and O'Hagan and Kingdom (2020) all highlighted the severe difficulties that parents of children with SEND faced on the closure of schools and in-home or community services that their children usually accessed, with high levels of anxiety, fear, overwhelm and families feeling at 'breaking point' within a matter of weeks. The importance of routines and adequate preparation for change for many of these children, faced with the reality of a sudden lockdown with little warning for many, became the catalyst for significant deterioration in their child's behaviour. Families also waited longer for assessments of need or accessing their usual service provision.

Toseeb et al., (2020) found that in terms of service needs during lockdown, parents wanted specialist professional advice and the provision of mental health support for their child/ren. Regarding their children's re-entry to education, they most valued support with transitioning their child to a new routine, and emotional support for their child/ren. Wilson and Waddell (2020) also argued that parents in need of specialist advice/support such as those with children with SEND were more likely to find the overall shift to online service provision as creating applicability or accessibility issues for their families.

Black, Asian, Minority Ethnic and Refugee (BAMER) families

A number of sources (e.g. Barnardo's, 2021; Bayrakdar and Guveli, 2020; Children's Commissioner for Wales, 2020; Fegert et al., 2020) cited the disproportionate negative impact of COVID-19 on Black, Asian, Minority Ethnic and Refugee (BAMER) families. There were several factors:

- Increased morbidity and mortality from the virus itself.

- Increased likeliness to have living conditions which made home-working and home-schooling more difficult.

- Exacerbated learning gap from not attending school.

- Increased likeliness to have parents who worked in sectors where it was not possible to work from home.

- Greater levels of children's stress or anxiety due to COVID than their White British peers.

Baginsky and Manthorpe (2020a) also included asylum-seeking young people as a particular group of children detrimentally affected during the pandemic.

Groups of older young people

Colville et al., (2020) suggested ways in which the workforce can support young people at transition points in their lives (e.g. in relation to employment, education or training) given the double uncertainty of the pandemic coupled with these junctures in their lives. Baginsky and Manthorpe (2020a) also highlighted that young people leaving care during the pandemic were facing specific difficulties in their transition to independence and the lack of support available.

Following from this, McPherson (2020) highlighted the impact of COVID-19 on the older young people population, given their increased likelihood of having precarious employment (which has been adversely affected by the pandemic). These young people were shown to be at risk of food insecurity but often had little knowledge of the available support and/or had reluctance or shame in reaching out for both informal (e.g. friends/family) or formal support.

Other groups at heightened risk or facing specific difficulties

Other groups were also identified that faced specific issues during the pandemic and who may therefore be at risk of poorer physical and/or mental health outcomes:

- Fegert et al., (2020) argued that those children who had **already experienced mental health difficulties** (see also NSPCC, 2020f; Marques de Miranda et al., 2020) those who had faced **adversity**, from **low-income families** or have **had trauma experiences** were more likely to be negatively affected by the pandemic.

- Silliman Cohen and Adlin Bosk (2020) set out that **Lesbian, Gay, Bisexual, Transgender and Queer** (LGBTQ) and **looked-after children** (LAC) are both groups that have higher levels of morbidity and mortality and therefore should be more holistically assessed to ensure they have support in place to promote their longer-term outcomes.

- Children who had **previous experiences of online abuse** were also identified (NSPCC, 2020e) at being at greater risk of negative outcomes during lockdown. This is because during the pandemic, there has been a heavy emphasis on online learning and access of services, possibly triggering of previous experiences, but also leaving children and young people at greater risk of future abuses, given the largely unsupervised nature of their online time during the pandemic.

- Ashley et al., (2020) described the specific difficulties that **kinship carers** were facing during the pandemic, especially given that this tended to be an older group of carers, with greater levels of illness and fewer material resources, compared to the general population.

- Finally, BASW (2021) and Moore and Churchill (2020) outlined the **delays and difficulties in accessing essential services and financial support** that

many families encountered during the pandemic such as emergency grants and basic financial assistance.

2.3 The effect of COVID-19 on practitioners' core activity and service provision

The COVID-19 pandemic and associated lockdowns and restrictions required changes in practitioners' core activity and service provision. These changes created challenges for the workforce in fulfilling their role and meeting the needs of children and families.

2.3.1 Lack of sufficient information to robustly monitor children's welfare

A reduction in face-to-face contact between practitioners and families resulted in challenges with robustly monitoring and supporting children's welfare, as the information required to gauge support needs became less available to practitioners.

Both lockdowns, and the assessed levels of risk of contracting COVID-19 for those working with children and families (whether statutory or VCS), resulted in the majority of services and schools ceasing to meet with children on a regular face-to-face basis. Even for statutory services with a child protection remit, local authorities varied in terms of how social work interventions were delivered and how often families were physically seen. This meant that the spectrum of partners who usually had regular sight of children and families could no longer make informal day-to-day assessments of their well-being and raise any concerns accordingly (e.g. making child protection or early help referrals).

As such, some local authorities and other agencies reported an initial decrease in referrals to their service (Driscoll et al., 2020; Baginsky and Manthorpe., 2020b) as practitioners were unable to confidently assess levels of risk and make onward referrals. This in itself was concerning, as it was clear to practitioners working in the sector that the conditions under which families were living within lockdown, were likely, if anything, to significantly exacerbate the risk to children and families (e.g. Moore and Churchill, 2020). These conditions included:

- The stress of home-schooling and possible home-working,

- A lack of sufficient space and privacy within households,

- Fears about COVID-19 and for family members' health and wellbeing, and

- Financial insecurity.

Wilson and Waddell (2020) pointed out that Early Help services faced difficulties in identifying those families that now needed 'step-up' support to access statutory threshold-level interventions due to their lack of regular face-to-face communication with them.

For those families that had not previously reached a threshold for intervention (i.e. unknown to statutory services), and whose risk had elevated as a direct

consequence of the pandemic, there were particular concerns from practitioners that these families could effectively 'slip through the net', given there was no existing contact with Early Help services which could be built upon during the pandemic (Baginsky and Manthorpe, 2020c; Wilson and Waddell, 2020; Driscoll et al., 2020). In these situations, schools were also called upon to creatively engineer contact with families in order that that there was some, albeit limited, monitoring by professionals.

2.3.2 Limitations on professionals' ability to safeguard children

The issues discussed so far in this Section created significant challenges for professionals in carrying out formal assessments of children during this time, given that the face-to-face home visiting is such a critical tool for social workers and other practitioners to effectively assess risk (Ferguson et al., 2020). In survey data presented by the British Association of Social Work, BASW (2021), 77.7% of social workers agreed or strongly agreed that their experience of working under lockdown restrictions had *increased* their concerns about their capacity to safeguard/protect adults and children. Baginsky and Manthorpe (2020a) also found that practitioners had concerns over the quality of their assessments in the absence of regular face-to-face contact and home visiting.

2.3.3 Impact of digital exclusion of service users

As will be explored in Section 3.3, the major shift in service delivery during the pandemic was from a face-to-face model to online/digital delivery of services for the majority of the workforce. Whilst this enabled an innovative and rapid adaptation to the changing working environment that COVID-19 brought about, it also created its own set of challenges and considerations. In particular, it impacted:

- The access of services

- The quality of engagement between practitioners and families

Impact of digital exclusion on the access of services

For the most part, successful engagement with digital services necessitated (i) access to appropriate technology; (ii) an appropriate physical space within the home (e.g. private) where the parent/child could engage; and (iii) sufficient Wi-Fi/data capability to sustain this with competing demands (such as home-schooling and possibly home-working). For many families, this was not possible, and the literature identified a number of instances where digital exclusion compromised the successful delivery of services for those who needed it most.

Digital exclusion was also seen to exacerbate existing inequalities within the communities that practitioners served, such that the most vulnerable groups of families were most detrimentally affected (Golberstein et al., 2020; Drane et al., 2020; Wilson, 2020; Gabrielli & Lund, 2020; Baginsky and Manthorpe, 2020b; Goldschmidt, 2020), again highlighting the idea of the compounding of disadvantage. For example, Montacute, (2020), Cullinane and Montacute (2020) and Montacute and Cullinane (2021) showed that lack of access to devices for

home schooling was negatively affecting those groups of children already at risk of under-achievement.

Even when families were supported with these difficulties (e.g. given devices), some authors noted significant levels in attrition of service-engagement, perhaps indicative of a more general digital fatigue during this time (Moore and Churchill, 2020).

Impact of digital service delivery on the quality of engagement between practitioners and families

The shift to predominantly digital service delivery negatively affected the quality of the engagement with families, both for new and existing service users.

Although Children's Services continued to meet their statutory duties, home visits and meetings largely moved online, and many parents were invited to virtually attend online Child Protection conferences/core group meetings. Whilst many parents successfully navigated these changes and were able to participate in these decision-making processes (Baginsky and Manthorpe, 2020a), social care practitioners felt that the quality of family involvement and communication was detrimentally affected where there were digital access issues (Baginsky and Manthorpe, 2020b; 2020c; BASW 2021; Pink et al., 2020; Wilson and Waddell, 2020).

For those families that were initiating contact with a service during lockdown (and therefore previously unknown to practitioners), there was an acknowledgement that it was much more difficult to establish a positive working relationship and rapport when there was little to no physical contact with the family (Action for Children, 2020a; Wilson and Waddell, 2020).

Others also pointed out that for some groups of services-users, digital delivery was not appropriate or sufficiently accessible. NSPCC (2021) argued that the severe shortage of specialist services alongside digital exclusion due to level of disability and accessibility issues (e.g. lack of subtitles) meant that families with d/Deaf and/or disabled children could not access services in the same way as other families during this time. Action for Children (2020a) also identified those with disabilities and specific accessibility needs, as well as younger children as those for whom online service delivery may not always be appropriate.

2.3.4 Longer-term increase in referrals, case complexity and compounding challenges

There was a recognition across the board that the conditions of lockdown and ongoing restrictions meant that families were finding themselves in increasingly stressful and long-enduring arrangements which were likely to elevate children's risk of maltreatment or other negative outcomes. This was likely to translate, in the medium to long-term, to a large increase in referrals to services and in the number of families meeting thresholds for statutory intervention. This was coupled with acknowledgement that the long-standing effects of the pandemic would manifest in an increasing complexity and volume of cases over time.

There were concerns about what the impacts of the pandemic on service demand would mean for individual practitioners' caseloads (Baginsky and Manthorpe, 2020a, 2020c; Driscoll et al., 2020; Wilson, 2020). Nearly 68% of respondents who worked in children's services agreed or strongly agreed that they had seen an increase in the number of referrals and/or their caseload since the return to schools and colleges in Autumn 2020 (BASW, 2021).

There was also wide recognition within the literature (Herrenkohl et al., 2020; Golberstein et al., 2020; Fegert et al., 2020; Darmody et al., 2020; Drane et al., 2020; Stark et al., 2020; Gabrielli and Lund, 2020) that those families that were *already* vulnerable or had faced existing hardship or difficulties were *more likely* to be detrimentally affected by the impact of COVID-19 compared to other families with more resources at their disposal. Gabrielli and Lund (2020) used the term *'acute-on-chronic'* to describe the combined effects of the pandemic and intersectionality on these already-struggling families. (Some of these service user groups are explored further in the section 2.2.3.)

Some practitioners also recognised that they were increasingly being called upon to offer multiple forms of support for those families that were experiencing multiple disadvantages due to COVID-19 (Action for Children, 2020b), for example:

- Emotional support

- Learning support for children

- Material support through grant-making

2.4   Strategic and national challenges:

There were several cross-cutting challenges for children's services during the pandemic, which the literature identified as acting at a strategic or national level.

2.4.1   Lack of national guidance and resources to promote safe working practices

Although the start of the pandemic was a rapidly evolving and an uncertain time for all sectors, there was a noticeable absence of national guidance in relation to safe working practices for those working in children's social care.

Delays in recognition of the essential nature of social care (compared, for example, to the role of health workers in the pandemic), meant that local authorities often had to issue their own guidance and working practices in relation to their statutory services, resulting in a piecemeal and diverse approach across the country.

This was accompanied by a lack of clear (and trusted) guidance on the use of, and availability of personal protective equipment (PPE) which meant that social workers were often endangering their own health when they did need to go out and physically meet with families (Baginsky and Manthorpe, 2020a; Ferguson et al., 2020), without clear parameters within which they should be working.

Further, changes to legislation, purportedly to support social workers' adapted working environments were not always felt to have been planned in full consultation with the sector (e.g. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020) (Baginsky and Manthorpe, 2020a).

2.4.2 Widening inequalities in relation to education and Early Years

Whilst it was recognised that inequalities were likely to be exacerbated by the pandemic in a number of areas, the impact on children's education and early years experiences was highlighted by many.

It was acknowledged that the move to home schooling, along with the closing of Early Years provision for much of the pandemic was likely to have detrimental outcomes for children's achievement, with a widening educational gap for the most vulnerable (Wilson, 2020; Cullinane and Montacute, 2020; Montacute and Cullinane, 2021). Rose et al's., (2021) early research has demonstrated that there is already a widening literacy gap for the most disadvantaged children in Key Stage 2. Pascal et al., (2020) also inferred that the widening gap in Early Years provision, along with the closure of providers due to pandemic-related financial pressures, will impact children's subsequent readiness for school (see also Wilson and Waddell, 2020).

2.4.3 Longer-term impact of current population-wide stressors

A number of authors noted that the longer-term extrapolation of the current pandemic-related stressors is likely significantly increase numbers of referrals and case complexity over time (Baginsky & Manthorpe, 2020a; Wilson and Waddell, 2020; Power et al., 2020).

In particular, the mental health impact of COVID-19 was highlighted as a significant strategic challenge that needs to be adequately addressed in the medium to longer-term (Loades et al., 2020; Green, 2020, Cuartas, 2020, Action for Children, 2020b), both for adults, and as current children transition into adulthood in the coming years. Action for Children (2020b) also highlighted the increasing levels of material hardship and poverty their families were experiencing through an analysis of their COVID Emergency Fund applications, indicating the continuing material insecurity that families are likely to face in the longer-term.

There was recognition that there was a significant funding shortfall to address these issues, both in the short term, but also in terms of future need (Baginsky and Manthorpe, 2020a).

2.5 Challenges resulting from changes to practitioners' working environment

The pandemic fundamentally changed the way in which those working with children and families went about their daily functions. From a model of working in which services were largely based in the community, practitioners suddenly found themselves working from home, not only with significantly reduced contact with

their service users, but also with their colleagues and managers too. This shift created many barriers in being able to work effectively, outlined here.

2.5.1 Negative impact on workers' physical and mental health

Many sources cited a negative impact on the physical and mental health of the workforce as a result of the pandemic (e.g. Baginsky and Manthorpe, 2020a).

In relation to physical health, this included, but was not limited to the risks of contracting COVID-19 as a result of work activities. A survey of social care workers conducted by BASW (2021) demonstrated that nearly a quarter of those surveyed felt that employers had not accommodated the fact that they needed to shield or were at high-risk of contracting COVID-19 and nearly a third had felt pressure to work during the pandemic whilst unwell.

Nearly 60% of the survey participants also felt that working in the pandemic had negatively impacted on their mental health. Wilkins et al., (2020b) also outlined the primary and secondary trauma that social workers could suffer from because of pandemic working. Moore & Churchill (2020) discussed the impact of home-working, such that blurring the boundaries between home and work meant that was difficult to establish healthy boundaries for professionals, and could also result in low morale associated with lack of face-to-face peer support.

2.5.2 Home working presenting barriers to effective working

In addition to the detrimental effects of home-working discussed above, some groups of social workers were particularly affected:

- **Newly qualified social workers.** This was due to the large amount of peer-learning they gain from working alongside their more experienced colleagues, but also because they were less likely to be living in a home environment where they had appropriate space and resources to work effectively (e.g. living in a shared house or with parents) (Baginsky and Manthorpe, 2020a).

- **Managers**. Home working presented managers with greater challenges in being able to effectively oversee the work of their teams, provide positive leadership, and promote team cohesion and performance (Wilkins et al., 2021a).

2.5.3 Support from senior leadership and enabling safe and effective working

It was challenging for all workers to feel confident that they were being adequately protected and kept safe whilst working during the pandemic, due to a range of factors.

Ferguson et al., (2020) argued that poor guidance (discussed in Section 2.4.1), inconsistent implementation and a scarcity of resources (e.g. PPE, hand sanitiser) compromised workers' ability to work safely. This was supported by Baginsky and Manthorpe (2020a) and BASW (2021) who found that workers did not always feel confident in the risk management advice they were being given and at times did not have adequate access to proper resources (e.g. PPE or

digital devices) in order to work effectively and safely. However, 63.5% of survey participants (BASW, 2021) agreed that their access to PPE and risk management advice had improved since the initial lockdown.

2.5.4 The need to navigate new risks

The move to home-working, coupled with other changes in how practitioners were able to work with their service users during the pandemic raised dilemmas in terms of balancing workers' own risks and safety with alongside the rights of their service users. At times, this challenged workers' ethics or values.

For example, even when there was clear guidance around social distancing and PPE for workers, many chose not to use it, as it was felt that it would detrimentally affect the quality of the interaction with the child and/or would be frightening for them (Baginsky and Manthorpe, 2020a; Ferguson et al., 2020). Ferguson et al. further argued that although social workers were enacting these decisions on an individual basis, their choices were constrained within a system which was influenced by management, their organisation and the resources available to them.

BASW (2021) found that their survey participants recognised greater difficulties in maintaining rights and preventing discrimination or equalities breaches. For example:

- Nearly 40% agreeing that they had witnessed such breaches for service users related to the pandemic.

- 63.5% of participants agreed that they had encountered more ethical or moral dilemmas since the start of the lockdown restrictions.

Baginsky and Manthorpe (2020a) highlighted examples of ethical dilemmas for those working during the pandemic, for example, weighing up looked-after children's right to have contact with their birth families against the risks of face-to-face contact in terms of virus transmission.

Moore and Churchill (2020) also identified difficulties that practitioners encountered at home whilst trying to undertake highly confidential and sensitive work, including sometimes being unable to maintain confidentiality if other members of the family were present.

3 Responses to the challenges

3.1 Introduction

As services were given little warning of the lockdown and the ways in which they needed to change, they were forced to adapt quickly to this changing landscape. This chapter reviews the various approaches that organisations used to navigate the restrictions of working within the pandemic. The review did not include a specific focus on the impact of poor practice or service closures on children and young people during the pandemic. This is an important area for future research.

3.2 Flexible service-offer and rapid implementation of change

In this extraordinary set of circumstances, it was laudable how quickly services were able to adapt and re-orient their service-offer to the communities they served, in creative and innovative ways.

Practitioners observed how long-standing barriers to alternative ways of working were quickly dismantled to offer interventions which circumvented the pandemic-related restrictions, demonstrating a level of flexibility and commitment rarely seen across the sector (Baginsky and Manthorpe, 2020c; Barnardo's, 2021; Green et al., 2020). The initial lockdown thus enabled the impetus for initiatives that were already in the pipeline to come to fruition, as well as others that were created in direct response to it.

There was also an acknowledgement that given the number of changes and new types of service offer available, there was risk of initiative fatigue. As such, the challenge was how to sustain short-term initiatives and ensure continuity of effective services in the future (Baginsky & Manthorpe, 2020c).

3.3 Creative and effective partnership working

Successful outreach and delivery of modified interventions to support children and families relied on working closely with local partners who knew their communities and had local intelligence. For large-scale programmes that were specifically designed in the wake of the pandemic (e.g. Barnardo's, 2021), it was critical to include specialist VCS partners in the design, delivery and governance of the service, to enable successful implementation.

3.3.1 Examples of positive practice

There were numerous examples of positive and effective multi-agency working during this period, for example:

- Within parental conflict services (Ghiara et al., 2020).

- Peri- and post-natal support (McElearney et al., 2020).

- Establishing a toy library after consultation with parents (Moore and Churchill, 2020).

In addition, Wilson (2020) described the shared vision and positive joint working that agencies in West Cumbria adopted in strategically addressing the pandemic and identifying services that could meet need (e.g. distribution of learning packs via local libraries; online family learning classes to support parents in home-schooling).

Within children's services, Wilson & Wadell (2020) described the setting up of innovative virtual joint triage and referral pathways across agencies to identify families needing early help, breaking down previously existing barriers to such an approach. The flexibility in co-opting community buildings and re-purposing them as multi-agency hubs to offer resources and services was also outlined.

Baginsky and Manthorpe, (2020a; 2020b; 2020c) also outlined successful multi-agency working across health, education, children's services and the VCS in order to identify children and families at risk during this time, and deliver services accordingly.

Another feature of more effective multi-agency working which was identified as a result of digital working was that professionals were more available to attend virtual multi-agency meetings (e.g. statutory child protection conferences), translating into better joint working and decision-making during these meetings (Baginsky & Manthorpe, 2020a; 2020c; Drane at el., 2020).

3.3.2   Areas for further development

Within the literature, there were suggestions of ways in which partnership working across agencies could be improved to serve the most vulnerable children and families. For example:

- McPherson (2020) suggested that food banks partner with local youth VCS organisations to proactively outreach to older young people who are at particular risk of **food insecurity** and face certain structural barriers (such as lack of knowledge of services and feeling stigma in accessing food banks).[3]

- Green et al., (2020) also put forward recommendations in relation to working effectively with VCS and statutory agencies when **trying to engage young people during the pandemic**.

- Pavlopoulou et al., (2020) argued that parents of **children with autism** wanted to see better working between educational professionals and children's services so that they could receive more effective pandemic support.

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[3] In addition, food delivery schemes were put forward as an additional mechanism to address this need.
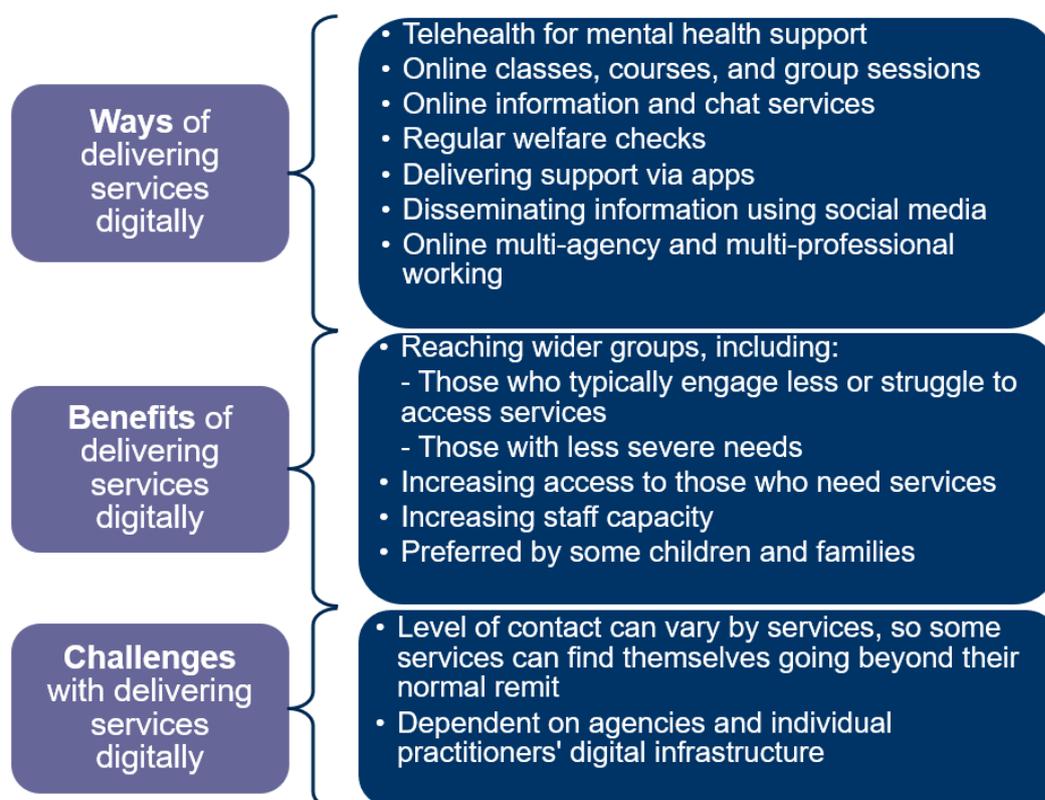
- There were suggestions to consider the possibility of encouraging **information-sharing from delivery workers** (e.g. food or parcel deliveries) **or refuse collectors** to alert agencies if there were any concerns from within the home (e.g. domestic violence), given the reclusive nature of the pandemic and the minimal oversight agencies had of families during this period (Campbell, 2020).

3.4 The use of digital technology

The main change in service delivery for most organisations and services was to deliver much more of their core offer through online, digital or virtual means, minimising or eliminating the need for face-to-face contact, involving their workforce work from home. The sheer scale of this shift represented an innovative new approach to service delivery for children and families.

There were multiple descriptions of a shift to digital delivery of services for a range of types of agencies, described below. Across these agencies, there were cross-cutting themes in terms of the ways services were delivered virtually, and the benefits and challenges associated with this, summarised in Figure 1:

Figure 1: Summary of ways of delivering services digitally, benefits, and challenges identified in the literature

Ways of delivering services digitally
- Telehealth for mental health support
- Online classes, courses, and group sessions
- Online information and chat services
- Regular welfare checks
- Delivering support via apps
- Disseminating information using social media
- Online multi-agency and multi-professional working

Benefits of delivering services digitally
- Reaching wider groups, including:
  - Those who typically engage less or struggle to access services
  - Those with less severe needs
- Increasing access to those who need services
- Increasing staff capacity
- Preferred by some children and families

Challenges with delivering services digitally
- Level of contact can vary by services, so some services can find themselves going beyond their normal remit
- Dependent on agencies and individual practitioners' digital infrastructure

Mental health services

Danese and Smith (2020) described **CAMHS** services that had quickly adopted delivery of telepsychiatry to maximise the number of interventions provided to young people during lockdown. For example, Davenport et al., (2020) also identified telehealth as an innovative way of delivering CAMHS services in Australia during lockdown. Here, it was used as a triage system to initially assess and identify severity of cases, and to offer lower severity cases ongoing online support.

Others too identified the opportunities and expansion of telehealth services as an effective way of enabling access to **therapy and mental health support to children and families** during this time (e.g. Marques de Miranda et al., 2020; Wong et al., 2020; Goldschmidt, 2020).

Parenting services

There were positive examples of parenting services and programmes within the VCS engaging digitally.

Action for Children (2020a) documented the additional benefits that moving their **parenting classes** online had on their uptake. This included increased engagement from parents, particularly increasing accessibility for a number of groups that were not their typical client, including:

- Fathers (especially for classes delivered in the evenings or weekends).

- Those who had anxiety or mental health barriers to previously attending face-to-face.

- Those who were geographically isolated.

They also established *'Parent Talk'*, a digital online chat and information service for parents, staffed by parenting coaches/family support workers which saw a large increase in uptake throughout the lockdown (see Case Study 1 below).

> **Case Study 1: Parent Talk (Action for Children, 2020a)**
>
> Parent Talk is an amalgamation of online services that were available to parents pre-pandemic, including confidential, live one-to-one chat with practitioners and information, advice and guidance websites (now including information on COVID-19). These services were co-designed with parents to replicate support they might be offered in settings such as children's centres.
>
> The one-to-one chat feature is staffed by parenting coaches who are specially trained family support workers with significant face-to-face experience of working with families. The platform is intended for stand alone support, but can also be used as part of wraparound care, before or after face-to-face intervention.

Recognising the additional demand that lockdown would create, the number of practitioners available for one-to-one chat were scaled up from three to 29, extra funding secured for this expansion and localised offers were provided for local authorities who struggled to provide support for parents during the pandemic.

Between March and September 2020, the service witnessed a 430% increase in use (compared to the same period in 2019). During this time, 5,300 one-to-one chats took place, a 300% increase on the previous year. The most common topics for discussion in the chats were children's emotional wellbeing (30% of conversations) and boundaries and routines (21%).

The service has received positive feedback from parents, and practitioners noted that they were speaking to significantly more fathers than ever before.

McElearney et al., (2020) outlined the benefits of moving a **peri-and post-natal support programme** (BabySteps) online in that it enabled a greater reach of participants, including rural and previously under-served communities. This therefore presented an opportunity for future expansion of such virtual (or blended) services to ensure that accessibility benefits can be maintained.

Youth services

In relation to youth services, Wilson (2020) identified some projects in West Cumbria, which creatively used digital technology to establish a service offer that would be engaging and supportive for young people. These included: online DJing classes; digital youth club sessions; online courses on emotional health and practical skills such as food preparation and hygiene. Ettekal & Agans (2020) also provided examples of youth initiatives that have had to flexibly respond to the pandemic to continue to offer opportunities for youth leadership, the building of adult relationships, and skill-building.

Schools

Schools, amongst a number of other services, started offering families regular welfare calls (telephone or video), as a mechanism to check in with them, offer practical or emotional support and/or signpost to other services, but often serving a dual purpose of identifying families at risk in the absence of face-to-face contact (Baginsky and Manthorpe, 2020c; Moore and Churchill, 2020; Wilson and Waddell, 2020).

In doing so, however, practitioners often found that they were offering support that went beyond their traditional remit. Examples included:

- Schools offering practical emotional/support.

- Family support workers offering educational support for home-schooling.

Early intervention services

In relation to early intervention services, Wilson & Wadell (2020) described the use of digital technology and social media to get messages out to parents, in the delivery of parenting classes online, carrying out virtual check-ins with families, and the production of a parenting support app.

In addition to some of the benefits already described, they also documented that the shift to services online increased capacity of practitioners and that some families and teenagers preferred virtual delivery of services and transitioned well to this change.

Statutory services

Statutory services with functions such as child protection could not always eliminate face-to-face working, but nevertheless much of their everyday activity often moved online.

For some local authorities, their readiness to implement these changes was also dependent on available digital infrastructure in place, both organisationally but also for individual workers. It followed that for authorities where this was not already in place, the move to digital working was slower (Pink et al., 2020; Baginsky and Manthorpe, 2020c). Examples of digital working within statutory children's services included:

- Virtual home visits with children and families

- Online multi-agency meetings (e.g. child protection conferences, core group meetings with virtual parental attendance)

- Online multi-professional working (e.g. in Multi-Agency Safeguarding Hubs (MASH) teams or across services to identify vulnerable children at risk of reaching a threshold for service)

- Use of a digital app to record multi-agency communication with families to Red Amber Green (RAG) rate, triage and co-ordinate communication with the family (see Case Study 2 below)

- Virtual team meetings or informal coffee mornings (to allow peer-to-peer interaction) (Baginsky and Manthorpe, 2020c).

Case Study 2: Creation of a digital app to map communication

One local authority within Baginsky and Manthorpe's (2020c) study described the creation of an app to record all communication with individual families, carried out by children's social care, health, and education. This enabled agencies to rag-rate their concerns, as well as assess whether the family was feeling overwhelmed with contact from too many agencies simultaneously. The purpose was to aid decision-making to plan a streamlined approach.

> *'We asked schools, all those ones who were making these welfare calls for those they had concerns about, we asked them to RAG [red, amber, green] rate them and put them on the app. If they're not having contact with the family for a prolonged amount of time, if it went a couple of weeks, they should be red on that app. Then what that app does is devise an agenda for you, so if health has them as a red and school has them as a red and early help also has a red, then we hold a triangulation meeting to decide who takes responsibility … so then someone needs to try to contact that family a lot harder, if you like. (0-19 Health lead, LA 3)' (Baginsky and Manthorpe, 2020c: 14)*
>
> In this way, the app enabled joint-working, with triangulation and triage functionality to ensure that the most appropriate agency had a planned approach to communicating with each family.

For some children and young people, having social workers carry out virtual home visits and/or communicate with them digitally was favoured to traditional home visits, reflecting their generational preferences. Some practitioners reflected that these shifts had improved the quality of their interactions with their young people or presented benefits that they had not previously anticipated (Baginsky and Manthorpe, 2020a; Wilson and Waddell, 2020; Pink et al., 2020).

4 Emerging good practice

4.1 Introduction

This section presents emerging good practice which was identified within the literature, including elements of successful service delivery during the pandemic. However, it should be noted that **robust evidence of good practice is very limited** at the time of this review:

> **Note on the availability of evidence of effective practice**
>
> At the time of this review, it is challenging to locate robust evidence about which approaches to pandemic-related service delivery within the children's and families' workforce have been most effective.
>
> This is understandable given the abrupt nature of the lockdown restrictions. It is likely that many services have needed time to embed quality systems of monitoring and evaluation to better understand how these rapid changes have impacted their service users. This evidence is likely to become more available in the coming months as services benchmark how they have performed in supporting their clients and make this information more widely available.
>
> As such, the information presented here is largely descriptive of how services adapted to the challenges of COVID-19, and what benefits these changes brought about for their service users, based on observational or qualitative evidence. These elements were seen by practitioners or agencies as valuable and beneficial for the children and families they served and are therefore likely to contribute to a successful response. That said, there remains a need for more robust evidence now and in the future .

The key emerging elements of good practice response are discussed below. In addition to the themes below:

- Green et al., (2020) outlined a number of recommendations for engaging young people most successfully during the pandemic.

- Within the literature on support for parents, Wong et al., (2020) identified a number of resources for parents in better supporting children through the pandemic, including a children's book[4] aimed at very young children which could be used to explain COVID-19 and its implications.

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[4] COVIBOOK; guides for parents – https://www.mindheart.co/descargables.

4.2   Flexible approaches

A cross-cutting theme of responding to the pandemic was the importance of services' ability to be flexible in their responses, and to adapt quickly (Green et al., 2020). The literature highlighted this flexibility as a positive development for the sector, although there remains a need to develop robust evidence about the new approaches implemented as part of the response to COVID-19 and to address other considerations for the future (see Section 4.7 below).

4.3   Working rapidly, innovatively and creatively with partners

Many agencies credited working quickly with other organisations to come up with innovative ways to deliver services as being a critical feature of their response. It is clear that multi-agency working, and information-sharing had a number of benefits in streamlining an organisational response to families as well as identifying those at risk of requiring additional support.

Key tips for working with partners to support families during the pandemic were:

- Using practitioners' pre-existing relationships to engage with children and families.

- Working with organisations with a knowledge of local communities.

- As part of large-scale interventions, working with specialist VCS services.

- Using digital technology. It was suggested that it could be easier for practitioners to attend multi-agency meetings if they were held virtually.

See Section 3.3 above for more detailed discussion.

4.4   Digital service delivery

The overarching characteristic of service delivery within lockdown was the use of digital technology to offer virtual interventions to children and families. These ranged from taking multi-agency meetings online, telehealth systems to deliver therapy or 1-to-1 work, social work 'home' visits carried out via video messaging services, online parenting classes and many others. For the workforce, this also meant being supported and enabled to digitally work from home, with the appropriate management advice and infrastructure to do so effectively.

There were some unintended benefits of moving to the digital domain such as: some children and young people preferring this mode of contact with their social worker; increasing access to interventions for previously under-represented groups (such as those who are geographically isolated, those with mental health barriers to physical attendance and working fathers) and better attendance of professionals at multi-agency meetings (see Section 3.4 for more details).

4.5 Addressing digital exclusion issues in service offers

The acknowledgement and addressing of digital exclusion issues for families was an important component in ensuring equitable access, particularly for those most at risk. As such, some agencies also provided families with hardware and/or support to access the internet so that they were able to make full use of the interventions available to them.

Services will need to factor this into any future continuation of digital services to ensure that this form of service deliver does not inadvertently become a barrier to access. They will need to ensure appropriate financial and resources allocation for this activity in any future service planning.

4.6 Targeted support

Organisations recognised that some groups were more acutely affected by the pandemic and provided additional services to meet these needs. As the country emerges through successive stages of lockdown, it will be even more important for services to accurately measure need in their local communities to identify those families who are now in need of support (some of whom will not be previously known to services) and to ensure that additional intervention can be channelled to where it will have most impact.

4.7 Co-production of knowledge and service-planning

Co-production of knowledge and guidance with children and families was considered important to meaningfully offer intervention and to better understand their experiences during the pandemic (Barnardo's, 2021; Danese and Smith, 2020; Wilson, 2020).

For example:

- Drane et al., (2020) argued that co-production was important in understanding the cultural context of home-learning values of both the learner and the family in being better able to support families.

- Co-production of knowledge and appropriate consultation was also considered important for families of children with autism (Pavlopoulou et al., 2020).

- Co-production was felt to be an effective mechanism for successful engagement with older young people at transition points (Colville et al., 2020).

5 Considerations for future practice

5.1 Introduction

This Section presents evidence for areas for further development based on learning from the responses to the challenges faced by children's services during the COVID-19 pandemic. The literature identified both:

- Aspects of the responses which have been put in place which require further consideration, including:

  o The governance and leadership of children's services in the response to the pandemic.
  o The need for performance management and robust evidence of the efficacy of the responses put in place.
  o The use of digital technology as part of service delivery

- Considerations for the future, particularly around service re-configuration and how organisations and institutions will need to adapt to better meet the needs of their clients, as we emerge through the pandemic, longer-term. Key areas of focus include:

  o The need for broader delivery of support through whole-system, holistic approaches and population-level interventions with corresponding investment
  o The need for targeted support for the most vulnerable groups.

5.2 Strong governance and leadership

On the whole, there was limited evidence in the literature about effective governance and leadership.

However, Wilkins' et al., (2020a) rapid review on **remote leadership** suggested the following ways of promoting effective leadership (although the review was not based on research carried out in the COVID-19 pandemic specifically):

- Flexible (but not hierarchical) leadership styles.

- Ensuring regular communication.

- Ensuring ways in which team members can share thoughts, ideas, give regular feedback.

Given comments from practitioners about the importance of feeling well-supported by managers (see section 2.5.3), it is likely that this is an important facilitator for effective practice. Statutory children's services were also noted as a sector where digital leadership and innovation could often be improved, which needs to be addressed in order to embed effective service changes in the future (Pink et al., 2020).

5.3   The use of digital technology

The literature highlighted some opportunities for the use of digital service delivery in the longer-term, beyond the response to the COVID-19 pandemic, as well as key considerations for doing so.

5.3.1   Opportunities

There was recognition within the literature that the move to the digital delivery of services offered a more strategic opportunity for long-term re-configuration of services which could **improve efficiency, outreach, and offer triage functions** such as initial assessment.

This was particularly true of the **mental health sector**. The literature highlighted the constrained pre-pandemic capacity of CAMHS to meet demand, and the subsequent mental health stresses on both children and families. Given this context, it was felt that digital delivery could enable mental health interventions to be offered to a larger population as part of a response to adequately address future mental health needs (Bartlett & Vivrette, 2020; Power et al., 2020; Fegert et al., 2020).

It was also suggested that digital services could be used within **statutory children's services** to offer virtual parenting and substance misuse interventions for the parents of those children who had been removed from their care, so that delays in potential rehabilitation could be minimised (Wong et al., 2020).

5.3.2   Considerations

A key consideration for the longer-term use of digital service delivery is **the need for evidence and evaluation**, as the evidence base is limited.

Martin et al., (2020) have made a step in this direction, reviewing improvement in outcomes for children and young people for different types of digital interventions (substance misuse, teenage pregnancy, mental health, well-being, anti-social behaviour and crime). Their research demonstrated that:

- Whilst improvements in outcomes tended to be short-term, seen immediately after the end of the intervention, this was more enduring for mental health and well-being focused interventions.

- Interventions were also more likely to have more positive and enduring outcomes where communication was tailored via a specific practitioner (rather than generic content) and content was interactive and engaging, and these were also ways in which higher attrition rates could be addressed.

- However, virtual interventions were *at best* as effective as face-to-face interventions, but more often they were less effective.

On the whole, however, there was little in the literature that methodically evaluated digital interventions in response to COVID-19, either in relation to their outcomes for children and families, or in comparison to traditional face-to-face

interventions that organisations had largely been delivering before the pandemic . As such, it is difficult to identify 'good practice' in terms of being confident of the impact of these reconfigured services.

Other key considerations for the longer-term use of digital service delivery were:

- **Better use of digital infrastructure to support multi-agency working.** Agencies have been able to work effectively through digital means, both through overcoming obstacles faced in the past, but also because of increased availability of workers due to the move to digital working. It is likely that a substantial amount of multi-agency meetings and decision-making may well remain in the digital domain to encourage these benefits to continue, in a post-lockdown working environment.

- **Addressing digital exclusion**, including enabling digital access and providing appropriate devices. For example, Drane et al., (2020) highlighted the importance of addressing digital exclusion and providing hardware to those families in need, showcasing initiatives in New Zealand and Australia which used educational content provided via television to support families where there were issues of internet exclusion.

- **Tailoring interventions to risk level**. The need to tailor interventions for those at highest risk of mental ill-health was also highlighted as necessary to ensure digital mental health interventions were successful (Prime et al., 2020; Stark et al., 2020).

Blended services to maximise outreach

There was recognition that for some groups of service users (e.g. some families with children with high levels or specific types of disability, or very young children), online delivery of services were not always appropriate or adequately accessible. It is likely that some services will be more appropriately delivered face-to-face and in the wake of COVID-19, though these may need to be adapted to minimise risk to workers and families. This is also the case in statutory social work where child protection risk will always necessitate the need for home visiting and assessment.

However, the literature did suggest some benefits of digital service delivery (see Section 4.4). This may go some way in supporting arguments to continue some of these delivery systems in a post-pandemic world, or at least offering them as part of a blended model of service delivery, where both face-to-face and online intervention are acknowledged as dual components of an effective outreach strategy.

As such, a hybrid model of practice is likely to be important for services to consider as they think about service-planning in the medium to long term.

5.4 Well-planned performance management and robust research

A number of sources identified the need for robust evaluation and monitoring data to demonstrate the effectiveness of pandemic-related changes to service delivery (Nearchou at al., 2020; O'Reilly et al., 2020; Wilson & Waddell, 2020; Baginsky and Manthorpe, 2020c). However, in the current literature it was difficult to locate many examples of such research – this is likely to be an evidence-base which emerges over time as services catch up with short-term and crisis-driven demands and move onto more strategic decision-making and evaluation activity.

For example, it is not clear how effective digital service delivery is. Limited evidence suggests that at best, it is as effective as face-to-face interventions, and usually it is less effective (depending on types of service) – see Section 5.3.2 above. As such, it is imperative that organisations embed integrated systems of monitoring and evaluation into their service planning so that they can gather accurate data on the impact of their service changes, particularly rapid moves to online intervention.

This will enable strategic decision-making and future service planning to be based on the most reliable evidence, to ensure positive impact for future generations of families and children. It is also important that organisations commit to making their research and evidence accessible to all, so that sector-wide learning in this area is accelerated and acted upon in a timely way.[5]

Some authors noted that organisations and local authorities were using the unique opportunity that had been presented by the pandemic to establish new evaluation plans (e.g. Ghiara et al., 2020). However, the absence of baseline measures of children's wellbeing is anticipated to make it more challenging to measure the impact of the pandemic over time and offer meaningful intervention (Children's Society, 2020a). The new review of children and young people's welfare announced by the incoming Children's Commissioner of England may go some way in addressing this need, although this remains to be seen (Butler, 2021).

5.5 A whole-system and holistic approach to assessment and intervention

The pandemic has necessitated a fundamental re-think in terms of how services for families and children are delivered, as well as, to a lesser extent, how agencies work together more effectively. There is an argument for using this opportunity to create a wider conceptualisation of the role of universal and early intervention services, as well as schools, to maximise wellbeing.

A number of sources identified the importance, in both assessing and intervening in the lives of children and families, of taking approaches which are **holistic** and which focus on **whole families as well as wider social networks**. The literature

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[5] Some academic publishers and clearing houses are already making pandemic-related content open-access to facilitate this learning.

highlighted that a **whole-system approach** is key to delivering support in this way. The following have been identified as important ingredients within this:

- Significant investment in low-level interventions which adopt a public-health or social model of mental health and education support. This has the potential to buoy the population to mitigate against the worst impacts of COVID-19, and to protect higher-threshold services from getting inundated.

- Ensuring that schools have adequate in-house mental health provision, as well as a more holistic view of pupils' well-being which actively promotes emotional health, physical health, and leisure (as well as academic attainment).

While suggestions for how these principles could be implemented spanned many areas and processes (Barnardo's, 2021; Herrenkohl et al., 2020; Prime et al., 2020 and Stark et al., 2020), two key areas highlighted in the literature were mental health support, and support for children with returning to school, discussed below.

Returning to school

There was recognition that the re-entry to formal education was difficult for many children and young people in terms of their emotional and mental health, and that any successful transition after periods of lockdown needed to acknowledge this, and to have a much wider focus than simply academic (NSPCC, 2020f; Drane et al., 2020; Colao et al., 2020). In this way, focusing on children's wellbeing and mental health was seen as a necessary precursor to any successful academic catch-up activity.

The Children's Society (2020a) argued that children's re-entry to school must be focused on letting children re-establish their friendships, enabling choice and focusing on non-academic leisure pursuits, as well as offering extra provision for those requiring catch-up support. Young Minds (2020) also found that when young people with existing mental health issues were asked what kind of information and support would be helpful in their school both for them and others:

- 87% said space to take some time if things get too much.

- 59% said extra help with school work.

- 54% said mental health support from teachers.

- 51% said lessons on wellbeing and mental health.

- 47% said school counsellors.

- 43% said information around the school or college on where to get support.

- 24% said after school clubs.

Case study 3: School re-entry programme

Capurso et al., (2020) outlined an explicit school re-entry programme which was being promoted in Italy, but could be adopted elsewhere, which acknowledged the impact of COVID, as well as children's emotional coping strategies, and re-oriented them in the school and social environment with their peers. This was intended to be followed by educators before the formal start of any curriculum. It was differentiated by age to offer age-appropriate content and activity to re-integrate children into a productive learning environment where they felt emotionally safe, and their prior pandemic experiences validated and acknowledged.

Although it has not yet been formally evaluated, it was designed based on previous research on children's experiences of trauma, by educational psychologists. It also offered evaluation tools that could be used alongside its implementation. Colao et al., (2020) also identified the school as a potential site of more health knowledge promotion and collaborative learning, in the wake of the pandemic.

Mental health support

Similarly to re-entry into education, it was suggested that mental health support would need to broaden in approach to respond to the pandemic. For example:

- Adopting a universal approach was suggested (Zhou et al., 2020; Barnardo's, 2021), entailing a whole-family approach and systematic assessment. Representing a model for a broader and social conceptualisation of mental health intervention itself, this could include:

  o Interventions offered to multiple members of the family (or parts of the system).
  o Diagnosis not simply located in one individual.
  o Using trauma-responsive approaches to acknowledge the impact of the pandemic (Barnardo's, 2021).

- Gilleard et al., (2020) argued for a wider conceptualisation of mental health support for children and young people, to include an extra-curricular focus and more general provision of leisure activities to counteract the effects of the pandemic.

The government's £8m 'Wellbeing for Education Return' programme which is intended to support schools with the emotional impact of COVID-19 may address this to some extent, and local authorities have been planning their activities to respond accordingly - this will need close monitoring and evaluation over time (Baginsky and Manthorpe, 2020c).

5.6 Population-level interventions with corresponding investment and funding

Following from the recognition of the value of a whole-system approach, the importance of population-level initiatives was highlighted in order to: (i) adequately put in place a response which would support families at all levels of

need; (ii) acknowledge the wide-reaching impact of the pandemic; and (iii) reduce the stress on the most acute services which were likely to be overwhelmed.

Indeed, Baginsky and Manthorpe (2020c), Wilson and Waddell (2020) and Herrenkohl et al., (2020) all highlighted the importance of preventative services and a universal service offer for families which supports them with respect to the multi-faceted impact of the pandemic. The pandemic could provide the impetus for a new model of child welfare and protection to be established, in which services are offered on a continuum and not when families' problems have become so entrenched before getting involved on a statutory level (Herrenkohl et al., 2020).

Key features of a population-level approach in responding to COVID-19 could include:

- The **strengthening of a universal service offer,** plus significantly greater investment in and **expansion of early intervention, prevention and mental health services** (Newbury et al., 2020; Wilson and Waddell, 2020; Loades et al., 2020; Barnardo's, 2021; Action for Children, 2020a; Children's Society, 2020a).

- A **public health focus on mental health** (Phelps and Sperry, 2020; Stark et al., 2020), especially within schools and colleges, to mitigate a potential mental health crisis, especially if schools only focus on the academic. Darmody et al., (2020) also suggested using Personal, Social and Health Education (PSHE) lessons to offer universal interventions in making sense of and addressing the impacts of COVID-19 on children. Danese and Smith, (2020) also stressed the importance of psycho-educational interventions.

- A **social justice and equity focus**, given the widening inequalities that have been caused during the pandemic (Fegert et al., 2020)

The literature highlighted the **need for investment** in the following areas:

- **Mental health services for children and families**. Young Minds (2020) and the Children's Society (2020b) argued for a ring-fenced resilience fund for schools, to invest in mental health support for their pupils.

- **Mental health support at a population level** (i.e. lower than clinical threshold). The Children's Society (2020a) and the Children's Commissioner for England (2021) outlined the importance of expanding this support through the use of digital services and mental health support teams in all localities (offering graduated support between schools and specialist services).

- **Early years services** Action for Children, (2020a) and Pascal et al., (2020) argued for a number of measures to support children and families adequately, including: (i) an increase in the early years pupil premium to that of the primary level of funding; (ii) an investment in early years provision via an expansion of the 30-hour childcare offer to all families currently entitled to the 2 year old

offer; (iii) transition support funding for providers; (iv) and; a reinvigoration of children's centres/ hubs to boost resources available to communities.

5.7 Targeted support to the most vulnerable groups:

Although the need for a strengthening of lower-level universal services, accessible to all families was argued to be a necessary strand of an adequate post-pandemic response, the corresponding element of such a response was putting in place appropriate *targeted* support to those most detrimentally affected (Stark et al., 2020; Barnardo's, 2021).

The following examples of targeted support were raised:

- Bartlett and Vivrette (2020) argued for the importance of **targeted outreach and information** to parents about what support was available for them within their communities.

- Wong et al., (2020) suggested using facilities closed during the lockdown to offer **specialised emergency respite** to families of children with high levels of disability in recognition of their particularly precarious positions.

- Barnardo's (2021) outlined **specific services** that have been put in place for particular vulnerable groups (e.g. BAME young people) such as *Boloh*, a telephone helpline.

- In relation to education, Montacute (2020), argued that **small-group learning and an earlier re-entry to school** for the most vulnerable children, along with an increase in pupil premium funding were all ways in which the attainment gap could be addressed (see also, Darmody et al., 2020; Cullinane and Montacute, 2020; Montacute and Cullinane, 2021).

- In terms of lockdown learning, Cullinane and Montacute (2020) suggested offering **online targeted and/or small-group learning** to those pupils struggling most with home schooling. Sonnemann and Goss (2020), taken from Drane et al., (2020) also suggested **using trainee teachers** whose student placements may have been put on hold to support the most vulnerable pupils during home schooling.

6   Conclusion

6.1   Original research questions

This review set out to explore two research questions:

- What challenges and solutions have those involved in supporting vulnerable children and young people during the COVID-19 pandemic experienced?

- What are the emerging models of good practice crisis responses across children's services?

The majority of the literature sources addressed challenges that were experienced by those working with vulnerable families. This review also presents the themes which feature in the responses to these challenges which organisations have put in place. These have been framed as responses, rather than *solutions*, as there is an evidence gap as to the effectiveness of these responses.

6.2   Emerging good practice

There was limited robust evidence of effective practice responses during the pandemic, and the review did not identify information about any *explicit* models of emerging good practice. It is likely that over time, as organisations carry out, and quality-assure evaluation activity with respect to their services (such as Barnardo's See Hear Respond programme), this information will begin to be published in the public domain and can be collated more widely to build a national picture of what works. This will help establish a post-pandemic legacy of service re-configuration where new models of working may help address emerging longer-term welfare needs of families.

However, emerging elements of good practice were identified based on observational and largely qualitative evidence, particularly:

- Flexible approaches.

- Working rapidly, innovatively, and creatively with partners.

- Digital service delivery and addressing digital exclusion issues.

- Targeted support for particular groups.

- Co-production of knowledge and guidance.

6.3   Considerations for future practice

The review of the literature highlighted some key considerations for service delivery as the country progresses through the COVID-19 pandemic. The main

consideration was the need for robust monitoring and evaluation of the responses put in place, to understand the impacts on children and families.

Other key considerations for the future were:

- The need for strong governance and leadership of children's services responding to the pandemic.

- The need to address the challenges and unknowns associated with the use of digital technology, as well as the opportunities.

- Exploring whether services could be reconfigured to be more effective based on learning from the pandemic and responses to it. Key areas for consideration identified in the literature were: (i) holistic approaches, (ii) whole family approaches, (iii) whole-system approaches, and (iv) low-level and preventative population-level interventions.

- The need for targeted support for the most vulnerable groups.

Appendix 1 Review protocol

Search strategy

A search strategy was developed using Google/Google Scholar, drawing on both the academic and the emerging 'grey literature' (i.e. not academically published using peer-reviewed processes). Given the typical timeframe for the publication of academic literature compared with the relatively recent COVID-19 pandemic, it was anticipated that most of the relevant content would be found in the grey literature. However, several peer-reviewed sources were also identified, which were included in the bibliography, using DeepDyve to supplement access.

Search terms

Figure 2**Error! Reference source not found.** shows the agreed search terms within the search strategy, and all combinations of one primary + one secondary + one tertiary term were searched.

Figure 2: Agreed search terms

Primary search term	Secondary search terms	Tertiary search terms
COVID* Coronavirus Pandemic	Children Young people Famil* Parent* Babies	Early help Support* Adapt* Vulnerab* Disadvantag* Approach Practic* Challeng* Solution Model Lesson Impact Outcome

Inclusion criteria

Inclusion criteria were agreed for the search, such that included references were:

- Published in the past two years.

- Published in English.

- Relevant to at least one of the research questions.

- Publicly available (i.e. not behind a paywall).

- Relevant to the context of the UK.

Given the nature of this rapid evidence review, the abstracts of the first 30 hits were appraised for each individual search combination, and those deemed to fit the inclusion criteria were included in the final bibliography.

These searches led to 68 references being included in the initial bibliography. The references were then read to ensure they did indeed fit the inclusion criteria and were relevant to this review. From this, a further 20 references were excluded.

Additional references

Through reviewing the 48 references which were relevant to our research questions, further reports and articles were identified that were appropriate to the review. In addition, a final search was carried out with the following organisations, to ensure inclusion of any relevant work that was being carried out in this area.

- NSPCC

- The Children's Society

- What Works for Children

- Sutton Trust

- Early Intervention Foundation

- Save the Children

- Action for Children

From these searches, further references for inclusion were identified. A full bibliography can be found in Appendix 2.

Appendix 2: Bibliography

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