Keeping children and young people safe during a pandemic: testing the robustness of multi-agency child protection and safeguarding arrangements for schools

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Section 1: Context of multi-agency work in England

The context is provided in some detail to allow commentators from other countries to gain an understanding of the situation in England.

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area. Its enactment in 1991 was accompanied by statutory guidance entitled Working Together under the Children Act 1989: A Guide to Arrangements for Inter-Agency Co-operation for the Protection of Children from Abuse (Home Office et al., 1991). While the Act recognised that multi-agency engagement was central to protecting children from abuse, as Parton (2011) points out, the focus of the document was on the identification of cases judged to be high risk, despite the balance which the Children Act 1989 attempted to achieve between protecting children who ‘were suffering or likely to suffer significant harm’, who were to be investigated under section 47 of the Act, and the wider duty placed on local authorities by section 17 of the Act to ‘safeguard and promote the welfare of children in their area who are in need’. An ethos of child rescue continued to dominate despite the intentions of the Act. The findings from a series of research projects commissioned by the Department of Health showed how this was leaving many vulnerable children and their families without the services they needed. These research studies, summarised in Child Protection: Messages from Research (Department of Health, 1995), supported a move towards dealing with all concerns about children’s welfare as enquiries about their needs.

In 1999 and 2000, this shift was supported by the publication of Working Together to Safeguard Children (Department of Health et al., 1999) and Framework for the Assessment of Children in Need and their Families (Department of Health et al., 2000). The Working Together guidance set out how all agencies and professionals should collaborate to promote children’s welfare and protect them from abuse and neglect. It was addressed to those who work in the health and education services, the police, social services, the probation (community-based criminal justice) service, and others whose work brings them into contact with children and families. The years that followed saw an increasing emphasis placed on multi-agency working at both strategic and operational levels. It underpinned the Every Child Matters (Department for Education and Skills, 2003) statement of policy for children and young people, the Every Child Matters: Change for Children (Department for Education and Skills, 2004) programme and associated outcomes for children to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing. It states that:

Multi-agency working is about different services, agencies and teams of professionals and other staff working together to provide the services that fully meet the needs of children, young people and their parents or carers. To work successfully on a multi-agency basis you need to be clear about your own role and aware of the roles of other professionals; you need to be confident about your own standards and targets and respectful of those that apply to other services, actively seeking and respecting the knowledge and input others can make to delivering best outcomes for children and young people. (p 18)

The Children Act (2004) provided the statutory basis for Every Child Matters outcomes framework in establishing:
• a basis for better integrated planning, commissioning and delivery of children’s services

• clearer accountability for councils’ [local government] children’s services through a Director of Children’s Services and designating a lead councillor (elected public representative) for children’s services

• a legislative basis for better sharing of information

• statutory Local Safeguarding Children Boards to replace non-statutory Area Child Protection Committees, and

• a Children’s Commissioner for England.

The next Working Together document (HM Government, 2006) stressed the importance of all organisations and agencies adopting an integrated, multi-professional approach to the assessment, planning, intervention and review processes for all vulnerable children, and this has remained the case through subsequent iterations.

Key partners in such a multi-agency approach are schools. Because of their day-to-day contact with children, teachers are uniquely placed to be able to detect signs of child abuse, changes of behaviour or failure to develop. The inquiry into the death of a child, Lauren Wright in May 2000, showed how poor communication between health, social services and education professionals failed to protect Lauren from 17 months of physical abuse (Norfolk Health Authority, 2002). This led to an amendment to the Education Bill which was then being discussed in Parliament. This amendment became Section 175 of the Education Act 2002. The section requires the governing bodies of maintained schools and further education institutions (post 16 years) to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children and to work together with other agencies to ensure adequate arrangements within a school to identify, assess and support children who are suffering harm.

However, policy and reality do not always match. Many authors have identified the barriers and facilitators that exist, often presented as polar opposites to each other, i.e. the barriers represent an absence of factors identified as facilitators (Sloper, 2004). Calder and Horwarth (1999) provide a list of factors which impact on the effectiveness of child protection:

• differences in background and training

• varied attitudes to family life

• stereotypes and prejudices

• role identification and socialisation

• differences within and between professionals

• status and power

• professional and organisational priorities

• structures, systems and administration

• different roles and responsibilities

• lines of authority and decision-making
different perspectives
complexity and coordination
communication
‘under-lapping’ service provision – taking the narrowest possible view of duties
changes in philosophy – the meaning of abuse, involvement of parents
organisational restructuring
anxiety and child protection.

When one of the authors of this present study tested these in a study of the interface between school and social workers (Baginsky, 2007) the messages that emerged were complicated. While there was a considerable amount of effective work taking place between the two agencies, schools were still finding it difficult to engage other agencies consistently and children’s social care (CSC) was concerned by schools over- and under-reporting concerns. Underpinning the conclusions was the observation that both professions had an insufficient understanding of the other’s role. At around the same time research conducted for the then Department for Education and Skills (Deakin and Kelly, 2006) found that school staff felt less engaged in the Every Child Matters agenda than other sections of the children’s workforce.

In the years that followed there was very little research on how schools were responding to the responsibilities placed on them by the Children Act 2004, but they were also years that saw considerable changes across the state sector of education. Academies were introduced in 2000 by the Labour government to address the underperformance and low expectations reported in inspections of ‘failing’ schools. Academisation was extended by the Academies Act 2010 introduced by the then newly elected Coalition Government. The most significant change allowed maintained school to convert to academy status. In January 2018, 7,472 of the 21,538 state-funded schools in England (35% of all state-funded schools) were academies (National Audit Office, 2018), with half the pupils in England attending an academy (Department for Education, 2019). As Shar (2018) points out, they became ‘the only means of providing outstanding education’ (p.217), at least in political pronouncements. When an academy is formed it leaves the local authority’s control and contracts directly with central government, although local authorities retain their statutory duties for arrangements to improve the wellbeing of local children (Children Act 2004, section 10), to safeguard and promote the welfare of children ‘in need,’ to make enquiries and take appropriate action to protect children who may be at risk of, or who are suffering, significant harm (Children Act 1989).

An ESRC-funded study exploring the role of schools in a multi-agency approach to safeguarding and protecting children was conducted between 2017 and 2019 (Baginsky et al., forthcoming). A major focus of the study was an examination of the impact, if any, on relationships between agencies of the increased decentralisation of the English school system with the growing number of academy schools. The initial stages of the research indicated that local authorities were facing new challenges in working with fragmented educational provision: while their statutory responsibilities remained, the means by which they were carried out had been undermined. However, case studies conducted in 50 schools
across five local authorities showed that overall schools were satisfied with the support they received from local authorities. There were differences across the five areas in the level of satisfaction with support received from local authorities but not between LA-maintained schools and academies. Most schools reported being actively involved in multi-agency work. Although there were many positive examples, there were clearly problems that mainly arose from operational practices in all agencies that were difficult to negotiate. While engagement of schools in multi-agency responses was pivotal, it still faced many challenges. The limitations of this extensive study were that it was heavily focused on schools and the case studies examined multi-agency working exclusively from a school perspective.
Section 2: The study

This present study builds on the ESRC study referred to above as well as our recent study which explored how local authorities have managed child protection work within COVID-19 restrictions (Baginsky and Manthorpe, 2020). In the discussions which took place with children’s social care (CSC) across 15 local authorities there were many references to how multi-agency working had improved as agencies adapted to COVID-19 restrictions. There were also multiple references to how involved schools had been in working with partner agencies and how mutual understanding of each other’s role and responsibilities had deepened.

The primary research question for this present study focused on whether the multi-agency arrangements, of which schools are a part, have been sufficiently robust not to place children at increased risk during the first months of the coronavirus pandemic in the UK (hereafter COVID-19). The study provided the opportunity to explore the role of the school in multi-agency work during this time, not only from the perspective of schools and CSC, but from that of other agencies including child and adolescent mental health services (CAMHS), school nurses and the police. The researchers also contacted practitioners and researchers in Australia, Israel, New Zealand, the Republic of Ireland and the United States (US) to discuss how they had managed services during this time. Similar child protection systems to that in England are in place in these countries. While there are variations in implementation, particularly in relation to mandatory reporting, these countries all operate within a shared model (Waldegrave, 2006).

Methodology and analysis

Seven of the 15 authorities had provided the richest information on multi-agency working in the earlier COVID-19 study. They were all approached to ask if they would consider supporting and participating in this study, noting that it would require the engagement of other agencies, particularly education, where only CSC had been involved previously. In one of the seven areas, CSC agreed but education refused; in another, despite early enthusiasm, emails went unanswered so that was interpreted as a refusal or lack of capacity to engage. The other five agreed to participate and to contact partner agencies to gain their consent for contact details to be passed to the researchers.

The research was conducted between July and September 2020. The five local authorities were a London borough (LA 4), a county council (LA 5) and three unitary authorities (LAs 1–3). A total of 40 interviews was conducted by a mixture of video link and telephone, involving 46 informants. In four of the five authorities, senior leaders from education and children’s social care were interviewed and were actively engaged in recruiting partner organisations. In LA 3 this was not the case and, after the initial contact, all communications were through an early help service manager. While she was very supportive the research in that authority suffered because of the absence of active senior manager support. As a result, far fewer interviews were conducted with professionals in that authority.

In addition to strategic and operational leads for education and children’s social care, interviews were conducted with representatives of the Police (two LAs), strategic managers in health services (in four LAs), schools and colleges (in all LAs), virtual school heads (two LAs), the school nursing service (two LAs) and child and adult mental health services (three
LAs). The local authority staff also agreed to send a very short survey to schools. The survey was designed to gain schools’ views on how, if at all, multi-agency working had changed under COVID-19 restrictions. All the interview data were analysed thematically, informed by the six-stage approach outlined by Braun and Clarke (2006) involving familiarity with data, generation of initial codes, identifying emerging themes, reviewing and defining the themes and writing them up. During discussions with informants in other countries (see above) they agreed to provide short commentaries on the report (see Appendix).

The report and future activities

This summary report identifies the main themes to emerge from the discussions that took place and the areas which require further investigation, particularly in terms of the impact they may have on future practice. The data will be explored in greater detail in articles submitted to peer reviewed journals and will contribute to the forthcoming book on the ESRC project (Baginsky et al., forthcoming). We shall also:

- develop a proposal for ESRC that will allow the examination of the impact of this time on the interactions between health, children’s social care and education using these data to refine the central research questions from this study.
- investigate the possibility of examining multi-agency working during and beyond COVID-19 with partners in other countries where relationships have been established in the course of this work.

This report has also contributed to:

- work currently being conducted by one of the authors on child protection conferences held since COVID-19 restrictions started. The Nuffield Family Justice Observatory is funding that work
- the development of a research proposal on the pattern of referrals to children’s social care since COVID-19 restrictions were introduced
- engagement with King’s College London colleagues on possible joint working
- background information to support membership of the NIHR Policy Research Programme’s Expert Advisory Group on funding applications
- a successful bid to the NIHR School for Social Care Research on the implications of amendments to the Care Act 2014 in the Coronavirus Act 2020, that started in October 2020.
Section 3: Areas of specific interest and significance

In reading what follows it is important to recognise two key contextual factors. The first is that when COVID-19 restrictions such as national lockdown were imposed in the UK, child protection and child welfare had to introduce new ways of working very rapidly. The second is that linked inextricably to this was the necessity for professionals in many agencies working with families to work from home and minimise the amount of face-to-face contact with others. This meant that many professionals were limited in their ability to assess risk when the most vulnerable children and their families were going to be behind closed doors. This section summarises discussions that took place across the relevant agencies about the part they played in working with or in schools to sustain and even strengthen multi-agency work to safeguard children during the period March to September 2020.

The areas covered are:

- vulnerable children
- multi-agency safeguarding hubs (MASH)
- multi-agency meetings
- relationships between schools and children’s social care
- relationships between schools and child and adolescent mental health services (CAMHS)
- referrals
- multi-agency safeguarding partnerships
- areas for investigation arising from this study.

Vulnerable children

Schools play a vital role in identifying and supporting the most vulnerable children and families (Baginsky et al., 2019). When the first national COVID-19 lockdown was introduced in March, the government announced that all schools should stay open for children of key workers, and ‘vulnerable children’ defined as those:

- assessed as being in need under section 17 of the Children Act 1989, including children who have a child in need plan, a child protection plan or who are looked after children
- who have an education, health and care (EHC) plan whose needs cannot be met safely in the home environment, or
- assessed as otherwise vulnerable by educational providers or local authorities (including children’s social care services), and who are therefore in need of continued education provision. (See Department for Education, 2020)

Most pupils did not fall into these categories, and school hubs or clusters were established to accommodate those children who were attending. Initially, the number of vulnerable children attending schools fell far below official expectations. On 22 April 2020 the children’s minister, Vicky Ford MP, appeared before the House of Commons’ Education
Select Committee and reported that only five per cent of children who were entitled to a school place were taking up these places.¹ The reasons why that figure was so low included parents’ reluctance to expose the family to unnecessary risks, as well as the desire on the part of foster parents not to send their foster children to school while their own children remained at home (Baginsky and Manthorpe, 2020). Nevertheless, the fear was that the one agency (schools) that had day to day contact with children and that under normal circumstances would notice changes in behaviour and report concerns would not be in touch with many of their pupils.

A report by the Early Intervention Foundation (Wilson and Waddell, 2020) drew attention to the fact that there were more children who would fall into the vulnerable category because of COVID-19, or during the lockdown, but who were not currently known to any service. Because they were ‘out of sight’ they were potentially the most vulnerable. In the five LAs, substantial plans were put in place to support children and many schools were committed to maintaining contact with them and providing tangible help.² Schools and other agencies were concerned that, as well children who were identified as vulnerable and not in school, there were also those who had not met any threshold of vulnerability but about whom schools had concerns. It was also clear from interviews that many children who fell outside any formal definition of ‘vulnerable’ were receiving support from schools.

The Early Intervention Foundation report (Wilson and Waddell, 2020) explored the impact of COVID-19 on early help services. These services provide support for children and families who do not meet the criteria for statutory support from a local authority. In the years before COVID-19, early help provision varied considerably across local authorities and there had been a refocusing of these services around Tier 3, or children with complex needs, which meant fewer resources were available for Tier 2 (Baginsky et al., 2019; Hood et al., 2020). But even where a reasonable level of provision was in place, many early help workers were working from home and maintaining contact with families virtually. To bridge the gap in provision many schools had assumed substantial responsibility for providing material and emotional support to families even pre-COVID-19 (Baginsky et al., forthcoming) and this had accelerated during the pandemic.

These teachers from the different LAs provide a flavour of the extent to which they worked throughout the lockdown and beyond to fill gaps in provision:

…because they weren’t in that vulnerable category didn’t mean they weren’t vulnerable. So there was a fear of losing some contact, and we needed to work together to share anything we had. So clearly one of the things was that schools delivered lunches and not all to the families we would be discussing. So through the free school meal delivery patterns or by

¹ www.cypnow.co.uk/news/article/five-key-things-the-children-s-minister-told-the-education-select-committee

² In conversations with other schools across England on other projects it became clear that nationally many schools were supporting families and keeping a vigilant eye over vulnerable pupils, whether they met the official definition or not.
encouraging parents to come into school to collect food, they could keep an eye on a far larger number of children. (Head teacher, secondary, LA 2)

On the first day of lockdown we designated every teacher in the teaching staff in their class to be responsible for at least one or two kids in the class, then the next level, which would have been my senior leadership team, they were then, alongside our wellbeing team, designated the kids that we have on risk factors and worry around that, so they were then rung another time. (Head teacher, secondary school (special education), LA 1)

So we didn't have them all in school, but we had a list of 140 children that we deemed vulnerable to some extent, and those were then divided up amongst the pastoral team and we made home visits to all those children multiple times, plus weekly phone calls to both the children and the parents, some of them were twice weekly, some were three weekly, it was just how much they needed us really... To be honest, when we got to the end and we were going to shut down for the summer, we had to do quite a bit of work in trying to unhook some of the families from us because we had really put a lot of support and effort and energy in there, and then knowing we weren't going to be on the end of a telephone, we then needed to do quite a lot of signposting and make sure they knew who they could contact and where they could contact if they needed anything extra, and our really needy families had the email addresses of our pastoral team, so they'll be keeping an eye on those and looking... (Designated safeguarding lead, secondary school, LA 1)

In some instances, this type of contact would identify families that were struggling and attempt to get support in place:

So as an example, a school would ring up a family and identify, maybe they'd had a loss of earnings because of COVID and they were struggling financially and they were worried about the financial impact on food, and they weren't aware of what government schemes were available. They could be directed to them and given support to access the help... They may also have been struggling with things like the behaviour of the child at home because they were at home the whole time. So in that instance I would ask the school to put a referral in and we would pick that up and an early help practitioner would support. But what we also had was services such as the educational psychology (EP) service and our learning support service who are teacher specialists who may be autism specialist disorder specialists or cognition and learning specialists. They would contact them and offer support to parents instead of support to schools, they were offering support to parents. So if we picked up a family that was struggling with a behaviour of a young person, we could refer it to the EP (educational psychologist) or the learning support service and they would contact the parent and say let's talk about some strategies, have you thought about this and... (Early help worker, LA 3)

However, schools within the same authority did not respond to the situation consistently. Two authorities reported how the numbers of vulnerable pupils that were identified varied from school to school. So, while some schools tracked children who came within the official definition of vulnerable, others adopted a much broader definition. This meant that one school with similar demographic and social characteristics to another might identify twice as many children as being vulnerable.

All the authorities in the project had schemes similar to the one in place in LA5. Here, in addition to social workers and early help workers assessing risk for those children attending school, education and children’s social care set up a system by which every school completed a weekly return, recording which children whose cases were open in social care
were in school and which were not. For those who were not, schools recorded what action they were taking, such as welfare checks and keeping in touch calls or visits. The data were then uploaded onto the social care system so that social workers could see information on the children for whom they were responsible. Social workers could then work with schools to identify the children about whom there were the most serious concerns. If they were not in school, they could discuss how to persuade parents to send them, although in the end it was parental choice and sometimes involved tensions between agencies:

Now, that’s where there were some examples of some really fantastic work between social workers and schools and some examples of absolute disasters where there was real fall-out. So there were some examples where a school and the parent had agreed that the child was as safe or safer at home, and therefore would not be attending school, but the social worker felt they should be in school, so phoned the parent and said, you’ve got to get them in, and didn’t necessarily talk to the school; but equally there were head teachers who said to parents, no, that’s fine, they don’t need to be in, when the social workers were saying, hang on a minute they definitely need to be in. So there were some tensions there, absolutely, but I have to say there were more positives came my way than negatives. (Senior manager in Education, LA 5)

Similar tensions were reported with other agencies. In this instance a paediatrician accused a school of not following guidance and providing a place for a child:

One set of parents were really annoyed that their kid with special needs had only got on a rota in the primary school for a couple of days a week because we couldn’t fit her in anywhere else, so they went off to talk to the paediatrician who then sent a snotty letter saying, the guidance is that no child can pass this (COVID-19) on to you and they should be in school and have you thought about the parents. Yes, we have, and at that time the guidance was that, but we were doing our best and you felt you were getting a bit of a kick up the bum. I was supporting the head of school in the primary school who was just very young and green; if you are a young and inexperienced head teacher, getting that level of hassle could break you. (Head teacher, secondary school (special education), LA 1)

The lack of protection that would normally be provided by schools was giving rise to concern in all agencies that some children would have experienced abuse and exploitation during lockdown. There was a risk that these and other adverse experiences could lead to challenging behaviours which, in turn, could produce a spike in exclusions when schools reopened if children were not reintegrated and supported effectively, which, in turn, was not seen to be the responsibility of schools alone. Information on particular groups of children where there were safeguarding concerns was also shared with the police on occasions:

We had concerns about child sexual exploitation and county lines.  They were noticing that those youngsters were out and about on the streets when they should not have been, so we worked with police on identified children, that is police, social care and education, to get

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3 ‘County lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs.’ (www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines)
them back in school, and that was successful with a large number. Not with all; some just didn’t want to go and knew they didn’t have to go, but we got some back in. (Senior manager in Education, LA 5)

It is worth noting two multi-agency initiatives designed to improve the coordination of the support available to families. In one authority prior to COVID-19, LA 4 had established a complex needs panel that brought together the NHS Trust, the disability service in children’s social care and education to look at how best to coordinate contacts and services for families that were known to them. They were seeking to address, at a pace, not only the needs of children, but to review what was being provided and how this was safeguarding them. Because the panel members include both decision makers and operational staff, appropriate action could be taken very quickly, which became even more significant during COVID-19:

So, for example, we have a child who had quite a high package [of services]. The mother is pregnant, but the child who is of school age was not in school due to COVID. We managed to get help to go in to monitor the child with very complex needs. The mother needs quite a lot of support from (NHS) Continuing Health Care as well as from social care, but we think mother’s probably not using the support in the best way. So what we managed to do together was quickly to review how this is all meeting the needs of the unborn [child] and how the mother was meeting the child’s needs with the support available. We could decide what needed tweaking, what needed to be in place and what we could do differently in the context of COVID. (Disability lead, Children’s Social Care, LA 4)

Similar motivations led LA3 to develop an app that was used to triangulate information from schools, health and children’s social care. It emerged that while schools may identify a general welfare concern about a family, they may not be aware when families are feeling overwhelmed by simultaneous contacts from several agencies, for example because of a newborn child or a health problem. Agencies may also be struggling to contact or work with the same families. This indicated a need for a triangulation process to allow agencies to rate the level of concern for families with whom they were in contact:

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)

Several authorities were involved in Operation Encompass which means that all incidents of domestic abuse are shared with schools, not just those where an offence has been identified. Every school has a ‘key adult’ who is either the designated or deputy designated safeguarding lead (DSL). The key adult is notified before the start of the next school day when the police have attended an incident of domestic abuse to allow appropriate support to be provided for that child. Operation Encompass continued to send alerts through to schools even though many would be for children who were not present. While there were concerns that this could be interpreted as unnecessary information-sharing that fell outside what was permitted, it continued because the aim was to safeguard children in the long
term. It was considered important that teachers and professionals who subsequently came into contact with these children should know that that child had been subjected to a domestic abuse incident.

Multi-agency safeguarding hubs (MASH)

A multi-agency safeguarding hub (MASH) is a central resource in many local authorities for receiving information about all safeguarding and child protection enquiries. It is staffed by professionals from a range of agencies although the exact composition varies from authority to authority. The core professionals are children’s social care, police and health but they may be supplemented by mental health, education, adult social care, housing, probation, early years, youth offending and domestic abuse services. These professionals are also able to share and access information to ensure early identification of potential significant harm, and trigger interventions to prevent further harm or to safeguard children’s welfare. All five areas had established a MASH. The team leader in LA5 (a large county council area) provided a description of how the local MASH was set up and operated:

We’ve got 17 childcare social workers. We have seven health professionals, who provide the MASH response on behalf of the five (NHS) clinical commissioning groups (CCGs)\(^4\) in (LA5), and we have the police five sergeants and 11 police staff, managing around 8,000 to 9,000 contacts a month and 15 and 20 child protection strategy discussions\(^5\) a day. We are able to share information between police, health and children’s services, with each agency in the MASH having done their own research beforehand... So when we have an urgent child protection situation we have the case ready to be visited by a social worker within two hours ... in January, we did 57 strategy discussions throughout the month. In May, the second full month of lockdown, there were over 100. (MASH team leader, LA5)

One of the strengths of such a structure is that it enables professionals to discuss concerns and make decisions quickly. It was not a service that had been considered appropriate for home working, but in all five areas this is what had happened, although usually with small office duty or telephone answering teams in an office base.

Informants in some LAs said that there were too many schools in an authority to achieve any meaningful representation in the MASH, although it was difficult to understand why this would be the case when it works well in other authorities (Baginsky et al., forthcoming). Not having education represented did not mean that the schools were not consulted but it took longer to get information than when education was represented. The teacher quoted below was located in the MASH in LA2. Initially this was on a trial basis and the contribution the postholder had made was evidenced by the post becoming permanent:

I have been able to forge very positive relationships. I think you can go to someone and straightaway they will get the information we need. Whereas a few years ago it would take

\[^4\] Clinical commissioning groups are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

\[^5\] Strategy discussions or strategy meetings are held if there is reasonable cause to suspect a child is suffering, has suffered or is likely to suffer significant harm (Children Act 1989).
two or three phone calls to get that information, we can get that information within two, three minutes now. This has been even more important during the lockdown. Even though we have been working at home we have been able to respond just as quickly. (Education representative in MASH, LA 2)

During COVID-19 the postholder was said to have been even more valuable as many schools assumed even more responsibility for the welfare of children and their families and, in so doing, sometimes encountered challenging and risky situations.

Multi-agency meetings

Agencies in the five areas had to establish arrangements to manage inter-agency communications as well as meetings involving professionals and families such as strategy meetings, child protection conferences and looked after children (LAC) reviews. Most professional meetings were happening using Microsoft Teams although one authority was using Skype for Business.

Professionals’ attendance at meetings

At the start of COVID-19 restrictions, inter-agency meetings at strategic and operational levels were happening very frequently. The pace of change had been extremely rapid and the level of uncertainty and anxiety had been great. The meetings allowed the new arrangements to be monitored, information shared and any difficulties addressed immediately. Over time the frequency reduced, although when the interviews were conducted, they were continuing two or three times a week. All agencies had found them to be extremely helpful as they allowed ideas to be shared and discussed without delay:

We had to think how we would manage our LAC health assessments. All of that work is done by front line practitioners, but had to be completely revamped, so what we were able to do, fairly fast, was agree that at partnership level through our twice-weekly meetings, [to] develop the guidance that was needed and get it out. (Designated nurse for safeguarding, LA 1)

Head teachers who had been involved in these meetings said they were able to make connections with senior managers in children’s social care and, as a result, they welcomed the opportunity to resolve long-running situations as well as immediate crises. The head teachers’ view was that in normal times senior managers in children’s social care would not usually have been involved but by working in this way, tensions had been reduced.

There was a consensus that it was possible to hold most meetings for professionals virtually. Conducting business in this way had allowed work to continue through the COVID-19 period and those interviewed wanted at least some element of virtual meetings to continue when staff returned to an office base. It was recognised that careful consideration had to be given to meetings that would benefit from being held face-to-face. In some circumstances, professionals were attending meetings to which they had not previously been invited as well as those that had previously been too difficult to attend but became feasible when they were on a video link. In order to reap the benefits of wider engagement and using their time more effectively many advocated greater use of hybrid meeting post-Covid-19, with some people in a room together and others able to attend for all or part of the time by video.
Professionals’ attendance at child protection conferences and core groups was reported to have risen now that they were being conducted on the telephone or by video link. Where it had been very unusual for GPs and other medical practitioners to attend, in two areas they had started to attend because they could join by video. Previously they may have been unable to travel to a meeting which would have taken them away from a clinic or surgery, even if they had been able to fit these meetings between other appointments. In small primary schools or alternative provision – ‘where we are putting out fires all day’ (teacher in LA 1) – it was difficult for schools to release a member of staff to attend a meeting when it would mean providing substitute cover for half a day or longer. As a result, ‘the most available teacher might attend rather than the person who had most knowledge of the student. There were concerns that prior to COVID-19 there had been gaps in what was known about families when certain professionals were not in meetings. Being able to join by telephone or video meant that the greater range of agencies that were represented was producing richer discussions and more informed decisions:

We are finding that other agencies, we’re getting more input, particularly from educational psychologists, we’re finding we can get more of their time in some of the multi-agency meetings, and their time is like gold, very difficult to access. It’s very simple and very straightforward, it’s because they’re not travelling. (Head teacher, LA 1)

And the other thing we’ve noticed is that (medical) consultants are joining, GPs are joining, police are joining; because it’s virtual people can join for five minutes: I can stay for five minutes, can I deliver my report now ... and then they can leave. So actually it’s increased the information that we would have to be able to develop that plan for that child or young person. (School nurse, LA 4)

As part of their care plan, every child who is looked after must have a personal education plan (PEP). It is developed and reviewed termly with the designated teacher, the child or young person, social worker, carer and virtual school. LA 4 held a termly meeting for all designated teachers, but it had usually only been attended by those based in that authority even though they had many children in placements around the country:

We did one on (Microsoft) Teams and we had people from all over the country attending for the first time, so in fact what we’ve said is we’re not going back to just actual meetings, we’re going to have blended meetings, so sometimes we’ll have online meetings and sometimes we’ll have real meetings because it was so good for our out of borough colleagues to be part of that meeting. It was beneficial for them and it was beneficial for us. (Virtual Head, LA 4)

Parents attendance at telephone and video meetings

There were concerns, however, about parents’ involvement in child protection conferences, particularly those held by telephone. A few teachers said they and others had struggled to get parents to attend conferences and core groups. While most parents had mobile telephones and were able to dial in, it did not mean that all would engage, either because of the quality of the call or by choice. Most professionals considered meetings over video gave parents the opportunity to be more involved than when they were held over the telephone, where it was impossible to read people’s faces and more difficult to react to what was being said:
As I say, for professionals who all know the lingo and can manage, it’s okay but if you don’t know the system and you don’t know how it works and it’s your child, to not be able to interact with those people that are making really quite big decisions about what’s happening for you and your family, it must be incredibly stressful, and that wasn’t easy to understand for some of our parents. (Designated Safeguarding Lead in a school, LA 1)

In some cases, social workers visited parents’ homes to provide support or brought parents into an office where social distancing could be maintained to make online meetings less daunting.

Informants from education, CSC and CAMHS agreed that parents who were articulate and more assertive probably were not disadvantaged in any way by child protection and other meetings being held online. But they were concerned for parents who did not have internet or access to a computer and/or were less confident:

I think we’ve seen a select group of parents who can access those meetings and are confident to do so. I think there’s a whole host of other parents out there who maybe we haven’t been able to see and who maybe have become more invisible to us. (CAMHS worker, LA 3)

Pros and cons of telephone and video meetings

On the plus side, COVID-19 was said to have removed excuses for inaction and had demonstrated that a digital offer was practical. But a potential downside of increased attendance at meetings was the danger that staff in all agencies put too much into their calendars. It had been an unusual time with raised anxieties over children’s welfare and safety, and several senior managers in all agencies expressed concern that some staff were beginning to show signs of burnout.

Face-to-face meetings during COVID-19

There were a few examples of meetings which it was decided could not take place virtually, as in this instance:

During the height of lockdown we had a young person who had an educational health and care plan review meeting where it was decided that we could no longer meet their needs. It’s very rare in our situation, because we are alternative provision, so that meeting was something that we really did need to have face-to-face. We COVID-secured our sports hall and there was the local authority inclusion adviser, the SENCO (special education needs coordinator), the social worker, educational psychologist, and the parents, and the head teacher, and myself all in personal protective equipment That meeting could not have taken place over a virtual platform; because of its nature it had to be face-to-face. (Head of pupil referral unit, LA 1)

Relationship between schools and children’s social care

In interviews, school staff identified points of tension which could be created when dealing with children’s social care. Pre-COVID-19 these had included the rapid turnover of social workers with the attendant negative impact on continuity and communication, disagreements over thresholds for services and differences in the ways in which the two
agencies worked, as well as the timetable to which they worked. This head teacher explained that in her experience:

...contact between schools and social workers is always, both ways, a very difficult relationship, difficult not in a bad way, but it’s a strange relationship, just because of different ways of working. So one of the things that we know full well is that there’s going to be an issue at four o’clock in an afternoon when a young person refuses to go home for whatever reason. That’s one of the times when we really struggle to get hold of the allocated social worker for a young person. (Head of pupil referral unit, LA 1)

Schools had been open for some children throughout the COVID-19 period, as noted above, and for all children for a limited time in the summer term. Most social workers had been based at home and schools had found it much easier to contact them, discuss cases and arrive at a way forward, as did school nurses and CAMHS workers. CSC had been more willing to share social workers’ mobile numbers than was usually the case:

When COVID happened, we ended up with much easier access. Suddenly the authority had to give us direct access to social workers, the social care team. So whereas previously you could phone in to MASH and they tried to get the right person, once everybody was working from home we suddenly had a list of phone numbers. There are also easy ways to get to the manager so if I can’t get the social worker or they’re on leave, I can get the manager quite quickly and without having to jump through hoops. (Designated safeguarding lead in a school, LA 1)

I think also what schools found was the ease with which they could contact someone to discuss a family or a child, even getting the allocated social workers when they were available. The availability of social workers completely opened up because in the initial stages social workers weren’t going into the homes of families for obvious reasons, so were trying to manage it in a different way. If there was an emergency, as in a section 47, they were going out with the police, but in normal times the availability of social workers became much more of an issue. Some of the barriers that schools were facing with families, they were able to have those discussions with social workers and a lot of those issues were resolved very quickly, so from the schools’ perspective the feedback that we were getting from schools is this is working really well. (Safeguarding lead for Education, LA 4)

A virtual head provided a very specific example of one area that, in her experience, had improved. A looked after child’s social worker must attend PEP meetings as it is part of the Care Plan. Pre-Covid-19 there had been many occasions when social workers had not turned up, came late or cancelled at the last minute. While the reasons why this happened were understood, it had a detrimental impact on relationships. However, it now rarely happened, and this was said to be leading to better plans that were more carefully monitored. As a result of easier access to social workers schools in this study said that their relationship with CSC in general, and with social workers specifically, had improved.

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6 A section 47 (Children Act 1989) enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child where children’s social care suspects that the child is suffering or is likely to suffer significant harm.
Social workers were also anxious to have contact with schools. At the time of the interviews social workers feared that as schools fully reopened in September 2020, they would need to introduce strict COVID-19 security measures which may result in more exclusions - for children breaking the rules - and increase safeguarding concerns and worsen outcomes. Various forums were being established to support discussion and decision making. Different models involved identifying key individuals in education to manage such concerns and setting up advice ‘clinics’ to facilitate better communication between professionals working with children and young people.

Relationship between schools and child and adolescent mental health services (CAMHS)

All LAs were developing mental health support for children and young people who did not meet the threshold for a service from CAMHS, with multi-agency working a priority. Several examples were provided including the two explored below. Both CSC and schools recognised that more was now expected of them in relation to mental health provision and that they would require support to be able to assume these responsibilities. The intention was to involve CAMHS in cases at earlier stages rather than as the last thing that was tried. COVID-19 had made this even more of a priority because many children and young people were reported to be experiencing stress and even trauma during the lockdown, and there was particular concern for those who were already marginalised or disadvantaged.

It had been government policy prior to COVID-19 to enable mental health support to be provided through schools to children and young people who needed it (Department of Health and Social Care and Department for Education, 2017). One of the initiatives established Mental Health Support Teams (MHSTs), jointly delivered by the Department of Health and Social Care and Department for Education, which were intended to provide:

... early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a ‘whole school approach’ to mental health and wellbeing.7

In LA5, for example, this development was being overseen by a board where special educational need, school improvement, educational psychology, the school nursing service, public health, the NHS clinical commissioning group and head teachers were all represented. It had always been difficult to hold a meeting when all had been able to attend, but during COVID-19 meetings had moved to a virtual platform. Attendance had improved and the development of initiatives had accelerated. Mental health teams were already operating in schools in two localities of the LA. Meetings of senior mental health leads from 25 schools, together with the regional educational psychologist, the regional school nurse, local councillors, and the behaviour service had also transferred successfully to being held virtually. It was hoped that the initiative would help establish a better understanding across schools of when CAMHS could or should be involved:

The challenge often comes when there is a slight disagreement over why the young person may well be presenting with the needs and difficulties that they are, and often it can feel like

7 www.england.nhs.uk/mental-health/cyp/trailblazers
– I’m sure other agencies would say the same of us – that the issues are being placed at our
door when we’re saying, we’re not going to be able to solve these without that multi-agency
approach, and there can be disagreements about how those are then resolved and taken
forward and who’s leading on them. (CAMHS lead, LA 5)

Staff working in early help provision within CAMHS were holding discussions with schools on
how to deal with the return to school of many pupils who had been out of the classroom for
nearly six months. They were establishing mental health forums that would be accessible to
all schools to access support around mental health. They were also filming workshops
around restoration and recovery, as well as initiating a training model whereby CAMHS staff
would run a train-the-trainer course in education and primary care settings.

In LA4 CAMHS clinicians had started to meet with social workers pre-COVID 19 to offer
advice on specific children and young people in what were termed ‘hot clinics’:

   In the meeting we pull the case apart, and we then give advice around what things to be
tried, whether we need to go down a diagnostic route. Most of those cases did not become
referrals into CAMHS. We usually end up with plans that are hashed out between clinicians
and social worker ... and there is no limit to the times they can come back for advice.
   (CAMHS lead, LA 4)

This proved so successful that it was being rolled out to GP surgeries and schools. The
development had continued during COVID-19 by a video link which had remained in place
when all pupils returned to school in September, as school staff were still very wary about
having anyone on a school site unnecessarily.

Discussion with representatives of CAMHS in all LAs highlighted their desire to go beyond
the current offer and work with schools and social care to establish what was termed a
‘mental health first aid’ offer. The government had announced £8 million funding to launch
the ‘Wellbeing for Education Return’ programme to help schools respond to the emotional
impact of the coronavirus pandemic on their students and staff, and the five LAs were
working on their response when the interviews took place. It was described as ‘a bit like the
national strategy for English and maths’. A set of training materials was being developed,
tailored to the local context, to train local experts to be able to deliver the programme to
every school by October 2020 half-term:

   I think that’s really helpful insofar as we may be the expert in mental health illness, we may
be those experts, but we’re definitely not the experts in education or the experts in
children’s social care, so as much as we want them to learn from us, we want to learn from
them, and it’s only in doing that that we think we will meet the needs of the children.
   (CAMHS practitioner, LA 5)

   I think probably the rationale behind that was around children that were being supported at
statutory social care level, because... I suppose you run the risk of opening the floodgates
with schools because they’re dealing with children that may not have a social worker and
probably don’t have a social worker, because they wouldn’t meet the threshold and
therefore are dealing with families at an early help level, and they’re identifying possible
underlying mental health issues or emotional issues which they need some guidance and
support around. So I’m glad they’ve extended the offer to schools, I think we just need to
monitor how schools are taking that up really. (CAMHS practitioner, LA 3)
Despite all the problems that had accompanied it, COVID-19 was said to have enabled initiatives that had been on the ‘to do at some point in the future’ list to be done now. The idea of providing digital consultations and clinics in a range of venues including schools had moved from planning to reality very quickly, so it will be vital to evaluate their effectiveness.

**Referrals**

Interviewees in all five LAs reported a decline in the number of referrals to children’s social care during the lockdown period, which reflects the findings from a study across 15 authorities (Baginsky and Manthorpe, 2020), reports collected during a study of case conferences held during this time (Baginsky, forthcoming) and anecdotal accounts reported in the media and elsewhere (Weale, 2020). There was considerable apprehension that when schools returned in September 2020 the number of referrals would rise sharply as children disclosed incidents that had happened during the time they had been at home and which indicated abuse and/or neglect. The speculation was that it may take longer for children to feel sufficiently settled to share their experiences, but agencies were working together to plan their responses. In late November 2020 the five LAs were asked if the expected surge in referrals when schools returned in September had occurred. In all five there had been a slight increase in September. In three LAs (1, 2 and 4) referrals were at 2019 levels by October and had stayed there; in the other two LAs (3 and 5) they remained at a slightly higher level but that was lower than had been expected. However senior managers in LA4 wrote:

> We have had busy weeks, and less busy weeks, but overall our numbers of contacts and referrals are pretty much back to pre-covid levels. What we have seen is an increase in the complexity of referrals in terms of the intersectionalities between domestic abuse, substance misuse, mental health, and neglect of children’s basic needs. This hard to quantify in data terms. Although we are only two weeks into the new restrictions this second time around we seem to be seeing rises in concerns about teenage behaviour, in open cases rather than new referrals, additional missing episodes, breakdown in family relationships, and requests for section 20 accommodation – but this need further time before we can say this is a trend.

> Interesting that even with reporting about teenage behaviours, at the moment school exclusions are below this time last year. The Department for Education is telling us that this is a national trend however we know that neighbouring boroughs are seeing a rise in exclusions. The controlled environments in schools due to COVID-19 and the measures the LA and schools have put in place is working for the time being, but I anticipate there will be a rise in the new year.

The National Police Chiefs’ Council (NPCC) releases monthly data on the demands made on police forces in England and Wales during the Covid-19 pandemic indicating a rise in domestic abuse incidents during the lockdown period. This was reflected in accounts in all but one of the authorities (LA 2) and was leading to discussions between children’s and adult social care as well as with mental health services to examine the offer that was in place for parents and how, if at all, this could be augmented.

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Multi-agency safeguarding partnerships

The Wood Review (2016) examined the role and functions of all local safeguarding children boards (LSCBs), which were multi-agency bodies set up in every local authority to coordinate local work to safeguard and promote the welfare of children. In June 2018, following the review, they were abolished (Children and Social Work Act 2017), and replaced with multi-agency safeguarding partnerships. These were intended to ensure better multi-agency collaboration, placing responsibilities on three key agencies – local authorities, police and health – to take a strategic lead on safeguarding and the promotion of child welfare in each local authority area. The new statutory framework requires the three partners to work with ‘relevant agencies’ to coordinate their safeguarding services; act as a strategic leadership group; and implement local and national learning, including from serious safeguarding incidents. The relevant agencies include schools, youth offending teams, prison governors, immigration officials, amongst others. Although schools were named as a relevant partner there was concern from, amongst others, the Local Government Association (LGA) and the Association of Directors of Children’s Services (ADCS) who criticised the omission of schools as key partners (Lepper, 2018). One reason appeared to be the difficulty of how to establish effective representation of independent, autonomous schools, although many LSCBs had found ways of doing so (Baginsky and Holmes, 2015). Concerns about the failure to make schools/education a statutory partner emerged from every sector contributing to the ESRC study (see Baginsky et al., forthcoming).

These partnerships had to be established by October 2019, five months before the initial COVID-19 national lockdown. Most of the authorities said they were still establishing the arrangements in March 2020. While there were numerous comments which indicated that there were those in all agencies who considered the exclusion of schools as a statutory partner to be a regressive step, there was also agreement that it had made no difference to the ways in which schools had responded. Indeed, the strength of the partnership was said to have grown in all five LAs during COVID-19, as illustrated by these comments:

It enabled us to quickly do bits of work, agree them at a local partnership strategic level and get them in place. And I think part of that was the acceptance from the partners that we needed to cut through a lot of the red tape. (Health representative, LA 1)

We were able to work with both authorities⁹ to replicate the child protection process in a new format. So how do we manage child protection medical examinations, how do we manage strategy meetings, child protection conference, LAC review, how do we manage our LAC health assessments? All of that work is done by front line practitioners but had to be completely revamped and schools were central to much of that work. (Police representative with safeguarding responsibilities, LA 1)

The new arrangements have made not an iota of difference, and, if anything, schools have been an absolutely key player. I would say, undoubtedly, we couldn’t have done it without them. We absolutely could not have done it without education colleagues, and I think... I’ve been so impressed by the schools and their proactiveness, I’ve had numerous emails, phone

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⁹ Police force covered two local authority areas.
calls from heads, asking if there is anything more that they can do. (Senior inclusion manager (Education) LA 4)

It is time to conduct a review of the purpose of these arrangements and how they have been able to respond to the demands and concerns of the partner agencies during this period.

Views of schools

While we were conscious of the need to moderate any demands on schools, we wanted to understand more about their views about multi-agency work during the time of COVID-19 and how it compared with their pre-pandemic experiences. The five local authorities agreed to distribute our survey to a sample of their schools. As each took a different approach to distribution, it is not possible to compute a response rate. The proportion of schools submitting a response varied considerably across the five – from five per cent in LA5 to 32 per cent in LA4. Nevertheless, the data from the survey are interesting and indicate areas which require further investigation.

Table 1: Number of schools in local authority and number responding to survey

<table>
<thead>
<tr>
<th>LA</th>
<th>Number of schools in LA</th>
<th>Number/percentage of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA1</td>
<td>63</td>
<td>15/24%</td>
</tr>
<tr>
<td>LA2</td>
<td>103</td>
<td>16/15%</td>
</tr>
<tr>
<td>LA3</td>
<td>144</td>
<td>16/11%</td>
</tr>
<tr>
<td>LA4</td>
<td>62</td>
<td>20/32%</td>
</tr>
<tr>
<td>LA5</td>
<td>695</td>
<td>38/5%</td>
</tr>
</tbody>
</table>

The survey asked schools to compare their views on multi-agency working with specific agencies before COVID-19 and during COVID-19 by rating their responses on a scale of 1–5 where 1 was very poor and 5 was excellent.
Table 2: Schools’ assessment of engagement with five agencies pre and post COVID-19

<table>
<thead>
<tr>
<th>Agency</th>
<th>Scale</th>
<th>N</th>
<th>%</th>
<th>Scale</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Children’s social care</td>
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<td>57%</td>
<td>1–3</td>
<td>72</td>
<td>69%</td>
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<tr>
<td></td>
<td>4–5</td>
<td>44</td>
<td>42%</td>
<td>4–5</td>
<td>32</td>
<td>30%</td>
</tr>
<tr>
<td></td>
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<td>1%</td>
<td>No experience</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Early help services</td>
<td>1–3</td>
<td>55</td>
<td>52%</td>
<td>1–3</td>
<td>69</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>4–5</td>
<td>47</td>
<td>45%</td>
<td>4–5</td>
<td>32</td>
<td>31%</td>
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<td></td>
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<td>4</td>
<td>3%</td>
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<tr>
<td>School nurses</td>
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<td>50%</td>
<td>1–3</td>
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<td>52%</td>
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<td></td>
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<td>4</td>
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<td>CAMHS</td>
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<td></td>
<td>4–5</td>
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<td></td>
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<td>Police</td>
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<td></td>
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<td></td>
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<td>26</td>
<td>25%</td>
<td>No experience</td>
<td>37</td>
<td>35%</td>
</tr>
</tbody>
</table>

Bearing in mind the proviso that these data must not be taken as representative, when the responses are combined they suggest the following:

- Schools found it more difficult to engage with children’s social care and with early help services during the COVID-19 period:
COVID has impacted on the availability of suitably qualified and experienced staff at children’s social care. Too many agency staff have been drafted in who have not been up to speed with the systems and processes used in our LA. (LA1)

It was difficult and frustrating trying to get children’s services to respond to growing concerns around families where we were aware of escalating difficulties. We are continuing to see an increase in cases/concerns since returning to school. (LA 5)

- Although engagement was lower with the school nursing service, one in five schools had no experience of trying to engage during this time. This may have been due to fewer children being in school or to the fact that in some areas school nurses were redeployed to clinical work to help the National Health Service cope with the increased demand.

- Although three-quarters of schools responding to the survey did not rate their experience of working with CAMHS pre-COVID-19 very highly, the relationship did not deteriorate to any extent during the COVID-19 period, but a slightly higher proportion did not try to engage during this time.

- Schools’ engagement with the police fell slightly but this seems to be because fewer schools needed to contact the service at this time.

It is interesting that schools in the same authority sometimes reported very different experiences, as with these two designated safeguarding leads (DSLs) in the same local authority:

As a school safeguarding lead it’s a delight to work in LA 2 where the multi-agency approach works very well with all agencies. (DSL, LA2)

School nurses are virtually non-existent. CAMHS’ waiting lists are endless and all services are full to capacity and it means situations are deteriorating. (DSL, LA2)

While there were a number of comments that focused on the support provided to vulnerable pupils throughout the pandemic by LAs 1, 2 and 3 using multi-agency approaches, most focused on the additional demands made on school, especially in compensating for other agencies where staff were not working at the same capacity during this period:

The only challenge we faced was that social care staff relied on my school staff having sightings of the families during lockdown through our food deliveries or online working or phone calls. We seemed to be the mediators for families. (LA 2)

We (schools) have been expected to make home visits where children’s services and health visitors have not been as active. We check up on children, report into the centre and respond to the needs which families have had – and they are escalating. (LA4)

Multi-agency working during Covid often feels like other agencies asking schools to do their work for them! Social workers attending core group meetings whilst driving is unacceptable, but this happened because meetings were virtual. Responses have been slower during Covid. (LA5)

When the data were interrogated further it was possible to identify some differences which deserve further exploration:
As far as children’s social care is concerned, in LA3 a third of schools thought that the relationship had improved, and half thought it had stayed the same. This contrasts with LA 4 and 5 where around half thought it had got worse and very few thought it had got better.

In LA 2 and LA 3 more than four out of five schools thought the relationship had remained the same or improved with early help teams. This contrasts with schools in LAs 1 and 5 where half thought it had got worse.

No school in any of the five authorities thought the relationship with school nurses had improved. In LAs 1 and 2 four out of five schools and in LA 3 and 4 around two-thirds thought it had stayed the same but in LA 5 half the schools thought it had deteriorated.

Across the authorities three-quarters of schools thought the relationship with CAMHS had either stayed the same or, for a few in LA 2 and LA3, got better.

All schools in LA 1 thought the relationship with the police had stayed the same, as did over four-fifths in the other authorities. However, one in five in LA 3 and LA5 thought it had worsened.

On the basis of this limited evidence, it seems that multi-agency relationships in LA2 and LA3 may have proved to be the most robust through COVID-19.

Global perspectives and reflections

In addition to the interviews conducted in this country the subject was also discussed with key informants in Australia and the US who, along with experts in Eire, Israel and New Zealand, were asked to reflect on the report and identify how the findings resonated, or not, with their own experiences. These responses are contained in Appendix 1. While there are differences both in the systems in place and the responses made to the pandemic, the similarities are striking. We shall maintain contact with this group, which has been expanded to include others in Canada, Denmark and South Africa as we explore the medium- to long-term impact of COVID-19 on children, young people and their families as well as on practice.

Areas for investigation arising from this study

This study provided the opportunity to examine how the previous work conducted during the ESRC study could be extended and developed. It also provided the opportunity to begin to test the strength of joint working between CSC and health, education, the police and CAMHS. In the past, CSC has reported what they perceived as the reluctance of some of these agencies to take responsibility for safeguarding, which those agencies saw as being the remit of CSC (Baginsky, 2007). If this was indeed the case, the ESRC study showed that many schools had moved beyond this and were assuming a significant level of responsibility and that this has continued to be the case.

In the ESRC study most of the data were collected from education leaders and schools. So, while they were working with other agencies, about which they had views on what was working well and what was not, there was no opportunity to examine the facilitators and challenges that schools identified with those agencies and reflect on their perspectives. This work has provided the opportunity to discuss topics with a wider range of professionals and gain their insights, rather than examine them from the perspective of just one agency. It has
identified initiatives which had been introduced before COVID-19 but were accelerated by the prevailing conditions, as well as those that were developed because of these conditions.

The speed with which change had to be introduced has been unprecedented and it has been a revelation to many that there are other ways of working. There were numerous references both to how quickly agencies’ ways of working had adapted and how a reactive response had been followed by a more proactive approach. This had been possible because of conversations that led to improved processes as well as systems that had been rapidly introduced. It is timely to consider how agencies will build on the strengths that have emerged, not least how professionals increase their availability and accessibility to others. It will require a period of review to reach a better understanding of what has worked well and what could be improved. It would also identify aspects of multi-agency work that did not get done or were carried out less thoroughly than they would have been before the pandemic. In the investigations that follow, the extent to which parents have benefited from or been disadvantaged as a result of arrangements that might have facilitated professionals’ engagement must not be ignored.

There were comments from CSC staff in all five authorities about the amount of work done by schools to support families. In turn, this was said to have contributed to a better understanding of each other’s role which, it was hoped, would lead to long-term benefits.

However, one problem that was raised frequently was ‘initiative fatigue’. In recent years many multi-agency projects had been supported by short-term funding or were driven by individuals who then moved to other posts. The challenge in the next few years will be to capture the benefits achieved during COVID-19 and those that have been designed to support the transition back to more normal practice at a time when there will be additional pressures on the economy.

In addition to the areas reported above there were other initiatives and developments which deserve further attention in the future:

- There was increased recognition by CSC that schools were at a disadvantage in not having at least limited access to their information systems and a desire to see how this could be corrected – what would be the implications of further data sharing and for governance?
- There was agreement across all agencies in LAs that remote working and virtual communication had worked sufficiently well to be absorbed into post-COVID-19 working conditions. It was assumed that virtual meetings would continue to some extent even when staff returned to offices in greater numbers with both beneficial and detrimental on practice and effectiveness. It will be a priority to develop and evaluate models of remote and hybrid working that fit with optimal child welfare and child protection outcomes.
- Previous studies on multi-agency working (see, for example, Atkinson et al., 2002; Cheminais, 2009) have indicated that services need to develop better communication and understanding, alongside better knowledge of respective roles. This study has evidenced a shift in these dimensions, but it is not clear if they are sustainable beyond COVID-19 conditions and if they will have a permanent impact on the systemic barriers that exist.
Appendix

Australia

Malia Dewse, Family Violence Principal Practitioner, Family Violence Practice Branch, Melbourne

Background/context

It is useful to note some similarities and differences in the Victorian (Australia) context. A Royal Commission into Family Violence resulting in 227 recommendations which were all accepted by the Victorian Government, including the establishment of Family Violence Principal Practitioner (FVPP) roles in the Department of Education and Training (DET), Department of Health and Human Services (DHHS) and Department of Justice and Community Services (DoJCS). This is written from the perspective of the FVPP.

Other widespread recommendations included legal, practice and systemic changes, including establishing a family violence Multi-Agency Risk Assessment and Management Framework (MARAM) and legislating its introduction and use across a wide range of service providers from family violence specialist services to mainstream and universal services including health and education. The DET will be prescribed to use MARAM in April 2021.

Victoria went into lockdown in April, including students moving to off-site learning. There was a relaxation of restrictions in June, with a staged return of most student cohorts to schools. Following a significant increase in COVID-19 cases throughout June, restrictions were being reintroduced by the end of June in the Melbourne area. During the restrictions, access to on-site supervision (not teaching) was available for children of critical workforces and vulnerable children, including those experiencing family violence. Most services, including family violence specialist services, moved to online or remote provision only, including the Orange Door services, and Child Protection limited home visits to high-risk situations. Therapeutic family services and other non-mandatory, support or early intervention services also moved to online provision.

The Victorian school system consists of government schools, Catholic schools and independent schools. DET directly supports government schools through legal and emergency management advice, policy and guidance, training and professional learning resources and a diverse range of area staff across the state providing specialised support in areas of teaching and learning and health, wellbeing and social inclusion. In some areas, such as legislation relating to child safety, DET provides the policy and guidance for all


A revised and significantly expanded version of an existing Family Violence Risk Assessment and Risk Management Framework that had been established in 2007 used by a range of family violence specialist and non-specialist services

schools. DET is also responsible for supporting the implementation of some state-wide reforms across all schools including the child and family violence information sharing schemes, MARAM and Respectful Relationships (a whole-of-school family violence and gendered violence prevention programme).

Response

Significant efforts were made by government departments and funded agencies to predict and address the heightened risks to children/young people as a result of COVID-19 and lockdown. Much work was undertaken collaboratively and with cross-departmental oversight and guidance to support at a high level multi-agency collaboration and response through government departments and peak organisations. Work at a practice level also occurred across government and sectors in order to keep practice and messaging coherent and understand issues arising in other sectors or services and to attempt to access current data.

The extent to which this resulted in coherent collaborative outcomes, for children/young people at the area or regional level – at which services are provided – is not clear.

Vulnerable children and specifically children/young people experiencing family violence were able to attend schools for on-site supervision during periods of remote learning; specific guidance was developed to support vulnerable students, including those affected by family violence; and DET phone lines for staff and parents were established with comprehensive information for staff answering calls. In June webinars on family violence, the effects of COVID-19 and approaches to address or mitigate risks and issues were developed and attended by a wide range of DET area roles undertaking health, wellbeing and inclusion activities with schools or students.

The effectiveness of these activities and the ability of the system – particularly for children/young people and in relation to non-crisis or early intervention and identification – to identify and act on issues was hampered by the lack of real-time data and the impact of stringent lockdowns on families’ ability to seek help or be identified by other family members, community or services including education. DET was not able to gather data that provided any deep insight. For example, it was not possible to collect data on how many children/young people were on site due to family violence; however, the overall numbers of children/young people on site would indicate relatively few eligible students accessed this option. Collated and analysed systemic data for the period April–June was only released in late October and, whilst academic institutions undertook rapid work surveying family violence services, the focus was on adult family members. From the limited information, most of which is anecdotal or limited in scope, there appear to be regional and service differences in approach. These could be similar to those outlined in the paper. Moreover, Victoria experienced another and more extreme lockdown, including off-site schooling and service provision, that began at the end of June and only started to be relaxed at the end of October. Consequently, our ability to gather information and data has been significantly hampered, which means we do not have the evidence to determine the effectiveness for children/young people of the activities undertaken.
Anita Morris, Assistant Director – Integrated Specialist Practice, Office of Professional Practice, and Associate Professor Tracy Beaton, Office of Professional Practice, Department of Health and Human Services, Victoria

This commentary relates to the experience of Child Protection in Victoria, Australia, which suffered a second wave of COVID-19 outbreak resulting in a significant lockdown from July 2020 and easing in late October 2020. Our experience in responding to vulnerable and at-risk children throughout 2020 has some similarities with that of the UK. Our professionals moved to working from home, we conducted our work via virtual methods including Microsoft Teams and we made deliberate attempts to keep ‘eyes on children and young people’ during this time.

There have been many examples of increased attendance at care team meetings and professional meetings due to these being held virtually rather than requiring travel to attend. To facilitate stronger relationships between schools and Child Protection, the Chief Practitioner met regularly via remote link with school principals to share information about ways of working, what schools and Child Protection were seeing – an increase in family violence* and disengagement from school by some children. However, out of home care providers reported that some children thrived in the home-schooling environment.

Child Protection and care service agencies came together regularly also to discuss service response across the state. Variability has been a noted feature with some services continuing to provide limited face to face visits, whilst others conducted all their work remotely. Infants are a group that we have been particularly focussed about throughout this period. They are our most vulnerable by virtue of their dependence on their parents, yet hardest to reach as they aren’t engaged in schools and other services that can keep eyes on them. Our Maternal Child Health Services have adapted to respond to this need, but the strong messaging we have all adhered to through this pandemic is the need for collaborative multi-agency work to share information, support coordinated care and most importantly, ‘keep eyes on children’.

* Victorian Crime Statistics Agency reported a 6.7% increase in family violence reports to police in the six months to June 2020 which includes the first wave of COVID-19 in Victoria. This included an increase in incidents where children were present as victims and as users of violence. The more severe Stage 4 lockdown in the city of Melbourne in response to the second wave of COVID-19 commenced in August 2020 and has been gradually eased since September 2020.

Israel

Dr Ravit Alfrandari, The Faculty of Social Welfare and Health Sciences, University of Haifa

This original report provides valuable insight on how multi-agency working, of which schools are a key part, was responding to COVID-19 restrictions. Its findings resonate well with my experiences of the situation in Israel during the initial COVID-19 national lockdown. In particular, the fact that referrals about suspected child maltreatment have fallen by 13 per cent to 22 per cent between March and May 2020 compared with last year, demonstrates the amount of work done by schools to safeguard children. More generally, in the absence of integrative policy that sets clear goals, roles, working arrangements and responsibilities
between government agencies, tendencies in the UK to deliver services for children and families by working in multi-disciplinary systemic ways, such as Multi-Agency Safeguarding Hubs (MASH), should be considered in Israel.

**New Zealand**

**Dr Tony Stanley, National Practice Advisor Design, Professional Practice Group, Wellington**

Aotearoa New Zealand enacted a swift nationwide lockdown in late March 2020 and this coincided with a period of school holidays and the ANZAC national holiday break. The national statutory child protection organisation (Oranga Tamariki) had invested in flexible working technology late 2019, positioning the service well for a more flexible offer and the necessary increase in home working. In Auckland, and as a direct result of lockdown and job losses, we saw an increase in young people taking on paid work to supplement family incomes. This was particularly noticeable in the Pacifica communities. School attendance data is uneven, but still lower for Māori, pacific and poorer families. Unlike the UK, family-based practice is more embedded in Aotearoa meaning the balance between professional dominance (and set meetings like core groups) meant social workers checked in more regularly with families, and feedback was that they welcomed this. While expected demand in family violence was forecast, this did not eventuate. Returning to schools did not result in increased demand for statutory social work.

- Nationwide lockdown 27 March –27 April
- School holidays 30 March– 14 April
- ANZAC Holiday – 27 April

**Republic of Ireland**

**Maria MacInnes, Service Improvement Manager and Marian Brattman, Interim National Manager for Research, Tusla**

Tusla is the dedicated State agency responsible for child protection and welfare in the Republic of Ireland. The legislative framework for Tusla’s core function in the protection and welfare of children is the Child Care Act 1991 and the Children’s Act 2001. The Children First Act 2015 sets out the statutory responsibilities for all statutory and non-statutory agencies in relation to safeguarding children and reporting child protection and welfare concerns.

We are providing some initial observations and some anecdotal feedback from the Republic of Ireland context. It is important to highlight that our commentary is based on a different context and system for inter-agency working in relation to child protection and welfare in the Republic of Ireland compared with the UK. The Republic of Ireland went into national lockdown on 12 March 2020. Given the restrictions imposed, Tusla had to rapidly develop and issue bespoke guidance to staff in order to support online contact, face-to-face contact where required and safety planning guidance to frontline child protection and welfare practitioners for the day-to-day management of their cases. A Crisis Management Team was put in place to oversee and govern practice guidance issued to frontline staff. The UK Study explored the role of the school in multi-agency work in relation to safeguarding and vulnerable children sampling a number of UK local authority areas. Tusla cannot provide any particular commentary in relation to the role of education as schools stayed closed and
schoolwork was undertaken using apps developed for online education. All schools closed in Ireland from 12 March until the end of August/beginning of September 2020. Unlike the UK experience, children and young people in receipt of child protection and welfare services, including children in care, were not provided access to key workers in school or school buildings during this time.

A separate strand of the Agency, Tusla Educational Support Service (TESS) did provide support to families at risk of educational disadvantage in Department of Education and Skills designated DEIS (Delivering Equality of Opportunity in Schools) schools. DEIS is an initiative of the Department of Education and Skills aimed at lessening educational disadvantage and bringing about social inclusion in primary and second level education. Their staff made phone calls to target students and families to check in, discuss links to school, identify any needs the students may have had, provide for these and generally assist families and students. There were follow-up home visits where families did not engage over the phone. TESS staff maintained contact with all students on their caseloads during the period of school closure to offer support and encouragement. Education and welfare officers and TESS managers made check-in phone calls with managers of all domestic, sexual or gender-based violence (DSGBV) refuge settings, homeless accommodation and direct provision centres to ensure that all children and young people had school places and were connected to their schools.

The Department of Education and Skills did provide guidance documents to schools during this time, highlighting the importance of child protection and welfare issues, and other issues for young people such as special educational needs. However, no national approach to supporting vulnerable learners during the lockdown was agreed. Schools closure was of significant concern for Tusla in relation to the day-to-day visibility of vulnerable children and as the lockdown progressed there were rising concerns, particularly in relation to the heightened vulnerability for children living in homes where there was domestic violence.

The prevention and family support services within Tusla have 115 Tusla Child & Family Support Networks (CFSN) across Ireland, which help to support integrated and coordinated supports for children, young people and families at local community level. These CFSNs have representation on fora set up at local authority level to lead the coordination of COVID-19 community supports and resilience and to provide assistance to vulnerable groups and individuals at local level.

The key activities of the CFSNs during lockdown were:

- Assisting with communication and coordination of online information, phone support helplines and updates on service provision at local level as well as helping to arrange group support for young people via Zoom.
- ‘Meitheal’ (pronounced meh-hill) is Tusla’s early identification of need for children, similar to the UK’s common assessment framework. During the lockdown there was ongoing liaison to ensure follow-up with families and support using, for example, Teams for meetings.
- Voluntary sector Tusla-commissioned family support services assisted in the distribution of food packs/hampers and maintained their working relationships with
families, especially where there was a meitheal plan or a safety plan in place, supporting them remotely throughout the lockdown period.

In the UK, most professional meetings used Microsoft Teams during lockdown. This was and continues to be the case for Tusla agency and inter-agency professional meetings, like child protection conferences (CPCs), review conferences, review meetings for children in care and aftercare and for relative assessment. There is some anecdotal information that to enable participation in child protection conferences, parents have attended Tusla offices along with the child protection conference chairperson and social worker using social distancing and face masks, with all other professionals joining remotely using teleconference facilities or Microsoft Teams. CPC chairs in the Southern region have reported that progressing child protection planning though the CPC process was slower as therapeutic interventions could not be accessed in a timely manner, or that the only service available was remote and not suitable. On a positive note, an area manager in a Dublin area reported that ‘We are definitely having better uptake of CPCs and other meetings as it is logistically easier for other professionals to attend’. She also said that ‘professionals are pulling together to do the best for children in difficult circumstances and this I think long term will be of benefit to relationships’. At this point we cannot comment on whether this has provided for increased participation by professionals, like general practitioners, who would normally not be in a position to attend.

Feedback in the UK research was that when COVID happened ‘we ended up with much easier access, suddenly the authority had to give us direct access to social workers, the social care team. So whereas previously you could phone in to MASH and they try to get the right person, once everybody was working from home we suddenly had a list of phone numbers.’ All Tusla social workers and social care workers have mobile phones and these numbers are given to professionals at the discretion of the individual worker. Tusla Intake administration staff attended their workbases during the lockdown and responded to calls and passed them on to the social work staff who were working remotely. An internal survey was conducted by Tusla on working during Covid-19 to establish how frontline practice could be supported in the context of the current pandemic, the findings of which were compiled in July 2020.

The top three issues identified by staff as working well were:

1. Technology assisting remote working (i.e. Mifi, tethering phone, telecons)
2. Communication with team/regular check-ins
3. More time, more productive, trusted, safer, solidarity.

The top three of the issues identified as not working well were:

1. Broadband, connectivity issues, Lotus Notes
2. Not meeting families directly, no home visits
3. No casual interactions with colleagues, isolation, cabin fever.

In the UK, interviewees reported a decline in the number of referrals to children’s social care during the lockdown period, which reflects the findings from the study across 15 authorities. Tusla’s Quality Assurance Directorate records a weekly report on child protection and welfare referrals, mandated referrals and children and young people listed
as active on the Child Protection Notification System. Relevant data (1 November 2020) notes:

- After an initial drop of about 36 per cent (535 over the four weeks) directly after the restrictions were imposed, referrals increased and are now running at an average of about 1,314 referrals a week.
- In general, schools/teachers account for about 12 per cent of all referrals received and can account for about 25 per cent of mandated reports.
- There was no significant change in the average number of referrals received weekly from An Garda Síochána (Ireland’s police authority) when the average for weeks pre- and post-restrictions are compared.

Although the restrictions imposed as a result of the pandemic have had a significant impact at every level, particularly in the early days of the national lockdown, as essential services, social workers have continued to respond to child protection concerns and undertake home visits to children on their caseloads using requisite PPE protection. There is an indication that there have been positive impacts. One regional professional support reflected that ‘remote working and MS Teams has helped create time capacity to allow workers to focus on other key tasks. For example supervision has occurred remotely – staff report this is a positive experience and feels more structured.’ Another Principal Social Worker in Child Protection reported that she is enjoying her job more than ever and in particular the work–life balance that remote working has afforded her.

Social workers are essential workers due to their statutory responsibilities for children where there are concerns about ongoing risk of significant harm, and for children who are in care. There is no doubt that the lack of contact in the office and informal peer support is much missed. However, there is anecdotal feedback that there have been positive gains in terms of greater attendance at online/teleconference inter-agency meetings and more time for reflective practice. We need to understand more about the impact of the restrictions on family support services in the community in relation to children and families with complex need and in their early-stage prevention work. There is rich learning in this pandemic experience and additional research is required across a number of themes to inform and shape what should change in how we work at agency and inter-agency level in support of the welfare and protection of children in a post Covid-19 world.

United States of America

Bonnie Kornberg, Chief Performance Officer, Graham Windham Foundation, New York City

New York City almost completely shut down on 16 March, and for the rest of the semester and the summer all schools were completely virtual. Similar to the description in the study of responses in the UK, city agencies came together to meet the needs of families. That included schools making breakfast, lunch and dinner available for pick-up, non-profit partners distributing food, and schools working to get children tablets to be able to participate in remote learning. The NYC Administration for Children’s Services (ACS) partnered with non-profit foster care providers and the Department of Education to ensure that all children in school in foster care had the technology needed to learn. At our
organisation, if schools were unable to provide what children needed because of the extent of the demand, we worked with philanthropic partners to raise funds to purchase devices, WiFi units and WiFi service. Food was a huge concern for many families. In some neighbourhoods, store shelves were bare, some families were concerned about vulnerability to the virus, and long lines for some stores made it difficult for families with multiple children to wait. In response, we partnered with a food pantry to obtain food and began providing curbside delivery.

The New York City Family Courts closed for a number of months, and similar to the concerns expressed in the UK about bias in case decisions when made virtually, there has been a concern that virtual court hearings could be unfair. In response to the court closures, an example of a strong partnership has been the practice that emerged of attorneys for ACS, attorneys for parents, attorneys for children, and case workers at non-profit foster care agencies working together to develop a consensus and seek discretion from judges to reunite children with their parents. While the reunification rate has been much lower than in prior years, these partnerships have enabled reunifications to occur when previously a court hearing would have been required.

Some of the concerns raised in the study around whether children would be safer to be in school were not an option for us to consider since the schools were completely closed last spring and summer. However, very similar concerns were raised about the decrease in reports and whether they were artificially depressed because school officials were not observing children in the same way. Calls to the child abuse and neglect hotline were down considerably in NYC and across the US during the spring after schools closed. Conversely, advocates for parents believed that the low rate of reporting demonstrated that the low child abuse and neglect hotline calls pointed to over-reporting prior to the pandemic. One thing that is clear is that calls to the child abuse and neglect hotline for poverty-related concerns (e.g. cleanliness, food shortages, childcare) need the types of responses taken during the pandemic, such as cash assistance, food, and emotional support.

Daniel Little, Director, Department of Family and Children’s Services, Social Services Agency, County of Santa Clara, California

Santa Clara County Department of Family and Children’s Services (DFCS) experienced similar impacts from COVID-19 as outlined above. Our County implemented a shelter-in-place on 17 March 2020. School ceased all in-person education and our Child Abuse Hotline experienced an almost immediate and drastic reduction in child abuse and neglect reports. The first full month after the shelter-in-place saw an almost 60 per cent reduction in reports when compared to the same time period one year earlier. In light of this significant reduction, and a recognition that the majority of our mandated reports of child abuse and neglect originate with the education system, we implemented several key activities. Our child abuse agency worked with our local County Office of Education, which coordinates with all 31 local school districts, to provide updated training on how to spot child abuse and neglect concerns using primarily video methods.

The second key intervention was based on the realisation that families may still have contact with their local supports, such as neighbourhood Family Resource Centres. These FRCs provide education, resources, and support to families and were available throughout the pandemic. With the significant drop in child abuse and neglect referrals, and the
corresponding decrease in the number of families connected with formal child protection resources, these neighbourhood resources took on a much more significant role in supporting vulnerable families. DFCS partnered with the FRCs and their parent agency First 5 to provide additional support to families. This support included diaper drives, calming kits which included activities for parents and their children, as well as access to financial support. First 5 and their FRC network proved to be an invaluable partner for DFCS and highlighted the importance of a well-rounded support and intervention continuum.

Local schools were able to re-open this fall, albeit utilising virtual platforms, and teachers appear to have adjusted to this new mode of engagement. Calls into our child abuse hotline have steadily increased to just below pre-pandemic levels. We are noticing increased acuity of youth, especially for older adolescents displaying significant self-harm behaviours. We are also noting increased levels of intimate partner violence and substance abuse concerns. It may take several months or longer to see the impact the pandemic had on our vulnerable communities, who also are more likely to be disproportionally represented within our child protection system.
References


