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A local lens on children's social care: the London Borough of Lewisham's responses to Covid-19 and its legacy

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A local lens on children's social care: the London Borough of Lewisham's responses to Covid-19 and its legacy

Abstract

This report examines the findings of staff surveys conducted in an inner London local authority children's social care service during the Covid-19 pandemic (2020-2022). It is based on analyses of two surveys that were completed by children's social care staff, mainly social workers. The first survey was sent out during the period of the first UK national lockdown that started in March 2020 when significant changes had been made to working arrangements to enable the local authority to continue its social work services to children and families. The second took place 12 months later when such changes were more familiar but the pandemic was still affecting working lives. The report offers reflections on the learning from the survey responses about working arrangements that were established before and during the pandemic, the adaptations that were made to social work practice, and the possible lasting impacts of these.

Keywords: Covid-19; social work practice; risk assessment; workforce; children's services

Background

From March 2020 children's social care (CSC) services across England had to continue to support and safeguard children under the new circumstances of the growing Coronavirus (Covid-19) pandemic (Baginsky and Manthorpe, 2020 and 2021). We now have several accounts of social work practice and working conditions following this first UK national lockdown, obtained through different methods and for various purposes. Some are social work specific, some are service specific and some enable comparison with other human services professionals. Several have commented on the rapid introduction of online working spreading to contacts with children and their families (Cook and Zschomler, 2020).

Others have focused on wellbeing and pandemic pressures. For example, a survey by the British Association of Social Workers (BASW) (2021a) covering the UK in December 2020-January 2021 found that nearly three-quarters of the 1119 social workers responding felt their morale had declined since the pandemic. Ravalier et al (2023a) have noted that the social work and social care workforce prior to Covid-19 was one of the most stressful employment sectors within the UK and that their risks of severe mental health problems due to work pressures and caseloads or care work were increasing. Drawing on the same multi-phase study of health and social care workers, Gillen et al (2022) reported that in terms of quality of working life, the responses by social workers to the survey's fourth phase (November 2021 – February 2022) continued to show a decline in work-related quality of life scores, which was not so evident in the other occupations examined. The sixth and final phase of this survey (McFadden et al 2023) also commented on the impact of high workloads in health and social care/social work services due to staff shortages and the ongoing impacts of pandemic delays which have meant working long hours consistently for

the past two years, an overreliance on agency staff and pay which is not always commensurate with the number of hours being worked.

As noted above, much research on the pandemic and children's social care practice spanned several local authorities or nations and has provided a rich picture of operations and working practices. A single local authority focus is narrower but has the advantage of being context specific and can be discussed in a more focussed way. While all local authorities in England work to the same national legislation and central government policy regulations and practice guidance, they have considerable local autonomy in how they organise their services, the staff they deploy and the roles they fulfil, and their interfaces with other service providers.

Box 1: National Context

The UK Civil Contingencies Act 2004 requires the creation of Local Resilience Forums which are multi-agency partnerships for planning emergency responses. Local authorities are Category 1 responders. Lewisham, like other local authorities, has a Resilience Forum and an emergency planning team to address many incidents and emergencies. Its work feeds into the London Resilience Forum that maintains the live London Resilience Partnership Risk Register.

The Coronavirus Act 2020 enabled local authorities to suspend parts of the Care Act 2014 (termed easements) and alter some part of the Mental Health Act 1983 (see Baginsky et al., 2022a). Lewisham did not choose to move to Stages 3 and 4 of these 'easements' but acted within the flexibilities of the Care Act 2014. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 suspended some requirements relating to looked after children but in Lewisham virtual visits were undertaken to looked after children and care leavers at a minimum frequency of once a fortnight at the start of the pandemic.

The Lewisham Context

This report examines what the changes to working practice during the pandemic meant for one local authority (LA) or Borough and its staff working in children's services. The London Borough of Lewisham is south of the river Thames and has a diverse population of just over 300k residents. Drawing on census data, there are slightly higher numbers of young people (aged 0-15) in this authority at around 18 per cent of the local population compared to other parts of England. Nearly a third of its population (31.4%) is non-UK born; just over half of the population reporting a Caribbean or African background (52%). About 84 per cent have English as their main language (Lewisham Observatory, 2022). Rates of reported domestic violence are high in Lewisham compared with the rest of London (Metropolitan Police 2021) and this suggests increased risk of sexual exploitation of young people within and outside the family home (Liabo et al 2020). The charity End Child Poverty estimated that over the period March 2019- April 2020, 39 per cent of children in Lewisham were living in poverty after housing costs were taken into account (Department of Work and Pensions, 2021).

Prior to the pandemic, Ofsted (2019), the national regulator of children's social care services in England, reported on its inspection of Lewisham's children's social care services and judged them 'requires improvement', with early help services under-developed, inconsistencies in social work practice and insufficient managerial oversight. Two years later, after a focussed visit to the children looked after service Ofsted (2021) reported, in a more favourable report, that morale among social workers was high and that they had continued to regularly meet children in the care of the local authority by virtual or other means:

Social workers know their children well. They are passionate advocates for them. Workers use a range of techniques and communication methods to support children to voice their wishes and feelings. This was clearly demonstrated in the children with disabilities team. Children are regularly visited. During the pandemic, workers used a combination of video, telephone calls and virtual meetings to maintain contact with children and engage with them, although written records do not always do justice to the purposeful work that is undertaken. When required, there is appropriate use of translators to support children's engagement in planning and to safeguard them when spending time with their families. (Ofsted 2021 pp2-3)

This therefore is not a report into the failings of a service, but one that offers the opportunity to hear from a LA that had some confidence in what it needed to do in unprecedented times and made decisions on that basis. Other studies of LA responses to the pandemic in respect of their adult services departments have not generally reported such confidence or early planning (see the study of Care Act easements, Baginsky et al., 2022a and b).

Lewisham's response to Covid-19

In Lewisham's children's social care services emergency planning had been taking place over the weeks as the virus appeared to be taking hold. Prior to the announcement of the first UK national lockdown on 23 March 2020, a Covid-19 strategy was being developed to maintain essential safeguarding services for children. This strategy covered children's social care (CSC) operating procedures, as well as the production of guidance both on practice and on health and safety. A variety of emergency scenarios had also been developed in early to mid-March 2020 during the planning phase to model what would need to happen to enable some services to continue. As the situation unfolded and the first lockdown was announced, the whole CSC service moved onto an emergency footing and a Critical Safeguarding and Care Team (CSCT) was established to conduct all necessary face-to-face visits to children.

Box 2: Lewisham timeline

Mid March 2020: Development of Covid strategy, and planning and move to emergency planning and setting up of the CSCT. A risk rating tool for children's social care was developed at this time by the senior management team as part of these preparations.

March - May 2020 Requirement to stay at home (UK national lockdown announced 23 March), and to work from home unless essential to do otherwise.

April - May 2020 First survey of CSC staff.

June - August 2020 Gradual relaxation of rules and re-opening of schools and workplaces. Working from home relaxed from 1 August.

September - October 2020 Further rules introduced as the new Omicron variant took hold – including “rule of six” maximum number of people meeting, hospitality curfews and working from home recommendation. Tiers system introduced.

November 2020 National lockdown reintroduced.

December 2020 Return to tiered system, with escalation of measures over Christmas period. First COVID-19 vaccine administered in UK.

January - March 2021 National lockdown reintroduced.

March - April 2021 Second staff survey distributed

April - July 2021 Gradual relaxation of rules and reopening of schools and workplaces. Work from home guidance ended 19 July.

December 2021 - January 2022 “Plan B” restrictions requiring face masks and Covid Passes for some venues, with working from home encouraged (until 20 January 2022).

February - March 2022 Phased removal of all public health measures including self-isolation requirements and free Covid-19 testing for the public.

As in other LAs around England, by April and May 2020 most social workers in Lewisham had moved to work at home for a proportion or all their working time. In the early days of the pandemic 70 per cent of CSC staff were working from home (Lewisham's Children and Young People Select Committee, Sept 2020). The remaining 30 per cent (about 100 staff) were working from offices and in the community. A minority of social workers were not attending the office at all because of underlying health problems which, for some, were of such a high level that they were advised to ‘shield’ in accordance with government guidance. Activities that were usually office-based, and even considered to be office-dependent, were being undertaken virtually, including team meetings and supervision.

From 23 March 2020 all face-to-face work was suspended except for high-risk cases. The CSCT responded to all emergency child protection concerns, including new referrals and other emergency situations involving children in care or care leavers. All open cases and new referrals were RAG (red, amber, green) rated using Lewisham's Covid-19 risk assessment tool (developed in preparation in mid March 2020) to help practitioners identify the most vulnerable children. This process informed their decision on whether a visit would be conducted face-to-face, or contact made virtually, as well as the frequency of any visits. Two key areas were assessed to determine the level of risk to the child. Firstly, the impact of the child or family of being self-isolated was assessed. The risk was RAG rated in relation to the child not being able to attend school and/or having contact with anyone outside the family due to the family's isolation. Secondly, the risk was assessed in relation to professionals not being able to have face-to-face contact with the child because home visits were not possible and planned meetings were not taking place because of the pandemic. All cases identified as high-risk (RAG rated red) were discussed at a weekly panel chaired by a senior CSC manager. The RAG ratings were updated frequently if needed, following face-to-face and virtual visits that informed the social worker's assessment of the impact of any changes in the family's circumstances.

All children with an allocated social worker or care leavers with a personal adviser were contacted by telephone or video call at least once a fortnight and for those children who were the subject of child protection plans the family was contacted at least once a week. The CSCT comprised social workers, personal advisors, child protection chairs, senior managers and business support officers working on weekly rotas. The CSCT on duty met every Monday morning to identify and allocate the visits for the coming week. All virtual visits were recorded using a specific case note developed by the senior management team to enable social workers and other practitioners to make a record of a virtual visit and run reports of all types of visits to children whether virtual or face-to-face. Children and young people were only considered to have been 'seen' at the virtual visit if there was some degree of interaction and communication with them during the call. During this time child protection, child in need and 'children looked after' visits were conducted more frequently than the statutory requirement,¹ because of the potential risks around previously untried virtual assessments, so there was a consequential increase in the amount of recording required.

The report

This report draws on the findings from two surveys of CSC staff in Lewisham conducted one year apart. The findings provide an opportunity to reflect on how practice changed in March

¹ A statutory visit is a visit that the local authority is legally required to undertake to the child or young person subject to several pieces of legislation:

- Children Act 1989;
- Adoption Agencies Regulations 2005 – amended 2011;
- The Children Act 2004;
- The Children (Private Arrangements for Fostering) Regulations 2005;
- The Fostering Services (England) Regulations 2011;
- The Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations 2015

2020 and continued into 2021 and to consider the elements of working arrangements and practice that remained in place post-pandemic should be stood down or retained for any future emergency. Our aim is to share our findings and observations with others potentially to assist local and national bodies planning for any future crisis as well as the social work profession and local stakeholders in Lewisham.

Methodology

For several years Lewisham's CSC staff have undertaken a 'health check survey' twice a year, usually at staff conferences. As a result of Covid-19 the staff conference of April 2020 was cancelled so the senior management team (SMT) decided to adapt the existing health check survey to focus on:

- Staff wellbeing
- Staff responses to the changes in practice and working arrangements
- Learning from the early stages of the first national lockdown about the impact on social work services being provided.

All CSC staff including social work qualified staff, personal advisers, family practitioners and business support officers were asked to complete an online survey between April to May 2020 to find out how the new ways of working were impacting on their practice. The survey questions addressed areas including the demographics of the workforce, working arrangements during Covid-19, access to information technology (IT) solutions and supervision and management support. A small number of free-text questions were also included which focussed on the impact of the pandemic on practice and on children and families. The surveys were each designed to take approximately ten minutes to complete.

The findings provided data about how the situation was being experienced by frontline practitioners and the wider CSC workforce. They were intended to support senior managers' response to the needs of their workforce. A year later, between March and April 2021, staff were asked to complete another survey containing similar questions.

The first survey ran from 17 April 2020 to 31 May 2020 and the second from 1 March to 19 April 2021. They were distributed by a link circulated to all staff via email. Staff were assured that their responses were anonymous although information was gathered about service areas, teams and roles. A total of 120 staff responded to the first survey and 101 to the second, approximately a quarter of Lewisham's overall CSC workforce of 400 staff. In 2020, 61 per cent of the respondents were social workers compared with 47 per cent in 2021. Managers comprised 15 per cent and 11 per cent of respondents in 2020 and 2021 respectively. No data were collected in relation to gender, age or ethnicity of the respondents to provide some assurance of confidentiality and to reduce the time needed for completion.

Automatically generated reports set out the quantitative findings and the open-ended responses were analysed using a thematic approach as described by Braun and Clarke (2006). The researchers discussed the codes in line with the method subsequently described

by Braun and Clarke (2019) where more than one researcher is involved in a 'collaborative and reflexive (way), designed to develop a richer more nuanced reading of the data, rather than seeking a consensus on meaning.' (p 592). There was a high level of consensus between those conducting the analysis who are a senior manager in the local authority and a university-based researcher with considerable experience of social work practice and workforce surveys.

Findings from the 2020 survey

Workplaces redesigned

Over two-thirds of respondents were working from home at the time they completed the survey, with most of the remainder working predominantly in the office. While most contacts with children were online, some visits were carried out to children at home or in school if the child was still attending education provision. Nearly all (98%) of respondents said they were receiving daily pandemic updates in the form of email communications from the SMT with information about the current national situation, the wider LA response, any changes to CSC practice or new practice guidance. When asked to gauge their usefulness on a scale of 1 (not at all useful) to 10 (highly useful), 88 per cent identified this as 7 or above.

Staff were very positive about how managers had responded to the crisis and on a similar 1 to 10 scale 89 per cent said they were feeling supported, informed and connected to their supervisor or manager and the senior management team (SMT):

I think it's brilliant how fast SMT has responded to the 'lock down'. (Advanced Practitioner)

...there is a clear plan, and updates when things change, so we all know what we are doing in working with our families and how to make things work when we cannot see children directly. I am confident in senior management making good decisions for children and families during this crisis. (Senior Social Worker)

There were, however, a few requests for more opportunities to interact with the SMT directly, possibly through virtual groups or meetings:

It might be helpful to consider involving group managers in SMT on a monthly basis or having some management meetings/briefings via Teams. It can feel very isolating not physically seeing other colleagues whilst working from home. (Social Work Manager)

Rotas had been established to enable social workers to work in their offices on alternative weeks. While most social workers thought this had worked well, some would have preferred alternative arrangements:

I am working one week in the office and one from home on an alternating basis. I think things have been managed well. The only change I would appreciate is that instead of working one week in and one week out, that we run the weeks the same way as normal duty - so working Thursday to Wednesday instead of Monday to

Friday when in the office or at home. This is because I personally have found working the whole straight week - Monday to Friday at home too long. With the weekends included this is nine straight days at home alone and this impacts on my emotional wellbeing and practical functioning and effectiveness. (Senior Social Worker)

In these early weeks of the pandemic there were some requests for more equipment for home working, such as chairs and headsets. The requirement to acknowledge a duty of care to employees with a disability or to those where reasonable adjustments were needed was perceived as being met in the challenging circumstances. Every respondent reported completing a Covid-19 health and safety risk assessment with their line manager to determine their needs to work safely and effectively from home.

However, when asked what could be improved most comments focused on SharePoint, the CSC online information sharing repository and the technical problems associated with new technology in general. Several respondents reported being unable to access or use MS Teams and finding SharePoint difficult to navigate.

In Spring 2020 managers were anticipating that the lockdown would end by the Summer and there were several requests from respondents for a transition support plan for staff going back to normal working in the first survey. Other themes from this first survey are reported below.

Impact on the Workforce

Several staff reported feeling able to be creative and resilient, adapting to the sudden new ways of working implemented in late March 2020. The overwhelming majority seemed proud that they had been able to adapt and indeed thrive during a period of major adjustment:

I have learnt that I am flexible and adaptable and able to support and manage a team and service to be likewise. I have learnt a lot of new IT and what the benefits of remote communication are. I have learnt how to maintain morale. (Independent Reviewing Officer)

But many practitioners said they were missing the day-to-day human contact and connection with their teams, commenting positively on the dedication and resilience of colleagues. However, face-to-face working and relationships were considered vital for practitioner mental health and wellbeing, as well as productivity and job satisfaction:

I have learned - or been reminded of the fact - that I enjoy working with people and my colleagues! I think feeling part of a team or an organisation is really important and it is hard to maintain this when you are working in isolation. Having said that, I've learned that I can be pretty resourceful, juggling work, managing a team and caring for my (young child), I feel that I've still managed to do the work expected of me as well as I can. (Social Work Team Manager)

While some staff reported that they found working at home stressful and were worried about the longer-term impact on relationships with families and colleagues, many reported that flexible working provided other opportunities that were not previously considered possible:

I can start early, finish late to fit things in to suit. I always complete my hours but in a more relaxed way. Despite my own anxiety around COVID, I am more relaxed and feel calm. Instead of a daily two-hour commute and a queue for office microwaves, I have been able to do regular daily exercise which I didn't before, sit with my family and have a battery recharging, relaxed lunch break. (Support Worker)

While it was recognised that a system had to be developed to keep children safe in a situation of which no one had prior experience, initially respondents had found some aspects time-consuming and demanding. Social workers found the computer forms where information - such as the recording of Covid-19 risk assessments prior to contact with families - difficult to complete when there were seemingly constant updates and a steady stream of emails containing instructions and statistics, which they cited as compounding their pressure and anxiety.

Working with children and families virtually

At management level there was some insecurity about how the newly introduced systems were working. Almost all staff had access to MS Teams, although at that point only five per cent were using it to contact families, in contrast to the 70 per cent using the free WhatsApp service to do so. However, the main challenge social workers identified was the effective assessment of risk when conducting virtual assessments if they could not be sure about what they were seeing. So it is not surprising that concerns were expressed about the quality of an assessment done in this way:

Things could be missed; it is impossible for a sound risk assessment to be undertaken. For example, how can we be sure that a violent partner/ex-partner is really out of the home unless we undertake visits? Children are unlikely to speak openly and freely when their parents are nearby, if not listening in. We gain a lot from people's body language and face to face discussions, but this is something we are unable to do at this time. (Senior Social Worker)

Many staff commented on the challenges of conducting virtual observations of babies and small children and also of carrying out meaningful direct work when parents or children had specific needs. All this added a further layer of complexity to any situation, as these social workers described:

I feel limited in the amount of direct work that I am able to do virtually. Particularly with children who are below the age of five. I have a family where there are two (communication impaired) parents and I have not been able to communicate with them virtually. (Social Worker)

The majority of the children I support are non-verbal. Therefore, it is harder to read their body language and interactions with their families and home environment through the video calls. (Social Worker)

Concerns were expressed about the impact of the pandemic on families and how they might be coping with stress, anxiety and poverty. Several staff also noted that families did not always have access to virtual platforms to enable communication:

...one of my families never had access to a smart phone so this was problematic.
(Social Worker)

(You) cannot get a true sense of the home environment. Some families do not have smart phones or Wi-Fi. (Social Work Manager)

Practitioners also reported that some families and young people did not like virtual 'visits' and were reluctant to engage in this way. They were concerned that the quality of the relationships between them and the child, family or young person would suffer if work was only carried out virtually:

Although it has been possible to keep in touch with families and are able to see that the children are physically well this does not help deal with the emotional wellbeing in full and, although families appreciate contact, I do not feel that for some families I can use video calling or phone calls. New cases in particular can be challenging as parents or carers seem unwilling to answer phones or texts from new social workers. Children do not seem to want to connect in this way initially and it can take longer to connect with children as this is not our usual way of working. (Social Worker)

In contrast, some reported apparent disconnections and weariness on the part of some young people for whom the two weekly virtual contacts were thought to be too much:

...they didn't respond too well as the beginning - obviously I understand that it is not anyone's fault of course, however these are the barriers I found - work becoming repetitive, real work is restrictive, admin increased and feeling limited as to what I can do. (Leaving Care Personal Advisor)

Working remotely with families also made demands on practitioners who reported having to listen more intently and contain individuals and situations in what could be charged emotional states, while balancing family life and their own concerns about Covid-19:

More time should be factored in to accommodate workload on an emotional level not only in supporting young people and children and their families but also supporting social workers in this regard. (Social Worker)

As the months went by timescales on some visits were eased, depending on the level of concerns around individual cases which freed up time for social workers to focus on those families they thought were needing more support.

Fears were then emerging about the consequences of declining numbers of services available to families, as well as a lack of specialist help:

Greater domestic abuse exposure for children, poorer mental health outcomes, more stress factors in families and poverty from the wider implications for families and communities. Some children and their needs will fall through the gaps and not receive help and support earlier. Children's mental health needs may increase. (Social Work Manager)

Impact on future practice as considered in Spring 2020

Practitioners reflected on the consequences of greater use of technology on future practice, not only with children, families and young people but also with colleagues and other professionals. There was an overall sense that the pandemic had presented an opportunity to rethink how practitioners carry out their work and opened opportunities for more flexible working arrangements, as well as allowing more creativity in their practice:

I think a lot of good social work practice can come out of it. The way we do direct work and communicate with children, children can be more open when we use technology. The way we arrange and promote contact with families. (I have) heard some excellent examples - one in particular was virtual baking together. (Social Work Manager)

There was also a sense that it was possible to practice social work, at least for some of the time, remotely. While some had reservations, respondents were generally optimistic about the potential improvement in work-life balance that the pandemic had created:

Making use of virtual working has its benefits, it highlights that all services can work more collectively to share information to monitor and support children, it is not always a home visit from a social worker that keeps children safe. This highlights that social workers can work from home, and do not need to be tied to the office behind the desk. (Social Worker)

Similarly, many staff reported that working with other professionals had improved in the pandemic. For example, other professionals were reported to be more likely to attend meetings if they did not need to travel:

This experience has shown how networks can be more creative in how we have meetings, update plans, and monitor the lived experiences for children. Having physical meetings and reviews can actually be done virtually. (Social Worker)

It has improved risk assessment skills which we can incorporate moving forward. It has also encouraged better multi-professional working and conversations on how best to safeguard and support families. (Senior Social Worker)

Findings from the 2021 survey: A Year On - Keeping Connected

Hybrid Working

By Spring of 2021 most Lewisham CSC staff (88%) were still working at home for some or all the working week and receiving Covid-19 updates from the SMT. Several continued to

believe that senior managers had done as much as they could to keep staff connected, supported and informed and to remain accessible:

Overall, I feel that senior management have led us well through a very difficult period and have continued to promote positivity across the services. (Social Work Manager)

Most staff (93%) had access to SharePoint but, as in 2020, just under half of respondents did not find this resource helpful or easy to use, mainly due to difficulties navigating the system itself. Almost all staff now had access to MS Teams (99%). For most staff their supervision (77%) continued to take place virtually monthly, with team meetings also mainly taking place virtually, either fortnightly or monthly.

However, a minority felt their commitment was not always sufficiently recognised and suggested that staff views should be sought more frequently in the challenging and changing context. By this second survey there was an increased focus on the impact of the pressures of the working environment on staff morale and wellbeing:

More praise and acknowledgement how difficult this current time has been for frontline social workers. I feel generally in my team we are recognised for our hard work but I'm not sure this is the same across the service. (Advanced Practitioner)

The Impact on Families in 2021 – a year on

Practitioners identified some positive elements of adapting to the virtual world, particularly in relation to direct work with children and young people. Some respondents thought this had provided new opportunities to support children and young people in a positive way that allowed them to participate on their own terms:

... there are also advantages in that some children find lots of grown-ups in a room intimidating and some children also like to be in (a) meeting but off camera or out of shot. (Social Worker)

However, one year on, this was balanced against the desire for face-to-face work to resume its place as a core element of social work practice. Making accurate risk assessments and being able to understand the child's experience remained concerns for staff working virtually with families and children, particularly around how to understand the child's experience. Many respondents felt that direct work and seeking children's views were more difficult using virtual platforms and that the challenges of building relationships remained. Making human connections was said to be more difficult using virtual spaces:

I believe you can miss something especially with the pre-verbal children and older children. Whilst it is convenient and safe it does not provide the level of protection a face-to-face visit does. (Social Worker)

In 2021 respondents continued to express concern about the impact of the pandemic on families, citing loneliness, illness and financial difficulties as some of the main problems and expressed worries that reduced access to services and support affected vulnerable children and parents alike. As in the 2020 survey, staff referred to the impact of digital poverty on some families and how this was adversely affecting their capacity to work with professionals and social work interventions:

Some of the families I have worked with did not have laptops which meant that at times it was difficult for all family members to be fully present during a meeting; sometimes internet connectivity would impact on whether a family member or professional could join/their video would work. (Social Worker)

Reflections on Future Practice

Hybrid working in Lewisham enabled staff to work from other locations and to attend their office base for meetings and other face-to-face collaboration where facilities were being established to support hybrid meetings. By Spring 2021 staff were still seeing increased attendance of other professionals at such meetings and noted the advantages for some families including those not in the UK:

The family and professional support network can be easily accessed for meetings virtually whether in the UK or abroad. (Advanced Practitioner)

Of equal importance seemed to be the opportunities this offered respondents to achieve a better work-life balance, whether this was in terms of an arduous daily commute or the opportunity still to meet both work and family responsibilities, but on a different timescale than that dictated by office-based work. While most respondents considered that relationships with colleagues had not suffered during this period, some had found that home working could be lonely and isolating and needed to be balanced by time in the office with others. Others commented on the difficulties they encountered in adapting their social work practice:

Relationship based practice is central to my social work practice and it was hard to keep that going in the same informal way. It is a case of finding the balance between virtual and face-to-face. (Social Work Manager)

Being adaptable and creative in social work practice continued to be a theme for many staff. Several respondents felt that the pandemic had shown how adaptable and resilient they were as individuals:

Back in March 2020 I couldn't have seen me getting rid of some of my old ways of working, however I have adapted. I have adapted to change far better than I thought I would. (Social Care Practitioner)

Discussion

One of the most significant changes to social work practice during the pandemic was the use of technology and how this might be effectively employed in working with families

(Ferguson et al, 2021). Whilst social work will always retain its status as generally a face-to-face profession, remote working and the greater use of technology have introduced ways of working that had not previously been considered or viewed as acceptable in many local authorities but now are likely to remain to some degree. At the time of writing (April 2023), Lewisham has implemented flexible and remote working arrangements as permanent features of its CSC work. Face-to-face visits with families and children remain a core aspect of social work practice, but, in some situations, these might be interspersed with virtual contacts as useful way of working in some situations, particularly with some young people. As Ferguson et al (2022) note, there are differences in how older children or young people can initiate contact with social workers compared with infants or very young children which place the latter at risk of being 'unheld'.

In relation to the supply side of social work, namely the sufficiency and capability of staff, there has also been a recognition that working flexibly and remotely is a mechanism for achieving a better work-life balance which may retain frontline staff and managers with their generally valuable professional experience. Drawing on a series of local inspections and reviews, Ofsted (2022) has reported the national challenges of continued staff vacancies and the trend for some social workers to move to agency work for better pay.

This reflects other occupations and changes to working patterns in the UK, particularly in London where travel time and costs may be very high. As Escudero and Brown (2022 p16) report from a London survey:

Seventy-nine per cent of London workers who work from home reported experiencing positive impacts from working this way, with avoiding commuting and the ability to manage home/social responsibilities as the top benefits, and 84 per cent reported that working from home is better for quality of life and feeling in control.

Working flexibly and remotely also proved to be a mechanism for achieving a better work-life balance for many as reported in wider human services surveys (Gillen et al., 2022) but the impact on recruitment and retention has yet to be assessed.

Social workers in the surveys reported here described having drawn on their skills and knowledge to be creative and flexible in how they carry out visits to children, finding ways to engage the child and family virtually. The details of this, whether it may tend to the optimistic, and its effectiveness need to be evidenced, through observational as well as exploration of outcomes. Room for reflection on the risks they were carrying may need to be offered to practitioners.

Hybrid meetings for child protection conferences and reviews are likely to continue, but with at least their chair, the family's social worker and the family being physically together while some other professionals might join virtually. It remains to be seen if the reported improved attendance by some professionals will be maintained and if outcomes are affected by hybrid attendance.

The speed of the response to this crisis showed what was possible and that things that were thought to be impossible could be done while attempting to focus on the best interests of families, children and the workforce. Interestingly, CSC was not provided with a national ethical framework for decision making in contrast to adult social care (Department of Health and Social Care, 2020) and discussion might usefully take place about whether such a framework would be helpful in any future emergency. Moreover, as others have acknowledged, national planning in the UK was insufficient in respect of social care and much of local government (Baginsky et al., 2022a) indicating the need for more regular scenario planning and practice with greater understanding of the LA role as an important part of emergency planning and response. The use of technology and remote working within CSC has been confirmed as part of the 'new normal' but contingency planning is needed to address possible problems with reliance on internet systems including from hostile cyber-attacks.

These surveys in one local authority have exposed some differences between a local picture and national data. These differences may need to be considered and other local workforce data about sickness absences and retention used to inform surveys such as health checks and their interpretations. In Lewisham, the surveys focused on the response to the pandemic, pandemic working arrangements and the impact on social work practice and children and families. The surveys did not ask specific questions about respondents' mental health or morale and were focused on obtaining feedback in the immediacy of the national emergency. This may explain the disparity in the present findings compared to other surveys where morale among social workers was notably poor prior to the pandemic compared to other professions and has been steadily declining (Ravalier et al., 2023b).

As with all surveys there are questions of representativeness and risk of bias. It may be that those responding to the surveys wished to convey some positivity and that those not responding were particularly burned out or feeling unsupported. However, the response rate was reasonable and a range of views was expressed. The lack of socio-demographic detail from participants means that analysis could not be more specific, and those proposing future surveys may wish to consult on whether the workforce wishes to supply such detail. One advantage of taking a local lens to practice is that it can be set in the context of external scrutiny such as that by Ofsted and others.

Conclusions

Social work in the UK is primarily a relationship-based profession and common to the findings from both surveys discussed in this report was a wish for face-to-face contact with children and families as well with colleagues and teams. Building relationships with families and children requires time and skill and our respondents maintained that these encounters cannot always be replaced by virtual interactions although they were willing to engage in these. Overall the arrangements that were instigated at the start of the pandemic seemed a surprise to respondents and this suggests the importance of local planning for future emergencies or disasters and for such planning to involve frontline practitioners. This reflects the omission of disaster planning in social work education and of social workers in

disaster preparedness, even though LAs are classified as cooperating responders under the Civil Contingencies Act 2004 (see British Association of Social Workers (BASW), 2021b).

The necessity for support from colleagues, teams and peers in an emotionally demanding profession has been re-emphasised during the pandemic by this study and by others (McFadden et al., 2021). There is evidence that feelings about lack of general well-being, control at work, and working conditions may predict worsening psychological well-being among social care and social work practitioners (Ravalier et al 2023b). Some staff place high value on the informal and spontaneous support in the office to provide containment and support as well as to nurture problem solving and creativity. We will need to learn if and how this has changed over the pandemic period and if the resumption of previous patterns of engagement is desired or feasible.

The profession has largely seen itself as resilient, committed and able to adapt to changing environments but the present high level of CSC vacancies nationally (Department for Education, 2022; Ofsted 2022) provides another part of the picture that is less easy to access through surveys. With steady moves to professional training programmes that are work-based such as Step Up and Frontline (Foley and Foster 2022) the presence of experienced staff to provide such learning opportunities becomes ever more crucial. Likewise, increased recruitment of social workers who have trained outside the UK will require more support from existing staff. As we move into a period of living with Covid-19 and its variants, regular staff engagement will continue to be necessary and surveys such as these may assist in providing substantial and reflective feedback.

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