



What Works *for*
**Children's
Social Care**

COVID-19

**HOW LOCAL AUTHORITIES
HAVE ADAPTED SOCIAL
WORK PRACTICE**

November 2021





What Works for Children's Social Care

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About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

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CONTENTS

EXECUTIVE SUMMARY	4
INTRODUCTION	5
METHODS	5
FINDINGS	6
Focus group discussions: findings	6
Adapted practice at six local authorities	9
Virtual Child Protection Conferences - Kirklees	9
Attendance at Multi-Agency Risk Assessment Conferences - Middlesbrough	15
Vulnerable Children's Group - Sandwell	19
Digital support - Warrington	23
Vulnerable Children's Group - Wirral	25
Vulnerable Children's Database - Stockton	27
CONCLUSIONS AND RECOMMENDATIONS	29



EXECUTIVE SUMMARY

The Covid-19 pandemic has led to substantial changes in children and families' lives and in social work practice in England. With a lack of visibility to universal services, such as schools, social workers and family support workers were concerned about hidden and emerging harms.

In partnership, and on behalf of the Department for Education, What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) conducted research on how local authorities' children's services adapted in response to Covid-19. This report builds on our interim report that discussed the findings of a rapid review of the evidence of "what works" relating to practice adaptations in response to the pandemic.

We held focus groups with twelve local authorities to identify how their approach has changed. We then worked with six local authorities to develop logic models for new innovations, conducting a light touch implementation and process evaluations for three of these.

Recurring themes in local authorities' response to the pandemic were:

- Changes to contact between professionals and families, including an increased use of technology and being flexible to meet families outdoors (in line with government guidance)
- Increased use of RAG (red, amber, green) ratings to assess safeguarding risks to identify the appropriate response (for example, whether a face-to-face visit was needed)
- A focus on multi-agency arrangements and increased communication and data sharing between partners
- A focus on the provision of basics, (characterised by participants as "ordinary help"), and increased familiarity between professionals and families.

Emerging evidence from this report and the interim report suggests that:

- Virtual and digital support was welcomed for children and young people with protective factors, such as children living with a foster carer who can provide updates on the child or young person, and children with a good existing relationship with the practitioner
- For certain families, virtual and digital support is more challenging, such as for very young children, children with special educational needs or disabilities or where access to technology is poor, as well as for families that may conceal risks.
- There is much to be learnt from the positive examples of multi-agency working to safeguard children over the course of the pandemic
- There is likely to be financial hardship in the years after the pandemic and early help, including a focus on support with the basics (characterised by participants as "ordinary help"), can help build trust between a family and the practitioner, removing practical problems to allow families to focus on other issues.



INTRODUCTION

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) worked on behalf of the Department for Education to review how local authorities adapted their practice in response to Covid-19. The project aimed to review emerging practice and to share our findings with local authorities to aid recovery.

The Covid-19 pandemic has led to substantial changes in children and families' lives and social work practice. In response to the Covid-19 outbreak, the government implemented a series of national and local lockdowns. These measures led to a combination of increased risks and reduced support and visibility of children to professionals. Practitioners were also concerned that 'hidden harms' such as domestic abuse may increase because of the circumstances of the lockdowns.

In the first national lockdown, children stopped attending school and families were spending much more time together, many in small spaces and under heightened conditions of anxiety. In the year April 2020 - March 2021 (the first full year of living with the Covid-19 pandemic) Childline counselling sessions about emotional abuse increased by 18% and counselling sessions for children under 12 increased by nearly a third (29%).² Refuge's National Domestic Abuse Helpline found an average increase of 61% in calls and contacts.³

This report focuses on how local authorities have amended their practice in relation to Covid-19 restrictions and the emerging challenges. It follows on from our Interim Report, written in December 2020, which discussed the findings of a rapid review of the evidence of "what works" relating to practice adaptations. Taken as a whole, the two reports aim to develop an understanding of the challenges of delivering early help and children's social care during a pandemic, how practice has adapted and what we can learn from existing evidence about how to deliver such practice well.

METHODS

To help identify changes to practice we held two focus group discussions with early help and children's social services staff. The first in December 2020 focussed on multi-agency working. The second in January 2021 focused on adapting to virtual delivery of services. Focus groups participants were recruited through the Principal Social Workers' Network and via the Department for Education's channels as well as by advertising on EIF and WWCSC websites and social media. The focus groups were held online and recorded with participants' consent. Twelve local authorities attended in total (seven in December and five in January) with representation from statutory Children's Services and Early Help services.

We then worked with six local authorities to develop logic models for innovative practice they had introduced in response to the pandemic. Logic models are designed to help describe an intervention in detail to establish a shared understanding of the approach. Kings College

² *Thousands of young people speak to Childline about mental health and abuse during the pandemic.* (14 April 2021). NSPCC. <https://www.nspcc.org.uk/about-us/news-opinion/2021/children-counselling-sessions-covid-pandemic/>

³ *A year of lockdown: Refuge releases new figures showing dramatic increase in activity* (23 March 2021) Refuge. <https://www.refuge.org.uk/a-year-of-lockdown/>



London (KCL) developed logic models with two local authorities, with the rest carried out by WWCS. The logic model set out:

- the context (the external environmental factors)
- the activities / inputs
- the mechanisms (the sequence of events / processes hypothesised to link the intervention to its intended outcomes) and
- the outcomes (the aims / assumed consequences of the intervention).

Each logic model in this report looks different as they were developed by each different local authority, with WWCS and KCL's oversight. We worked with three local authorities to carry out light-touch implementation and process evaluations (IPEs) of new approaches. Research questions for each of the IPEs are detailed in the individual methodology sections below. The IPEs aimed to help understand the changes made to practice and how to embed these adaptations in the future. Discussions with multi-agency partners within these three local authorities were transcribed, pseudonymised and analysed using thematic analysis. We then looked for patterns, consistencies and inconsistencies across different participants and compared the findings to the logic model.

FINDINGS

Focus group discussions: findings

Findings - How have Children's Services changed their practice in response to Covid-19?

Use of RAG to identify safeguarding risk

There was strong consensus about the increased use of RAG (red, amber, green) ratings to assess whether the safeguarding risk to a child merited a face-to-face visit or could be managed using a virtual visit. However, one participant explained that her local authority saw involvement in children's social care as a sufficient indicator of risk to require a face-to-face visit.

Changes to visits

Although some visits took place face-to-face, they were no longer necessarily 'home visits' but doorstep, garden or park visits. Participants noted that they had learnt a great deal from adapting face-to-face visits and would keep some adaptations going forwards:

"Even if we get to a point where we are completely out there doing everything face to face, again, I think we've learnt a lot about how some of the more relaxed interventions with young people can work"

Virtual visits were facilitated by video calls via platforms such as WhatsApp. Participants described providing families with guidance on how to use Teams, data packages and electronic equipment where it was needed. This meant social workers and Early Help practitioners could see some of the interaction between the parent(s) and child(ren) as well as a tour of the house and day-to-day activities such as the preparation of a meal. It allowed for



the monitoring of some signs of neglect but not the “nitty gritty” such as the presence of bed bugs.

One participant mentioned that they’d moved direct work from the home to a school setting. Participants mentioned that they would continue with the virtual version of review child protection conferences for children who are placed far away, beyond the pandemic. They liked the flexibility of the working day which was beneficial for staff and parents with both being able to attend sessions and training more easily.

Back to “basics”

Amongst early help practitioners, a recurring theme was a celebration of the return to ‘ordinary help’ which they felt they had had to move away from in recent years:

“Very much getting back to basics on food and utilities and prescriptions and support sexual health for example and seeing the kind of the increasing morale and control that the workforce has felt in getting back to that type of vocationalism... getting help out quickly to where it's needed and it would be an absolute travesty if we were to go back to the very formal structures of eligibility for services”

Participants noted that providing practical help can build trust between a family and the practitioner, helping to develop supportive relationships. Removing the practical problems caused by the pandemic allowed families to focus on other issues. This type of relationship was something that participants wanted to hold on to as we return to a ‘new normal’. Voluntary sector organisations were lauded as “the lighthouses on the ground” providing practical support.

Communication during lockdown

Participants in the December focus group discussion mentioned improved multi-agency communication early on in the pandemic; daily or weekly meetings to share information and identify which agencies were working with families. Information sharing had been facilitated by changes to data sharing agreements with partners seeing the benefits of sharing information rapidly.

Better information sharing led to a better understanding of local need. For example in one local authority there were fewer families with a large number of children than they initially thought. This in turn meant any mismatches between need and allocation of resources became clear. Additionally, they gained a much richer picture of families’ vulnerabilities. There was some concern that this improved information sharing would not be maintained post-Covid-19.

Changes to staffing

Although there was much appreciation of good multi-agency working, several local authorities mentioned that some partners, for example, nursery nurses and health visitors, were reassigned to clinical settings. Other agencies had withdrawn face-to-face support which meant that early help practitioners or social workers were the only professionals seeing children and young people during the school closures.



What do these findings mean for wider application and the future?

Multi-agency safeguarding during Covid-19 had demonstrated the benefits of information sharing and closer working relationships. Increased communication and information sharing between multi-agency partners is something which should be rolled out and maintained in the future.

Local authorities should also consider ongoing flexibility over the format of visits, depending on the needs and best interests of the family, whether this be virtual, in the home, or at another location.

Our interim report looks at the evidence around digital services; whilst there is some evidence around specific interventions, there is a lack of evidence about the long term impacts of virtual delivery. It will therefore be important to evaluate new ways of working to build the evidence base in this area.



Adapted practice at six local authorities

1) Virtual Child Protection Conferences - Kirklees

What practice changes were made?

Prior to Covid-19 restrictions, Kirklees Council held child protection conferences in person, with the expectation of all parties being in the room. In response to lockdown measures, in March 2020, conferences were instead delivered over audio only (via Skype) with all parties dialled into the meeting. The Council created digital packs of conference papers which were sent to all professional attendees three working days before the meeting. This is in contrast to the past where partner agencies shared their own reports with each other, and paper versions were available for reading whilst the Child Protection Conference (CPC) chair was in discussion with parents 30 minutes before the conference. Under the new arrangements, the parents also receive a digital pack of reports. The CPC Chair now calls the parents before the conference to explain the process, rather than a pre-conference meeting with them on the day.

Kirklees Logic Model

Pre-requisites and contexts

Activities

Mechanisms

Outcomes

National Lockdown from 23.03.20 for All staff, agencies, partners and children/families. Enforced change in ways of working and culture of conferencing model.

Staff and partners are equipped with both the technology and skills to deliver the new model of working

Families are willing and able to engage with the virtual process

There are resources available and buildings are open, technology enabled to allow for options of model delivery.

Social workers are willing to explore assessments of families to match the right resources and options available.

The roadmap out of lockdown will run as planned following the vaccination programme been successful.

Willingness of agencies and partners to meet the requirements for access to all proposed models.

Stakeholders, partners and agencies have their own recovery plan and roadmap to new Service Delivery Plans.

Funding is available where required for extra Microsoft Team licence, data provision where required for families

Trusted professionals are willing to be flexible in achieving and supporting the best outcomes through the most appropriate model

- A1** - Pre-empted the need for remote working. Undertook a Resource analysis. Contingency planning for the unknown with various options available **(Links Mech D ,E & Outcome 1 & 6)**
- A2** - Wellbeing conversation with staff to assess resilience and coping strategies **(Links Mech A outcome 4)**
- A3** - Communication and liaison with partners to ensure access to same digital platform **(Links Mech B & F outcome 2 & 8)**
- A4** - Exploration of digital platforms available and assessed whether appropriate to meet business needs in consultation with senior IT colleagues, examined offer and challenge **(Links Mech A & I outcome 10 & 11)**
- A5** - Liaison with asset management and public health re securing a Covid safe conferencing environment. **(Links Mech D Outcome 5)**
- A6** - Secured funding and implemented new enhanced video conferencing facilities to enable proposed future hybrid working model. **(Links Mech D outcome 5 & 10)**
- A7** - CP chair group continued quality assurance and evaluation of adherence to strengthen families conferencing model through discussions and observations. **(Links Mech B Outcome 1 & 4)**
- A8** - Model informed by nationally published research. **(Links Mech D & J Outcome 6 & 7, 11 & 9)**
- A9** - Amended referral process for SW to include email & telephone communications for parents and professionals **(Links Mech & G Outcome 3)**
- A10** - Devised digital packs to supply reports to all participants in a secure and confidential way in advance of the meeting **(Links Mech B outcomes 2 & 3)**
- A11** - Reinforced the mandatory conversation, by the CP chair, with child and parent in advance of conference to explore the model and expectations of the meeting **(Links mech B outcomes 2,3)**
- A12** - Implemented and executed partnership consultation via questionnaires and anticipated short medium and longer term planning **(Links Mech C & H outcomes 2, 7 & 8)**
- A13** - Utilised additional resources to consult parents and children's experience of virtual model and where relevant comparison between virtual and face to face meeting **(Links Mech C outcome 2)**
- A14** - Microsoft Forms survey established and embedded after each meeting. **(Links Mech K with outcomes 2, 11 & 7)**

- A**
Skills analysis and package of support to enable staff to perform the function of working remotely & effectively on a digital platform
- B**
Revisitation to the conferencing model aligned with the virtual model, ensured consistency and seamless delivery
- C**
Undertook a number of local quality assurance activities overseen by senior managers
- D**
Comprehensive and effective contingency plan
- E**
Identified a need to prioritise more complex meetings and a way to assess which these are.
- F**
To determine how Partners will be able to access the various platforms identified and how will they be informed and involved in the application of which model to which family.
- G**
When allocated to a CP chair a further exploration around logistics and suitability of which model
- H**
exploration of need for Health passports, use of lateral flow testing as a means to enter the building/meeting.
- I**
Asset management and IT enabled buildings and space for space based working.
- J**
Trusted professional, relationship based model of intervention, who is best placed to do what?
- K**
Consult parents re their experience and preferences

- 1.** Integrity of Child Protection model maintained
- 2.** Increased participation from partners and parents
- 3.** Improved practice area around parent contact and digital pack reports
- 4.** Increased confidence/skills for CP Chairs
- 5.** Increased efficiency and effective use of resources e.g. agency attendancy and organising.
- 6.** Blended model adopted
- 7.** The best service we can deliver to meet the needs of the children and family and improve outcomes.
- 8.** Stakeholders and partners have a roadmap that accommodates our plans.
- 9.** Flexibility of professionals and partners allows the trusted professional approach and relationship based social work.
- 10.** Offices within localities can accommodate the place based working and allow access to the technology to enhance the model.
- 11.** We can match resources to need and embed a flexible approach to conferencing that impacts on outcomes positively.

A14 - Consultation and comparison discussions with other safeguarding partners . **(Links C outcome 6)**

Unintended Consequences

- Less able to read emotional well-being virtually
- Staff Isolation/exclusion from other colleagues expertise's
- Lack of ability to read non-verbal communication
- Maintaining professional relationships more challenging in virtual model
- Loss of visible element to the integrity of the model
- Increased participation by some families & agencies previously hard to reach, i.e. GP, Midwifery
- Professional support is not always available to the family after a virtual meeting
- Success of virtual meetings means there may be resistance to return to pre covid ways of working
- Children often present due to home schooling
- Not all parents/children's are comfortable using the Virtual model
- Inability to make video conferencing available to all participants
- If parents leave a virtual meeting, there is no means to re-engage
- Professionals can have more interruptions in virtual meetings.
- Increase in professional concerns and anxieties as less access potentially to families
- Early feedback from some partner agencies indicated a high preference for the virtual model



Light-touch implementation and process evaluation

Methodology of research

We conducted a light-touch implementation and process evaluation of Kirklees' virtual child protection conferences, to answer the following research questions:

1. What has underpinned the perceived outcomes?
2. What has worked less well / could be improved in the revised CP conference model?
3. What elements should stay as part of the CP conference model as we return to the "new normal"?

The implementation and process evaluation involved two focus group discussions with multi-agency partners who attend conferences to capture in-depth feedback. There were six participants in each focus group with representation from nursing, community health, family support, social work and the police. To collect a broader range of views we also did a survey of multi-agency partners who attend conferences. Given the light-touch approach to this evaluation, it is subject to limitations. Most notably we did not speak to families attending the revised conferences. However, Kirklees Council did gather a considerable amount of feedback from families who attended the revised conferences.

Findings

i) What worked well and key learnings

For families:

Participants highlighted that virtual conferences worked particularly well for certain families:

- **Parents with many children** benefited from not needing to arrange childcare or travel to the conference which can be stressful and expensive. During virtual conferences, the children are in their own home with their own toys and this has worked well. It also allows both parents to attend rather than one needing to care for the children.
- **Working parents** benefitted as they could dial in from wherever they were rather than needing to take time off from work to travel to the conference.
- **Young parents** tended to be very comfortable with the technology and may prefer virtual meetings.
- **Parents who live far away from the conference location** were able to save time and costs on travel.
- **Mothers who had recently given birth** avoided the stress of travelling to a face-to-face meeting with a new baby.
- **Children who were contributing to the meeting** were able to attend whilst missing less school.
- **Families requiring split conferences** were easier to logistically manage. Parties were dialled in at the appropriate time rather than coordinating the parties at different times.



Participants also reflected that parents being in their own environment could give them a sense of control. It also allowed them to manage their stress throughout the meeting, for example, by pacing around the room or smoking.

The digital packs (sent to the parents and other professionals three days in advance of the conference) also had benefits for the families. One participant also had very positive feedback from a mum about the preparation call to the parents to explain the purpose and setup of the meeting:

“And she said, no the chair’s already phoned me and I had a really good long conversation with him and I felt as though I was really listened to which has never happened before.”

For professionals:

Attendance of multi-agency partners increased for virtual conferences. Participants from social work, community midwifery and the police all mentioned that a virtual conference was easier to fit around their other commitments:

“In terms of flexibility and attendance at conferences, it absolutely promotes more commitment and engagement in the conference because particularly for social workers it’s up and down, left, right every day.”

The digital packs also had significant benefits for professionals. Participants reported that having the information ahead of the conference (instead of half an hour beforehand whilst greeting everybody) allowed them to prepare better:

“Even though I’ve never met the family, I’ve spoken to the person that visits the family and now I’ve just got the paperwork to do before which gives you time to sort of digest it you know and think about it prior to conference.”

A participant also reflected that having the information digitally opened up new possibilities, allowing them to draw on all the information relevant to the incident(s) instead of just reading verbatim the prepared report.

ii) What could be improved

More choice for families

Whilst virtual conferences worked well for specific families, they may not be suitable for all, for example those with mental health difficulties or learning difficulties, or those where an interpreter is required. There was a consensus on the need to adjust the set-up of the conference to parents’ individual needs.

Participants expressed a desire to be responsive to parents’ wishes as to whether they’d prefer a virtual, hybrid or in-person conference, but there was also recognition that their preference may not be in their or their child’s best interest. For example, in the case of suspected domestic abuse, the parent may be being coerced to choose a virtual conference where the perpetrator could listen in.



Challenges with supporting parents during the conference

There was recognition that whilst there is aggressive behaviour in both virtual and in-person conferences, in virtual conferences behaviour may escalate more quickly. This may be because it's more difficult to pick up on signs of frustration and anxiety and to have breaks to allow parents to manage this. In addition, parents can be muted which restricts their ability to express small frustrations. On the other hand, there are fewer immediate risks of aggressive behaviour in a virtual conference (unless children or professionals are with them in the home). There is also the possibility of more disruptive influences at home which make it more difficult for parents to focus on the conference.

Multiple participants had concerns about not being able to get a full sense of the parents' reaction to events in the conference.

"Sitting in that room and having those conversations together as a group of people is completely different in terms of the emotion and being able to notice if someone's getting upset."

Being able to observe reactions enables professionals to have greater insight into the situation and have a discussion with the parents about their reactions. For example, a social worker participant described the outburst of a suspected perpetrator of domestic abuse in a virtual conference and a wish to have seen the mum's reaction to better understand the situation:

"I just felt that I would have benefitted so much to see what her reaction was to that level of outburst, to see if there was a reaction, to see if it was something that she trivialized or was there a level of angst and anxiety provoked within that young mum that we could then have done some more work around that."

There was consensus that it is important to have some in-person support for parents during the conference, whether that was a trusted professional in the home with them, at a family centre or at the conference venue, even if other professionals joined remotely. The trusted professional could help with very practical things, such as making sure that the children have everything they need so the parent(s) can focus on the conference and offering support as well as advocating for the parent(s):

"I have been at a case conference where I was alongside one of my young parents and I just felt it was very useful for me to be in the same room as her because the certain things that were being asked of her which I can see by her body language was just not what she wanted to happen and I was able to act as an advocate and sort of say hold on a minute, actually she's agreeing to this but from my interpretation of her body language it's not what she wants."

Where having a trusted professional with the parent in-person isn't possible (e.g., due to Covid-19 restrictions), participants emphasised the importance of the chair continually checking in with the parents to make sure they understood and could represent their views. Participants felt that video in addition to audio would help allay concerns about not being able to read parents' emotions. There are technical reasons why conferences have been audio to date. Some parents may not have the technology to engage fully with a virtual conference,



and using video could mean that parents quickly run out of data if they lack secure internet connectivity.

Less formality may lead to less impact

Some participants wondered whether virtual conferences were less impactful than in-person conferences. There was some concern that the informality of a phone call impacted on the parents' impression of the seriousness of a child protection conference. Several participants really valued the "writing on the wall" in the in-person conferences where concerns and strengths would be displayed on the wall of the conference room. This helps keep the concerns and strengths at the forefront of their minds and forms the basis of the child protection plan:

"When we're in face-to-face meetings and all the papers are up with the writing, I'd find that very helpful because it helps me keep on track and obviously I think parents then actually see "ooh", you know, it makes them more aware of it, whereas over the phone it's like taking it in and then it's soon gone again But at least that reminds them it would be nice to be able to have something visual as well."

Logistics and practicalities

Whilst there was positive feedback about the digital packs and preparation call, there were still some practicalities to be ironed out. For example, the need to normalise asking for parents' email addresses as part of the referral process so that they could receive the digital packs. There were a few rare instances of conferences being organised with very short notice (24 hours) which prevented all the good preparation from taking place.

What do these findings mean for wider application and the future?

The responses from professionals in Kirklees suggest that positive changes could be made to child protection conferences in general.

Elements of the model to retain include the digital packs of papers sent three working days before the meeting. These digital packs were described as "a keeper" and enabled all participants to have time to fully digest the contents at a time that suited them. The Chair's call to parents beforehand also elicited positive feedback from families.

Whilst digital conferences were not suitable for all families, for others they were very beneficial. This reveals the benefits of being flexible and offering different options to suit the particular circumstances of the family.

Going forward, the digital format of the conference could be improved, for example looking at ways of accompanying the audio with a visual element. Within Kirklees, conference facilities have now been equipped with improved technology which allows in-person, hybrid and virtual meetings to be held.



2) Attendance at Multi-Agency Risk Assessment Conferences - Middlesbrough

What practice changes were made?

Children's Services in Middlesbrough identified that Covid-19 measures led to increased risk for children who lived in family settings where there was domestic abuse. This situation was further exacerbated as services were unable to have in-person contact with families. In response to this, Middlesbrough Children's Services implemented changes to the way it engages with MARACs (Multi-Agency Risk Assessment Conference), an information sharing and action planning meeting for the highest risk domestic abuse cases. The primary focus of the MARAC is to safeguard the adult victim.

MARAC meetings are held every 14 days and typically last a full day. Multiple cases are discussed. These meetings are attended by local police, probation, health, Children's Services, housing, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.⁴ After sharing all the relevant information they have about a victim, the representatives discuss options for increasing their safety and develop a co-ordinated action plan. The MARAC also makes links with other agencies to safeguard children and manage the behaviour of the perpetrator.⁵

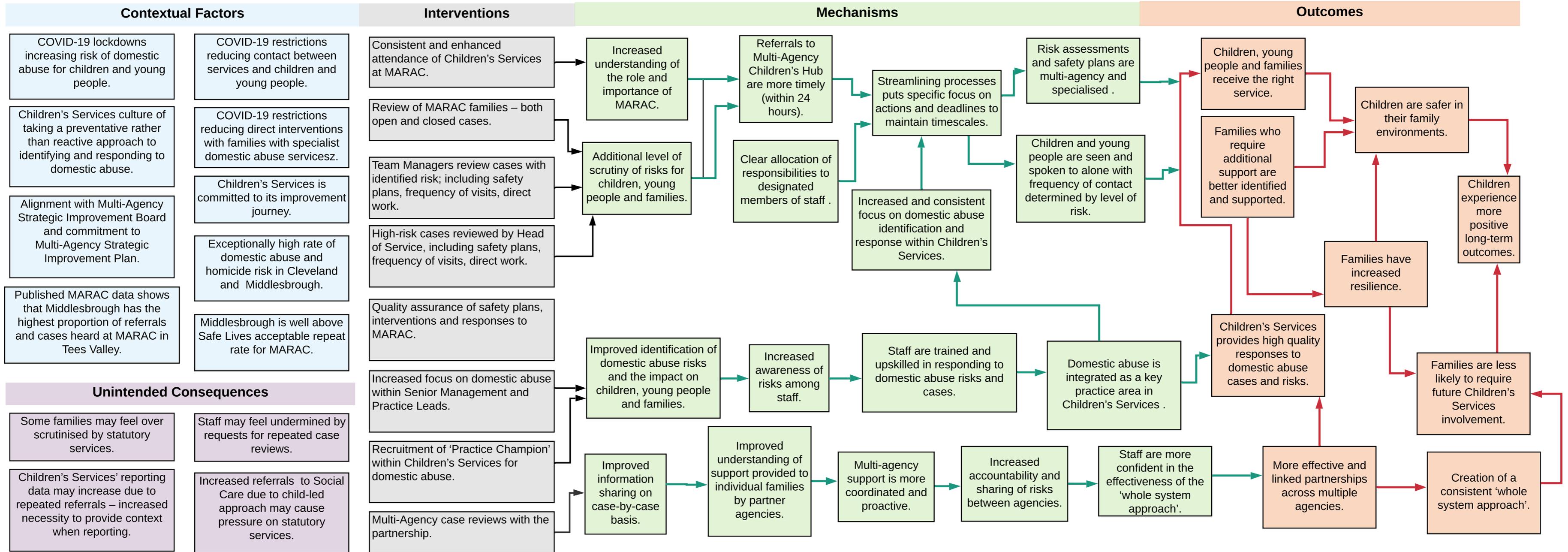
Prior to the pandemic, the family's social worker was invited to MARACs but attendance was not consistent. They could choose to submit information via an electronic form or attend for only a short part of the meeting. From the start of the pandemic, Middlesbrough Council ensured consistent and enhanced attendance of Children's Services at MARACs by requiring Multi Agency Children's Hub (MACH) assistant team managers (ATMs) to (virtually) attend for their full duration. In addition, there was a review of Middlesbrough Children's Services cases (both open and closed) that had been heard at MARACs prior to the pandemic.

⁴ Save Lives (n.d.) Frequently asked questions Multi-Agency Risk Assessment Conferences (MARAC)

<https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

⁵ Middlesbrough.gov.uk (n.d.) MARAC <https://www.middlesbrough.gov.uk/community-support-and-safety/domestic-abuse/one-minute-guides/marac>

Middlesbrough MARAC review logic model



Situation & problem statement: Middlesbrough and Cleveland have a high prevalence of Children's Services cases that go to a Multi-Agency Risk Assessment Conference (MARAC). MARAC cases are identified as being at a higher risk of homicide, and there has been a national increase in the levels of risk and complexity in cases involving children and domestic abuse. Concurrently, there has been an increase in Children's Social Care assessments where domestic abuse has been identified as a risk. At the beginning of the COVID-19 pandemic, Children's Services identified an increased risk for children and young people who could be locked down with domestic abuse perpetrators. A further risk factor considered was that many partner agencies that usually provide 'eyes and ears' support for Children's Services were unable to have in-person contact with children and young people which could have led to increased risk of domestic abuse occurring and unreported.



Light-touch implementation and process evaluation

Methodology of research

We carried out a light-touch implementation and process evaluation of Middlesbrough's changes to attendance at Multi-Agency Risk Assessment Conferences (MARACs) to answer the following questions:

1. How did Children's Services enhance their engagement within MARAC, and what were the benefits of this?
2. How did the MARAC casefile review process improve the safeguarding of children and young people at risk of Domestic Abuse?
3. Has partnership working, or information sharing between Children's Services and multi-agency partners changed as a result of these changes?
4. What has worked well that can and should be continued?

We conducted four 30 minute semi-structured interviews, undertaken one-on-one with a range of participants including the Director of Children's Care, staff within the referral assessment service and an Assistant Team Manager within the Multi-Agency Children's Hub.

Given the light-touch approach to this evaluation, it is subject to limitations. The findings relied on limited information, obtained from a small number of brief interviews with project participants. Moreover, only a subset of the group had attended the MARAC, and as such some of the findings described rely on the reflections of senior staff within the Children's Services on the broader outcomes.

Findings

Increased consistency, timelines and effective delegation at MARACs

Children's Services assigned and supported two staff members to regularly attend the MARAC meetings. This meant attendance became more consistent. Having two staff members share the responsibility of attendance, meant each representative only had to attend the meeting once a month.

In this role, participants emphasised that assistant team managers (ATMs) had the seniority and oversight to rapidly provide information and updates across different cases, as well as to promptly action items recommended by the MARAC. The ATMs' familiarity with the case file administration system was critical in being able to provide and record information on demand as different cases were discussed during the meeting. This ensured quicker and more complete transfer of information.

ATMs attended the MARAC for its full duration, rather than just for the section where cases with an open file with Children's Services are discussed. This meant that Children's Services representatives were able to provide and receive information about cases which do not have an existing link with Children's Services. Without full attendance of all MARAC discussions by a Children's Services representative, such connections may not have been made as promptly.



The attendance of ATMs improved the timeliness of information sharing and action taken by all partners. This led to greater ‘reassurance’, a result of the mutual knowledge that all partners were fully aware of developments that might influence risk levels. This was cited as ‘critical’ in contexts when family/partner dynamics could change so rapidly. All the participants agreed that the more committed and engaged attendance helped strengthen the partnership between Children’s Services, the Local Police, and other multi-agency partnerships. For this reason, they were confident that the process would continue to provide these benefits after lockdown.

Families better identified and safety plans revised through case review

Middlesbrough also conducted a large-scale review of its cases that had been previously discussed at MARAC. This included reviewing cases open at the time of the first lockdown, as well as those that had been recently closed. The purpose was to re-assess the risks of domestic abuse that may arise during the pandemic, with a specific concern being the risks children and young people may face by no longer attending school, and as a result receiving less professional oversight.

During the review, Children’s Services used the content of the files to consider what the additional risks may be under lockdown. Participants felt this helped Children’s Services better identify families where domestic abuse is a key issue and ensure that children were protected.

Participants found this process valuable as it enabled Children’s Services to revise safety plans, the frequency of visits and direct work if risks were deemed high. Children’s Services and Early Help held threshold clinics to consider whether cases should be stepped up during lockdown. This helped Children’s Services identify cases that may have been ‘closed prematurely’ and, given the concern of additional risk, re-opened.

Participants confirmed that the review component, being context-specific to the lockdown, would not be continued. Nevertheless, participants agreed that the exercise had brought wider benefits. The process helped reaffirm understanding that the risks of domestic abuse were context-specific and subject to change.

What do these findings mean for wider application and the future?

In local authorities where MARACs operate, it is recommended that a senior staff member is appointed to be a consistent representative of Children’s Services to promote closer engagement. The success of rolling this out to other local authorities will depend on whether there is currently low representative attendance, and whether new representatives are given the protected time and capacity to attend MARACs in full.



3) Vulnerable Children's Group - Sandwell

What practice changes were made?

Partly in response to the Covid-19 pandemic and accompanying stay at home orders, in March 2020, Sandwell Children's Services set up a Vulnerable Children's Group (VCG) for children and young people between universal and early help services (and children in social care), to improve the lives of children and young people in Sandwell.

The VCG held Multi Agency Partner Meetings, to help partners work together, share information and manage risk, providing the right support to families at the earliest opportunity. It ensured a quick and coordinated response to families' challenges and consistency in communication and messages. The group did not discuss individual cases but themes of vulnerability which affect Sandwell's children and young people.

Context

Sharing of information and management of risk through Multi Agency Partner Meetings. Purpose/Outcomes: more efficiency, joined up, safeguarding, risk management, removing issues in too many professional asking the same questions and multiple contacts. Importance of terms of reference. Importance of accountability, relationships, clarity of working practices and communication methods eg systems and processes. Early help and preventative pathways. Understanding of roles and responsibilities, purpose, thresholds of intervention. Monitor and review. Data sharing, consent.

Contextual factor 1: To ensure early intervention is offer to children and young people locally at the earliest opportunity.

Contextual factor 2: Previous Group - Children Missing Education - MA approach, including police, youth offending.

Contextual factor 3: 'Alternative Pathways' Locality Work previously. Potential to combine with VCG. IN Smethwick since 2012, following 2011 riots. Police looked at YP in area who had contact, with partners. Most in teens, and so aimed to work with primary schools to intervene earlier. Involved youth service. Schools identified students who they thought were at high risk of potential future contact with criminal justice system. Highlighted a number of areas of concern - domestic abuse, substance misuse, lack of positive activities. Developed programmes in response - e.g. raising confidence and self-esteem.

CF4: Previously fairly good MA working. Some senior mgmt concern about whether this is what they should be targeting. More of a universal approach, than EH-specific. Set up to start in September 2020, but some hesitance within LA.

Refreshed EH strategy due in April 2021.

Significant staff motivation to introduce VCG.

How do we use the voice of young people in what we do, and why we're doing it?

How does the team know what to do?

Sandwell composed of six towns, with very different needs.

Interventions

Vulnerable Children's Group: Multi Agency Partner Meetings

Working with families that are somewhere between universal and EH services.

Community approach - broader vision

Strong voluntary sector involved in work

Co-Production with communities, Strengths-Based

Mechanisms

Better use of time to quickly make decisions

Better information sharing

Families don't have to repeat same information

Families have more confidence in services

Better working relationship with families

Families feel more able to access support

Professionals have better understanding of their responsibilities

Identification of the people and skills required.

Staff are more willing to take lead practitioner role.

Linking local children and young people with local provision to prevent social exclusion and isolation through partnership working across the Local area.

Accountability for all children, as opposed to those on roll.

Early intervention with families.

Engage families with services/ activities available.

Better engagement with families.

Enable wrap around support for families where the parent's wellbeing could be preventing improvements in the situation being made.

This needs to be inclusive of appropriate health services e.g. transition lead within health

From a school nursing perspective this is embedded and involvement that supports partners and risk.

This ensures we are thinking across the life course of a child and young person - into adult hood.

We have strategic governance in place.

Is it the right person attending - are they able to make the appropriate decisions?

Process and governance can restrict progress

Important to ensure alignment.

If schools are involved, potential focus on education, and not those missing education.

Utilisting existing relationships and networks between schools and families

Outcomes

Better use of resources, and cost savings

Better outcomes for families

Reduced Re-referrals

More effective use of staff

Better engagement with families.

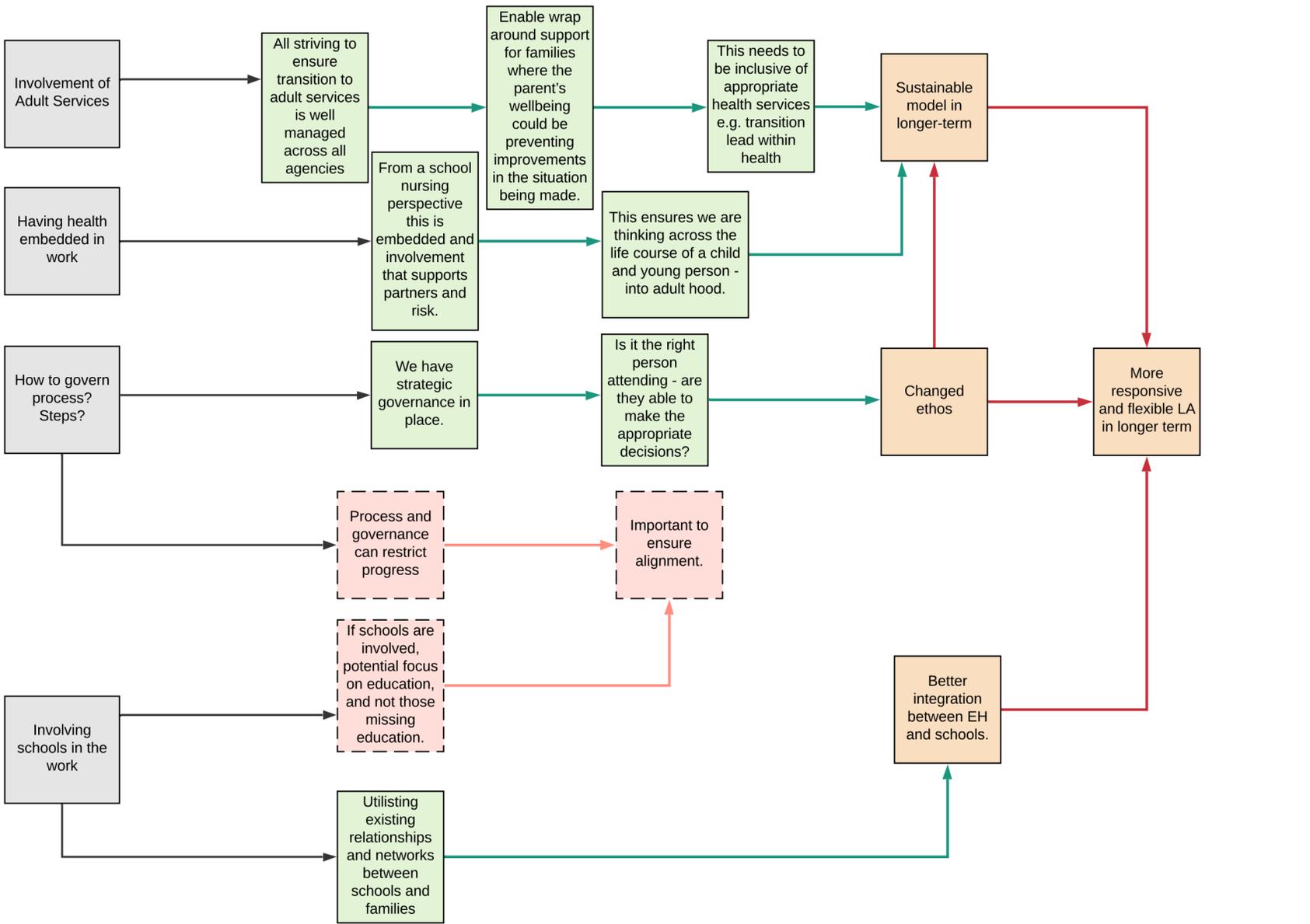
Sustainable model in longer-term

Changed ethos

More responsive and flexible LA in longer term

Better integration between EH and schools.

Avoid escalation to statutory services





Light-touch implementation and process evaluation

Methodology of research

We carried out a light-touch implementation and process evaluation to answer the following research questions about Sandwell's' vulnerable children's group (VCG):

1. What need is the VCG is trying to solve?
2. What worked well? And what allowed it to go well?
3. What impact has the group had and how do you see this developing going forward?
4. How does VCG sit alongside the other Boards in the governance landscape?

The implementation and process evaluation involved two one-hour focus group discussions: one for frontline practitioners from agency partners, and one for commissioners from agency partners. In total, 15 participants attended the focus groups with representation from the education, public health, youth offending service, multisystemic therapy team, educational psychologists, and commissioners in the children's trust, the local authority's Children's Services, school nursing and adult's social care.

None of the focus group participants attended the VCG themselves. This decision was taken to allow the analysis to look at understanding the VCG in the context of other work going on in Sandwell.

Findings

Defining vulnerability

The VCG works with families who are somewhere between universal services and early help, but this definition of vulnerability was not clear to participants in the focus groups. Participants wanted greater clarity on the definition to be able to understand how vulnerability might be identified and how the group fitted into existing processes (e.g. safeguarding referrals from universal services such as schools). There was also a desire to set the definition of vulnerability in the context of statutory duties in recognition that children may be vulnerable but that if they don't meet the criteria for statutory support, they will not be eligible for prescribed support and that support may not be appropriate.

Better coordination across services and within the existing governance landscape

Participants agreed with the need for better coordination across services which work with children and young people in Sandwell. A participant working in school improvement emphasised that it was helpful to know what projects were going on to be able to signpost families to support. Difficulties coordinating were partly put down to the sheer quantity of work going on, which participants felt was to be celebrated.

Sandwell's governance landscape includes a number of strategic groups, for example, the Early Years Partnership (Transformation Academy), the Early Help Partnership, the Sandwell Improvement Board and the Sandwell Children's Safeguarding Partnership, as well as several operational groups. Participants were not sure how the VCG interacted with these other groups. They felt that having multiple coordination groups was problematic for practical scheduling purposes. It could hamper information sharing because of a lack of clarity on what information was appropriate to share in which forum.



What do these findings mean for wider application and the future?

The feedback we received on the VCG itself was limited but reflected that new or adapted practice is created in the context of a complex environment of existing initiatives. Coming out of the immediate crisis response and creating a “new normal” is an opportunity to consider how various initiatives interact and support each other. It is important to be clear on who attends, what information is shared and eligibility for the children’s cases discussed.

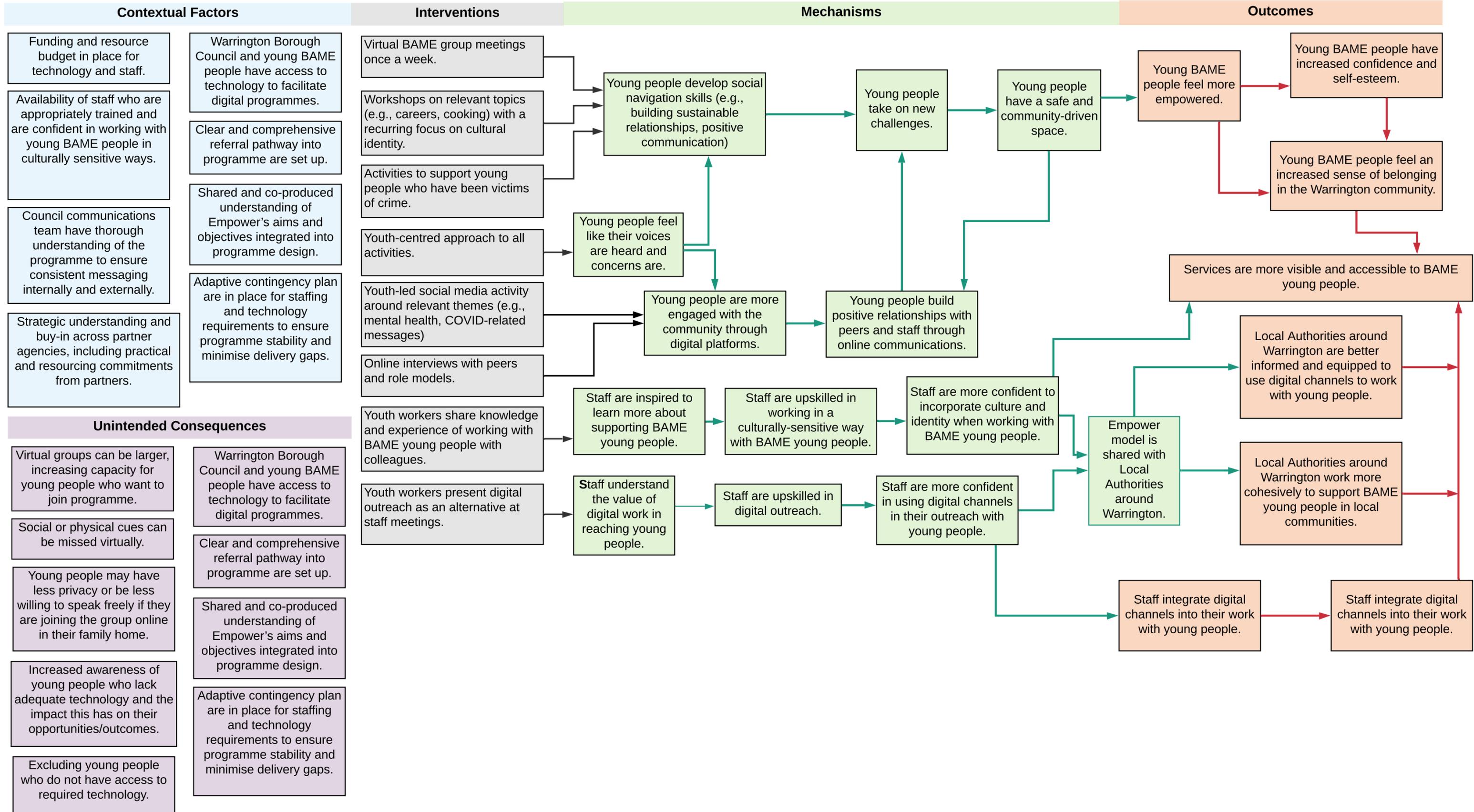


4) Digital support - Warrington

What practice changes were made?

A package of digital support was developed and offered to young people in Warrington. This included digital support to empower young BAME people (virtual meetings, workshops and activities) and digital support for the emotional health and wellbeing of young people. This was delivered using mechanisms such as WhatsApp and Microsoft Teams. Digital programmes were recorded and shared through YouTube and a dedicated Facebook page.

Warrington Empower logic model



Situation & problem statement: There has been a lack of specialised positive support for Black, Asian and Minority Ethnic (BAME) young people in Warrington. Even the term BAME in and of itself can be viewed as an overly generalising label, and diversity efforts can at times appear tokenistic. This has created a need for a safe, community-driven space for BAME young people in Warrington to explore their identity, share experiences, and celebrate each other and the diversity of the Warrington community.



5) Vulnerable Children's Group - Wirral

What practice changes were made?

In response to the Covid-19 pandemic, Wirral established a Vulnerable Children's Group (VCG) to be alert to cohorts of children whose known circumstances made them more likely to require statutory intervention if they were not supported during lockdown.

This VCG provides the opportunity for multi-agency collaboration for a larger cohort of vulnerable children than before the pandemic. It aims to anticipate and proactively reduce demand for statutory services by using data and professional judgement and experience to identify cohorts. The partners who refer children to the VCG have a good understanding of immediate harm, preventing any delay if an urgent response is required. Once a cohort of children at risk is identified, for example children whose parents are on a substance recovery programme, partners work collaboratively and apply approaches across the wider cohort. This group of professionals is sufficiently flexible to discuss and plan for individual cases, using these as examples to work with the wider cohort. For individual cases, partners manage risk and complete visits where previously they may have submitted a referral. This is because they know this is overseen by the panel and they are not left holding the risk in isolation.

To increase attendance and engagement from multi-agency partners, the VCG's meetings are held virtually on Microsoft Teams.

Pre-requisites and contexts

Activities

Mechanisms

Outcomes

Risk assessment tool and guidance.

Microsoft Teams accessibility.

Key stakeholders: social workers, early help practitioners, education professionals, health professionals, voluntary/Community organisations.

Covid-19 Guidance for home visiting.

Recording system

Pre-lockdown professionals were able to monitor need/risk through direct contact with children, young people and families. Direct observations and interactions with people informed support responses. With lockdown restrictions in place the vast majority of contact with children, young people and families was ceased- with schools not being open to the majority of children and regular universal home-visiting services being paused. With arrangements in place to ensure that children with a social worker or EHCP continued to have direct contact, concerns shifted towards those children and young people on the edge of statutory services who may be at increased risk due to the impact of Covid-19.

Professionals in different settings consider the likelihood of increased risk to children due to Covid-19.

Multi-agency panel considers risk to groups of children and agrees response.

Cohorts included: children of parents on substance recovery programmes, Elective Home Educated children, etc.

Multi-agency panel considers needs of individual children and agrees action.

Appropriate professional establishes and maintains contact with child, young person and/or family.

Professional discussion/inter-agency contact between panel meetings.

More willingness to be the person to make contact

Nobody left 'holding the baby' group responsibility

Curiosity

Changing perceptions of public services- there to help

Trust within the partnership

Increased feeling of team spirit

Whole-family approach has improved

Virtual meetings have made this more accessible for partners

Children's Services RAG rated lists used to inform selection.

Attendance of multi-agency partners.

Panel Chair with expertise in social care and non-statutory services.

Child or young person seen by professional.

Professional knowledge of child, young person and family applied.

Agreement on professional best placed to make contact with child/young person/family.

Risk assessment updated.

Unintended Consequences

Young person accessing new activities

Upskilling of professionals- knowledge of local services etc.

Greater awareness of potential 'hidden harm' groups.

Improved co-ordination/approach to cohort support.

Child or young person safe and supported.

Reduction of risk.

Improved school attendance.

Greater collaboration with Social Workers

Shared understanding of thresholds improved.

Avoidance of increased demand for Children's Services.

Improved multi-agency relationships.

Flexible to use with a variety of cohorts

Different relationship with communities



6) Vulnerable Children's Database - Stockton

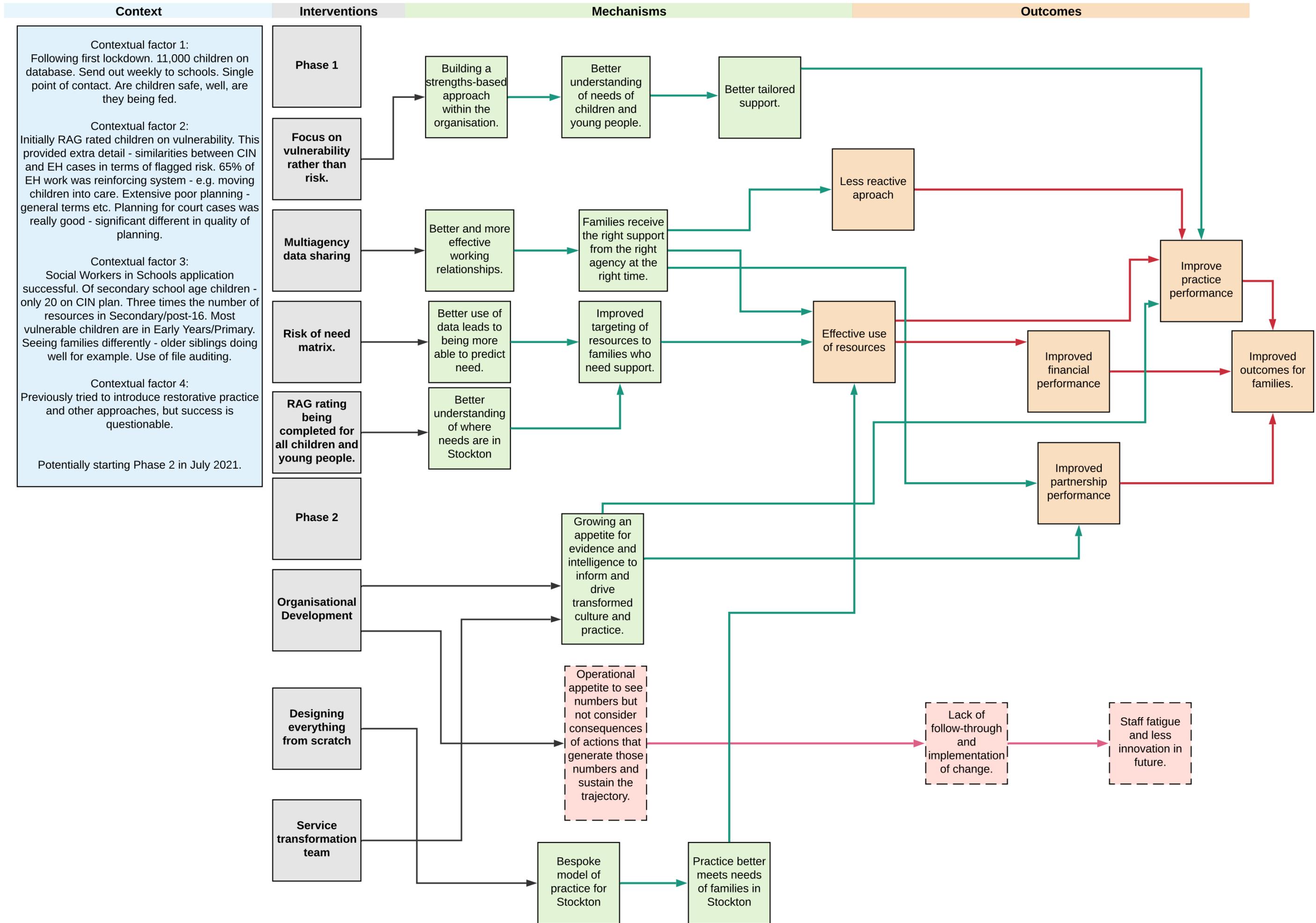
What practice changes were made?

Stockton created a vulnerable children's database with information on children from a range of services, to provide insight and understanding of how Children's Services are delivered and resourcing levels.

The premise for creating the database was to look at the vulnerability of children. Rather than just look at risk, it also incorporated strengths and sources of support as well.

The database has also been used to help develop Stockton's service transformation plan (some of the thinking from this model was used in planning meetings).

Stockton Covid Logic Model





Conclusions and Recommendations

Through the focus group discussions and the logic model workshops, we saw the rapid re-assessments of risks, the move to digital delivery alongside innovations in face-to-face visits, closer multi-agency working and a focus on practical help as a response to the pandemic. Although there was acknowledgement of the challenges posed by adapting practice, overall there was a renewed sense of agency and recognition of the positives to take forward:

"It's made it possible to change actually. It's made us look at things and go 'well actually everything doesn't need to stay the same'"

Key themes for us to consider in the future emerged from the review of the evidence (interim report), the focus groups and work with local authorities:

Flexibility over format of support

Virtual and digital support was welcomed for children and young people with protective factors, such as children living with a foster carer who can provide updates on the child and children with a good existing relationship with the practitioner.

For certain families, virtual and digital support is more challenging, such as for very young children, children with special educational needs or disabilities or where access to technology is poor, as well as for families that may conceal risks.

Parents' preferences over the format of support should be taken into account but professionals should be aware that the wish expressed by the parent(s) may not be in their or their child's best interest. The increased convenience of attending meetings and conducting visits virtually for professionals should not override what is in the best interest of the child. Local authorities may also want to consider whether there should be a minimum level for frequency of in-person visits with the family alongside the virtual support.

Virtual and digital support needs to be accompanied with the appropriate administration, for example making sure the parents' contact details are available, and with appropriate technology both for the local authorities and for the families. Local authorities may wish to consider signposting families towards training sessions on using technology.

Whilst there is some evidence around specific interventions, there is a lack of evidence about the long term impacts of virtual delivery. It will therefore be important to evaluate new ways of working to build the evidence base in this area.

Communication and information-sharing between multi-agency partners

Multi-agency safeguarding during Covid-19 had demonstrated the benefits of information sharing and closer working relationships. Information sharing can range from something very formal, for example, the connecting of databases, to something much less formal, for example, simply making sure that the right people are in the right room to contribute to a multi-agency meeting.

The importance of practical help

With families shielding, isolating and experiencing financial hardship, there has been a particularly high need for early help, including a focus on support with the basics



(characterised by participants as “ordinary help” e.g., dropping off food, debt advice etc) during Covid-19. This practical help is likely to continue to be needed during the recovery period and can help build trust and supportive relationships between a family and the practitioner, removing practical problems to allow families to focus on other issues.



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Social Care**

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