Social Worker Innovation during COVID-19

Findings from the research

20 July 2021

Housekeeping

- We're recording the webinar

- We have 1hr30mins

- We'll have time for questions at the end

- Please type your questions into the chat box

- We'll do our best to get to as many as possible, and may group similar questions

- If your question is for a particular panellist, please include this!

Speakers

- **Vicky Clayton**, Data Science Manager, WWCSC
- **Rachel Fairhurst**, Service Manager, Child Protection and Review Unit, Kirklees Council
- **Melanie Barnett**, Group Head - Inclusive Learning, Sandwell Council
- **Bethany Brown,** Team Manager, Middlesbrough MACH Service and **Sian Defty,** Quality Assurance Manager, Children's Services Transformation and Change, Middlesbrough Council
- **Hannah Wilson**, Senior Adviser, Impact and Improving Evaluation, Early Intervention Foundation
- **Michael Sanders**, Chief Executive, WWCSC (Chair)

About WWCSC

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WWCSC: Who are we?

We are an independent organisation

We are dedicated to collating, creating and translating the best and more useful evidence possible to help social workers to support children and families

We're committed to usefulness, practicality and timeliness

IMPROVING EVIDENCE FOR BETTER OUTCOMES

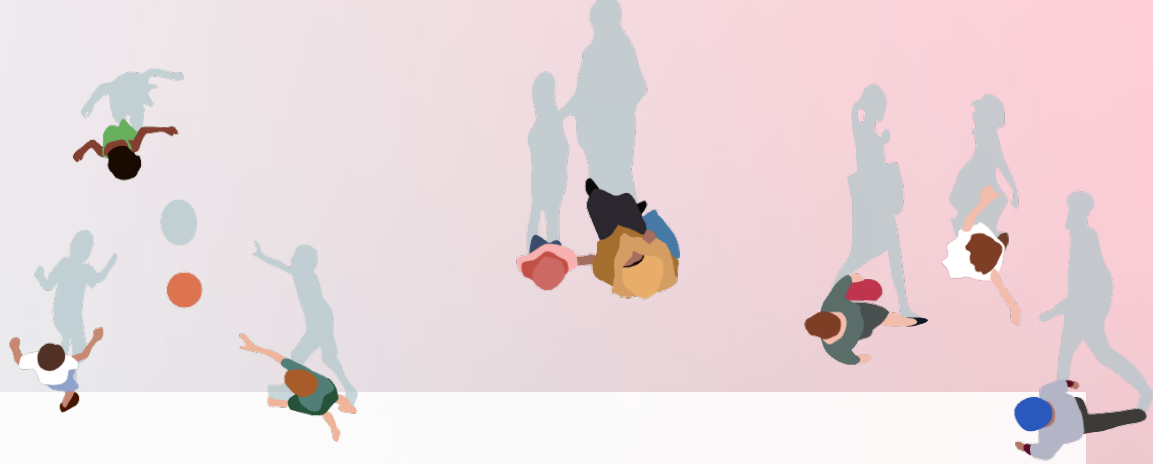# How?

- Pulling together what we already know
- Supporting the good work that is already happening
- Commissioning new research
- Giving practitioners, young people and families a platform to share their experience
- Improving the accessibility and relevance of the evidence

Why?

To ensure the best possible outcomes for children, young people and families

Project Overview

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What was the aim of the project?

Conducted in partnership with the Early Intervention Foundation on behalf of the Department for Education

- To look at emerging practice of adapting to Covid-19 in children's services
- To share our findings with LAs to aid recovery

What did we do?

- Part 1 (October - December 2020): What were the challenges and how have children's services responded?
  - Reviewed examples and mapping against emerging evidence
  - Conversations with leaders from 15+ organisations
  - Social worker polling
  - Reviewing the literature

What did we do?

- Part 2 (January - July 2021): Digging deeper into practice innovations
    - Working with 6 LAs to develop logic models around Covid-recovery plans
    - Light touch implementation and process evaluation with 3 LAs
- Dissemination (blogs/webinar/reports)

What challenges have children's services experienced during Covid-19?

- Safeguarding children who are not in contact with professionals as much as normal
- The continued education of vulnerable children
- Sudden and unpredictable shocks to the social work labour force

How have children's services changed their practice in response to Covid-19?

- There has been **substantial variation** in the extent to which local authorities have substituted face-to-face meetings and home visits for virtual visits.
- **Extensive use of "RAG" (Red, Amber, Green) ratings** of risks and protective factors have supported children's services in their prioritisation of cases and their decisions as to which children and young people required home visits.
- Although vulnerable children and young people were eligible to attend school in the first national lockdown, **attendance was poor**, and some of the work supporting children's and young people's education has involved working closely with schools to encourage attendance.

What was the broad picture of practice during the pandemic? (cont.)

- With a lack of visibility to universal services such as school, social workers and family support workers are concerned about **hidden and emerging harms**.
- Practitioners have been particularly concerned about the **mental health and wellbeing of care leavers**.
- The **shocks to the workforce** were not as bad as initially feared
- In some cases, the shared challenge and uncertainty of the pandemic have acted as a **leveller between families and practitioners**.

What have we learnt?

- It is possible to support some families well from afar but more challenging for other families.

- A renewed focus on offering practical and material support to families (in addition to protection from risks).

- The positive examples of multi-agency working to safeguard children over the course of the pandemic.

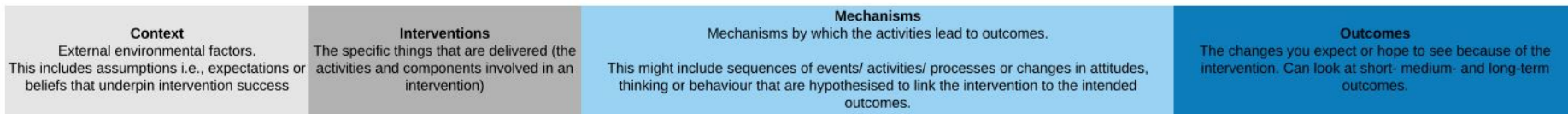- A blended approach to face-to-face and virtual working

Digging deeper into practice adaptations in response to Covid

- Build understanding of how the adapted practice worked => logic models
- Gain feedback via focus groups / interviews / surveys
- We'll hear from Kirklees, Sandwell, Middlesbrough
- We also developed logic models with Stockton, Wirral and Warrington

Logic Models

Logic model example and instructions

Context	Interventions	Mechanisms	Outcomes
External environmental factors. This includes assumptions i.e., expectations or beliefs that underpin intervention success	The specific things that are delivered (the activities and components involved in an intervention)	Mechanisms by which the activities lead to outcomes. This might include sequences of events/ activities/ processes or changes in attitudes, thinking or behaviour that are hypothesised to link the intervention to the intended outcomes.	The changes you expect or hope to see because of the intervention. Can look at short- medium- and long-term outcomes.

Please note that the number of boxes below, and arrows connectting each of the boxes are examples only.
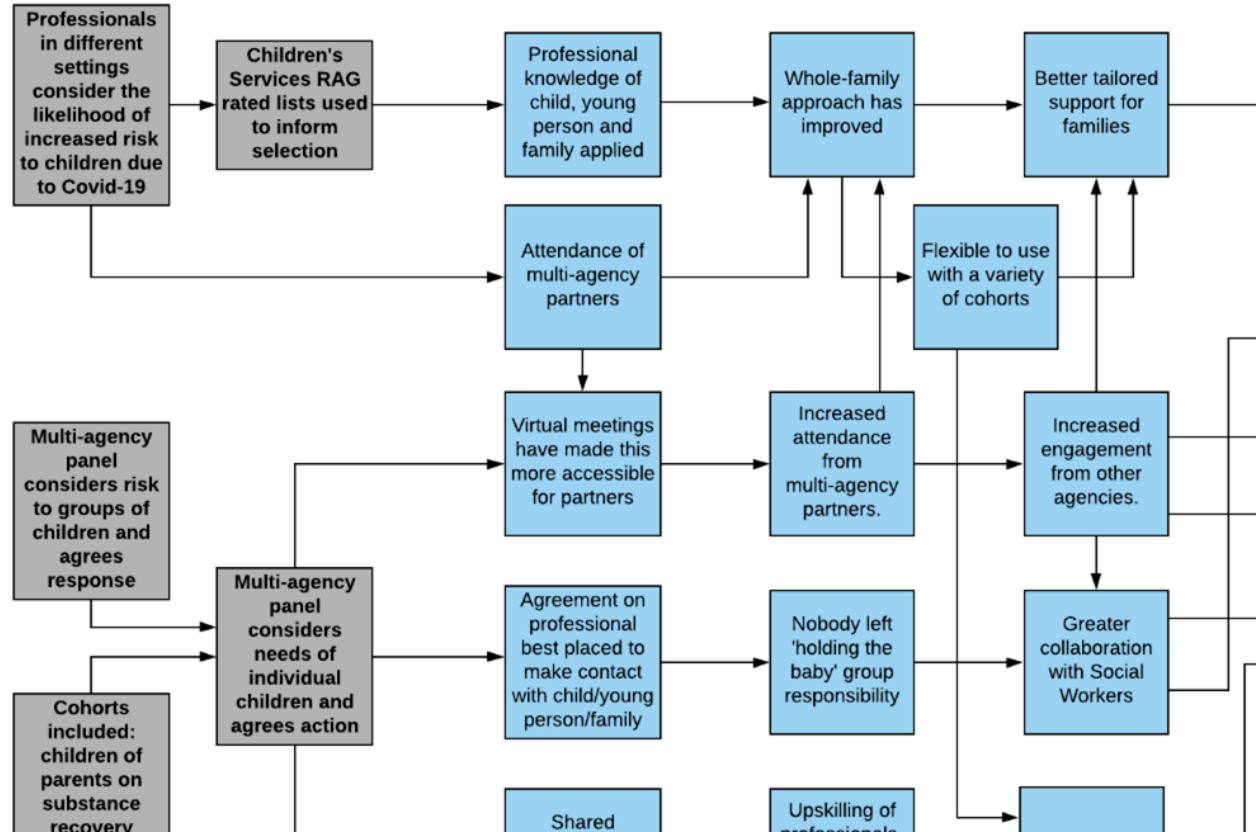
Wirral Covid Logic Model
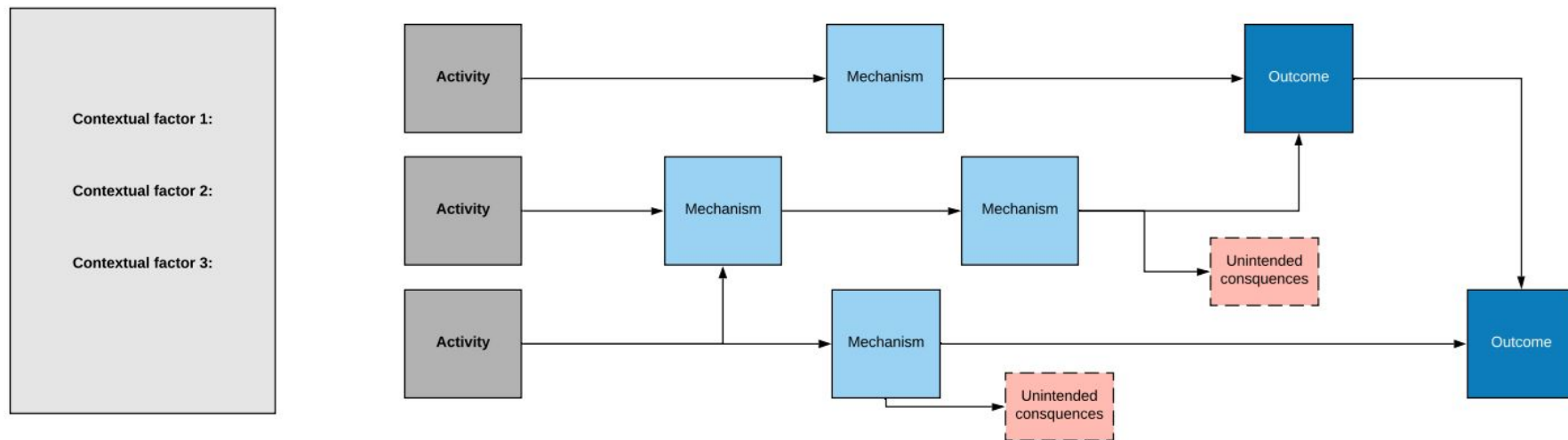
Interventions
What activities are delivered to beneficiaries

Mechanisms
by which the activities lead to the outcomes.
This might include changes in attitudes, thinking or behaviour

Professionals in different settings consider the likelihood of increased risk to children due to Covid-19 → **Children's Services RAG rated lists used to inform selection** → Professional knowledge of child, young person and family applied → Whole-family approach has improved → Better tailored support for families

Attendance of multi-agency partners

Flexible to use with a variety of cohorts

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

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

Virtual meetings have made this more accessible for partners → Increased attendance from multi-agency partners. → Increased engagement from other agencies.

Agreement on professional best placed to make contact with child/young person/family → Nobody left 'holding the baby' group responsibility → Greater collaboration with Social Workers

Cohorts included: children of parents on substance recovery

Shared

Upskilling of professionals

Emerging themes from digging deeper

- Focus on multi-agency arrangements
- Opportunity to examine what was working well / less well pre-pandemic
- Opportunity to better meet the needs of families

Kirklees Council:
Revised CP conferences

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Child Protection Conferencing in a Global Pandemic.

Rachel Fairhurst.

Change…………..change………….. change…………..

Agreed Priorities for Virtual Conferencing:

- Equipped staff and trained them in the technology
- Digital packs
- Contact with participants.

Priorities for delivery:

- Consistency
- Adherence to the model
- Scripts for introductions, Confidentiality Statement, recording policy and Agendas

What we did:

- Consultation and review
- Revised expectations and agreed standards
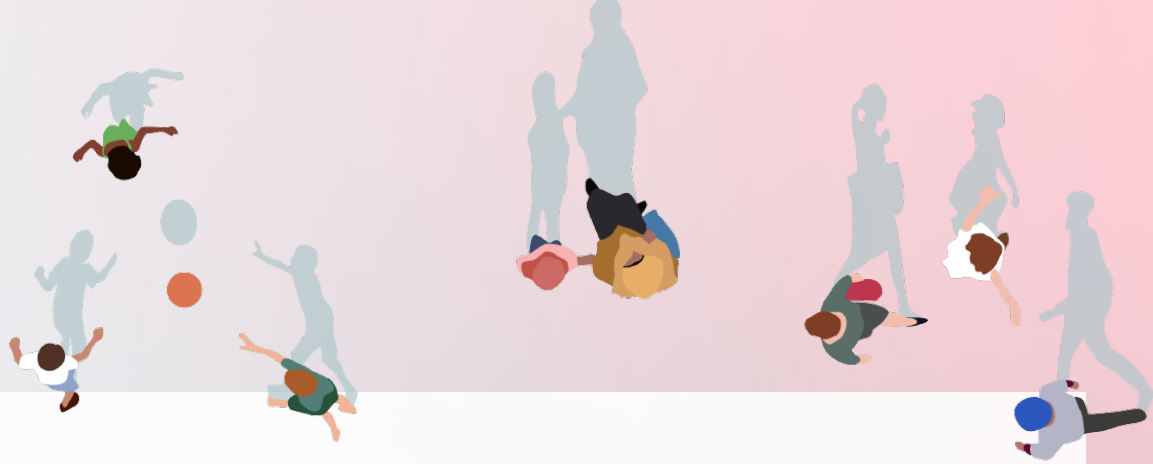- Seized opportunities

Recovery Planning:

- Evaluating what worked
- Increased offer
- Needs led service delivery
- Continued improvement

How will we know if it has made a difference?:

- Multi agency review
- Consultation and improved service delivery.
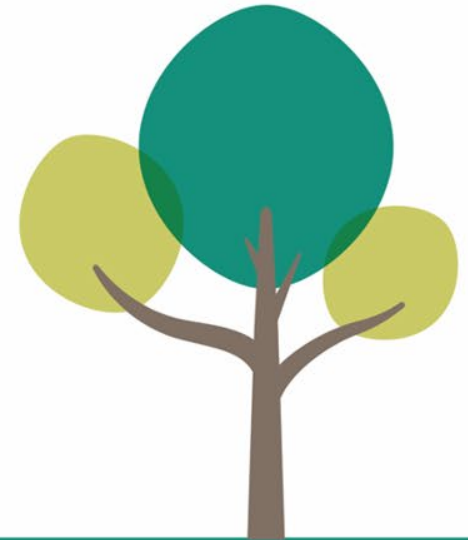- Embracing the positive changes.

Sandwell Council:
Vulnerable Children's Group

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Vulnerable Children's Group

Melanie Barnett – Group Head Inclusive Learning Services

Why did we set up the group and what was the aim?

- Response to the pandemic

- To improve the lives of children and young people in Sandwell

- To build on established partnership working

- To ensure a quick and coordinated response to the challenges

- Consistency in communication and message

Who was involved?

Childrens Social Care

Targeted Services

School Nursing Team

Data Analysts

Police

Connexions Team

Looked after Children Virtual School

Corporate Comms Team

Public Health

Elective Home Education Team

Children Missing Education Team

Inclusive Learning Team (SEN)

What did we Achieve?

- Responsive to need including clinically extremely vulnerable groups, digital poverty and winter grant support

- Monitoring of vulnerable cohorts who were not in school through welfare checks

- Developed a return to school strategy

- Better Coordination between partners including Police and Youth Service in lock down

- Survey engagement and findings

What did we learn?
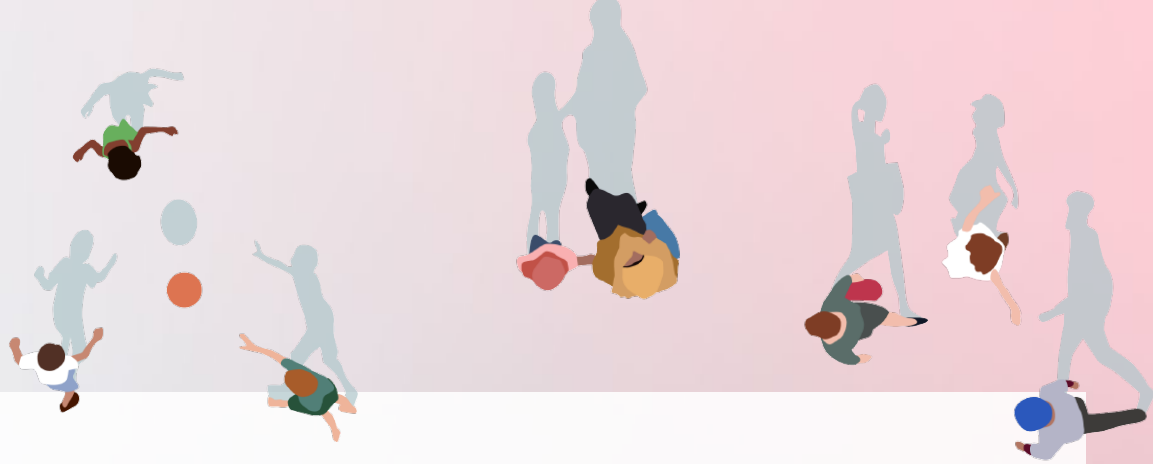
- Sometimes we wrongly assume!

- We have great partners in Sandwell

- A deeper understanding of roles

- How to challenge ourselves and adapt to an ever-changing situation

Next Steps

- Consider the Governance Landscape

- Link to Early Help

- Identify and further develop the good practice

- Develop and embed the Group into the current practices

Middlesbrough Council: MARAC

COVID PROJECT
Domestic Abuse

Bethany Brown
Manager - Middlesbrough Multi-Agency Children's Hub

Sian Defty
Quality Assurance Manager

MIDDLESBROUGH
CHILDREN
MATTER

Our mission is to show Middlesbrough children that they matter.

What we will briefly cover:

-Context and need in Middlesbrough

-Timeline of work undertaken

-Response and intervention

-Process and outcomes

-Feedback and impact

CONTEXT

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.

MIDDLESBROUGH
CHILDREN
MATTER

CONTEXT

- *Published MARAC data shows that Middlesbrough has the highest proportion of referrals and cases heard at MARAC in Tees Valley.*

- *Exceptionally high rates of domestic abuse and homicide risk in Cleveland and Middlesbrough.*

- *Children's Services is committed to its improvement journey*

COVID – 19: PARTNERSHIP RESPONSE TO DOMESTIC ABUSE

Domestic Abuse
Journey Map

MIDDLESBROUGH
CHILDREN
MATTER

RESPONSE AND INTERVENTION

Consistent and enhanced attendance of children's services at MARAC meetings.

High risk cases reviewed by Heads of Services.

Review of MARAC families, both open and closed cases.

Quality assurance of safety plans interventions and responses to MARAC.

Team managers reviewing cases with identified risk, including safety plans, frequency of visits, direct work and safety plans.
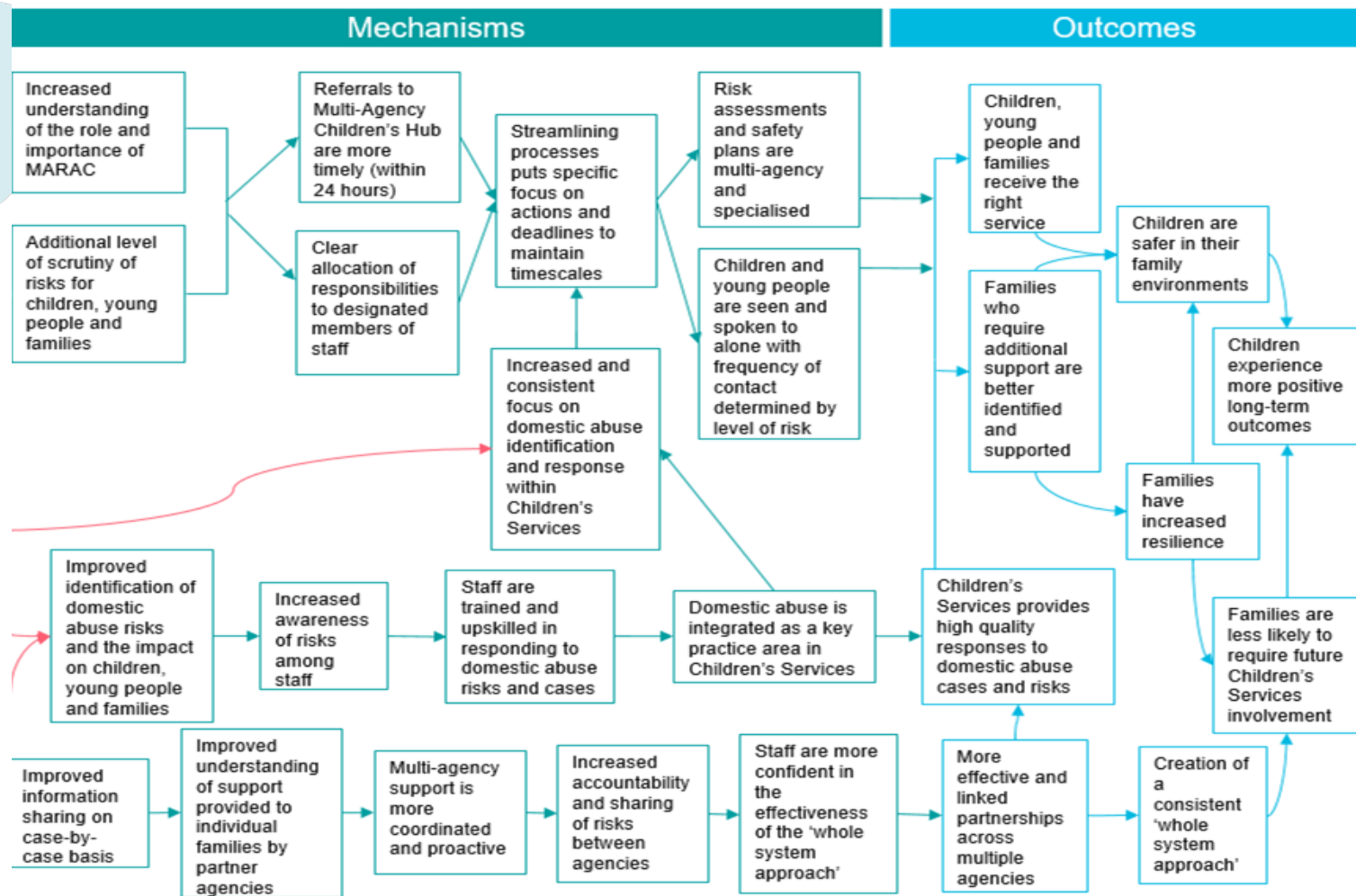
Increased focus on domestic abuse within senior management and practice leads.

Recruitment of practice champions within children's services for domestic abuse.

MIDDLESBROUGH
CHILDREN
MATTER

PROCESS & OUTCOMES

Mechanisms

Outcomes

Increased understanding of the role and importance of MARAC

Additional level of scrutiny of risks for children, young people and families

Referrals to Multi-Agency Children's Hub are more timely (within 24 hours)

Clear allocation of responsibilities to designated members of staff

Streamlining processes puts specific focus on actions and deadlines to maintain timescales

Increased and consistent focus on domestic abuse identification and response within Children's Services

Risk assessments and safety plans are multi-agency and specialised

Children and young people are seen and spoken to alone with frequency of contact determined by level of risk

Children, young people and families receive the right service

Families who require additional support are better identified and supported

Children are safer in their family environments

Children experience more positive long-term outcomes

Families have increased resilience

Improved identification of domestic abuse risks and the impact on children, young people and families

Increased awareness of risks among staff

Staff are trained and upskilled in responding to domestic abuse risks and cases

Domestic abuse is integrated as a key practice area in Children's Services

Children's Services provides high quality responses to domestic abuse cases and risks

Families are less likely to require future Children's Services involvement

Improved information sharing on case-by-case basis

Improved understanding of support provided to individual families by partner agencies

Multi-agency support is more coordinated and proactive

Increased accountability and sharing of risks between agencies

Staff are more confident in the effectiveness of the 'whole system approach'

More effective and linked partnerships across multiple agencies

Creation of a consistent 'whole system approach'

FEEDBACK

Impact:
- Attendance became more consistent, and engagement more synchronous.
- ATMs had the seniority, autonomy and oversight across all open Children's Services cases to rapidly provide information and updates across different cases, as well as promptly action items recommended by the MARAC.

- Participants felt that the attendance of ATMs improved the timeliness of information sharing and action taken by all partners, with Children's Services offering insight to partner agencies, as well as partners updating Children's Services on any important developments. This also led to greater 'reassurance', a result of the mutual knowledge that all partners were fully aware of developments that might influence risk levels.

- 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 better protected in the face of potentially higher risks brought about by the pandemic and lockdown.

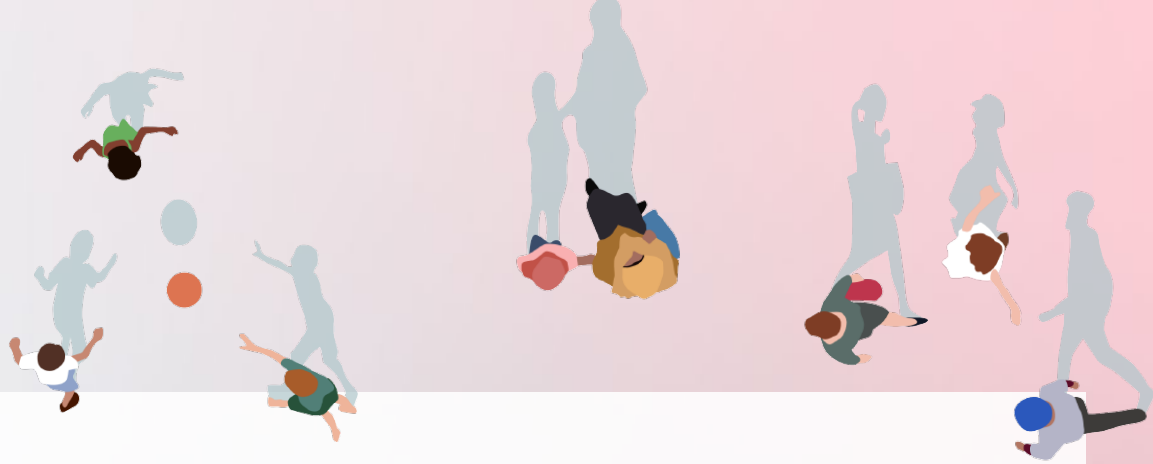MIDDLESBROUGH
CHILDREN
MATTER

FEEDBACK

Impact:

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 better protected in the face of potentially higher risks brought about by the pandemic and lockdown.

It enabled Children's Services to revise safety plans, and the frequency of visits and direct work if risks were deemed high. Off the back of these reviews, threshold clinics were held between Children's Services and Early Help, to consider whether cases should be stepped up if the risks were considered to be greater during lockdown

By including recently closed cases in this review, Children's Services identified cases that may have been 'closed prematurely' and, given the concern of additional risk, were opened.

Early Intervention Foundation

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COVID-19 and Early Intervention

Findings from the rapid review: Evidence, challenges and risks relating to virtual and digital delivery

Qualitative research- June 2020

- The response of local services to the situation has been characterised by **innovation and rapid adaptation**. The overall sense was one of dedicated professionals, and in some cases the wider community, pulling together in an extraordinary effort to protect vulnerable children and support families in this time of crisis.

- Longstanding barriers to effective **partnership working** had been overcome, at least temporarily.

- Increased capacity and **increased engagement** from some parents, and were beginning to think about how to retain some of these new ways of working.

- **Confidence in the quality and effectiveness of virtual support for children and families was varied.** Some interviewees were very positive about the move to virtual support, and suggested that some young people and parents felt more comfortable opening up to support workers through digital means.

- Others raised challenges and questioned the **suitability and effectiveness of virtual delivery for some families.** Some services were beginning to think about how they could monitor the impact of this move to virtual support, but there was little or no evidence yet of the impact of these rapid changes in delivery models on outcomes for children and families

- The professionals we spoke to were also concerned about the ability of early help and wider family support services to manage a **potentially significant increase in demand once the lockdown measures were eased**. It is clear to us that ensuring local authorities and their partners are funded at a level that enables them both to meet the anticipated increase in demand for statutory child protection services and early help services will be a critical part of the pandemic recovery phase.

What we did

1.What is out there? 2.Does it work? 3.What are the effective components?	4. What are the advantages/disadvantages/challenges? 5. What is the sector response to COVID?
Method 1 – *Review of clearinghouses/lists of EBP*	**Method 3** – *Survey*
Method 2 – *Review of reviews* • *mental health* • *substance misuse* • *child behaviour/crime* • *risky sexual behaviour*	**Method 4** – *Review of broader literature and informal conversations*

What we found

Review of reviews
• We identified 39 reviews (21 mental health; 9 substance misuse; 6 child behaviour/crime; 4 risky sexual behaviour). • **Virtual and digital interventions can be effective in improving outcomes for young people across a wide range of intervention types and outcome measures.** • There is little evidence to suggest that virtual and digital interventions are more effective than traditional face-to-face approaches. When these comparisons are made, typically, virtual and digital interventions are found to be less effective, or equally as effective. • In general, interventions which have some form of personalisation and/or contact with a practitioner – rather than self-directed, non-interactive learning – are more likely to improve outcomes. • In common with other interventions in the field, the evidence is strongest for short-term outcomes. • Virtual and digital interventions often face high levels of attrition, where participants drop out or fail to complete the intervention.

What we found – Examples of benefits and challenges

Building a trusted relationship between practitioner and participant is an essential element of effective delivery for many interventions.
Evidence suggests:
- The quality of this relationship is associated with improved outcomes.
- Those who feel listened to and treated with respect are more likely to remain in an intervention.
- The more adverse a person's circumstances, the more important it is for them to have a secure and supportive relationship with trusted practitioners.

There's a sense that people are concerned these qualities may be more difficult to achieve when services are working remotely with individuals.

However, our review found that whilst the extent of research on the therapeutic alliance in V&D services is still limited, there is promising evidence that it is possible to successfully build these sorts of relationships remotely.

Our review also identified some practical tips for building this relationship remotely:
- Delivering the first session in person.
- Increase contact time.
- Adapting the practitioners' behaviour and communication style.

Recommendations

1. V&D can work and can support continuity in the current crisis - There are some V&D interventions with evidence of improving outcomes that could be made available more widely across all outcome domains. Commissioners should consider the evidence-based programmes that exist.

1. Adapt carefully - We shouldn't assume that interventions will work equally well when delivered through virtual methods. Adaptation of existing interventions needs careful thought, and should include a focus on identifying the core components that must be maintained.

1. Prioritise personalisation, interactivity, and professional support - V&D interventions that are tailored to the individual and involve regular contact with a practitioner are more likely to be effective. Those selecting services to deliver should bear this in mind, and those developing and adapting interventions should, where feasible, include contact between participants and practitioners.

1.Pay attention to engagement - Those developing V&D services need to consider how to develop strong engagement strategies for their interventions. It is also important to develop monitoring systems to identify quickly if interventions are struggling to reach their intended recipients or attrition rates are concerningly high.

Questions and discussion

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Thank you

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