

Learning from Lockdown

**Summary Report**`

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# Introduction

This work was commissioned so that Directors of child and family services’ decisions can take workforce views and evidence from practice into account as we move into the next stages of recovery and reinvigoration, as the pandemic continues and as the longer term impact of lock downs and recession on children and families lives play out.

This report offers detailed feedback and quotes from the c. 150 staff who attended 16 discussion forums in July and August 2020 and draws in learning from other practice forums conducted in the lockdown period and from pertinent research evidence.

We would urge Directors to situate this feedback within the much bigger picture:

* Recognising our role in addressing the structural inequalities laid bare by the pandemic and the global and local Black Lives Matter uprisings following the death of George Floyd in May 2020. The hiatus in day-to-day activity caused by the pandemic, and the resonance with the emerging evidence on the impact of Covid-19 on BAME people opened a space in which the voices of those experiencing racism and oppression were heard and listened to in a unique way.
* Acknowledging that our social welfare system was built in a different period of history, on service tramlines that often impede holistic working. As such, child and family services – particularly where early help and targeted support is very limited - is often responding through processes and mechanisms that are not serving well to offer the support needed to keep families safely together.
* We have huge challenges but also a rare opportunity to change the ways in which our organisations work, rethink the structures within which work takes place and change the professional cultures that shape practice responses. The decisions made will take social work and the wellbeing of the most marginalised in our communities in particular directions. We can choose to revert back to familiar ways of working, even if we are not convinced this is the right thing to do. Or we can use this opportunity to work together on a new vision for ourselves our organisations and our communities. Our strong recommendation is that we grasp this opportunity with both hands.
* This work raises an interesting dichotomy. On the one hand the imperative to embrace the potential unleashed by our radical lurch into digital practices over recent months. On the other the need to keep focused on the core and abiding centrality of building and maintaining strong relationships of trust as the keystone for all of the work we do. Holding both these in mind is vital as we seek to reinvigorate social connectedness among staff and across communities, and in ensuring that attention to relationships shapes our approaches to blended digital/face to face (f2f) practices.
* We hope that you’ll join us at the Research in Practice Leaders’ Forum online in November and December 2020 to think through these challenges with colleagues from across England. For details of all five online sessions see: <https://www.researchinpractice.org.uk/all/events-training/2020/november/towards-a-fairer-future-addressing-inequality-in-recovery-leaders-forum-session-2/> and scroll down for links to the other sessions. Book your place using the links on each page. You need to be logged into your Research in Practice account to book.

The speed and virulence of the Covid-19 pandemic is testing local and national services across the globe. Emergency responses as the virus struck hard and fast in London were broadly able to ensure that those who needed support most were able to access it and we should be proud of that.

The dedication of child and family services staff, often putting themselves at risk in order to protect others, all in the context of the relative isolation of lockdown cannot be underplayed. These staff did not receive the public accolade of doorstep applause, but carried out their work diligently, often feeling publicly undervalued, but determined to carry on.

It is in this context that we spoke to c. 150 people from across the London boroughs. They came from a range of practice settings: early help, children in need, child protection, children in care, youth justice and care leaver services. We spoke to practitioners, managers, Heads of Service, Workforce Development staff, those responsible for Quality Assurance, and to Principal Social Workers. We want to thank everyone who took the time to speak to us, to provide us with additional information about what they are doing, and who were willing to share their experiences so vividly and openly. We want you to know that we heard your voices, we listened, and we are doing our best to share them. However, we also want to remind you that you also have voices and can speak for yourselves and your communities and urge you to continue to do so.

Speaking to members of the workforce in July 2020, rather than in April or May, meant that they reflected not only the immediate impact of the pandemic on their lives, their work, and the families they work with, but also provided a perspective on the impact of some of the changes in practice implemented during the pandemic, and the extent to which these should, or could, be incorporated into a new version of the future.

Our collective understanding of Covid-19 is changing as we learn more about the virus, its transmission pathways and impacts. In September 2020, we are only six months into our journey of understanding and responding– we are nowhere near the end. We know a good deal more about how effective alternative ways of working are, for whom, and in what circumstances, but we don’t yet know it all. This report should be read with that in mind.

**Dr Susannah Bowyer, Assistant Director, Research in Practice**

**Mairi-Anne Macdonald, Senior Associate, Research in Practice**

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# Child and family experiences

It was palpably difficult for people in most sessions to focus on and respond to the question we set early in our discussions ‘*what have you valued most about the people you work with in lockdown*?’ It’s worth reflecting on why colleagues found seeing families and young people through this strengths-focused lens, in terms of our relationships with the communities we serve.

## The pandemic as a leveller

*Families feel like they’re on an equal playing field with our staff. Asking whether we’re safe and us saying to them be safe. It really has developed relationships* (P2/D10).

A good many people reflected on this kind of reciprocal experience – examples were shared regarding the people they work with and also colleagues and senior leaders – of seeing each other as a ‘whole person’ rather than a ‘presenting problem’ or job title. This was in part due to the shared pandemic experience and in part because of the window on people’s lives that virtual working at home provides.

Research tells us that such points of identification between a parent and a worker can mark ‘a turning point’ in building authentic relationships of trust (Scott and Daniel 2018 p28). we should consider how to maximise on these experiences.

Examples of this included: professionals seeing video content made by a young person as their input to a virtual decision-making meeting; seeing a CEO’s teenage children arguing in the background of a video call; young people’s curiosity about their worker’s home environment; children’s engagement in showing workers around their home by video; young people expressing an increased sense of control (being able to leave, turn off camera or not show whole face, attend from home territory); parents and young people feeling less intimidated with everyone on video from home rather than on corporate territory.

Poverty aware practice: These windows on each other’s worlds also illuminate issues of poverty and housing inequality so sharply accentuated by the pandemic and now on the increase as recession bites.

There is of course a strong association between family poverty and child abuse and neglect, with socio-economic factors both direct and/or indirect contributory causal factors (Bywaters et al, 2016). Strong bodies of recent UK research (Bywaters et al 2015 and 2017; Morris et al 2018; Gupta 2017). elucidate how our system responses have evolved to individuate safeguarding and child protection concerns and focus primarily on parenting capacity, while poverty, housing and community deprivation have become ‘the wallpaper of [child and family social care] practice’. Where the constraints of poverty are not acknowledged or addressed, practice involvement may well be experienced as reinforcing feelings of powerlessness and stigma(Hooper *et al*, 2007).

Poverty and social inequality look set on a steep upward trajectory. It is imperative that we cease to attempt to address family issues solely through the lens of the individuated responsibilities of parents. **If we are to meaningfully intervene in the lives of children and families, how can London authorities learn from each other to develop child and family social care within a systemic poverty aware response (taking account of issues such as housing need, family poverty, intersectionality and digital access)?**

Practical support:A positive message to build on here is the widely recounted experience of an unprecedented shift to families welcoming safeguarding partnership and CSC contact and practical support. While there was a consistent message (from these and other forums Research in Practice ran over the period) that people felt ‘seen’ and their immediate needs recognised by this reaching out with practical help. Conversely, participants reflected that ‘business as usual’ responses are often lacking in practical, meaningful support and instead dominated by form filling and assessment exercises.

[the pandemic has] *helped us think about the purpose of what we ask families to do. Pre-proceedings, we were not able to do an assessment and three months later everything is fine, so was that just a snapshot in time for that family and things could be worked through? Think about whether we actually need to do these interventions, particularly where thinking about pre-proceedings and court. Are these things absolutely necessary*? (M2/C21)

Research underlines the tangible value of non-judgmental practical support in building the relationships of trust on which all positive change in family support and child protection rests (Scott and Daniel 2018 p28). **How can we recalibrate practice in this direction?**

In order to achieve this shift, there are professional cultures that need unpacking. In quite a number of our sessions we were struck by the **deficit-oriented perspective that shaped the language used when describing families in the community**. Terms that are not conducive to relationship-based, trauma-informed practice (e.g. ‘resistant families’, ‘disguised compliance’ and the untested notion that families might be using the pandemic to avoid services scrutiny). were used quite frequently. While we’re not sidestepping issues of risk and deception to which practitioners have to be alert, we would say there is an imperative to review professional cultures, and opportunities to learn from London organisations that have worked hard on these issues over recent years to develop a more consistent strengths-based approach in child and family services.

## Developing blended digital/f2f practice informed by children and families’ experiences.

## Digital access and exclusion:

Digital access – hardware, software, mobile data, broadband, and digital competencies – i.e. how to use meeting platforms such as MS Teams. **If we are to commit to blended digital/f2f working practices resolving these issues for families will need to become a core part of service responses. These issues will need revisiting over time.**

* Digital exclusion resulted in children and families being unable to take part in some critical decision-making meetings and a range of other activities such as court agreed programmes of work; family time/contact; ongoing work with social workers; education and accessing to information in relation to Covid-19). Staff at all levels referenced the challenges and further inequalities that this brought and the disproportionate impact on some such as those without recourse to public funds and care leavers.
* Even where equipment had been provided, either through the government scheme, local initiatives or direct support from local authorities, the degree and impact of poverty for CYPF was stark: *A lot of the families we deal with, they have real, real - they are in food and fuel poverty so we fully expect some of these families not to be able to sustain this equipment. Having ongoing internet access… when laptops breakdown to be able to afford to get those things fixed or replaced. We've also been anticipating that for some of those families where they are making decisions between power, electricity, food or rent that some of this equipment will end up in cash converters. So I think there has been a real, there has been a lot of challenges and a lot of issues, and I think lockdown has really exposed some of that (QA1, C43).*

**Socially distanced practice:** Many good examples of this including:

* **Making good use of community spaces and places:** Meeting in parks; walking meetings with one or more parents; parent-infant contact through pushing a pram outside.
* **Supporting workers to get around safely without using public transport:** using car hire to get across London (perhaps less viable as traffic congestion increases).
* **Having a virtual meeting before a f2f visit**: [*it] allows the family to set eyes on a face, they feel more comfortable when the person comes to the door. So it is a lot easier and more relaxed when they go into family homes so I think that is something they are thinking about continuing going forward (*QA1/E11)

**Virtual communication where relationships are already established**

* Participants spoke of how this has enabled increased frequency of practitioner/child communication: shorter, more frequent phone contact was noted as a vehicle for developing relationships. Increased frequency supported by a). shorter conversations and b). absence of travel time in workers’ diaries. *Making more phone calls was possible because we had this gift of extra time because we weren't travelling to and from places, and virtual visits are much shorter than going there direct* (P1/E7).
* Ideally Contact should not only be virtual: we heard about young people feeling increasingly isolated and wanting to meet their social worker f2f as time went on.

**Decisions about when SW contact is virtual/f2f must be led by young person’s needs and adjusted accordingly.**

**In what circumstances is assessment by virtual only means viable? And can it be undertaken in a way that helps it to be as effective, fair and child-centred as possible?**

*Virtual meetings have been surprisingly effective and helpful but in terms of grass roots SW practice nothing beats actually being physically present in the room - smells, physical contact, body language and we have the same with age assessments for unaccompanied children* (HoS1/E8).

*How easy is it to hold a child in mind that you’ve never met before? It’s easier when you’ve met as you can remember seeing them. Reviews work better when you have an established relationship. With children who have just come through, you’re trying to build a rapport on screen and there are too many other variables* (M2/C5).

* Doing virtual assessments was a key challenge. The ability to fully understand home circumstances and gain a holistic picture of child and family is entirely compromised.
* Limitations on being able to get a full picture of what was going on in a home environment raising concerns around, who is in the house, concealed pregnancies.
* Not being able to read the body language and cues (e.g. nervous leg movements invisible on screen).
* Absence of visceral experience of being in a home e.g. smell of the home, smell of cannabis.
* We have heard about alternative approaches to virtual assessment that raise real concerns about socially just service responses (an example from a practice forum of a young, pregnant care leaver’s child being removed from her care on the basis of her written records as a child in care).
* For some, multi-disciplinary input was compromised: *… [as a multi-disciplinary team] we sit in a room and think about the ways in which we have assessed this family and really thrash out the strengths and really work together in that way. Trying to do that virtually has been really difficult… it has felt that each part of our assessments have been separate rather than this cohesive and holistic way of working* (P1/D43). This may need to be explored further, to explore the general practice skills that have to be tweaked for digital, the hard technical knowledge people need (know what) and the soft digital skills (know how)

Our early observations are that using only virtual methods to undertake complex assessments is unlikely to result in a comprehensive fully contextual understanding of the child or young person’s situation. Moving to use digital methods would be a significant change to practice and needs further exploration and detailed guidance for staff before being adopted as a permanent change. Using digital methods for assessment may well amplify / magnify existing practice culture – so child-centred, ethical and creative practice cultures will likely be able to find ways to maintain these behaviours digitally, whereas punitive or process-driven practice cultures could well be exacerbated through digital working

Responses here are mixed and there was no single answer to whether to hold these digitally or F2F. Some hybrid approaches hold promise. The overriding message is that the young person’s context is important, and individual decisions about using virtual or face to face environments will be vital.

* When accessing a meeting via a phone it’s impossible to see everyone in the meeting. We heard examples of parents joining conferences by phone from a carpark or from their job at the till as a supermarket cashier. This cannot be a fair grounds from which to engage.
* A number of participants described how professionals’ presentation of family issues can lose empathy and consideration when delivered virtually. We know that boundaries are often lost in social media communication. **This is an important aspect of professional development and meeting protocol that needs immediate attention across safeguarding partnerships.**
* Where parents are distressed during meetings workers were keenly aware of not being able to support them, give them a tissue, put a hand on their shoulder.
* Virtual meetings don’t work well:
	+ Where a prior relationship with the child had not been established
	+ For younger children where direct face to face work is imperative
	+ For children who are shy and do not want to be seen on video
	+ With young people who go missing and do not want to speak to professionals
	+ With children with a disability or with speech or language difficulties: *For children with disabilities having face to face contact is really important, eye contact and touch is really important* (P2/D40).
* Participation is challenged where:
	+ Safeguarding issues where children remained in the parental home after a virtual meeting with their social worker: … *some of the Chairs have been quite worried at times… they are very aware that children are present in the home during the conference that is taking place virtually and sometimes quite difficult situations have arisen between parents which have left them feeling quite worried about what is happening for these children right at that particular moment* (QA1/D7).
	+ Confidentiality issues with children not being able to have full and frank discussions with their social worker.
	+ Professionals only meetings take place, excluding the family from discussions about concerns without having reason to do so.

**Key benefits and challenges of working virtually for professionals**

* A great deal of positive feedback about attendance at multi-agency virtual meetings: *… partnership engagement in statutory or children in need meetings has been fantastic. I think that is something we will hold onto* (HoS1/D47).
* Increased engagement brings its own challenges: *case conferences are much more challenging to manage with the number of professionals* (HoS1/C6).

***Referrals, family support and unmet need***

* There had been a general decrease in preventative services, with many LAs moving early help staff into other roles. One LA had increased their early help offer: *We took a slightly different approach at the Front Door. We enhanced our early help provision at the start of lockdown and redirected some of our lower level Children in Need cases to early help because we anticipated we would get more higher level stuff. Whilst the number of assessments during lockdown has decreased I would echo what everyone else has said in terms of the numbers of LPM case conferences and more complex cases and more children being taken into Police care* (HoS1/E68).
* Community groups stepped in to fill the gap left when other support services were no longer available: *I guess like a lot of LAs we have had a real coming together of community groups to provide support for children, families and adults that are shielding and that's been really well received all over the borough. But a lot of the other support services, the smaller community groups; the Home Start type services haven't been able to continue to offer support or are doing that virtually or by telephone and that's put additional strain on families that were used to a bit more of a proactive level of support from those agencies (*QA1/C18).
* A youth offending worker described the easing of lockdown: *Our client group weren’t keen to do lockdown, a lot of them were out and about. On the plus side, they were much more visible to the police, but there were worries about their health. What we’re finding is that as lockdown eases violent crime is going up- there are a lot more attacks on young people and during lockdown incidents where young people were attacked on their doorstep or in their own home, which is very rare* (M2/D84).
* In July, participants referral levels were starting to increase as some children returned to school. Referrals during lockdown had come mostly from the police.
* Participants described increased referrals relating to families never previously known to child and family services: *we have seen an increase in the number of people self-referring and community- based referrals so that has been a marked change* (QA1/E72).
* Lack of specialist services has been a key challenge. People spoke of acute parental mental health issues exacerbated by lack of lower level support during lockdown: … *there was a sense of not being sure what we could actually do and then saying ‘we’re family services but there’s not much we can offer right now because we can’t some and see you and we can’t do a proper assessment’. It caused a lot of dilemmas for managers and workers (M2/C17).*
* *So we were receiving a lot of referrals at a very acute stage where as perhaps if those services were still there it might have held. So the lockdown had a serious impact on parental mental health so we saw a lot of children coming into care in a crisis situation because of that* (HoS1/ D67).
* A small number of participants discussed the increase in adolescent placements because of young people breaking lockdown when their parents had underlying health problems.

**Remote care proceedings** (there are a good many detailed examinations of the issues <https://www.nuffieldfjo.org.uk/coronavirus-family-justice-system> and [https://www.researchinpractice.org.uk/all/content-pages/social-care-practice-in-the-time-of-Covid-19/](https://www.researchinpractice.org.uk/all/content-pages/social-care-practice-in-the-time-of-covid-19/))

* Participants described the backlog of cases in the family court and the difficulties for children and families: Those children who are in court proceedings, direct contact with their parents has been a huge issue: *We have managed that through remotely seeing their parents by phone but we felt this has not been working because children need to see their parents, they need to have face to face contact and that’s been an additional harm factor for children that we've been increasingly experiencing* (HoS1/D80).
* Remote participation in court proceedings was described as a particular challenge for parents. This was associated with connectivity issues, and importantly with the support that parents could be offered during proceedings, not just from SWs, but also their wider family. These challenges had been addressed in one or two LAs by setting up rooms in the office so they could support parents.
* There is a great deal more on virtual family time/contact here: <https://www.researchinpractice.org.uk/children/content-pages/videos/digital-family-contact-time-sharing-and-building-knowledge/>

<https://www.researchinpractice.org.uk/children/content-pages/open-access-resources/parent-infant-contact-in-the-pandemic/>

## Risks and opportunities

Broad agreement that there are advantages to developing blended digital/f2f practice: virtual engagement works for some children and families some of the time but decisions about when and where will need to be: informed by their views and wishes; under ongoing review in light of these views; managed in the knowledge that f2f relationship building is an essential part of child and family social work activity.

There is a strong risk that, in a rush to digital activity parents, young people and children will be side-lined from decision-making forums; isolated from proper communication with social workers and unable to have proper family time with parents and siblings.

The balance of blended practice arrangements cannot be driven primarily by individual social workers’ preferences nor by financial imperatives: *Unless the child is saying I’m happy to do this virtually, it will be face to face as that’s where you get the best interaction. It will always be based on the child’s not the social worker’s needs. Therefore it needs more preparation before certain meetings take place. Taking this forward, it’s holding in mind that we are corporate parents and we do need to see them physically* (M2/D20)

**Some areas of practice are better suited to digital activity**: an initial call/video call before a first home visit to introduce the worker and the concerns; some social worker contact with children in care (led by the child’s preference and regularly reviewed with them).

**Areas of practice unsuited to digital activity:** We suggest that caution is advised, certainly until this issue has been tested more fully. There are likely to be limitations, exacerbated by people’s lack of familiarity with virtual assessment needs.

**Hybrid forums:** a promising approach to parents’ involvement in Child Protection Conferences and Family Court Proceedings is to support parents in a conference room with laptops and good broadband; bringing parent, social worker, legal rep together, with others joining virtually. However, where the authority is recommendations go against the parent’s wishes how will the parent be supported?

*… IRO's have been thinking about having conferences in future where the Chairs and the families/parents meet with perhaps with SW and then the professionals can also attend by virtual means as well. So you have those opportunities to have those emotional connections with families and to observe some of the nuances around the quality of relationships but you also provide an opportunity for professionals in other agencies that can’t routinely come to conference to participate much better* (QA1/C20)

**Questions**

* How is poverty-aware family support and social work strategy being developed? How is anti-poverty practice embedded in routine processes of assessment, planning and review? Do you monitor the extent to which all assessments include consideration of socioeconomic circumstances, the impact on the individuals concerned, on household functioning and on people’s capacity to change?
* How are local housing policy and child and family social care engaged together, not just to address housing need for individual families, but to develop housing solutions focused on family safeguarding imperatives?
* Beyond the initial emergency response, what are the ongoing plans to support both digital access (hardware, data, broadband). and digital competence for the people we work with?

# Structural inequalities

The pandemic is shining harsh light on structural inequalities, the most significant being poverty and racism. The [evidence is developing](https://www.bbc.co.uk/news/uk-52219070) on heightened risks of coronavirus for black and Asian people and the relationship to existing health conditions, poverty, housing conditions and working environments. The global Black Lives Matter (BLM) movement has opened space to speak and act on embedded structural issues that impact significantly on London citizens and communities.

Issues of intersectionality in the disproportionate involvement of child and family services in the lives of BAME families are becoming clearer through focused data analysis and research (see <https://www.calumwebb.uk/posts/anti-racist-and-anti-poverty-social-work-must-be-both/> ). The challenge is societal, but changes can and must be made at all levels in child and family services. It is vital not to lose the momentum of the moment.

## Organisational responses to Black Lives Matter

* Strong sense that **meaningful leadership commitment** is key. ‘Passionate leadership’ was seen and valued (and its absence strongly felt): *I think something that has been quite critical in terms of Lewisham's response as a Local Authority is that there is a very clear message from the Chief Exec and our Director about how the council are going to look at tackling structural racism not only in practice and social work but also in the institution within which we sit and I think this is one of the most important things when you are looking at direction and power, especially in a professional capacity. As a result of that they have set up a several virtual conversations in which we talking about what racism looks like in every day terms (P1, F3).*
* Initial responses were often **whole organisation meetings/events**; attendance at these events was strong, some organisations had to schedule many more: *[we have had] lots of different meetings where we’ve all felt able to speak, where you’ve got Directors and Chief Execs. Never been to meeting with Chief Exec before. It’s really good how the digital world has helped us do that. It was that full stop and pause that we needed. It’s opened up a lot of conversations (M2, D3).*

A number of local authorities had drawn **local community elders and anti-racist activists** into these meetings which was very impactful (P2, C31). and (P1, D31): *Suddenly we heard the voices of young black workers in wake of his input*… *young, black, male members of staff walking taller.*

All participants valued the opportunities to share personal and professional experiences and thoughts on how to move forwards. Conversely, where these have not occurred staff noted the absence of response keenly.

* Both hope and despair were reflected in discussions: *So we are trying to make it as political and personal as possible to make some quick meaningful change possible hopefully, in our practice as well as the longer term structural pieces (HoS1, E4).*

*On one level feel very hopeful. On the other side it may just be a fad and blow away again, just ticking boxes again. Hope that discussions look a bit more granular on what does practice look like on an everyday basis for me a social work manager in CP conference. That’s the struggle (PSWWDL1\_D16).*

*[these conversations] to share our lived-experiences and the effects of systemic racism on our communities can further inform anti-racist practice as we interrogate the data on racial disparities in Public Health, as well as the Educational and Judiciary system. Real concern that this will be moment that passes if we don’t commit to systemic change.*

* One moving story encapsulated the challenge. A participation project manager spoke of leaving a building following one of these organisational meetings and seeing a young black male being stopped and searched: *I was leaving my place of work, where I am an agent of care and protection for the borough’s most marginalised and vulnerable. However in that moment, I was merely a bystander and felt a great heaviness about the enormity of systemic racism… BAME professionals such as myself are also on a journey.*
* Some places are more advanced in developing anti-racist organisations. We heard that Westminster had been committed to this agenda for some years, with a drive to ensure the workforce at every level reflected the community. Have looked into gender and BAME pay gap. Had already done reverse mentoring and ensure at least one BAME person on recruitment panels. BLM feel enabled to speak freely at open dialogue workshops (108 at 1st meeting). seeking to hear how we could grow. There is a Westminster BAME network and Westminster chaired 1st steering groups for pan London BLM (B12-H12).
* **Recruitment and career development:** The most frequently discussed immediate initiatives related to reviewing and changing actions on recruitment and career development in light of structural inequality. Widespread recognition that local authority senior leadership teams *‘don’t reflect the ethnicity of the borough or the ethnicity of our own work force’* (HoS1, G3). Some participants questioned why this had not been considered previously (M2, C15) (PSWWDL1, D15).

In one local authority a black leadership group had been established (but providing support to the group had raised questions as all staff members who would normally fulfil that role were white) (QA1, D10). Some are working with Staff College and their Black Leadership programme <https://thestaffcollege.uk/publications/cultural-competence-promoting-leadership-organisational-change/> and on projects developing cultural competence, reviewing progression pathways.

## Team learning and workforce development

* Conversations about racism and white privilege were acknowledged as difficult and challenging. Clear message that cultural diversity training is not enough: *We have been having more meaningful conversations. It is really easy for us to all go on training around culture and diversity… but the conversations at the moment are more meaningful. People are thinking about ways in which they can make small changes to the way in which they behave or how they help to educate others or even just opening those conversations about how it feels when a social worker gets called hostile and I think it is because they are black so you know, we have had quite important conversations as a team (M1, F5).*
* Teams instigating anti-racism reading groups and discussion groups; monthly poetry group; working group and action plan on identifying where unconscious bias might be unseen in relation to both staff and families.
* Practical examples: social workers/YOT workers actively helping black young people to know their rights, their right to challenge decisions, and understand the extent of LA powers.
* Practitioners advocating and encouraging challenge of racial inequality as corporate parents: *Thinking about our role as corporate parents to black children - what would we doing if we were their parents about taking to them about racism. With YOT colleagues- thinking about stop and search in our area. Doing work with participation group and YOTs in supporting CYP around their rights around stop and search (PSWWDL3\_D25 and HoS2\_E26).*
* Practitioners noted the opportunity that BLM had opened for conversations with young people and families their experiences (P1, D24): *I think it’s thrown up quite a lot of ethical issues about how we use our positions and thinking about how you do that in an anti-oppressive way. Discussions in team about positioning power and talking more openly with families about that (M2, C38)*
* Some good examples of involving young people in training and development of staff, e.g. YOT arranging half day training involving young people talking about their experience of stop and search; Integrated gangs unit – ‘they educated us’ on how hard police found it to engage with anyone. IGU big job in building relationships with police and others.

 *… It’s not half a day’s training that teaches you. [Anti-racism] needs to be part of a day to day training and supervision. So with regards to this, it is good we have a young people’s parliament and council, our participation officers are very good, we have an entry there, with our PSW we did SMT we are looking at how can we roll this out. This may involve applying for funding or we can do it internally, but we need to do something (HoS1, E5).*

* Structured team discussions instigated, seeking to build more cultural specificity in team’s work ‘beyond the blanket BAME term’: … *if we’re not being curious about the rich ethnicities in our team how can we get into this with young people?*
* Teams explored what languages staff were fluent in, and able to write in. Used these skills to support people supporting families with information about the pandemic.
* Tools such as [Social Ggrraaacceeesss](https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Social-GGRRAAACCEEESSS-and-the-LUUUTT-model.pdf) had been used to facilitate conversations: *[we are]… developing a toolkit of how we work with children and families... It’s mainly aimed at white staff as they sometimes find it harder to work with difference and might not have had conversations about race and white privilege* (PSWWDL1\_C28).

Direct discussions between frontline and snr leadership, not through layers of management.

* Tower Hamlets: *Lots of listening circles from ASYE onwards. BLM building on work already underway. ‘Organically grown approach’ in a very diverse workforce. ‘a very open structure*’ (example give of monthly mgmt. meetings at which mgrs. are invited to bring a member of staff).

E.g. Children in Care Council – participation officer – direct feed to DCS. HoS attends Children in Care Council monthly.

Sutton introducing a Diversity Officer to be a voice to challenge practice and paperwork.

* Anti-racist challenge by local leaders with police colleagues was noted as lacking in some discussions (P2, C3). Entrenched issues of institutional racism will need strong leadership to drive forward cultural change in multi-professional working (for instance, re. stop and search and re. safety planning around DAV with BAME families): *BLM movement has prompted everyone to remember what should have been matter of fact to begin with- they don’t have to just stand by and accept this behaviour. It’s unjust- they can take it up with their case worker or social worker and we can have discussions about how to appeal these decisions in court. Sad to see lot YP from these backgrounds just accept being stopped and searched all the time in comparison to other YP (P2, C25).*
* Critical consideration of specific areas of multi-agency work is already underway in many areas of London and needs leadership championing and support. E.g. Bexley had started on reflecting on data re. black boys and ed outcomes before lock down.

Highbury court initiative re. black youth and courts process where it is recognised that police relationship with BAME families is impacting on their access to justice. ‘*You’ve got to take people on the journey of the black child*’. Magistrates are almost all white and middle class. A strong example given of standard court responses and the need to enable diversion – this participant ‘fought’ for a three week adjournment to discuss. ‘*the reality is having difficult conversations that you like and respect to get them to actually do something*’.

Other examples: review of CSE strategy in light of BLM; review of custody suite procedures; closer examination of how life story work is conducted have begun.

## Questions

* How are stated commitments to tackling structural racism within social work practice and more widely within local public systems being carried through?
* If you held BLM forums over the summer, what are the clear actions, strategic developments arising? How are these being communicated and taken forward?
* How will you develop pan-London strategic level learning from those organisations more advanced in developing anti-racist systems?
* What are the opportunities for DCS’ to engage police and youth justice leadership in challenging structurally racist procedures?

# Workforce Wellbeing

## Mental wellbeing

We were all impacted by the pandemic, some more significantly than others. Many of the workforce recounted the immediate shock of lockdown, and how they personally found managing this extremely challenging, particularly while also trying to provide a service. Staff talked about being unclear about what they could actually do, as many of the early help and specialist services families needed were not available, and much of their activity involving direct work didn’t translate well to virtual working.

Some staff were on rota systems to ensure that every family was regularly contacted, so were not always able to speak to the families they worked with directly, and many had deep levels of anxiety about the people they did speak to, and high levels of concern about those they did not speak to (because they were concerned about their wellbeing). Many people reported being personally affected by the impact of Covid-19, either through bereavement, having Covid-19 themselves, or having relatives, friends or colleagues who had experienced it.

Significant numbers of staff from all parts of the workforce reported feelings of reduced mental wellbeing. For some, the support offered by colleagues and managers ameliorated their feelings of loneliness and isolation. For others, support was effective initially, but as people have started to return to the office, their feelings of stress and isolation have increased. In many places the decisions about returning to work, work rotas, building capacity etc are in a state of flux, and will remain so while the threat of repeated lockdowns remain. Supporting staff to manage this well is going to be a continual challenge over the coming months.

Many staff talked about their feelings of anxiety about what was happening to families they had either not been able to be in contact with, or where they could not follow the agreed care plan. This was combined with a sense of responsibility, and a concern that if the professional was not directly involved, progress could not be made. Others talked about realising that families had their own agency, and some families showed levels of resilience workers hadn’t expected to see: *some ‘chaotic’ families worked really well with us during lockdown – do we need to rethink the purpose of our engagement with some families?’* (M11/BMM). Aligned to this, most workers found it challenging to recognise and name the strengths they saw the families they worked with. Notable exceptions were where more creative methods had been used to engage young people, for example supporting young people to develop digital newsletters about their lockdown experiences, which were shared across the organisation, or starting ‘random acts of kindness’ with groups they were working with.

One area recounted how Child and family services staff usually working in non-contact positions supported the phone calls to those who were shielding, and offered valuable support, often in a more personalised way than the workforce might have done. Another area talked about Referral Order Panels being facilitated by community members and young people finding these less intimidating and happening more quickly. Staff showed willingness to work flexibly and undertake new and unfamiliar areas of work, and this experience may encourage some workers to consider finding out more about direct work with children and families, potentially via apprenticeship opportunities.

The longer term impact on staff of being ‘key workers’ during this pandemic should not be under-estimated. In some areas, specific mental health/mental wellbeing support has been commissioned and is already available to staff on a confidential basis, without recourse to HR. Notably, people said that they were more likely to access an independent, confidential mental health service because of concerns about mental health being recorded in their HR file, and the impact this may have on their career. Some areas are already experiencing staff turnover: *We’ve had an increase in staff turnover. People tell me the support they have received within their team to deal with challenges has dwindles, they feel more isolated and unable to cope with the stresses of work. The impact on people’s emotional wellbeing and bonds within their organisation are much weakened.*

There is a risk that if staff do not feel well supported, they will leave the organisation and potentially the profession. The stress of coping with the ongoing impact of Covid-19 is real, the fatigue is real, and often just bubbling under the surface. This applies across organisations – you don’t automatically get another layer of resilience along with your promotion or years in service. Being open and explicit about this with staff will support them to feel more connected and less isolated.

### Immediate Actions:

* Consider undertaking Recovery Conversations with all staff to assess current mental wellbeing and medium term needs. This should include each worker identifying how their manager will be able to spot when their mental wellbeing is deteriorating, although the expectation that workers undertake self-assessment of this and develop coping strategies should also be explicit. Appreciate the different context and environments people have experienced over the past few months and be particularly sensitive to those who have experienced bereavement, as the full impact may not yet be visible.
* Assess the capacity the organisation currently has to meet expressed and predicted mental wellbeing needs as separate from a general counselling service, keeping in mind the concerns expressed by staff about confidentiality
* Immediately commission additional confidential wellbeing services as necessary (this should be seen as a ‘spend to save’ activity, introduced to reduce the possibility of people leaving the workforce, and decreasing the organisation’s capacity to meet demand).

### Medium term actions

* Consider whether workers’ anxiety about families is reasonable, linked to the pandemic and the general heightened anxiety experienced by many, or whether it is a symptom of a deeper concern that workers find it difficult to recognise families’ agency, see their strengths and work with them as partners. The response to this may provide you with some actions to reduce worker anxiety by supporting them to work with families using collaborative strength-based approaches
* Consider the extent to which people using services have appreciated the practical support offered by the workforce, and ways in which this could be built into service design in order that workers develop a different type of relationship with the people they work with, and so that child and family services are valued by the community
* Assess the medium to longer term need for mental wellbeing support for the workforce, assessing what can be provided in-house through increasing manager capability and skill to address this, and determining what additional services may need to be commissioned. Consider working in partnership with other local authorities in both Wellbeing Awareness and training and commissioning additional resources (potentially on a sub-regional level)

### Support and supervision

The majority of professionals thought their local authority had responded well to the pandemic. Communication from senior leaders in the organisation was appreciated, although many were overwhelmed by the number of communications, and the changing protocols, particularly in the earliest stages of the pandemic: *The corporate system’s been good. We have a Director’s blog that goes out every day. It’s nice and fun, for example guess the baby. I felt a lot closer to some colleagues and forged new relationships that I wouldn’t normally have*. (M2/C10).

Other staff did not experience the same level of support but felt they had been left to get on with it: *As a team leader, I feel almost forgotten as managers. I’m muddling through, trying to keep team cohesion, keep spirits high virtually and offer containment and reassurance, but actually we were forgotten as a management group* (M2/C17).

In addition to formal protocols for staff support, most people developed informal support structures, often using WhatsApp or other platforms, and then meeting each other in public spaces when this was allowed: *Me and my colleagues have struggled with not having that every day contact with one another, so we set up a weekly team meeting as well as a WhatsApp group, a daily check-in, a morning or afternoon tea, for anyone to have an opportunity to talk about anything that is going on* (P1/D3). People missed the opportunity for casual conversation, for sharing their experiences informally, and to feel part of a wider team. Attention needs to be paid to this in light of continuing lockdown situations to assess the cumulative impact and effect on the workforce.

In the early part of the pandemic, the focus of supervision was reported to be completion of tasks, ensuring staff understood the protocols and changes in arrangements (often intimated at short notice by DfE) and ‘checking in’ to see how people were. Although working digitally can offer more space for reflective conversations (because the pace of conversation is slower, and people have to wait for space to speak), participants indicated that reflective supervision discussions did not routinely take place. Further exploration of this revealed that in some places, with some managers, reflective supervision had not been an ongoing practice habit. Many people talked about the extent to which they felt they had benefited from the opportunity to have these action learning reflective discussions with their peers, and thought that they should continue. It seemed to us that structured reflective opportunities for peer supervision and support would be helpful, and perhaps necessary to refocus practice and underpin positive cultures, behaviours and ethical practice.

Virtual working, and very limited face to face contact with families, meant that practice could not easily be directly observed, and managers had less experience in reading body language virtually, and in managing digital environments. In addition, the focus on practical support often meant that planned direct work could not take place. People reported an impact on practice quality, with courts and managers reporting a reduction in the quality and content of assessment reports, leading to concerns that there may be legal challenges ahead. In addition, for some children, drift in planning may mean that they end up in permanent care by default.

The practice of social work is usually a relatively individual activity: workers are used to holding emotions for others and tending to feelings of others before considering themselves. As workers, and as a profession, we are not always very obviously supportive of each other, and can often be very critical. This pandemic has opened up windows into people’s lives not previously seen. It provides us with an opportunity to become more connected, to understand our individual contexts and to more deliberately take care of each other – as colleagues and as members of our communities.

### Immediate actions:

* As soon as possible, introduce a refocusing on reflective supervision as the primary method to support practice quality. If necessary, provide refresher training. Make use of the excellent and open access resources available here: <https://practice-supervisors.rip.org.uk/>.
* Develop training for managers with supervisory responsibilities in digital skills for supervision and introduce this as a mandatory part of their workforce learning
* Consider introducing peer support and supervision methods, if these do not already exist in your authority. This will act as both a method to build connections, and an opportunity to share workforce voice and effective practice. Give them problems to solve and include them in providing feedback about the potential impact of strategic decisions (this type of approach is an effective strategy to use when communicating digitally – it increases activity and commitment).
* Undertake an immediate review of practice quality, particularly in decision-making reports and meetings, and review all permanency planning for delay and drift as soon as possible.

### Medium/Long term actions:

Reflect on your organisational culture and consider in your authority how ‘weak ties’ in the workplace provide support, thinking about how you actively support this by (a) offering structured activity (b) encourage staff to take care of their own wellbeing by developing their own support network and actively seeking to support others.

* Review supervision contracts, where these exist, and extend these to include supervision using digital technology, setting expectations for manager and worker. <https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Using-supervision-agreements.pdf>

## Work place and work space

The experience of not being in the office during the pandemic impacted the workforce significantly in different ways. For some, not having to manage a daily commute was very positive, while for others commuting allowed them the opportunity to release the stresses of the day. Some people enjoyed the peace and quiet of being able to work from home and were able to set up a ‘home office’. Others were juggling childcare responsibilities, supervising their own children’s education, and struggling to find a safe space within their home where they could have potentially emotionally charged and challenging conversations that were confidential.

Many staff felt that they had to be ‘always available’ and found the constant pressure of this resulted in them working additional hours and not taking breaks. ‘Zoom fatigue’ was mentioned by many, where the almost continual video calls left people feeling exhausted. Boundaries between home and work became blurred, with people feeling that they had lost the privacy their home used to provide: *there does feel there is no safe space, no space to relax, because your home is your work is your office, so I find that really difficult* (M1/E22).

Many staff, particularly early career staff who may be living in rented rooms, shared houses and apprentices on lower salaries, often did not have the space to set up home-office arrangements, and juggled laptops on their knees while sitting on the end of their bed. People felt exposed by the crossover between home and work, and the additional family tensions rising from the pressures of lockdown.

Some authorities made early ‘reasonable adjustments’ to meet employee needs for devices, chairs and desks, and this made working from home much easier. Others were still struggling to manage and had not been assessed: *The worry for me is around equal opportunities. In the workplace you often have reasonable adjustments, when working at home, all that just evaporated, so I have had people complaining about neck-ache, wrist strain, people with dyslexia not having two screens… (PSW1/C31).*

As arrangements begin to be made for some to return to workplace buildings, often just for part of the week, this becomes more complicated: *If we start going back to work, we need to think carefully about how to set up the workstation, and do they lug it back and forth. We’re in a 14 storey building – two people can get in the lift rather than ten. That’s a problem if you have mobility issues* (PSW1/C31).

### Immediate actions:

Support managers to undertake individual recovery conversations with people to develop a bespoke plan for their return to the office, hybrid arrangements, or continuing to work full-time from home. In each circumstance consideration to be given to each requirement, and a support plan written. Recovery conversations should cover:

their home environment and its suitability for work

completing a reasonable adjustment assessment, including those adjustments necessary to address inequalities (this should be repeated before each person returns to the workplace, whether this is on a full-time basis or not)

formal and informal support networks

mental wellbeing and concerns about returning to the workplace or continuing to work from home

clear expectations about volume of work and working hours for those working from home and those working in the office so that there is visible parity for all staff.

* Think carefully about how return to the workplace will be/is being supported, as many will find this period of flux and working between home and office additionally stressful. Identify measures which might indicate potential problems, such as absence rates, vacancy, turnover etc.

### Medium/Longer term actions

* Build in review points to assess how well your organisation and workers within it are responding to hybrid working arrangements – we are in the early stages of this and need to learn as much about it as we can. We do not yet have definitive evidence to prescribe a ‘route map’ out of Covid-19.
* Develop a ‘buddy system’, potentially at a sub-regional level, to share experiences and issues and develop solutions collaboratively – you are all likely to be addressing similar issues, and doing this collectively, or learning from how others have approached it will release time and capacity to deal with other issues. This is not to develop a ‘one size fits all approach’, but a way of making best use of resources.

# Workforce Development

## Pan-London approaches

The pandemic has introduced new ways of working, and our individual learning about the effectiveness and impact for child and family services is still in early stages. Currently, unless joint working arrangements are in place, each local authority has its own staff with workforce development and planning responsibilities, and for the most part, this work is done individually by each local authority area. What became clear during the action learning discussions in July, was that the workforce development capacity had reduced over recent years, many areas were experiencing the same workforce development issues.

We identified two potential areas which might be work well using a pan-London approach:

* Recruitment, turnover and workforce stability
* Workforce Learning

## Recruitment, Turnover and Workforce Stability

Recruitment, turnover and workforce stability are ongoing issues for most local authorities, and particularly for those in larger cities and urban areas. In London, the routine use of agency workers provides its own complications. During the pandemic, recruitment processes continued as some workers left and vacancies had to be filled - in some areas this increased markedly: *recruitment has gone through the roof during lockdown – about 49 people hired over lockdown, compared to 10 in a corresponding period before lockdown (PSW1/B54).* Some areas began to explore the use of virtual recruitment and have found this to be successful: *we’re doing an online induction for SWs joining us from South Africa and Zimbabwe* (HoS1/C54). They found this to be a faster process, easier to organise and co-ordinate, and those who have tried it did not notice any noticeable difference in the quality of the interviewing or appointed candidates as a result of not having a face to face interview.

The employment of agency workers continues to strain local authority budgets: *the additional challenge is the budget pressures brought about due to Covid-19, so we are in a difficult situation re recruitment and the budget pressures linked to agency staff (*HoS1/D54). The lack of clarity about ongoing additional funding for local authorities to cover the additional costs of Covid-19 means that agency costs need to be carefully monitored: *rates are creeping up and locums are moving to LAs who will pay the most – so we are all competing against each other (HoS1/C54)*. There is some evidence that some agency staff have been willing to convert their contracts to become permanent workers, but the extent of this is not clear, and is likely to change as unemployment increases and families are under increasing pressure to find ways of ensuring they have regular and reliable income sources.

Given the expected sharp rise in demand for support for families over autumn and winter, it would make sense to develop a common framework for virtual recruitment and selection as an immediate activity, and for local authorities to work together sub-regionally, or with neighbouring authorities to advertise and interview. There are potential issues, of course, about how candidates are selected for each organisation etc, but it makes sense to develop a virtual process that everyone is content with so that there are specific standards and activities governing recruitment activities (most of these are already common, and consideration will mainly be around decision-making processes, positive action to address bias and systemic inequalities and the logistics of arranging interviews). Collectively, work could begin on identifying and increasing interviewing skills that work well for virtual interviewing and developing a ‘resource kit’ to support any local authority interviewing activity. This way, individual local authorities retain their recruitment responsibilities, but benefit from joint working in areas of recruitment where this might be most beneficial.

Additional recruitment pressures might arise from the opportunity that people had during lockdown to reassess their life values, and many have chosen to return to study, to move to different parts of the UK or reduce their working hours to improve their work life quality and balance. One worker talked about having *space to think about it – that about what I want to do next, whether I want to go back to ways of working from before (*PSW3/B55). Another worker said that lockdown had made them realise that they didn’t have as many links in London as they had thought and had decided to go back to their home-town and family: *I don’t want to work this way anymore (*PSW3/B55). Another reflected that it’s *really crucial to recognise the humanity of all people – we all have different circumstances that need to be taken into account (*PSW3/C55).

In the medium/longer term, there is the potential to develop a more sophisticated collective recruitment processes, where there may the potential to significantly reduce agency worker numbers or move away from using agency workers altogether, increasing workforce stability and reducing staffing costs. This is a much longer term project, and will have its own complexity, but could be tested out immediately by embarking on the project to develop a pan-London approach to virtual recruitment.

### Immediate actions

* Establish a working group to explore the potential for developing recruitment processes for online recruitment.
* Consider the extent to which recruitment could take place jointly with other authorities.
* Review recruitment, turnover and stability statistics and identify the preventative actions you can take, the point at which there is risk to organisational integrity and develop mitigation plans.
* Ensure that there is connectivity between intelligence about demand, workforce recruitment and retention, and absence, and risks are accurately documented, mitigated and regularly updated.
* Make any necessary immediate adjustments to policy and consult with unions where necessary.

### Medium/Longer term

* Explore the potential for a collective pan-London arrangement to address the ongoing and rising burden of agency worker costs, and increase workforce stability.
* Review the benefits of any pan-London recruitment methods/processes and consider the benefits of extending this to become a more established way of recruiting the workforce in London.

## Workforce Learning

Traditionally, workforce learning has generally been offered using face-to-face methods, and as part of an annual catalogue of training by each local authority. The workforce learning offer usually focuses on the methods and practices preferred by each local authority, but also encompasses external sources such as Research in Practice, elements of a common framework derived from policy imperatives, regulatory requirements, research findings and inspection and review findings.

Most local authorities moved to online delivery of learning during the pandemic, with varying degrees of technological complexity and success. Some notable examples of innovation and use of community resources has been evident: *I worked with our local library to move all our SW books to the library – the librarian was so helpful. He knew how to buy e-books and helped me buy 30 volumes that can be loaned out Covid-19 secure using click and collect (*PSW1/B53).

Another participant noted that *we have commissioned something on doing virtual visits… which has been useful across both children’s and adults – playing games, helping workers to encourage children to walk around the house with their phones so they can see what’s going on. (*PSW1/C53). Local authorities are, however, at very different stages in their sophistication and adaptation to using online learning, re-purposing existing resources and developing new ones.

Currently, we are in a state of flux with new digital practice methods being introduced and iterating as evidence becomes stronger, and the workforce develop skills and capability in digital delivery. In this environment there are challenges for workforce development staff in developing new skills, finding ways of introducing new learning objects and programmes, and at the same time, familiarising themselves with new and unfamiliar areas of practice.

It made sense to us for London to consider the extent to which they could develop a pan-London offer of workforce learning – this might include developing online learning activities, potentially delivering them across multiple areas, or developing reusable resources, accessible by other areas. This would not be an attempt to reduce workforce learning to a single offer, but an opportunity to share resources, to add capacity to the development of resources and to reuse resources and share skills and knowledge. The most obvious place this could begin right now is in developing a practice learning framework for digital practice (see the section on Digital Practices). This would provide an early opportunity to test out the potential for working together and test out the impact on confidence and confidence of workforce development staff and on workforce learners.

Team based, peer to peer and experienced to ASYE learning are normally vital learning opportunities. Overwhelmingly, participants attending the action learning discussions said that they enjoyed the opportunity to meet with peers from other local authority areas and have a reflective discussion which would contribute to ongoing planning. Most expressed an interest in developing future similar shared learning experiences in order to hear about people’s experiences, understand common issues, develop new ways of thinking about problems and begin to describe new solutions. In most of the sessions, workers and managers made informal contact with each other, and often shared examples of approaches, methods and ways of working in the chat. Being able to do this in a compressed way, by meeting virtually for 90 minutes, and encouraging participants to connect with each other outside the action learning discussions, knowledge exchange activity, and developing new knowledge can become more easily embedded in everyday work more easily than booking onto a traditional face to face session.

### Immediate actions

* Progress the digital literacy work noted in the digital practices section, ensuring that workforce development staff have access to digital literacy learning and development at an early stage.
* Consider commissioning some external support to immediately convert current learning resources to online, and to provide advice and support on the development of new learning resources for online use (this is likely to be mixture of technology support, online learning theory and practical skills).
* Consider commissioning some external support or repurposing internal support to develop and collate tools and research instruments which support organisations to find out and understand how families are experiencing support, and how to more fully engage children, young people and parents in participating and meaningfully contributing to the design, development and delivery of services
* Consider establishing virtual discussion forums for groups of staff to discuss issues and share effective practice.

### Medium term

* Explore the potential to develop a pan-London online workforce development offer.

## Other workforce areas for consideration:

### Foster Carers

Foster carers need careful support in order that they can continue to provide high-quality consistent care. One notable finding discussions was the extent to which foster carers were able to benefit from virtual support to address concerns at an early stage, positively support parental contact and potentially each other. Further exploration into the potential of virtual working to provide immediate support effectively would be beneficial. Supporting foster carers to become proficient and confident in their use of technology and develop other digital literacy skills will significantly improve the successful implementation of virtual support for foster carers.

*Virtual meetings helped social workers to respond more quickly to placement instability…not having to travel saved a lot of time (MM notes)*

Some foster carers had concerns about their own health and wellbeing because of their potential vulnerability to Covid-19 because of age, ethnicity and/or health concerns. Until we have a vaccine these risks continue, particularly as children and young people return to school. Local authorities may need to consider foster carers shielding or protection requirements and consider the longer term viability of some fostering arrangements where foster carers are at significant risk. Attention being paid to this now, and to increasing recruitment where necessary, might prevent reductions in placement availability at a later stage, and subsequent strain on the system.

###  Immediate actions

* Ensure that foster carers are included in any review of Covid-19 impact and take into account their ability to continue to provide care and support.
* Review progress in foster carer recruitment and take mitigating action where necessary (note that one area at least is progressing foster carer assessments virtually, and may be able to add to this conversation).
* Review any virtual support offer and revise in light of learning from Covid-19 to date.

### Medium/longer term

* Consider the extent to which foster carers could offer additional value to the care plan, and ensure that they are supported and are able to access additional learning as necessary.

## Students/ASYE/Apprentices

The pandemic impacted significantly on student social workers, many of whom were part-way through placements, or were about to qualify. Social Work England introduced accelerated registration to meet the potential demand for social workers, and students were awarded their degrees and their professional registration. Other students had placements terminated as their universities went into lockdown. Social workers who qualified early and were immediately employed entered a workforce where they did not have the usual supports available during ASYE year, such as working alongside other more experienced social workers, gradually developing independent assessment skills and confidence.

The early years of practice is when professional working practices are developed, and often embedded, and there are risks attached to learning how to work as a social workers at a time when the profession is engaging in providing only emergency or restricted responses, and when the expectations on the workforce are very different to ‘normal’ Students, newly qualified social workers and those undertaking ASYE may have significant gaps in their learning and/or experience that will need to be identified and addressed in order to support them to develop professionally and potentially retain them in the workforce for longer.

The financial inequity of students, recent students and apprentices was brought into sharp relief by the pandemic – managers talked about assuming everyone had a smart phone and data, and then realising that their younger, less well paid colleagues could not meet the additional costs of providing these. For these workers, the challenges of working from home were magnified because of lack of privacy or feeling that they were different because they did not have the luxury of having an ‘office space’ at home. Supporting these workers to feel equally valued is very significant, particularly at this point in their careers. Managers should think about how they are anticipating the impact of inequality for this section of the workforce and explicitly addressing it through the provision of devices, dongles and prioritising them for returning to the workplace.

### Actions

* Review potential gaps in learning and experience and include these in each development plan. Consider alternative ways of extending knowledge or experience, such as virtual observations of practice, or increasing joint virtual working opportunities.
* Take into account the earning differentials of different parts of the workforce, and be more sensitive to what you expect lower paid workers to provide, and the responsibilities employing organisations have to provide the necessary tools to work (this includes social workers, where some had to provide their own PPE, particularly in the early stages of the pandemic).

# Developing digital practices

During the response to the pandemic, digital practice was much more successful than people (families and workers) expected it to be, certainly initially. There was a temporal aspect to this as people also spoke about some virtual relationships wearing thin over time. Digital practice had not previously featured heavily in day-to-day practice, and there was a general view that face-to-face work was the only way that child and family services could operate, if we wanted to be effective.

The introduction of an almost completely digital service was initiated virtually immediately and at the beginning was fraught with difficulties, with ICT permissions restricting the use of virtual platforms, staff and families not having access to devices they could use to communicate, or to reliable broadband or data sources, and staff being unclear about the risks posed by some platforms and methods of communicating. While some of these issues were resolved over time, some still continue, with variability in responses from London boroughs reflecting challenges in organisational responsiveness, lack of readiness to embrace digital engagement and significant delays in DfE funding for devices. Some areas had worked pro-actively to source digital devices by, eg, working in partnership with the local university to source devices, and work in partnership with local companies to meet repair costs[[1]](#footnote-2). Some areas were in the process of implementing a move to digital (albeit one that did not foresee the potential need for a wholly digital service), while others were not at this stage: these areas had greater difficulty in moving at pace to make the significant changes they needed to respond to Covid-19.

The introduction of digital practices was responsive to the pandemic, and implemented almost immediately, and while reactions have been mixed, overwhelmingly, no-one thought that digital practices should be stopped completely. Notably, initial reactions reflect the ‘newness’ of digital professional practice for many, and their experiences need to be seen in that context. When the pandemic started, many assumed that everyone had access to data and a smart phone and quickly realised that this was not the case. Many were surprised at how successful digital practices were, and even those who thought that the much of practice should eventually be restored to face to face, identified some circumstances in which digital practices would be preferable to face to face, such as professionals meetings.

We do not advocate either a wholesale move to digital only or a refusal to use digital at all – the evidence is that there are circumstances in which digital practice is better, as much as there are circumstances in which face to face working is necessary. At the same time, we recognise that digital practices present limitations as well as opportunities, and these are set out in other parts of this report. However, the workforce has collectively proven that where there is no other form of interaction available, as was the case during the pandemic, digital practice can be used to provide a basic service. We now need to explore in more detail where digital practices work best and how we make those decisions, to both legitimise and support the development and embedding of this new way of working.

The learning from lockdown provides us with some immediate responses from the workforce: these should not be used as the definitive model for future practice but as suggestions about the direction of travel. Implementation of digital practices during the pandemic raised questions and issues requiring further consideration before being adopted as standard, including a need for practice guidance to provide clear and unambiguous information, advice and support to both the workforce and families.

Workforce comments highlighted a need to be more digitally literate and understand the different methods and means of connecting digitally, as well as recognising the need to more intentionally plan digital activity so that interactions were meaningful, and focused. In some areas, detailed advice and instructions about using platforms such as Microsoft Teams has been distributed amongst staff and this is supporting increased confidence. In many areas, however, very little guidance has been shared with families or with other agencies, and more needs to be done to ensure that we are all equally able to access and use digital methods of working together.

We suggest that future thinking should focus on blended digital/f2f service design and delivery, identifying how we might decide which methods work best for which forums and when, restoring some practices and reimagining others. We strongly advocate that children and families’ preferences must be at the forefront here. Building workforce and family digital literacy skills will be paramount in supporting increasing confidence and competence and developing a more nuanced understanding of the intricacies of digital practices, and decision-making about how to use ethical decision-making processes to guide us.

This is an opportunity to develop comprehensive practice guidance for digital practice and might most effectively be done on a pan-London basis. This would have the benefit of sharing the experiences of some local authorities who were better prepared for moving to digital and have already addressed some of the difficulties experienced by others, and capitalising on the learning everyone has experienced in working digitally throughout lockdown. Working together would enable a rich discussion about the ethical implications of digital practice and the potential to develop a common decision-making framework and standards for digital practice, which would make it easier for people in the workforce to move across different work locations while ensuring competent and confident digital practices.

There is a cautionary note here: that digital working will reinforce and expose cultures, behaviours and practices that were not working well anyway – it presents new problems and can exacerbate existing challenges, as well as offering some potential solutions. Careful attention should be paid to practice quality, ethical decision-making and rights-based practices.

The key immediate issues to be taken into account in moving to establishing hybrid f2f/ digital practices are:

* Understanding that digital working replicates and magnifies the culture and behaviours already existing in the organisation. Careful attention needs to be given to addressing the culture, behavioural and ethical considerations raised earlier in this report as a digital practice model could exacerbate / magnify / compound existing issues / development needs.
* Agreeing in principle that hybrid models of practice, incorporating digital contact and face to face contact, should be explored further as a potential long term change to professional practice in Child and family services in London
* Provide clear unambiguous guidance to the workforce and to families about the continued use of digital methods of working as an interim arrangement, while longer term, more permanent changes are being explored, developed and introduced
* Undertake a self-assessment and review of current local digital practice protocols in each local authority area, assessing the positive and negative impact, including the safety and sharing of personal information on the platforms being used
* Make any immediate revisions of any local digital practice protocols which need urgent changes while a more comprehensive review is taking place
* Understand the potential limitations of digital practices in specific situations, such as assessing neglect, working with very young children, children and young people with disability, or who are unable to communicate fluently without a translator, and set these out clearly for the workforce, families and partners
* Commission or undertake a collaborative pan-London development of a digital practices decision-making framework and practice standards/guidance. Consideration should be given to undertaking this via the LIIA structures. It should involve people using services, working alongside the workforce, and setting in place a plan to review and revise the practice framework on a regular basis as the availability and functionality of platforms evolves, workforce and family confidence and competence in digital literacy increases, and the longer term impact of digital practices emerges. This should include:
* The principles underpinning an effective hybrid system and how risks will be recognised
* What we know about the potential opportunities and limitations of a hybrid approach, and what we need to find out
* How we will ensure parity of access to digital platforms and digital devices to support and promote digital practices
* How we will keep people and their data safe as they engage in digital practices
* How we will actively recognise, challenge and address systemic and societal inequalities as they surface
* How we will develop and embed digital literacy skills within (a) the workforce, (b) families using Child and family services
* Identifying the digital literacy knowledge, behaviours and skills to underpin effective practice, and how to best support the workforce and families in developing and embedding these
* How we will begin to measure the impact of digital practices on families and on the profession, making sure that families are at the forefront of this
* How decisions will be made in relation to whether (and which) digital methods should be used or not, and who is responsible for making the decision (we advocate that families should drive this decision, rather than it being driven by the needs of the workforce or wider partners in the interests of convenience)
* How digital practices will be quality assured, and iterative changes made to the practice approach so that we continually develop and implement positive practices
* How digital practices will be used to foreground the importance of relationships and the development and sustaining of supportive, strength-based relationships as foundational to the success of digital practice approaches
* How we will provide clear and unambiguous guidance for children, young people and families, the workforce and other professionals which supports a strengths-based approach to using digital and face-to-face methods, and agreeing a hybrid model of engagement with families

# System Responses

The extent to which local authority areas involved parents, families and the wider community in developing system responses varied greatly. In some areas, early decisions were made to reduce some part of the service (such as early help), to grow capacity for immediate response. Other areas chose to expand early help to provide immediate practical support and consulted with families and communities during the pandemic to inform decisions about service responses: Where early help services reduced, the impact is becoming more noticeable, with some families requiring statutory intervention because early help was not available when they needed it.

Each area experienced aspects of the pandemic differently, and decisions were made with the information people had to hand at the time, albeit guided by DfE requirements There is an opportunity now to review these decisions and think about whether we need to do things differently to prepare for the expected ‘second wave’, and whether there is value in undertaking some of this activity collectively.

New ways of working were introduced quickly, and often approved using internal decision-making forums, but necessary changes to internal policies have not always followed. Care should be taken to ensure that the workforce have clear and consistent messages about expectations, standards and practice methods.

# Research in Practice

The move to introducing digital practices has been rapidly introduced without the usual time allowed for careful planning, and the temptation is to overlook the risk of it compounding existing challenges and to move ahead at pace to develop new policies and guidance. Developing standards and guidance for digital practice without considering which practices and cultures need to be strengthened and which need to be disrupted, will very possibly reinforce existing cultural and behavioural norms. Exploring and addressing these first is going to be key. Research in Practice is able to provide support to local authorities in London to:

* Highlight and share existing Research in Practice resources which provide constructive challenge to existing cultures and behaviours where these are less helpful, and reinforce those positive evidence-informed practices where these are embedded. Research in Practice can also set out a framework for change (including addressing issues of systemic racism and inequality).
* Provide bespoke support and advice to local authorities experiencing specific issues of culture and practice, themed around particular topics, or roles.
* Support the development and integration of methods and approaches which foreground the active participation of children, young people, families and communities in developing service pathways, supporting workforce learning and driving innovation.
* Work with London authorities and other regions to develop a digital practice framework and build capacity within the workforce to embed it in practice and quality assure it.
* Support the detailed exploration of a virtual workforce development offer, building capacity for workforce development staff to build their own resources, reuse existing content and work together to share best practice and streamline activity.
* Support the exploration of shared digital recruitment practices.
* Develop workforce capacity to use participative methods of engaging the workforce in reflection and supervision.

You may have other priorities, which we would be happy to explore with you on an individual or collective basis.

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1. Coding framework 48E [↑](#footnote-ref-2)