Supporting vulnerable children and families during COVID-19

Practice Briefing

December 2020

This practice briefing from the Child Safeguarding Practice Review Panel sets out key findings and recommendations from a thematic analysis of Rapid Reviews relating to serious child safeguarding incidents reported to the Panel during the initial COVID-19 outbreak between March and September 2020.

Our analysis shows that COVID-19 presents a situational risk for vulnerable children and families, with the potential to exacerbate pre-existing safeguarding risks, and bring about new ones. The learning from this analysis is intended to support leaders and practitioners as they continue to respond to the challenges presented by COVID-19.

Background

In its role in identifying and sharing learning that can help safeguarding partners promote the welfare of children, the Child Safeguarding Practice Review Panel commissioned a thematic analysis of Rapid Reviews relating to serious safeguarding incidents occurring during the COVID-19 outbreak and national lockdown. The remit for the thematic analysis was to:

- review other published commentary on the impact of COVID-19 on children's

social care to inform the identification of themes or patterns in practice

- identify patterns in practice in cases notified

- consider the impact of school closures or other service restrictions in the circumstances leading to serious safeguarding incidents

- identify lessons for national or local government should there be a further period of lockdown restrictions

Supporting vulnerable children and families during the COVID-19 outbreak

The safeguarding duties of statutory partner organisations remained unchanged during the COVID-19 outbreak period. Local authorities and Safeguarding Partners established clear processes for risk assessment, the prioritisation of cases, and implementation of COVID-safe practice.

DfE guidance in March 2020 (updated in June 2020) set out expectations for local authorities, schools, colleges, and partner organisations to identify vulnerable children and young people. They were to determine whether continued

school attendance was appropriate, encourage good attendance and follow up absences. They were to consider the best way to support children remotely and on-site.
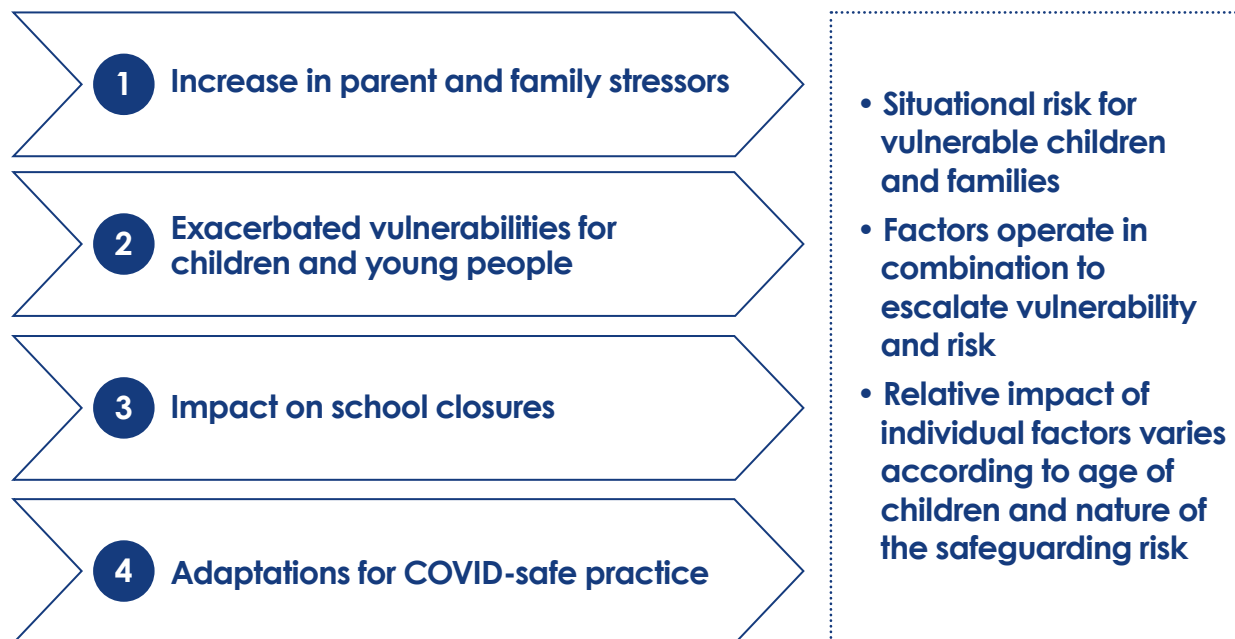
The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 allowed 'virtual visits' by phone or video link where a face-to-face visit was not possible, subject to risk assessment.

Standard operating procedures, with similar flexibilities, applied for NHS practitioners.

Methodology

- An analytical framework was developed, based on published research, to evaluate the impact of COVID-19 factors in serious child safeguarding incidents reported to the Panel between 1 March and 30 September 2020.

- The reviewers devised a bespoke audit tool, linked to the analytical framework.

They completed audits of 44 Rapid Reviews where COVID-19 was cited as a factor and audited a control group of 40 Rapid Reviews selected from more than 300 serious child safeguarding incidents over the same period.

- An 'impact analysis' assessed the overall impact of COVID-19, with an evaluative commentary.

A framework for analysing the impact of COVID-19 in serious safeguarding incidents

1 Increase in parent and family stressors

2 Exacerbated vulnerabilities for children and young people

3 Impact on school closures

4 Adaptations for COVID-safe practice

- **Situational risk for vulnerable children and families**
- **Factors operate in combination to escalate vulnerability and risk**
- **Relative impact of individual factors varies according to age of children and nature of the safeguarding risk**

The impact of COVID-19 on families and services – evidence from published commentary / stakeholder research

An increase in parent and family stressors

There were increased pressures on families as a result of disrupted routines and behaviours; overcrowding; isolation from family support networks; and financial pressures. Tensions in family relationships resulted in an escalation in domestic violence.

Exacerbated vulnerabilities for children and young people

An extended period out of school, away from friends and trusted adults outside the home, exacerbated children and young people's vulnerabilities during the COVID-19 outbreak. There were concerns about 'children below the radar' who may have become vulnerable during lockdown and were not currently known to any service.

Impact of school closure: identification, contact with and support for vulnerable children and young people

Government guidance in March 2020 set out a framework for supporting vulnerable children and young people, with an expectation that they would continue to attend school. In practice, for a variety of reasons, school attendance by vulnerable pupils was very low). during the early stages of the first lockdown [1] Evidence suggests there were significant variations in the extent to which schools were in contact with and supporting vulnerable children and families.

Impact of adaptations for COVID-safe practice

Local authorities put in place innovative arrangements for 'virtual' home visits, supervision, and team meetings. Face-to-face home visiting continued for priority cases. Research evidence has highlighted opportunities for different and more effective engagement with vulnerable children and families as a result of these adaptive changes. There were nevertheless concerns that 'virtual visits' were not always effective in assessing changing risk and need. During COVID-19 a number of specialist services were limited or unavailable, thus reducing the scope for, and impact of, coordinated multi-agency support for children and families.

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1   According to DfE figures in June 2020, school attendance by pupils identified as vulnerable was 10%.

Impact analysis

No COVID impact

Risks and decisions taken in responding to risk predated COVID-19 outbreak or not affected by COVID factors.
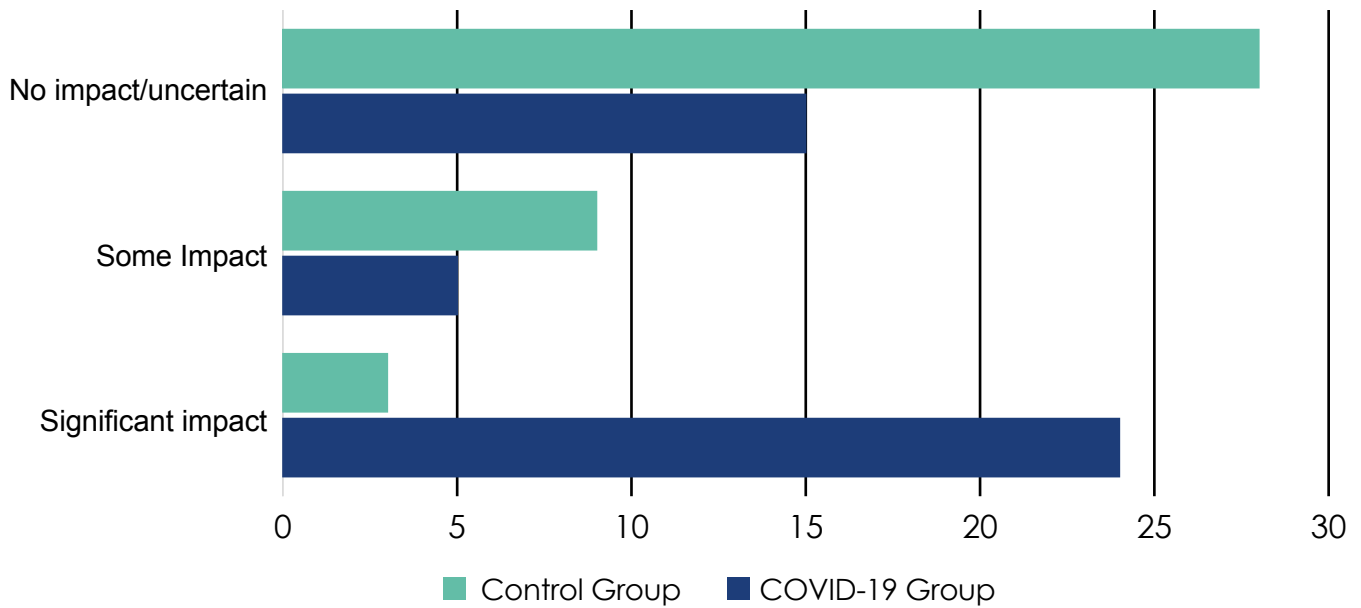
COVID-related impact

COVID factors contributed to new or escalating risk and/or affected action by partner agencies to identify and reduce risk.
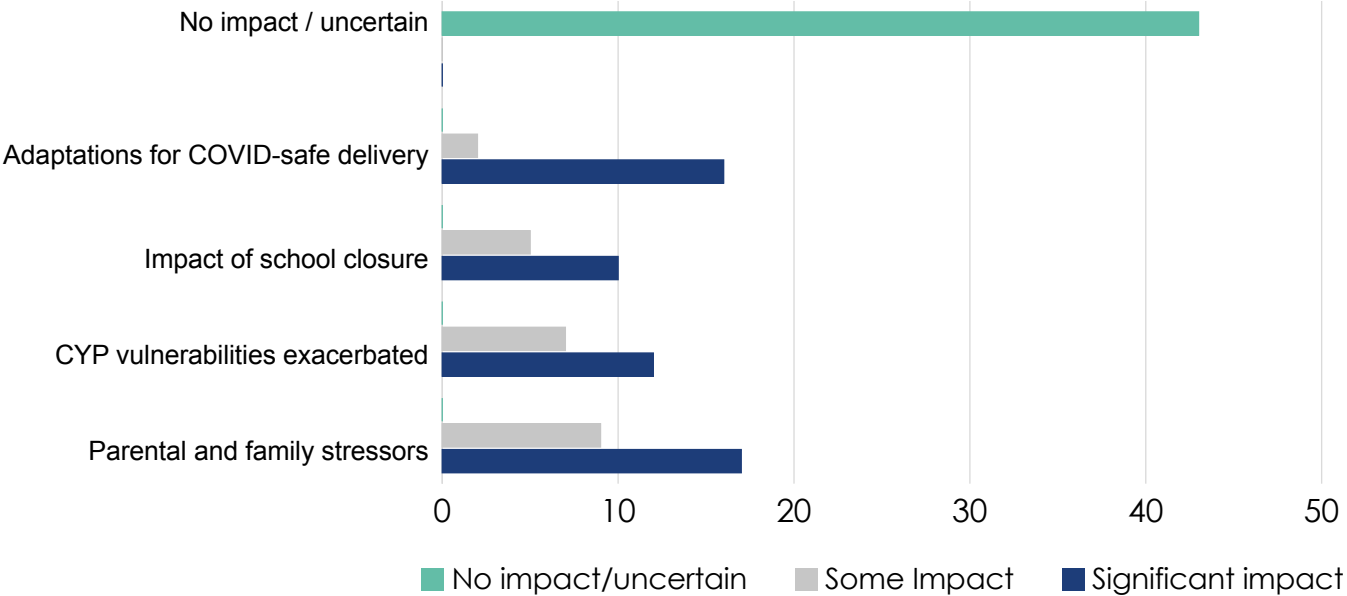
Relative impact of COVID-19 factors

Significant = Strong and direct link between circumstance of lockdown and the serious safeguarding incident.

Some = An association between the circumstances of lockdown and the serious safeguarding incident, affecting capacity for agencies to respond to changing risk and need.
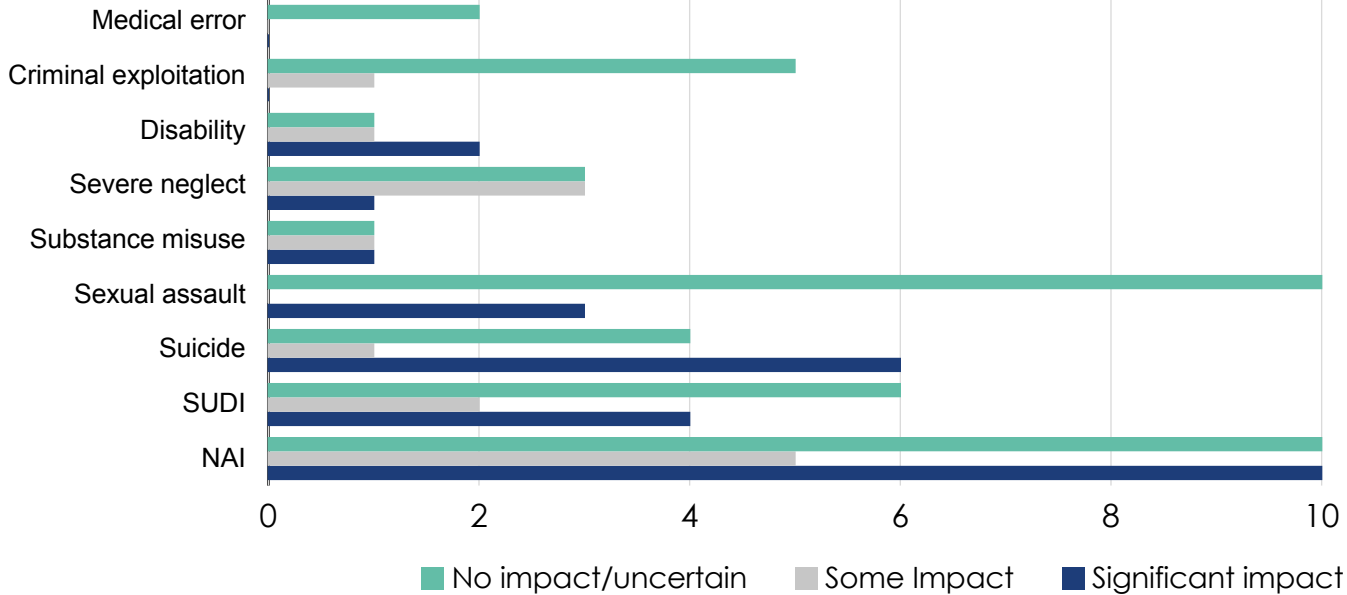
Audit of Rapid Reviews: COVID-19 impact analysis

Relative impact of COVID-19 factors across all cases audited

Impact of COVID-19 factors by case theme

Relative impact of COVID-19 factors – case profiles

The hypothetical case profiles below are based on case audits and show the way in which COVID-19 factors act in combination to escalate vulnerability and risk.

The graphs show the relative impact of the COVID-19 factors overall, and by case theme. The most significant factors were parental and family stressors, and COVID-safe adaptations.

Case 1 – Baby B – Non-accidental injury

Baby B was the mother's second child. At the first antenatal visit, she disclosed previous domestic abuse by Baby B's father, but said that he had since left the home. She also disclosed feeling anxious and depressed and gave a history of previous self-harm. She was referred to the Perinatal Mental Health Team (PNMHT). The assessment could not be completed, as mother and baby were discharged early from the ward due to COVID-19 protocols. PNMHT maintained contacts by video and telephone. The Health Visitor contacted the mother by telephone for the initial visit; the mother reiterated that father was not in the home and said that she was struggling to cope with Baby B. In fact, Baby B's father had moved back into the home at the time of lockdown, but this was not disclosed, or known, to health professionals. There were no further Health Visitor or Midwife contacts. The maternal grandmother, who had been a great support to the mother, was shielding and unable to visit the home. Four weeks into lockdown, Baby B was found pale and lifeless in his cot by his mother in the early hours of the morning. Hospital examination revealed injuries consistent with inflicted head trauma.

Case 2 – WM – Suicide

WM was a 13-year old male who was living with his single mother and his 11-year old sister at the time of lockdown. He was being assessed for possible learning difficulties, autism and attention-deficit hyperactivity disorder (ADHD). He had been started on medication by CAMHS. CAMHS involvement was variable and WM was discharged due to lack of parental engagement. School continued to monitor his progress. At the start of lockdown, he was engaged in his learning and had a wide circle of friends. WM did not continue to attend school as he was not considered vulnerable. He became steadily withdrawn and ceased his ADHD medication. This led to sudden, unprovoked episodes of rage and violence. WM's mother contacted school, who re-referred WM to CAMHS. One month later, a home visit was arranged but cancelled due to lack of appropriate PPE. Three months into lockdown, WM was found in the backyard by his mother, lifeless, with a ligature around his neck. He was pronounced dead by the ambulance crew at the scene.

Summary of findings

Practitioner working

There were good examples of Safeguarding Partnerships taking the learning from Rapid Reviews to make immediate changes in COVID-19 protocols for practitioners. For example, local authorities, working with Safeguarding Children Partnerships, established clear frameworks for risk assessment, identifying and sharing information about vulnerable children. Practitioners were also enabled to engage remotely with families and in working with one another.

Parental and family stressors

These were major factors across the full range of cases involving COVID-19. Increasing domestic violence and mental health concerns were key features across the Rapid Reviews. The lack of contact with extended family members during lockdown meant the loss of a key protective factor in some cases. In others, family dynamics changed where a new partner joined the household to avoid lockdown contact restrictions. Reviews highlighted pressures and tensions as a result of disrupted routines and overcrowding.

Harm to babies under 12 months old

Babies under 12 months old continue to be the most prevalent group notified, and there were a high proportion of cases involving non-accidental injury and sudden unexpected infant death. In these cases, parental and family stressors were the most significant factor in escalating risk. In some of the cases, face-to-face visits had been replaced with telephone or video contact. It is important that families with newborns during lockdown have at least one face-to-face visit from a midwife and health visitor.

Young people's mental health

Being away from the support of friends, trusted adults and school appeared to have a particular impact on children and young people's mental health, and was evident in all cases of suicide. Reviews highlighted incidents of self-harm, exposure to sexual abuse and online bullying.

School closures

Rapid Reviews provided mixed evidence of the impact of local authorities and schools in identifying and supporting vulnerable children and young people.

There were some good examples where schools had maintained contact, promoted study support and other activities, and adapted their approach in line with evolving national guidance and expectations. However, many vulnerable children who were entitled to attend school were kept at home by parents fearing risk of COVID-19 infection. This meant children lost structure and routine where parents' capacity to provide home schooling was limited. Additionally, children at home full-time was an added pressure for the parents, particularly for carers with disabled children. School was not available as a source of support or as a trusted environment for children to disclose concerns; as a result, some vulnerable children remained 'below the radar'. In any future lockdown period, it is essential that schools remain open for all

children, with clear messaging for parents about COVID-safe learning environments, and expectations of normal attendance.

Adaptations for COVID-safe practice

Adapting practice was an important factor across the full range of cases involving COVID-19. Typically, this related to circumstances where face-to-face home visits or booked appointments were replaced by telephone contacts or virtual visits. However, service closures, deferred appointments and delays in decision-making were also evident. On occasion, visits were delayed or cancelled owing to a lack of Personal Protective Equipment

(PPE). Rapid Reviews highlighted examples of the effective use of 'virtual home visits' by video link. Where these worked well, practitioners were able to observe children and adult-child interaction, assess the home environment, and use focus questions to assess changing risk and need. Practitioners would benefit from the development of practice guidance and best practice standards for virtual visits, as local authorities and partner agencies anticipate moves to a more blended approach to contact with children and families.