

Multi-agency learning briefing on the impact of COVID-19

1. Background

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During the COVID pandemic we have seen a significant increase in serious harm to children.

Two children (Child K and Child L) that were referred to Shropshire Safeguarding Community Partnership for a Rapid Review had the following similarities:

- Both were second children
- Both suffered non-accidental injuries
- Parental substance misuse
- Domestic Abuse historic/current concerns
- Parental mental health issues
- Both mothers were pregnant
- Significant impact of lockdown on the family

Following the consideration of the cases through the rapid review process, it was agreed that further learning with a focus on practice was required to:

- I. reflect on agency practice during lockdown and the impact it had on these two families
- II. to ensure effective safeguarding practice is maintained during the course of the pandemic

Four restorative sessions were organised with twenty-three practitioners in attendance from the following agencies:

Social Care, GPs, Health Visitors, Education, Police, Midwifery, Paediatricians and Housing.

This briefing summarises the learning from the restorative sessions and is aimed at practitioners, senior leaders, managers and supervisors.

2. How practitioners said they felt

All practitioners were open in sharing how they felt, and some gave the following examples:

- Isolated
- Scared
- Stressed adhering to additional processes and procedures
- Those that were visiting felt alone in holding the risk
- Burnt out working longer hours
- Unsafe unable to protect children
- Worried about invisibility of children
- Anxious about re-training and redeployment
- Home-work boundaries challenging including childcare
 and homeschooling
- Sadness and empathy for families
- Emotionally vulnerable
- Uncertainty
- One practitioner reported they felt there was a supportive management structure and a safe space for reflective supervision.

3. Value of this approach

Practitioners found this multi-agency reflective space valuable citing the following benefits:

- Understanding circumstances in which others were working
- Developing a greater understanding of others' roles
- Reflecting on own practice and agency procedures
- Opportunity to debrief in a safe space
- Think collectively about solutions
- Enables better multi-agency working

4. Communication with families

Practitioners talked about the challenges and opportunities of communicating with families during lockdown and how they had to adapt their practice.

- Creative online visits using MS Teams, WhatsApp, online learning supported by teachers
- Child could feel overwhelmed, unlikely to disclose with five adults in interview
- Difficulty for some parents in accessing electronic letters and reports
- Parents had difficulty in understanding complex reports without practitioner support
- The lockdown situation made it easier for parents to disengage
- Difficult to build rapport with children due to mask wearing
- Careful balance between showing empathy for families and being professionally curious
- Different relationships were built with parents through fortnightly telephone calls, some relationships improved, some became more distant
- One parent engaged over the telephone with 'Understanding your Child' work when she hadn't done previously

5. Assessment of risk

Assessment of risk was made more challenging by changes in working practices during lockdown with the following issues and mitigations being identified.

- Reduced ante-natal contact
- Lack of professional curiosity regarding an injury
- Inability to undertake unannounced visits
- Limitations of assessing risk remotely e.g. body language, building rapport, seeing the home environment
- Some children were not seen in home environment or at school
- Over-optimism about parents' engagement on a voluntary basis
- Additional risk assessment instigated as a result of lockdown i.e. RAG rating individual children

6. Agency communication

Practitioners reported the challenges and opportunities associated with communicating internally and sharing information with other agencies whilst working virtually.

- Health professionals who have previously been unable to attend physical meetings were able to do so virtually
- Historical information was not always shared in a timely manner, contributing to lack of shared understanding of risk
- Use of different virtual communication platforms causes challenges in accessing meetings
- Overwhelming amount of guidance and change to keep up with
- Bubbles within schools meant that support and information sharing was hindered.
- Virtual check-ins and team coffee breaks were helpful, supporting internal communication and staff well-being

7. What needs to be done differently in practice

The following learning and changes required to practice were identified to ensure that the issues that presented in these cases are avoided in future and children are safeguarded from harm during the on-going pandemic.

- Families should be sent hard copies of reports and supported face to face to understand these
- A child's historical information should be shared in a timely way
- Check who else is in the home when conducting virtual visits
- Remain professionally curious when parents disengage
- Minimise the number of adults interviewing a child
- Consider the use of regular telephone communication with parents who don't engage face to face

Safeguarding System Learning:

What do we know?

The Rapid Review process highlighted the issues in relation to the two cases referred. The key findings were that the harm to these children may have been preventable. Due to changes in working practices as a result of lockdown these children were not visible to agencies. With some children not being in school and the withdrawal of face-to-face visits professionals were not aware of the risks for some children during lockdown.

It is acknowledged that there was learning from the first lockdown and that safeguarding practice during subsequent lockdowns has improved. Practitioners reported that in the second lockdown more priority was given to safeguarding and staff weren't redeployed as they were during the first lockdown.

How do we know?

We have identified the learning contained in this briefing through undertaking the Rapid Review process on two cases and also through what practitioners have told us in the reflective session about their experiences of working with families through lockdown.

During the pandemic agencies have also reported changes in their practice and their safeguarding performance data to the partnership on a regular basis.

There has also been an increase in the number of children who have been removed under Police Protection during the pandemic and further exploration of this is taking place.

What will we do about it?

Practitioners are asked to consider the learning contained within this briefing and any changes that they may need to make to their practice. Senior leaders, managers and supervisors are also asked to consider the content of this briefing and the following questions:

What could have made a difference to these two families?

How effective is practitioner supervision in your team?

How are you meeting the needs of your practitioners?

- Physical
- Emotional
- Safety

- Educational
- Supervisory

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Have you disseminated and embedded the SSCP Multi-agency Expected Standards of Service Community Safety and Safeguarding throughout your organisation and service area? If you can't meet these standards, have you completed the SSCP Staffing Impact Assessment?