PROTECTING CHILDREN AT A DISTANCE

A multi-agency investigation of child safeguarding and protection responses consequent upon COVID-19 lockdown/social distancing measures

RESEARCH BRIEFING

Professional wellbeing, capacity and safeguarding-related training

Key points

- The **redeployment of universal and specialist health roles** was highlighted by interviewees. **Fewer than 10% of respondents agreed that specific professionals with safeguarding involvement should be redeployed**. For example, **86% of respondents agreed or strongly agreed that safeguarding midwives should never be redeployed.**
- Professionals with responsibility for safeguarding/child protection experienced **increased caring responsibilities**, **reduced numbers of staff within their agency/organisation**, **increased workloads**, **loneliness**, **mental health concerns** and **illness** as a consequence of the COVID-19 lockdown measures which has put enormous pressure on their wellbeing.
    - 38% of respondents felt that these experiences were exacerbated for BAME staff during the first lockdown.
- **75% of respondents** indicated that over the course of the pandemic **the wellbeing of safeguarding/child protection professionals had decreased (significantly or slightly**).
- **Regular individual supervision**, **individual manager contact**, ensuring opportunities for **informal peer support** and **regular group supervision** were regarded as **effective strategies for supporting staff wellbeing**.
- A **limited number of strategies were employed to address the increase in safeguarding/child protection workloads**, with the primary strategies used being **increased scope and/or delivery of training and revised rotas**.
- Over half of respondents identified the following **four areas as priorities for professional training** as a result of the pandemic:
    1. Impact of the pandemic on the mental health of children
    2. Remote safeguarding/protection of children
    3. Child protection during a pandemic
    4. Domestic violence
- **86% of respondents** reported **safeguarding training** in February–March 2021 (during survey distribution) as being **primarily delivered online** and **anticipated that training would be delivered by mixed methods** (online and in-person) **or online in the foreseeable future**.
- **63% of respondents** felt that **safeguarding training is best carried out using a mixed approach**, whilst **33% of respondents believe in-person** is most appropriate and only **2% felt that training is best carried out all or predominantly online.**

Study overview

This research briefing provides key findings concerning safeguarding/child protection professionals' wellbeing and professional capacity and training from a multi-disciplinary study on the impact of the COVID-19 pandemic on safeguarding/child protection practice in England. The study was designed to engage safeguarding leaders in all professional disciplines involved in safeguarding practice. The first stage of the study took place between June and September 2020 and comprised 67 interviews with London-based safeguarding and child protection leaders within seven professional groups: Children's Social Care, Health, Mental Health, Police, Education, Law and Safeguarding Partnerships. Interviewees' priorities and responses informed the questions and response options for the second stage, a national survey distributed to similar professional groups in February–March 2021, which elicited 417 responses for analysis. Respondents represented all regions in England with London and the South East accounting for 45% of overall survey representation. We accessed a very senior and experienced group of respondents with a predominantly strategic perspective, including Directors of Children's Social Care, Safeguarding Partnership Independent Scrutineers/Business Managers, head teachers or Designated Safeguarding Leads, Named and Designated Health and Mental Health Professionals, Police safeguarding leads at area level, and local authority and children's panel lawyers. Respondents had a mode of 20 years' experience. The survey generated over 1,000 comments (some are highlighted within this briefing).

Redeployment

During the initial months of the pandemic (spring–summer 2020) our interviewees described the **widespread redeployment of various professionals in universal and specialist health roles involved in child safeguarding** (e.g. health visitors, school nurses, paediatricians, CAMHS practitioners, midwives, Designated Doctors and Nurses, Named Doctors and Nurses). We asked respondents their perspective regarding redeployment of specific professional roles and **fewer than 10% of respondents disagreed with statements asserting that specific professionals should not be redeployed**. For example, **86% of respondents (n=276) agreed or strongly agreed that safeguarding midwives should never be redeployed.** Over two thirds of respondents agreed or strongly agreed that redeployment plans involving universal health staff and safeguarding lead staff should be agreed by Safeguarding Partnerships as well as by their safeguarding leads.

Professional wellbeing and capacity

> 'Professionals working with children and families do well in their work if they feel they are making a meaningful impact in children's lives. This is harder to do in a virtual world and impacts on staff morale.'
>
> **– Children's Social Care, London**

The considerable strain of the pandemic on the wellbeing of safeguarding and child protection professionals was highlighted in both study stages as a key concern from professionals across all seven disciplines. Interviewees described various challenges impacting staff wellbeing, including **exhaustion from increased workloads** and **managing backlogs**, **continuous online meetings whilst working remotely**, **worrying about the impact of the pandemic on children and families**, **covering workforce gaps** and **being unable to take leave**. Those responding to the survey also reported **reduced numbers of staff within their agency/organisation (87%)**, and that staff experienced **increased caring responsibilities (88%)**, **loneliness (80%)**, **mental health concerns (75%)** and **illness (80%)** during the first

COVID-19 lockdown and in February–March 2021. A smaller number of respondents also noted that staff experienced **bereavement, inadequate access to work-related resources**, **redeployment**, **economic hardships** and **housing precarity**. 38% of respondents felt that these experiences were exacerbated for BAME staff during the first lockdown.

With these concerns in mind, it is not surprising that **75% of respondents (n=307) felt that the wellbeing of safeguarding professionals had decreased significantly or slightly during the pandemic** (Figure 1). However, some interviewees considered that working from home increased some aspects of professional wellbeing, improving work-life balance, particularly for those with caring responsibilities. We also asked about strategies to support professional wellbeing during the pandemic, and respondents reported that **regular individual supervision (76%)**, **individual manager contact (80%)**, ensuring opportunities for **informal peer support (77%)** and **regular group supervision (71%)** were utilised and found to be **effective strategies.** While **a limited number of strategies were employed to address the increase in safeguarding/child protection workloads**, the primary strategies used were **increased scope and/or delivery of training (61%) and revised rotas (51%)**.

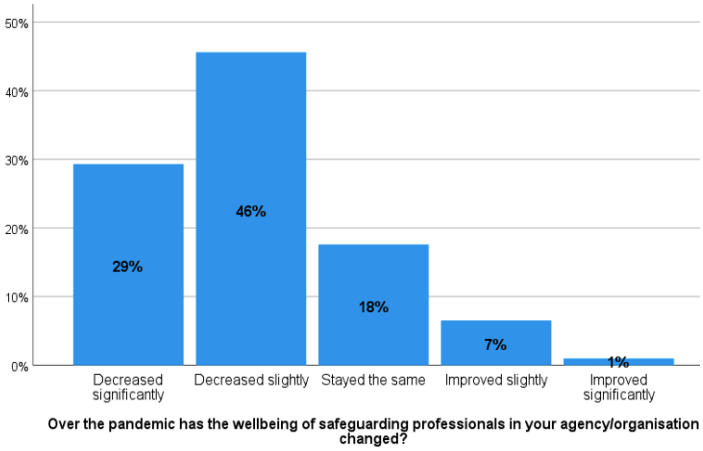

Figure 1: Wellbeing of safeguarding professionals

Safeguarding-related training

Our interviewees noted that during the first lockdown and initial months of the pandemic, safeguarding-related training mostly ceased and restoration was staggered across agencies as training predominately moved to online delivery. **75% of respondents** stated that **prior to the pandemic**, safeguarding training was **all/predominately carried out in person**. **86% of respondents** reported **safeguarding training** in February–March 2021 (during the period of survey distribution) as being **primarily delivered online** and **anticipated that training will be delivered by mixed methods** (in-person and online) **or online in the foreseeable future**. However, **63%** believed safeguarding training is **best carried out 'mixed'**; **33%** felt that **training is best carried out in person;** and only **2% felt that it is best carried out all or predominantly online.** However, within the survey commentary, some health respondents specifically cited online training during the pandemic as a relatively positive and well evaluated experience, drawing attention to the potential benefits for scale and convenience.

'I do a lot of training, well thought out good interactive online training using all the facilities e.g. whiteboard, polls, works really well and if recorded actually reaches more people. We can now do training across the country. Our courses are full and we have more faculty/trainers as they don't have to travel.'
– **Designated Doctor for Safeguarding, Yorkshire & The Humber**

'Delivery of safeguarding training via zoom has enabled greater attendance and the development of a pre course workbook has enabled a shorter more manageable length of training. Feedback has been overwhelmingly positive.'
– **Named Nurse for Safeguarding, South East England**

When asked to select a 'top five' of training priorities for all relevant safeguarding/child protection professionals as a result of the pandemic from a pre-determined list based on responses from our stage 1 interviews, over half of all respondents indicated the following **four areas/topics as priorities for further professional training**:

SURVEY RESPONDENTS' KEY PRIORITIES FOR TRAINING

1. Impact of the pandemic on the mental health of children
2. Remote safeguarding/protection of children
3. Child protection during a pandemic
4. Domestic violence

Several respondents also suggested **additional areas for further training** as a result of the pandemic:

- Impact of the COVID-19 pandemic on children and young people with autism and learning difficulties (Education)
- Supervision of school staff (Education)
- Neurodiversity/disability (Health)
- Infants/babies (Health)
- Effective virtual consultations (Health)
- Professional curiosity and information sharing (Safeguarding Partnerships)

Recommendations

- Future decisions around redeployment of a) health professionals with safeguarding responsibility and b) health professionals who are critical for the early identification of safeguarding concerns (such as midwives and health visitors) should be undertaken in consultation with both safeguarding leadership within health and Safeguarding Partnerships.
- Recognition of the critical role that safeguarding practitioners from all agencies have played in keeping children and young people safe during the pandemic needs to happen at the highest levels in government.
- Professional wellbeing must be prioritised in workforce planning decisions made over the coming year: critical areas of staff wellbeing that need urgent attention include the balance of work with increased caring responsibilities, increased workloads, loneliness, poor mental health, staff illness and bereavement.
- Further investment in strategies to increase practitioner wellbeing, including regular individual supervision and contact with managers; regular opportunities created for informal peer support (including both in-person and online spaces); regular group supervision and discussion; and active management of leave.
- Further investment in training programmes which combine in-person and online modes, or which allow both in-person and online engagement at the same time. Immediate training priorities include the impact of the pandemic on the mental health of children; remote safeguarding protection of children; child protection during a pandemic; and domestic violence.

For more information about this study and to download stage 1 and 2 summary of findings reports and the final report, please visit the study project page:
https://www.kcl.ac.uk/research/protecting-children-at-a-distance

This research briefing was prepared for **The Association of Child Protection Professionals** (AoCPP) by Katrina Kiss and Shirin Hine. **Study team:** Dr Jenny Driscoll, Dr Aisha Hutchinson, Dr Ann Lorek and Katrina Kiss (King's College London – School of Education, Communication and Society).