

Safeguarding children and families during the COVID-19 crisis

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This quick guide is for practitioners working to safeguard children and families during the COVID-19 outbreak.

As a practitioner you are facing unprecedented challenges to support and safeguard vulnerable children and families, even given the falling infection rates and initial easing of restrictions. During this time of uncertainty, it is particularly important to safeguarding children who may be at an increased risk of abuse, harm and exploitation from a range of sources. However, it is equally important to safeguard families, with parents facing significant pressures to continue to protect and promote the welfare of their children. These parents may already be struggling and so with additional pressure the likelihood of harm or significant harm may increase.

Risk factors

Poverty

We have long recognised the relationship between poverty and the safeguarding of children and families. Where families are unable to meet the basic needs of children, this can, in some cases, lead to an increased likelihood of abuse, neglect and harm. During the COVID-19 outbreak, where paid work is threatened or has been lost or where families are forced to isolate, this risk of poverty increases and challenges the ability of families to be able to follow Government health advice.

Taking action

Think about the children and families that you work with and how they are managing in the current context:

- Has anything changed within the family which may lead to financial concerns (for example, a family member may have lost their job and the family could be struggling to pay bills or buy food)?
- Do the family know how the latest Government plans could support them?
- Are the family having to isolate, and so are unable to attend school or get supplies from shops?
- Are they aware of local mutual aid support networks and foodbanks?
- If children in the family are having to isolate and would usually access free school meals, how is the school continuing to provide this (for example, through supermarket vouchers or food parcels)?

Support networks

From experience, it is clear that children who are abused and harmed are often unseen and unheard. When we explore this in more depth it can become clear that the whole family system is isolated. Support networks provide help in being able to manage and overcome

difficulties and challenges. Due to the ongoing restrictions and social distancing measures, the ability of children and families to access the usual range of traditional, face-to-face, social networks will be hampered and new means may need to be explored to retain contact as an important protective factor.

Taking action

Think about the children and families that you work with and how they are managing in the current context:

- How might children and families be maintaining their networks?
- Do the family have access to the internet? The internet can be helpful in supporting citizens to stay connected with their loved ones. Using apps like **Houseparty**, **Skype** and **Whatsapp** can enable virtual connection.
- Thinking about families who have limited networks, could they develop new networks in their neighbourhood? We have seen creativity and positivity in recent weeks with communities using technology to communicate and mobilise the support those who need it.
- Do families understand how to keep themselves and children safe online, including how to use parental controls, from the risk of exploitation, bullying and grooming?

Accommodation

Vulnerable children and families can often face challenges with their accommodation. They may have temporary accommodation or a lack of space, for example the sharing of one room. During the COVID-19 outbreak, the exposure of children and families to unsuitable accommodation will increase as adults may work from home and members of the household spend more time indoors. Whilst children with a social worker should be able to continue to access school, this may not always be true of all children in the household, who may be forced to self-isolate due to local outbreaks within their schools or school 'bubbles'. They may also be unable to attend because of complying with self-isolation measures due to infection within the family.

Taking action

Think about the children and families that you work with and how they are navigating these challenges in the current context:

- If a family are staying indoors in limited space, do they have a clear routine to each day? Children respond well to routines and boundaries; having a sense of how your time is going to be spent indoors will help a family manage the challenge of a lack of personal space.
- Are the family clear on Government guidance with regard to exercise? How are the family thinking about how daily exercise outside can provide stimulation and, potentially, health benefits?
- Where problems arise with the family's accommodation, are they aware of when and how to seek support or emergency assistance?
- Where problems with paying rent occur, are the family aware of their legal protections under emergency coronavirus laws?

Abuse and harm

Different types of abuse and harm are likely to be more prominent during this time. This does not mean that risk will definitely increase when working with pre-existing concerns. However, practitioners should show curiosity to explore how the risk may become exacerbated.

Domestic abuse

We know that conflict and violence can escalate when families face greater pressure and stress, and spending more time at home can cause anxiety for those who feel at risk. The current situation disrupts routines and behaviours, both positively and negatively and it is important to be aware of how the tension can escalate to violence and abusive behaviours between families, parents and children.

If you are working with families where there has been a concern of domestic abuse, consider how the current situation may further impact on relationships in the household and how effective any mechanisms to diffuse conflict are in the new context. For example, if a previous strategy involved leaving the family home to see or stay with friends or family, how can the planning of 'support bubbles' still allow for this?

For further information on this topic, see SCIE's **Domestic violence and abuse during COVID-19** quick guide.

Substance abuse

Unhealthy coping mechanisms can involve a reliance on substances that provide relief and escapism by adults and children alike. Substances alter the behaviour of parents and create a lack of safety for children and young people. It is important to understand how families are managing the stresses that they face, which are likely to be exacerbated under the current pressures - with associated worries around employment, finances and health.

Where there is an existing dependency or use of substances in the household, it is important to consider how the current context may escalate use. If a parent or individual is reliant on prescription medication, how might stretched national resources affect their capacity to stay well and abstain from using dangerous substances?

Similarly, efforts in health promotion and education with children and young people on the risks of substance abuse remains of paramount importance.

Neglect

Isolation can place children at a greater risk of neglect. This is compounded by the increased economic challenges and poverty that families may be facing, and by the increased exposure of children to neglectful environments as they spend more time in the home. Even with schools open once again, children may still have reduced contact with the usual range of professionals who can identify the signs of neglect and take steps to intervene and report concerns.

Neglect may become a source of harm for children, even if not the initial reason for social care involvement. Practitioners should maintain a professional curiosity and keep a holistic view of the family and emerging risks.

Children with additional needs

We know that children and young people with additional needs and disabilities are up to three times more likely to be abused or neglected than non-disabled children, and less likely to disclose harm due to communication and other difficulties. These children may have been able to access school throughout the pandemic and this is an important safeguard for them. However, with localised outbreaks that affect the opening of schools or require self-isolation, families may still find increased time at home and additional caring responsibilities, where external support opportunities may be limited, a strain.

Practitioners should consider how they seek the voice of the child during these times, and whether online or telephone contact is enough to ensure their wellbeing and safety. This is especially important where communication difficulties make these means less effective.

Exploitation

Child exploitation and associated grooming comes in many forms. In times of crisis, those who might seek to exploit children and young people can be quick to act and prey on vulnerabilities facing fewer barriers to do so with a reduction in online moderators that work to keep children safe.

Online social media and gaming sites become a lifeline for parents and children adapting to spending more time at home and for addressing social isolation. However, this may come with reduced access to personal, social and health education on how to stay safe.

Practitioners should consider if parents and families are able to monitor activity, recognise the signs of exploitation and take action, and what support they might need to promote good online safety and safeguarding through conversations and discussion with children.

Helping families to establish clear boundaries, controls and expectations with children about internet, mobile phone and social media usage can be a protective factor.

Strengths-based practice

It is important that practitioners do not become overly risk focused, showing curiosity whilst being mindful of not interfering too much simply because the current situation brings risks and anxieties. In times of adversity, the strengths and resilience of families can shine through.

It is likely that you will find it difficult to manage your time with your workload possibly increasing. When prioritising your work, think about the children and families you work alongside and consider if the nature of your involvement is necessary and proportionate.

Whilst many local supports and organisations have reduced capacity to help families during the COVID-19 outbreak, there are many examples of community networks and social enterprises that have started to replace them and address needs.

Practitioners could consider how their understanding of local resources have changed in light of this, and revisit asset mapping of the local support available to share between teams.

Reduction in normal service levels

Emergency legislation has been introduced to help social care to cope under a possible increase in demand and reduction in staffing. Through the act, there are implications for children and young adults including changes made to the obligations under the **Care Act (2014)** and **Mental Health Act (1983)**.

The act also removes the duty of local authorities under the **Children Act (1989)** and **Chronically Sick and Disabled Persons Act (1970)** to carry out a detailed assessment of the needs of young adults, on turning 18 years of age, and their carers when transitioning to adult services.

With schools open once again and shielding having ended on 31 March, all children should be able to access formal face-to-face education except where there is a local need for certain groups to self-isolate due to outbreaks within school settings.

Even for those children temporarily not able to attend school, teachers and staff should have arrangements in place to provide education remotely, make provision for those receiving free school meals to continue to access this (for example, in supermarket vouchers or food parcels) and to fulfil their statutory safeguarding obligations. Contact details and working arrangements for the Designated Safeguarding Lead (DSL) should be made accessible on the school's website and these staff remain a key contact for practitioners, parents and children.

For families who have concerns about allowing their child to attend school, possibly due to underlying health concerns or vulnerabilities, practitioners should work with families to understand their concerns and encourage them to let their children attend. The exception to this is where a child is considered to be clinically extremely vulnerable and needs to shield.

Whilst continuing to work to safeguard children and their families, local Child and Adolescent Mental Health Services (CAMHS) may have ongoing changes to the way that support is accessed, including moving face-to-face appointments to telephone consultations and reducing community visits to only those deemed high-risk. Where concerns are held that a child or family need CAMHS review or support, the local team or key worker can be contacted in the first instance to seek advice and further discussion.

What can you do to help?

As a family-facing worker you are the eyes and ears that may first pick up any signs of abuse, neglect and other harm. Here is a checklist of things you can do:

- Think about virtual relationship-based practice: how can you use technology to add value to your practice? Remember, however, this should not replace the statutory responsibilities you may have.
- Be proactive with children and families, speak with parents about your hypotheses about risk in a respectful way and include them in your planning to address this risk, where possible.
- Where domestic abuse and violence is a risk, try to assess the current situation and make sure that they know what support is available.
- Advocate for social connection and interaction where safe and possible for families. Encourage families to think about how they can mitigate against staying indoors to continue to interact with others.
- Empower and enable families to safeguard children by sharing advice and information that they can use. For example, signposting to online safety resources or support with boundary setting.
- Consider how you, families and children may be able to continue to access the local supports and safeguards around them, for example through schools, CAMHS and local outreach services.
- If you work with multiple families, engage in peer, group or one-to-one supervision to consider where your time and effort is best needed. A mapping exercise to explore risks and protective factors may help you in understanding how to prioritise your time.

This policy was adopted on	Signed on behalf of the nursery	Date for review
19/05/2021	<i>Natasha Eftekhari</i>	19/05/2022