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Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Child safety, protection, and safeguarding in the time of COVID-19 in Great Britain: Proposing a conceptual framework

Diane Thembekile Levine^{a,*}, Julie Morton^b, Michelle O'Reilly^c^a University of Leicester, 128 Regent Rd, Leicester, LE1 7RA, United Kingdom^b The University of Salford, The Crescent, Salford, M5 4WT, United Kingdom^c University of Leicester, University Road, LE1 7RH, United Kingdom

ARTICLE INFO

Keywords:

Safeguarding
Child
COVID-19
Framework
Education
Social care
Digital

ABSTRACT

Background: Great Britain has the highest coronavirus death rate in Europe. While the pandemic clearly poses a risk to the lives and wellbeing of vulnerable groups, necessary public health measures taken to delay or limit the spread of the virus have led to distinctive challenges for prevention, family support, court processes, placement and alternative care. The pandemic has also come about at a time when statutory changes to partnerships have led to a reduction in the importance of educational professional representation in the new formulation in England and Wales.

Objectives: In this discussion paper, we propose a novel and pragmatic conceptual framework during this challenging time.

Participants: We consulted with 8 education professionals and 4 field-based student social workers.

Setting: Bodies responsible for safeguarding have been working quickly to develop new approaches to fulfilling their responsibilities, for example through online home visits and case conferences. However, some communities have been highlighted as experiencing particular challenges because of the pandemic and its impacts. Protection of vulnerable children is increasingly dependent on individualised - and often pathologising - practice with a lack of emphasis on the importance of the social. Holistic consideration of the child is side-lined.

Results: Our framework comprises two phases: pandemic and aspirational.

Conclusion: The framework illuminates the importance of interconnected sectors and multi-agency working, the need for resilient and adaptable support systems, and the need to promote the importance of children's rights and voices to be heard above the noise of the pandemic.

1. Background

Great Britain currently has the highest COVID-19 death rate in Europe. Between late January and the time of writing (July 2020) there have been 283,757 confirmed cases, 43,995 deaths of confirmed cases, and 54,470 deaths where COVID-19 was mentioned. England has the highest recorded death rate per capita, and Northern Ireland the lowest, noteworthy because healthcare in the UK is devolved. Devolution means that autonomous, elected governments for Northern Ireland, Scotland and Wales are responsible for health and social care in their own settings, while the UK government is responsible for a range of shared policies (e.g. defence), and healthcare in England. Devolved approaches to the COVID-19 crisis have meant that lockdowns and their impacts on sectors of the

* Corresponding author.

E-mail addresses: dtl6@leicester.ac.uk (D.T. Levine), J.W.Morton@salford.ac.uk (J. Morton), mjo14@leicester.ac.uk (M. O'Reilly).

<https://doi.org/10.1016/j.chiabu.2020.104668>

Received 23 July 2020; Received in revised form 30 July 2020; Accepted 1 August 2020

Available online 13 August 2020

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populations have been managed on different timescales and to different degrees across the four countries.

During February, the UK government introduced a four-part strategy to address the rising pandemic, namely ‘contain, delay, research and mitigate’, but by March it became clear that a lockdown was urgently needed. All non-essential travel and contact outside the home was banned, schools, businesses, places of worship and shops were closed, and those deemed ‘vulnerable’ to the effects of the virus were told to self-isolate or shield themselves. The Coronavirus Act 2020 gave the government powers that had not been deployed in 75 years. Since then, the government has come under significant criticism for its approach, both from within the scientific community (Prof Sir David King, 2020) and the media (e.g. Wolf, 2020), with considerable concerns being raised about the impact on the most vulnerable and disadvantaged sectors of society (e.g. Power, Doherty, Pybus, & Pickett, 2020; Paton, Fooks, Maestri, & Lowe, 2020).

An early survey conducted on the public’s attitudes to the measures introduced in lockdown showed a willingness to comply but an inability to do so for some groups. Those with the lowest household incomes were the least likely to be able to work from home due to the lack of flexibility in job roles and the ability to self-isolate was lower in such households as well as in minority and ethnic groups (Atchison et al., 2020). In the UK, the policy response to the global financial crash of 2008 was widespread cuts to welfare and public expenditure which have been devastating for the most vulnerable in society (Featherstone, Gupta, Morris, & Warner, 2018), and children and young people have been especially impacted. The consequences for the physical and mental health of children in the longer term are therefore of great concern, particularly as the pandemic seems likely to compound and extend the range of difficulties already faced by ‘vulnerable’ children.

2. Child vulnerability during COVID-19

Socially and politically, children and young people have been constructed as belonging to a vulnerable group, not least because society is positioned as having to take care of them and protecting their interests as they are unable to do so in a fully competent way. Often, the very notion of ‘vulnerability’ is taken-for-granted and groups falling within the category are typically treated as homogenous. Definitions of the concept of vulnerability are however contentious and challenging to create, with little consensus of what constitutes a vulnerable group (Ruof, 2004), largely because the concept of vulnerability is not static, but contextual (Nordentoft & Kappel, 2011). Unsurprisingly then, we have seen shifts over time as to how children’s vulnerability is constructed, discussed and shaped by influential voices and socio-political structures.

Prior to the pandemic, children’s vulnerability was largely classified by policy and practice drawing on the definitions provided by the Children’s Commissioner Technical Paper 2 (Children’s Commissioner, 2020). These defined groups of children as belonging to a range of vulnerable categories; the Commissioner’s 2019 vulnerability report published just nine months before the COVID-19 outbreak, estimated that 2.3 million children were living in vulnerable family backgrounds in the UK, with 829,000 ‘invisible to the system’, and an additional 761,000 known to the system but with ‘unclear’ support (Children’s Commissioner, 2020).

Since the pandemic the UK government has formalised its definition of vulnerable children and young people – arguably too narrowly - as those who:

- Have a formal protection or in need plan, or are who are looked-after
- Have an Education, Health and Care Plan (EHCP) that cannot be safely addressed at home
- Have been assessed as vulnerable by local authorities or educational providers

(Department for Education, 2020a, 2020b)

Notably, the following caveat is added, which in effect ensures responsibility is devolved from central government authorities where possible: “This might include children on the edge of receiving support from children’s social care services, adopted children, or those who are young carers, and others at the provider and local authority discretion”. (Dept for Education, May 2020, Introduction).

Organisations from different sectors have called on the Government to take pro-active steps to ensure that these groups of children have their educational and health needs met and are provided with the necessary levels of protection from harm. Consequently, this has led to changes in practice, particularly within and across social services, who are the leading organisation for child protection in England and Wales. Such changes (in legislation and practice) have led to inevitable dilemmas for social workers who have been working in emergency situations where choices and decisions have gone beyond usual ethics and included the rationing of support and resources and more stringent prioritisation of cases. (British Association of Social Workers, 2020a, 2020b).

3. Challenges presented by COVID-19

Ethical dilemmas and practice challenges have been a significant feature of professionals’ everyday work during the COVID-19 crisis. The UK Government’s efforts to address child vulnerability and provide protection and support for those children and young people who fall within its narrow definition have greatly impacted the way in which social services have delivered routine practice.

While there have certainly been challenges (the full consequences as yet unknown), there have been some areas of social work practice that have seen positive impacts as a result of the pandemic. These positive examples suggest that there is a potentially an opportunity to re-evaluate current services which focus on ‘risky’ individuals rather than orienting intervention to alleviate the precarious and fragile conditions some families live with and which create the conditions for risks to children.

Optimistic accounts were provided by practitioners who informed us that some families were coping well despite the reduction in

face-to-face contact prompting them to review existing thresholds of risk and have conversations about the reasons for their involvement in some cases. Social workers we consulted spoke of being more proactive in asking families if they had (for example) food, whereas in the past families would have had to request services – this appeared to be appreciated by the families.

The COVID-19 pandemic period has established the importance of digital means of communication with children and young people and has required professionals to overcome their trepidation about using technology. Fears have been expressed to us by practitioners - and affirmed by the Association of Directors of Children's Services (ADCS) - that due to the isolation of children during lockdown there is likely to be a future surge in demand for children's services, resulting in more children coming into care and greater demand for Child and Adolescent Mental Health Services (CAMHS). Service responses to challenges in the recovery period will need to include creative and innovative use of digital technologies.

Despite considerable advances in digital technology, and digitally mediated service provision, professionals working with children and young people have historically been resistant to engaging them through these mechanisms (Topocco et al., 2017). This is arguably counter-intuitive as evidence shows that the key attraction for some young clients to receive services through digital means is factors such as a sense of privacy, feeling less emotionally vulnerable, and feeling less personally exposed (Gray, Klein, Noyce, Sesselberg, & Cantrill, 2005). Given that social services work with groups that are often disempowered and disadvantaged, and typically can be challenging to engage, digital interaction has a great deal of potential (e.g. Gillingham, 2016; Gallagher, 2016). This potential has been realised and become necessary because of the service parameters created by COVID-19, and it has become clear to many professionals that *some* young people have found it more comfortable to talk to professionals virtually rather than face-to-face. This has in some cases supported relationship-building and trust.

Despite the positive advancements and possible new ways of working that could be promoted in the future, the COVID-19 crisis has spotlighted and exacerbated existing problems in the system. Children's services across health, education and social services sectors have been characterised by a preoccupation with risk and an increasingly bureaucratic and 'technical' approach to assessment. This was evident in the service response at the start of the crisis with initially risk averse and audit driven responses. Professionals talked to us about being asked to contact families with vulnerable children and young people with an Education and Health Care Plan (EHCP) in order to conduct a superficial telephone risk assessment using a checklist.

Calls to child protection duty teams – the teams who deal with initial contacts from those with a child protection concern - are lower in number. Child protection professionals have found their caseloads falling with children's services directors reporting a 50 % drop in some areas (Weale, 2020). This is probably due to the absence of the linked systems and professionals who have regular contact with children (schools and teachers) as well as diminished contact with health professionals (GPs, routine hospital appointments and Accident & Emergency departments).

The pandemic has also come about at a time when statutory changes to partnerships have led to a reduction in the importance of educational professional representation in the new formulation in England and Wales. The Children and Social Work Act (2017) abolished Local Safeguarding Boards and moved to 'local safeguarding' partners. The latter included the local authority Chief Executive, the accountable officer of a clinical commissioning group (representing the National Health Service), and the chief officer of police. While these 'partnerships' are still able to join with relevant agencies (including schools) the newer formulation – required to be implemented by 2019 – did not place education at the heart of the safeguarding process.

Finally, while the pandemic clearly poses a risk to the lives and wellbeing of vulnerable groups, necessary public health measures taken to delay or limit the spread of the virus have led to distinctive challenges for prevention, family support, court processes, placement and alternative care. Compounding the multi-layered challenge, just as the 'pandemic paradox' (Bradbury-Jones & Isham, 2020) has impacted heavily on service delivery, the 'Stay Home, Protect the National Health Service, Save Lives' narrative that circulated during the lockdown period proved challenging both for those relying on face-to-face interactions, and crucially for those trapped living in abusive contexts in the UK.

3.1. Exacerbation of social inequality

As well as difficulties presented by altered service responses in the crisis it has also become clear that existing social inequalities have been exacerbated. Vulnerable socio-economic groups have experienced more financial pressures, greater health risks and worse housing conditions (Bergamini, 2020). Furthermore, the economic impact of the virus has increased unemployment rates and posed a likelihood of recession (Altig et al., 2020).

Service responses have been mostly dependent upon technology yet digital poverty and exclusion persists in the UK (Holmes & Burgess, 2020) meaning that some children and young people will have felt isolated from their peers and education. While for many, maintaining contact with peers through social media, connecting with educational tasks via the internet, and reaching out to supporting organisations through smartphone apps will have provided some protection against this isolation, for those with limited or no technological access, it can exacerbate social comparison and worsen their current situation (e.g. Armitage & Nellums, 2020). Our preliminary discussions with social workers and teachers, as well as evidence from media reports, demonstrate that these professionals are fearful of problems that are likely to be compounded or created through such isolation in lockdown (O'Reilly, Dogra, Levine, & Donoso, n.d.). For children who are already negatively affected by poor living conditions, poverty and other factors which increase marginalisation and life-chances, the pandemic can be conceived as 'an additional systemic shock...' (Sinha, Bennett, & Taylor-Robinson, 2020) with concerns in the UK and globally regarding the effects of children's health and social care being sidelined as these services have been oriented to adults. In addition, Black and Asian Minority Ethnic communities have been disproportionately affected by COVID-19. Multiple and probably intersecting factors such as socio-economic status, pre-existing health conditions and living conditions are implicated but the structural and institutional racism which creates and maintains disparities

also needs to be examined (Patel, Sowemimo, Devakumar, & McKee, 2020).

Evidently, COVID-19 is impacting certain groups of children who were already in need before the crisis. It is essential to consider the consequences for *all* children who have experienced trauma and loss through the crisis, while being additionally mindful that this may have been a more frequently occurring experience for children of minority ethnicities. Of particular consequence for these vulnerable groups of children and young people is the impact to their mental health and wellbeing. Prior to the COVID-19 crisis, it was well-known that the prevalence rates of mental health conditions, especially emotional health conditions like anxiety and depression were rising (NHS Digital, 2018). There is no doubt that the aftermath of COVID-19 is going to see a greater demand for CAMHS (Blumenstyk, 2020), a service that is already stretched, with long waiting lists and limited resource. It is expected, then, that the mental health consequences will be far-reaching and long-lasting as services struggle to meet demand (Holmes & Burgess, 2020).

Vulnerable groups of children and young people are likely to be the worst hit in terms of the impact on their mental health, not least because of the multifactorial aetiology of any condition, but because issues like poverty, adverse childhood experiences, parental mental health, stress, poor sleep, and substance/alcohol misuse will influence the trajectory, and are also associated with COVID-19. For some of these young people they have lost their social support system, some will be bereaved due to the virus, they have lost their educational routine, their freedoms and may have family challenges, which will have a huge impact on their mental health, especially for those with pre-existing mental health need (Holmes et al., 2020). Fears have also been expressed that there is a potential to see an increase in suicide rates, and while not inevitable, the risk factors for self-harm, suicidal ideation and suicidal behaviour have also been increased by COVID-19 (Gunnell et al., in press).

3.2. Problematic paradigms

This brief snapshot of current child protection practices and challenges presented by social, ethnic and health disparities in the pandemic period has prompted us to probe further into pre-existing tensions in the systems set up to protect and support children. In the United Kingdom the Children Act 1989 distinguishes children identified to be 'in need' (Section 17) and children where there is 'reasonable cause' to suspect a child is suffering from or at risk of significant harm (Section 47). However, the current child protection paradigm asserts child protection over welfare. There is an emphasis on assessing risk rather than promoting or enhancing the wellbeing and welfare of children in need of services with the result that children, young people and families often get help despite systems not because of them and are highly unlikely to refer themselves for support (Lonne, Parton, Thomson, & Harries, 2008).

Dominating policy and intervention is the narrative of 'troubled families'. The Social Justice Strategy identified troubled families as problematic due to the economic cost of helping, and conceptualised families as presenting physical, emotional and psychological risks to their children (Bunting, Webb, & Shannon, 2017). Rather than a focus on the adversities faced by families, families themselves have become 'troubled' and 'troublesome'. The significance of structural inequalities is elided in the current child protection paradigm. Research is needed on how structural inequalities shape and delimit lives exploring the subjective experiences of children and families, acknowledging that inequalities affect children in different ways and that effects are contingent upon how external factors (in the first section of our diagram – education, family, health and welfare) intersect or are more or less prominent/significant in children's lives.

A central feature of current child protection practice is that interventions focus on parents (predominantly mothers) and their (in) ability to protect their children - a simple reification of the 'mother-blaming' discourse that has been entrenched in social consciousness for decades. From our own experience teaching social workers, we know that many feel distressed and conflicted because of the timeframes they are compelled to work within and the outcome driven ways in which they are expected to assess parenting. A further consequence of this current focus on assessment of parenting capability is that children become side-lined. The invisibility of children and the lack of child-centredness has been attributed to the absence of space in extant practices for meaningful engagement with children. Practitioners do not 'see' children even if they are present and this can be attributed to a complex interaction of factors including organisational processes, practitioner qualities and the real-life and challenging realities of face-to-face encounters (Ferguson, 2018). This then highlights an important area for research which has generally neglected to examine detailed and nuanced experiences and interactions between practitioners and children and how children might be able to exercise agency by participating in decisions made about them.

Finally, though, there have been some positive steps taken to a more holistic perspective when intervening to help children, (for example the 'team around the child' and strengths-based approaches) change has often been as a response to inquiries into child deaths where inter-professional collaboration was seen to be a significant contributing factor to failures in the systems designed to protect children (Laming, 2003; Munro, 2011). Current approaches are in practice focused on assessment of parenting capability with limited attention to wider influencing factors. Systems to protect children need to develop further to be congruent with contexts and make sense to communities using them, adapting to socio-political and cultural shifts. Families involved in child protection proceedings frequently misunderstand what is happening to them, feeling a sense of injustice (Smeeton & Boxall, 2011) at how decisions are made and feeling de-humanised in processes (Smithson & Gibson, 2017). Some of the reported feelings of parents being tricked and under surveillance are echoed by social workers we teach who experience considerable moral distress when compelled to simultaneously follow the rhetoric of working with families whilst collecting evidence which may result in the removal of a child. In addition, the wishes of children are not prominent in decision-making.

4. Proposing a novel framework

To empower practitioners who work with children and young people to listen to them and account for their rights in a child-

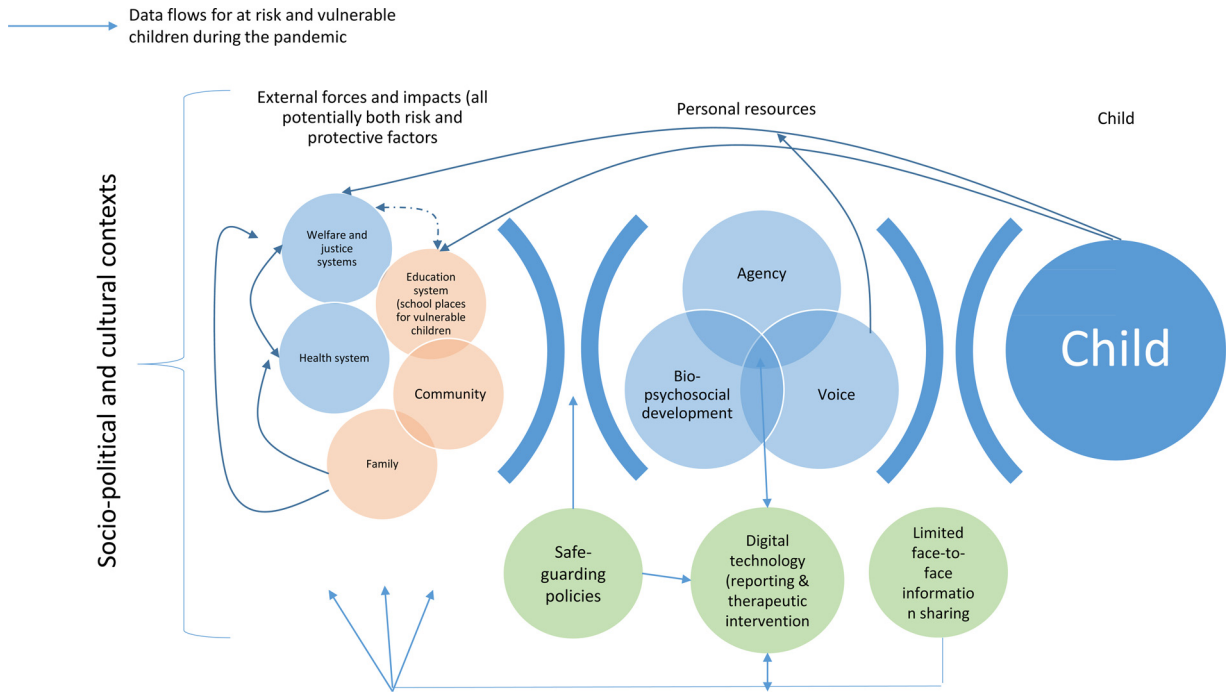


Fig. 1. Information flows for at risk and vulnerable children in the UK during the COVID-19 pandemic.

centred way, it is crucial that practitioner voices, experiences, practices, feelings and knowledge are fore-fronted in research and policy. Frontline professionals have a wealth of experience and knowledge, and unique insights into the systems within which they operationalise organisational and policy strategic objectives. Listening to the voices of student social workers and practising teachers, we propose a novel framework for research during this challenging time. The framework is intended to illuminate the importance of:

- interconnected sectors,
- robust and well-resourced data-flows,
- multi-agency working, mediated through the ethical and excellent use of technologies,
- resilient and adaptable support systems, and
- the promotion of children’s rights and voices to be heard above the noise of the pandemic.

The framework accounts for two phases of interrogation. Fig. 1 below outlines the potential conceptual framework for understanding safeguarding in the UK during the first months of the pandemic. Fig. 2, also below, outlines the potential conceptual framework for understanding safeguarding in a post-pandemic UK society. Both phases have some common dimensions:

- *sequential, rather than cyclical development*, reflecting the reality of the safeguarding system in the UK and the enormous challenge we face in potentially moving to a system that truly places the child at its heart in the future.
- *A/the child*. We do not limit our inclusion to the definition provided by the UK government, but rather recognise the tensions in constructing and identifying vulnerability and risk. We argue that practitioners need to take a more holistic perspective of the vulnerable family and the vulnerability of the child, to account for their physical and mental health needs, and their safeguarding concerns. We perceive vulnerability as contextually and temporally fluid. ‘Fixing’ children’s vulnerability is unhelpful. Instead, vulnerability needs to be understood as distinctive for each child and viewed in relation to other factors. Employing Fig. 2 to understand vulnerability, both personal resources available to the child and their unique relationship to socio-political and cultural contexts would be taken into account for and might be assessed as risk or protective factors.
- *Agency, biopsychosocial development, and voice of the child*. While acknowledging that realistically, we are not yet in a place where the child is at the heart of our safeguarding systems practice (see sequential point above), our phase 2 aspirational framework places data flows (both face-to-face and digitally-mediated) as emanating from the interdisciplinary intersection between the child’s voice, agency, and biopsychosocial development. Thus, we recognise the importance of empowering children’s voices and placing their views at the centre of decision making. While it is necessary to recognise the various dimensions of development in doing so, traditional stage-based developmental ideologies are outdated, and now replaced with an acknowledgement of the complex intersection of reciprocal biopsychosocial influences that can enhance or negatively impact a young person’s mental wellbeing (Drabick & Kendall, 2010). No matter what the developmental ability of the child or chronological age, it is necessary to value what they have to say.

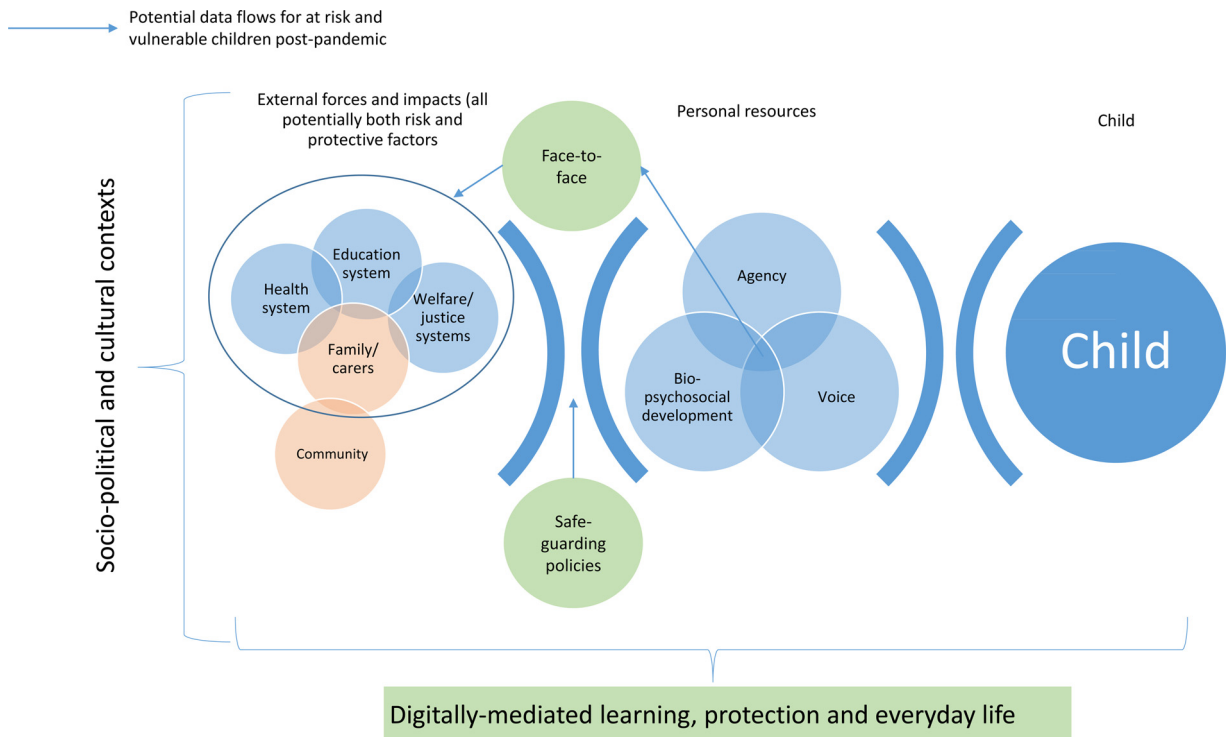


Fig. 2. Aspirational conceptual framework for research and practice in a post-pandemic safeguarding system.

- *Welfare and justice systems* including local authorities' statutory responsibilities for 'safeguarding' and promoting children, with the Children Act 2004 placing a duty to cooperate on all bodies working with children. There are also responsibilities to children who are 'looked after', which means that they are in the care of the local authority. This might include living with foster parents, living in a residential children's home, school or secure setting.
- *Safeguarding policies* are present in most UK public and private institutions that intersect with children and young people. These have not proved the comprehensive safety net for the most at-risk that we might wish them to be (e.g. Hek, Hughes, & Ozman, 2012). As with adult safeguarding, policies tend to be shaped by inquiries following serious incidents and focus on micro-systems (practitioners, inter-agency working) rather than the wider systems which influence practitioners' work so that recommendations have lacked analysis of the wider influences on practitioners' work (Preston-Shoot, 2017). Nevertheless, our conceptual framework for both the pandemic and post-pandemic contexts demonstrate the importance of policy as a protective factor in the safeguarding context.
- *Health system*, comprising gateway systems such as paediatric accident and emergency staff, general practitioners, community nurses and carers.
- *Education system*, comprising school staff (teachers, safeguarding leads, school leaders, teaching assistants and special/additional needs co-ordinators)
- *Community*, notoriously difficult to define for vulnerable and at-risk children – and particularly those in care (Jack & Gill, 2010), but potentially comprising faith institutions, charities and child/youth representation and membership organisations, neighbours and hubs.
- *Family*, again a contested term (e.g. Hantrais, 2004) and inviting debate surrounding who is in need of, and who provides, support in contexts of family complexity (Morris et al., 2008). The ways in which teachers, community representatives, social and health workers understand ideas and implementations of family impact on the ways in which they deliver support in 'normal' circumstances (Walsh, White, Morris, & Doherty, 2019), and our conceptual framework suggests that this is even more important in a pandemic context.
- *Digitally-mediated lives*, reference to the importance of both face-to-face and what we term the policy and practice of "digitally-mediated safeguarding" (see Reflecting on the Framework below).

Strategically, the framework highlights three noteworthy points. First, is its sequential nature; the pandemic has highlighted that, despite significant attempts over the past 20 years to place the child at the heart of the safeguarding process, children still remain at one end, with societal contexts at the other, and a range of mediating factors intervening both spatially and temporally. The progression towards our understanding of 'digitally-mediated safeguarding' offers us practical ways in which we can bring children to the heart of the safeguarding process, both in who we listen to when we gather data, how we share it and with whom, and how those data are used to actively empower children to operate the welfare system as a force for positive change in their own lives, for example

through serious games (Watkins, Law, Barwick, & Kirk, 2018).

Second and related, the data/information/reporting flows indicated by the blue arrows are focused on systemic structures and flows; we have not yet been able to take full account of cognitive, affective, and psychosocial development of the child in our systems. This is arguably a function of both microsystems (education, physical health, social work etc) and the macrosystem as a whole in the UK, and presents an extraordinary opportunity for the research community to work in original and interdisciplinary ways to improve system-level, child-led data flows that enable them to reflect on their own development and resilience pathways in vulnerable or at risk circumstances. Practically, this means embedding culturally-sensitive tools (which could be as wide-ranging as digital, arts-based, or test-based) in schools and communities that give children the language to describe their personal changes and the risk and protective factors that surround them, and then make use of their insights to manage and plan for their lives despite the precarity in which they may find themselves.

Third, the location of safeguarding policies and digital mediation of both intelligence-sharing and intervention as intermediary factors, and the continuing importance of even limited face-to-face interaction (even in the face of the pandemic).

In contrast, the aspirational conceptual framework re-frames the flow of information in a way that enables: a) a more holistic and child-led flow of information/data across the micro and macrosystems; b) places child development and their articulation of that development in a crucial, intersectional position in the data flow; c) suggests a single data flow through the interconnected systems intended to act as protective factors for vulnerable/at risk children and young people, and; d) recognises the importance of *effective* digital mediation of services for those who need it most.

5. Reflecting on the framework

We consulted with eight practising teachers and four student social workers (who were on placement during the crisis) to ensure that the conceptual framework as it arose from the literature and situational analysis resonated with their daily practice during the pandemic, and their hopes for future systemic improvements in a post-pandemic era. Almost all the people we spoke with found the proposed framework resonated well with their settings. It should be noted that one education professional felt that the proposed framework was too over-complicated and insufficiently flexible, and we acknowledge that this *may* indeed be limitations of the framework that require robust investigation. Our framework is propositional – it requires further research to clarify and simplify with accuracy and in ways that are resonant with practitioners and service-users, particularly during a time of such dramatically rapid change as the COVID-19 pandemic.

Beyond this caveat, our teachers/student social workers' reflections fall into five categories.

5.1. Accurate representation of the range

Teachers in particular were at pains to clarify that in almost all UK settings, vulnerable children have been offered places in school during lockdown. Department for Education figures showed that the take up of these places has been highly variable during lockdown; in mid-May 79,000 children (15 % of those classified as 'in need' or in receipt of a care plan) were in school, whereas in late March that figure was closer to 61,000, and during the two-week spring break was at its lowest (11,000) (Department for Education, 2020a, 2020b).

Our consultees' reflections encouraged us to ensure the framework was sufficiently broad to encompass the full range, while still inviting closer and more data-driven collaboration between sectors.

5.2. Face-to-face information-sharing has still occurred

For a small number of cases, face-to-face safeguarding information-sharing has been deemed important even during lockdown, accompanied by suitable protection such as social distancing, hand sanitising, and the use of personal protective equipment. For this reason, this type of interaction is still present in both the mid-pandemic and post-pandemic phases of the conceptual framework.

5.3. The rise in domestic violence

The strains for isolated families in the pandemic have inevitably raised concerns about domestic violence. Student social workers we consulted expressed concern about working directly with parents where childcare concerns were apparent, in particular whether both children and adults were being coerced into minimising the risks of their context, or even saying nothing at all about violence, because of fears regarding the consequences during COVID-19.

Emerging literature suggests their fears are not unwarranted – there has been an increase in domestic homicides in the UK (Ingala Smith, 2020), with some authors suggesting that domestic abuse behaves much like an infection in ideal conditions during the pandemic (Taub, 2020). Globally it has emerged that COVID-19 has been used to exert control using mechanisms of abuse such as containment, fear and contagion (Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020). In the UK, even early on in lockdown, calls to the National Domestic Helpline were up by 25 % (Kelly & Morgan, 2020), the usual means of escape from abusive situations being unavailable. In light of this, it was not surprising that the British Association of Social Workers (BASW) issued a practice guide on working with families where violence and abuse was a concern (BASW, 2020a, 2020b). Student social workers expressed concern about working directly with parents where childcare concerns were apparent, in particular whether both children and adults were being coerced into minimising the risks of their context, or even saying nothing at all about violence, because of fears regarding the

consequences during COVID-19.

5.4. Accelerating assessment – a mixed blessing

Social workers were concerned that the need to digitise, minimise bureaucracy and streamline systems, for example for adoption, led to much faster processes than would have been the case in a face-to-face context. Their concerns surrounded superficiality - the potential of technology use to facilitate productive time can in practice lead to lack of depth.

The converse was also true; it has been difficult to maintain contact with those reluctant to use technology or set up new referrals or follow up to assessment/diagnoses in a virtual contact.

5.5. Digitally-mediated lives

The fundamental role digital technologies have played during lockdown were raised over and over by both the teachers and student social workers with whom we consulted, for example in reporting concerns, and offering mentoring/therapy services from outside agencies. Children and young people benefiting from mental health services appear to have found digital communication productive, and in cases where there were established relationships, virtual meetings with parents were easier to arrange and less fraught. However, as with many aspects of digitally-mediated life, technology-mediation presented challenges as well as opportunities. For example, it has been particularly challenging to raise matters of self-harm with young people, a risk assessment area that historically, practitioners have found challenging to raise with children (O'Reilly, Kiyimba, & Karim, 2016). In a face-to-face encounter a service user's arm could be observed with discretion, but virtually, social workers have had to ask to see the arm.

The apparent digitally-oriented changes brought about during COVID-19, and the risks and opportunities they potentiate, could potentially herald a new era of what we have termed "digitally-mediated safeguarding". The term offers three conceptual and pragmatic advantages for the post-pandemic context. It:

- Builds on established frameworks relating to power dynamics in digitally-mediated communication (e.g. Mansell, 2017), facilitating a deeper, richer, and more nuanced dialogue than a simple binary dichotomy of technology as effective vs non-effective or even damaging.
- Invites discourse and debate for practitioners and researchers alike surrounding the potential for new technological advances such as artificial intelligence, machine learning, and virtual/augmented reality, to disrupt problematic practice and address systemic gaps, but also to dramatically increase and magnify system-level inequalities and surface ethical tensions we have only just begun to consider (e.g. Leslie, Holmes, Hitrova, & Ott, 2020).
- Invites policy makers at local and national levels to deliver technology-mediated services that are understood as multi-systemic and complex. Technology systems require consideration of the whole as well as the parts – the COVID-19 experience has shown that partitioned thinking is acting as a barrier to us placing a/the child truly at the heart of the safeguarding process.

6. Conclusion

We began this article by reflecting on the terrifying impact COVID-19 has had on child and adolescent welfare in Great Britain, and the considerable challenges that have arisen from the social care context in which we find ourselves. We have proposed two phases of conceptual framework for future research. The first provides a space within which we can begin to understand the mid-pandemic context. The second invites us to reflect realistically on what a post-pandemic context might look like, appreciating that incremental rather than dramatic system change is most likely. We have noted that despite the rhetoric of placing children and young people at the centre of support systems, they continue to be obscured or invisible in much research, policy and the processes which intend to safeguard them. What is most notable about our framework is the centrality of the child or young person, their perspectives and their rights, as well as the value of practitioners who deliver services and work with those groups. Further, we have critically questioned the UK government's narrow definition of 'vulnerability' and have argued instead that constructions of vulnerability need to be context-dependent, situational, and iterative, accounting for each child's personal resources and their unique relationship to the external world.

Finally, the social competencies and rights of children and young people must be balanced against protecting them and safeguarding their interests. Practitioners are well-placed to listen, intervene and support. Ultimately, this will be achieved more holistically through open dialogue, consultation and respecting young people's autonomy and views.

Acknowledgements

The authors would like to thank the student social workers and practising teachers/educational professionals in England and Scotland who were open to commenting on our proposed framework and offering us their thoughts during this very busy time.

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