The Silent Pandemic of Vulnerable Children.

An explorative study into professional perspectives of risk factors that contributed to rising child abuse cases during the first UK lockdown.

Dissertation submitted in part fulfilment of the BA Education Studies degree at the University of Northampton

April 2021

Phoebe White

Word count: 10,761.

Declaration of originality

I understand that by submitting this dissertation I am claiming that it is all my own work unless indicated otherwise and I confirm that I have not submitted all or part of this work for another award.

Acknowledgements

I would like to thank all of the professionals who dedicated their time and knowledge to participating in this study and providing invaluable accounts of the experiences of working throughout the pandemic. The impacts of Covid-19 have been devastating, not to mention stretching professional workloads exponentiality, so thank you for giving me your time for this study, it is greatly appreciated.

To my absolutely brilliant mum – I would never have finished this degree or dissertation without your continuous support, love and inspiration. Thank you, thank you, thank you. You are truly the best. To my dad, your continuously inspire me to work hard and achieve everything I set my mind to – I am incredibly lucky to have such a wonderful role model, thank you.

And finally, to all of the Education Studies lecturers, in particular, Dr Toby Purser, thank you! I feel incredibly lucky to have had such a supportive personal tutor and dissertation supervisor over the past three years, and truly appreciate and value all of the support, guidance and knowledge I have gained from you – thank you!!

Abstract

Child abuse impacts thousands of children in the UK every year, significantly implicating their safety, welfare, and development. When the Coronavirus Pandemic began in 2020, national lockdowns were enforced internationally to preserve public health and prevent the spread of the virus. The implications of these lockdowns meant millions of children were confined to their homes for several months, with limited contact with key professionals and services previously in place to identify and prevent abuse or maltreatment. Previous knowledge of child abuse has shown the risk factors which can lead to a child experiencing abuse, now exacerbated by the Coronavirus pandemic.

This study has taken an interpretivist paradigm to meticulously explore the risk factors which had contributed to rising abuse cases during the UK lockdown. Using a mixed method approach, this was done via interviews with two social workers and an Executive Headteacher from an Academy Trust, 17 questionnaire participants from the same academy and secondary data published by the Children Commissioner in April 2020.

The findings had concluded that there were several implicating risk factors contributing to rising child abuse cases during the UK lockdown, therefore this cannot be pinpointed to one factor alone. These risks are not new in the context of child abuse; however, they were worsened through the pandemic. The recommendations of this study concluded that Covid-19 has ultimately changed our safeguarding landscape, therefore professionals should use the challenges presented by the pandemic to improve practice and knowledge, ultimately working towards preventing children experiencing harm and maltreatment.

Contents Page

Table of Contents

Declaration of originality ..... *ii*
Acknowledgements ..... *iii*
Abstract ..... *iv*
Contents Page *1*
Abbreviations *4*
List of Figures *5*
List of Tables *6*
1.0 Introduction *7*
1.1 Covid-19 Timeline *7*
1.2 Covid-19 and Child Abuse *7*
1.3 Research Questions and Hypotheses *8*
1.4 Researcher Interest *8*
1.5 Rationale *9*
2.0 Definitions *10*
2.1 Child *10*
2.2 Vulnerable *10*
2.3 Safeguarding *10*
2.4 Child Protection *10*
2.5 Child Abuse *11*
2.6 Conclusion *11*
3.0 Literature Review *12*
3.1 Theoretical Perspectives *12*
3.2 Previous Pandemics *13*
3.3 Lockdown Implications *13*
3.4 'Toxic Trio' *15*
3.5 Alcohol and Substance Misuse *15*
3.6 Domestic Violence *16*
3.7 Parental Mental Health *17*
3.8 Conclusion *17*

4.0 Methodology *19*
4.1 Paradigm and Qualitative Approaches *19*
4.2 Sampling Method *20*
4.3 Semi-Structured Interviews *20*
4.4 Questionnaires *21*
4.5 Secondary Data *22*
4.6 Reliability and Validity *22*
4.7 Conclusion *23*
5.0 Ethics *24*
5.1 Supervisor Consent *24*
5.2 Covid-19 Impact *24*
5.3 Participant Selection *24*
5.4 Participation Consent *25*
5.5 Questionnaire Platform *25*
5.6 Conclusion *25*
6.0 Findings *26*
6.1 Data Analysis *26*
6.2 Secondary Research *26*
6.3 School Closures *27*
6.4 Virtual Safeguarding *29*
6.5 The 'Toxic Trio' *30*
6.6 Professional Contact and Referrals *31*
6.8 Unexpected Findings *32*
6.9 Most impactful *33*
6.10 Conclusion *34*
7.0 Discussion *35*
7.1 School Closures and Professional Contact *35*
7.2 The 'Toxic Trio' *36*
8.4 Unseen children *37*
8.5 Multi-agency Work *38*
8.0 Conclusion, Recommendations and Limitations *40*
8.1 Research Questions *40*

8.2 Virtual Safeguarding..... 40
8.3 School Closures..... 41
8.4 'Toxic Trio'..... 41
8.5 Most Significant Risk Factor..... 42
8.6 Recommendations..... 43
8.7 Study Limitations..... 43
Appendix Items 45
Reference List..... 76

Abbreviations

ACE – Adverse Childhood Experiences

BASW – British Association of Social Work

CPME – Child Protection Medical Examination

CSE – Child Sexual Exploitation

DAAT – Duty and Assessments Team

DfE – Department for Education

DHSC – Department for Health and Social Care

EHCP – Education, Health and Care Plan

LAC – Looked After Children/Child

LSOA – Lower-Layered Super Output Areas

MASH – Multi Agency Safeguarding Hub

NCMEC - National Centre for Missing and Exploited Children

SCR – Serious Case Reviews

SEMH – Social Emotional Mental Health

VOC – Voice of the Child

List of Figures

Figure 1 – Questionnaire responses to changes in non-academic support requested by parents during the first lockdown

Figure 2 – Questionnaire responses to the effectiveness of video calls

Figure 3 - Questionnaire responses to the effectiveness of phone calls

Figure 4 - Questionnaire responses to the effectiveness of home visits

Figure 5 – Questionnaire responses to changes in MASH notifications in schools during the first lockdown

Figure 6 – Questionnaire responses to the most significant risk factor present during the first lockdown

Figure 7 – Bronfenbrenner's Ecological Systems Theory

Figure 8 – Questionnaire participant job titles

List of Tables

Table 1 – Children in Area X households with parental mental health challenges, domestic violence or alcohol and substance dependency

Table 2 – Children in Area X impacted by the prevalence of the 'toxic trio'

Table 3 – Questionnaire responses to the impact of the 'toxic trio'

Table 4 – Interview participant job backgrounds

Table 5 – Interview timetable

Table 6 – Questionnaire responses to question three, detailing initial concerns when the lockdown began

Table 7 – Interview comments regarding government Covid-19 guidance

Table 8 – Comments from all participants surrounding the socio-economic impacts of Covid-19

1.0 Introduction

This research study investigated risk factors which contributed to rising child abuse cases during the first UK lockdown, as a result of the Coronavirus pandemic. Exploring these risk factors has been done through capturing professional voices and experiences of those working within safeguarding during this time, to understand what led to cases increasing. As of April 2021, Covid-19 still remains a worldwide pandemic, with the UK recently ending its third national lockdown. This study has exclusively focused on the period of March-September 2020, in which the UK entered its first national lockdown up until full school reopening's in September.

1.1 Covid-19 Timeline

Covid-19, at the time known as Coronavirus, was first recognised in Wuhan, China, at the end of 2019, presenting as a respiratory disease similar to SARS and MERS (Fauci, Lane and Redfield, 2020). The first known UK case of Covid-19 was confirmed on January 27th, 2020, in York, which was followed by several more clusters of positive cases across the country during early February (Moss et al, 2020). Social distancing recommendations from the UK government began in March, before all schools were shut down on March 20th and a national lockdown beginning on March 23rd (DfE[3], 2020; Moss et al, 2020). Lockdown restrictions began easing in May 2020, with some provisional opening of schools for selected year groups in early June (Cabinet Office, 2020). Students fully returned to schools at the beginning of the 2020/21 academic year, however schools shut down again between January-March 2021 following the identification of a new, more infectious Covid-19 variant (Mahase, 2021). As of April 2021, the UK has reported over 4,000,000 cases and just over 127,000 Covid-19 deaths (Gov.UK[1], 2021).

1.2 Covid-19 and Child Abuse

Data from the NSPCC reported 22,000 calls directly concerning a child's welfare between April and June 2020, which is a 32% monthly increase compared to the three-month period prior (NSPCC[1], 2020). Figures from this period also show that referrals to children's services across the UK had fallen by a fifth (Children's Commissioner[1], 2020). Although identifying a quantitative number for child abuse

cases can prove challenging as it can often remain unknown to children's services, several studies have stated the Covid-19 pandemic has significantly increased the prevalence of abuse, supporting the quantitative data that is available (Alazri and Hanna, 2020; Bhopal et al, 2020; Crawely et al, 2020; Garstang et al, 2020; Levine et al, 2020). Romanou and Belton (2020) had published a comprehensive report in June 2020 highlighting risk factors contributing to the increased vulnerabilities facing children and rise in abuse cases. These being social isolation, reduction in services and increased parental/care giver stress (Romanou and Belton, 2020). The Children's Commissioner further highlighted the risk factor presented by the 'toxic trio' to rising abuse cases, through the publication of 'Local Vulnerability Profiles' in April 2020 (Children's Comissioner[2], 2020).

1.3 Research Questions and Hypotheses

The publication of these reports has inspired this current study, to explore the named risk factors further in relation to Covid-19 child abuse, as such, forming the working title of this study. This research therefore took a deductive stance, based upon the hypotheses that child abuse cases had increased due to reductions in professional contact and school closures, the 'toxic trio' and increased social isolation. To answer the overall research question and deduce the study's hypotheses, this study has been guided by the following questions:

- How effective were safeguarding practices during the UK lockdown?
- What were the main safeguarding implications of school closures?
- How impactful has the 'toxic trio' been in rising child abuse cases?
- What are the main risk factors which contributed to a rise in child abuse cases during the first UK lockdown?

1.4 Researcher Interest

This dissertation project had always intended to explore one element of child abuse and safeguarding, as my professional interest has continuously been within this field which has guided all previous work whilst studying this degree and shaping the direction of post-graduate decisions. The Covid-19 pandemic has had devastating impacts for every element of society, but particularly for vulnerable children whose voices were now lost in the midst of lockdown restrictions and social isolation. Whilst ethically it would have proved challenging to involve children in this study, there was a fundamental need to capture professional voices

and experiences of the Covid-19 pandemic as they are the individuals in place to protect vulnerable children. My professional intentions following post-graduate education are to continue studying and working with the child protection field, therefore I anticipate that my day-to-day workings will involve dealing with the impacts of the Covid-19 pandemic. As such, this dissertation project has been chosen to support my future career, whilst also hoping to be used in wider professional practice.

1.5 Rationale

The following chapters of this paper will explore how this research study was conducted and the findings gained to answer the study's overall title. Key definitions, policy, theory and existing literature will be explored in chapters two and three to provide a contextual introduction into child abuse and what is currently known about Covid-19 safeguarding. This study adopted an interpretivist paradigm using a mixed method approach of interviews, questionnaires and secondary data involving participants across social care and education. Detailed within chapter four, using this approach allowed research to capture professional voices and answer each research question. Ethical considerations will be detailed in chapter five, followed by the findings and discussion being presented in chapters six and seven using a thematic approach. Chapter eight will conclude the findings for this study, illustrating how the research questions have been answered to determine the risk factors that contributed to rising child abuse cases during the first UK lockdown.

2.0 Definitions

This chapter will define relevant definitions and policy relating to child abuse and safeguarding practice.

2.1 Child

Article one of the Convention on the Rights of the Child defines a child as any individual under the age of eighteen years old, whereby they should receive protection, safeguarding and care until the age of eighteen (UN General Assembly, 1989).

2.2 Vulnerable

A vulnerable child is one who is at risk of behaviours, incidents, harm or adversity which will negatively impact their wellbeing, safety or development; including, but not limited to, physical, sexual or emotional abuse, neglect, exploitation or radicalisation (DfE[1], 2018; Taylor and Thorburn, 2017). This also includes children assessed under section 17 of the Children Act 1989, LAC, those with an EHCP, children's services intervention, or identified as vulnerable by other agencies (DfE[2], 2021). When the pandemic began in March 2020, DfE guidance stated all children identified as vulnerable *could* and *should* remain in schools to support their wellbeing and development (DfE[3], 2020).

2.3 Safeguarding

The Working Together to Safeguard Children framework defines safeguarding in relation with "promoting the welfare of children":

"Protecting children from maltreatment, preventing impairment of children's mental and physical health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes" (DfE[1], 2018, p6-7).

2.4 Child Protection

Child protection refers to legislation, policy, guidance and agencies in place to protect children when concerns arise compromising their safety (Lumsden,

2018). Section 47 of the Children's Act 1989 gives children's services the legal right to conduct a child protection investigation when professional concerns have "reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm" (Children Act 1989).

2.5 Child Abuse

Child abuse is the intentional harming of a child or young person, inflicted by an adult, categorised as physical, emotional, sexual abuse or neglect (NSPCC[2], 2021). This can also include criminal or sexual exploitation, radicalisation, coercion, online abuse or witnessing domestic violence (Lumsden, 2018; Taylor and Thorburn, 2016). Abuse and neglect are the leading causes for children entering the UK care system, posing as ACEs, implicating a child's social, emotional, cognitive, and physical development, immunological system, attachments and engaging in health harming behaviours (Bellis[1] et al, 2015; Fox et al, 2015; Herrenkohl et al 2013; Hughes et al, 2017; Hunt et al, 2018).

2.6 Conclusion

This chapter has outlined the key definitions for contextualisation, guiding the wording of research questions within the later methodological decisions. Chapter three will explore current literature and studies surrounding child abuse during the Covid-19 pandemic.

3.0 Literature Review

Chapter three details literature and research currently available exploring child abuse within the Covid-19 pandemic. Current studies highlight the key risk factors which have contributed to the rise of child abuse cases during the first lockdown. Covid-19 remains a live event, therefore whilst new studies are continuously being released, there are gaps within current literature. As such, this chapter has exclusively focused on literature exploring the periods of March-September 2020, thereby is written based upon what was known during this period.

3.1 Theoretical Perspectives

Bronfenbrenner's (1997) ecological system theory (Appendix 1) illustrates the interplay between international, national, and local policy, families, schools, and an immediate environment on a child's development (Ashiabi and O'Neal, 2015). The theory recognises "all of the systems" surrounding a family, considering how the interactions and dynamics of these systems will impact children (Swick and Williams, 2006, p361). This places emphasis on "overlapping contributions of individual and environmental factors" thereby exploring influences on positive child development and causations of maltreatment (Begle, Dumas and Hanson, 2010, p208). This contributed to child maltreatment becoming recognised as "multi-determined" rather than limited to psychological factors, most importantly acknowledging the wider systems at play that impact a child's wellbeing, development and safety (Belsky, 1993, p413).

Corby's (2012) three theoretical perspectives are also useful here. Like Bronfenbrenner, Corby recognises the interactions of systems at play in the role of maltreatment, underpinning the sociological perspective of abuse (Corby et al, 2012). Psychological theory focuses upon individual psychological and biological traits of perpetrators, interlinking with attachment theory, psychodynamic theory, learning theory (Bacon and Richardson, 2001; Corby et al, 2012; Lumsden, 2018). This further interlinks with ACES, whereby the psychological trauma caused can "affect parenting the next generation" (Bellis[2] et al, 2017; Murphy et al, 2014, p224). Social psychological theory explores the interaction between a child, an abuser and the immediate environment as a causation of abuse (Corby et al,

2012). This has been exampled as "unwanted pregnancy, domestic violence, unemployment or poor housing" (Lumsden, 2018 p57).

3.2 Previous Pandemics

Pandemics are detrimental to vulnerable children, as measures taken to preserve public health increase the prevalence of social isolation simultaneously reduce professional contact and support services available (Bradbury-Jones and Isham 2020; Harman, 2016; McKay, 2016). During the 2013 Ebola outbreak, Onyango (2019) recalls vulnerable children becoming "overlooked", allowing for abuse to manifest and remain undetected, through the absence of professional intervention (p122). The HIVAIDS pandemics tells a similar narrative, which concluded in there being a fundamental need for effective intervention, resources and increased research into successful virtual safeguarding for the protection of children susceptible or experiencing abuse (Cluver, 2011; Stevenson et al, 2009).

The Orphanage Resilience Study (2005-2009) found that 12% of children living with HIVAIDS positive caregiver experienced physical abuse, 23% emotional abuse and 19% sexual abuse (Cluver, 2011). Sexual exploitation amongst young girls was particularly prominent during both the HIVAIDS and Ebola pandemic, with data reporting that 46% of girl who experienced physical or emotional abuse, also were subjected to CSE (Cluver, 2011; Coombe, 2002; Gaggar, 2020; Lachman et al, 2002). Current studies suggest that CSE has increased internationally during the first few months of the Covid-19 pandemic, with the NCMEC reporting a 63% increase in CSE reports, compared to the same 2019 period (Gaggar, 2020; Missingkids.org, 2020). Whilst this suggests the prevalence of CSE may be the most impacted form of abuse during pandemics, it also highlights the overall increased level of risk to vulnerable children during these times. Whilst previous pandemic research is valuable in exploring Covid-19 abuse, it should also be approached cautiously as each pandemic brings unique implications. Therefore, exemplifying the importance of studying Covid-19 child abuse, highlighting how this particular study can be impactful in future research and practice.

3.3 Lockdown Implications

Social isolation is a predominant risk factor within the perpetration of child abuse, therefore professional contact through social care workers and educational

settings becomes fundamental in identifying abuse or maltreatment (Alazri and Hanna, 2020; Ferguson, 2016; Gracia et al, 2018; Karatekin, 2019). When the lockdown began in March 2020, schools were shut down to the majority of students and social distancing measures implicated wider professional contact for vulnerable children, named as "collateral damage" of the Covid-19 pandemic (Crawely et al, 2020, p4). A DfE report found only 10% of 'Children in Need' students had attended education during the first month of the lockdown, meaning a significant percentage on vulnerable children were out of professional sight (DfE[4], p3, 2020). Guidance from the BASW also stated home visits should be conducted where "absolutely necessary to prevent significant harm", further suggesting the significant reduction in professional contact for vulnerable children during the lockdown (BASW[1], 2020, p. un). The Coronavirus Act further reduced safeguarding provisions for vulnerable children (appendix 2), which was scrutinised by various organisations for the detrimental impact this may have had (Crawley et al, 2020; DHSC[1], 2020; Talbot, 2020).

A study from Levine et al. (2020) found significant concerns amongst professionals in response to school closures and lockdown guidance, fearing it would increase the prevalence of coercion and disguised abuse. Transcripts from BASW interviews further highlight this:

"Previously I could sit with my caseload and say 'I don't need to see this child' because I know they have been at school or had this appointment so I can put it off until next week… Now I can't put anything off because nobody is seeing these children and families" (BASW[2], 2020).

Further studies have shown a 50% decrease in child protection referrals nationally, mainly attributed to school closures, reductions in social care contact and Covid-19 impacts on safeguarding and multi-agency practice (Bhopal et al, 2020; Garstang et al, 2020). Social work teams are suggested as preparing for an outpouring of referrals upon school reopening's, highlighting the risk presented through their closures (BASW[1], 2020; Bulman, 2020, Levine et al, 2020). However, despite this research, there is an overall absence of interpretivist studies with social care and educational settings, fundamentally meaning key experiences and knowledge of Covid-19 safeguarding are missing from this field. Therefore,

there is an essential need for these professionals to be included with current studies, to recognise the full implications of lockdown measures. This current study is consequently imperative to this, through the research involving these agencies.

3.4 'Toxic Trio'

The 'Toxic Trio' refers to the presence of alcohol and substance misuse, domestic violence and parental mental health in child abuse cases (Lazenbatt et al, 2012). These factors are prevalent in 75% of SCR, presenting as the most common causation for children entering the care system (Middleton et al, 2014; Simkiss, 2019). Whilst the existence of these factors within a family house does not automatically assume a child will be abused, research has listed these as ACEs and increases the likelihood of child abuse occurring (Bellis[2] et al, 2017; CDC, 2019; Hughes et al, 2017; Hunt et al, 2018).

The Children's Commissioner released figures in April 2020 for all UK local authorities projecting the number of children to be impacted by the 'toxic trio' during the lockdown (chapter six). An extensive literature review by the NSPCC in June 2020 further suggested the 'toxic trio' would be a leading cause of rising abuse cases throughout the UK lockdown (Romanou and Belton, 2020). The following sections will explore each element of the 'toxic trio' respectively to understand their prevalence in Covid-19 abuse.

3.5 Alcohol and Substance Misuse

Alcohol consumption appears to have decreased overall throughout the first lockdown, although increasing for individuals at risk or recovering from alcoholism (Alcohol Change UK, 2020; Roberts, 2020). A study at St Mary's Hospital Alcohol Unit reported 24% of participants alcohol consumptions had increased and 17% out of 38% abstinent patients had reported relapsing (Kim et al, 2020). Alcohol Change had reported a 335% increase in visits to their help page between March and April, compared to the same 2019 period, suggesting to be caused by lockdown pressures (Knopf, 2020). A 22% increase in drug offenses was recorded in April 2020, rising again by 44% in May, suggesting a further increase in substance use (ONS, 2020). Data from an Islington substance misuse service also reported a 118% increase in opiate assessments (Hazan et al, 2020).

This data makes no specific mention to children or parents; therefore, it cannot be assumed that all parents living with alcohol or substance difficulties will abuse or harm their children. However, current studies have correlated rising abuse cases with the risk presented through parental alcohol and substance misuse (Levine et al, 2020; Ramalho, 2020; Reynolds and Wilkinson, 2020; Romanou and Burton, 2020; Usher et al, 2020). Research outside of the pandemic also recognises that alcohol and substance misuse amongst parents greatly increases a child's risk of development delays, harm and abuse, thereby suggesting it to be a prominent risk factor implicated by the UK lockdown (Canfield et al, 2017; Goldberg and Blaauw, 2019; Lowthian et al, 2020; Mahedy et al, 2017). As such, this is an area of interest to explore further within the current study to understand its role in rising abuse cases.

3.6 Domestic Violence

Domestic violence is the physical, psychological, financial, sexual or emotional abuse against a partner or spouse (Home Office, 2012; Kofman and Garfin, 2020; McGarry et al, 2011; Stark, 2020; Trevillion et al, 2012). Children's voices are suggested to be "underrepresented" through this definition, by a lack of acknowledgement given to the implications of emotional abuse and coercion caused by living in a domestic violent home (Callaghan et al, 2015, p1551; Katz, 2016). Witnessing domestic violence is a form of child abuse; directly impacting a child's development, behaviour and SEMH (Bellis[2] et al, 2017; Bethall et al, 2014; NSPCC, 2020[3]; Osofsky, 2018).

Domestic violence perpetrators use social isolation as a form of control and coercion over their victims, meaning Covid-19 has created an idealistic scenario and has contributed to a worldwide surge in domestic violence cases (Campbell, 2020; Kofman and Garfin, 2020; Piqeuro et al, 2020; Sharma and Borah, 2020; UN Women, 2020). The NSPCC have reported a 50% increase in calls relating to domestic violence during the first UK lockdown, with a 32% increase specifically concerning domestic violence against children (NSPCC[4,5], 2020). Two children also died in the first three weeks of the UK lockdown highlighting the severity of this risk factor, exacerbated significantly by Covid-19 (Parliament, 2020). Domestic violence is referenced within Covid-19 literature as a risk factor for rising abuse cases, however little emphasis has been given to the direct impact of this on children (Campbell, 2020; Crawley et al, 2020; Levine et al, 2020; Sharma and

Borah, 2020). Arguably this is a fundamental flaw within current studies, highlighting the need for research into domestic violence contributing to rising abuse cases.

3.7 Parental Mental Health

Mental health is becoming an increasingly growing issue, with reporting of mental health challenges increasing internationality (Independent Mental Health Taskforce, 2016). Within the UK, 68% of women and 57% of men experiencing mental health challenges are parents (MentalHealth.org, 2020). Whilst a parent experiencing mental health challenges does not mean their child will be placed in intentional danger or harm, the presence of this risk factor does significantly increase a child's vulnerability to abuse and maltreatment (Bellis[2] et al, 2017; Bethell et al, 2014; Condon et al, 2014). Covid-19 studies have stated parental mental health challenges have contributed to the rise of abuse cases, impacted further by social isolation, reduction is services, socio-economic challenges and increased parental stress levels during the lockdown (Romanou and Belton, 2020; Saltzman et al, 2020).

One UK neurological department report found parental mental health challenges present within three abusive head trauma cases, cited as highlighting the "complex interplay between abuse and mental health" (BMJ, 2020; Sidpra et al, 2020, p.un). Italian studies have also found an increased prevalence of parental mental health challenges throughout their lockdowns, correlating this to a rise in child maltreatment and abuse cases (Fontanesi et al, 2020; Mazza et al, 2020). Despite parental mental health challenges posing as a risk factor in child abuse cases, there are currently limited UK studies exploring this within the first lockdown. Therefore, further research, as undertaken in this study, is fundamental to exploring this relationship further in relation to rising abuse cases during the UK lockdown.

3.8 Conclusion

To conclude, current literature has named the key factors contributing to rising abuse cases during the first UK lockdown, however there is a fundamental need for more research into this. This is particularly important in regard to professional voices, as they appear to be absent in current discourse; highlighting the significance of this current study, which has focused exclusively capturing these

experiences. The following chapter will detail the methodological approach taken to complete this study.

4.0 Methodology

Chapter four will state the methodological approach of this study, defining the study's paradigms and research methods used. This will explore how research decisions had been made and overcoming challenges that had arose. Chapter five will then illustrate the ethical considerations made when conducting this research.

4.1 Paradigm and Qualitative Approaches

Paradigms are attitudes and belief influencing research methods, underpinned by how the social world is understood (Bartlett and Burton, 2016; Cohen et al, 2018). This study used an interpretivist paradigm as the fundamental focus was to explore risk factors leading to increased abuse cases, from professional perspectives. Taking a deductive stance, this was guided by the following questions:

- How effective were safeguarding practices during the UK lockdown?
- What were the main safeguarding implications of school closures?
- How impactful has the 'toxic trio' been in rising child abuse cases?
- What are the main risk factors which contributed to a rise in child abuse cases during the first UK lockdown?

Interpretivist paradigms assume the epistemology that knowledge is best gained from "researched participants" through valuing their voices and subjective experiences, taking a phenomenologist perspective of understanding society from individual "points of view" (Bryman, 2016, p17; Cohen et al, 2018, p16). This paradigm complimented the study's qualitative nature, enabling research to capture anecdotal experiences, social constructions and individual perspectives to produce enriched findings (Hennink et al, 2020; Snape and Spencer, 2003).

Asserting a positivist paradigm was considered for this study, whereby this approach assumes knowledge is best gained scientifically through empirical data and experiments (Bryman, 2016; Punch and Oancea, 2014). Initially it was feared that the study's sensitive and confidential nature may have prevented the desired quality of findings being gained. However, following an extensive literature review it was apparent to choose an interpretivist paradigm, as professional voices were missing from current studies. Additionally, the ontological positioning of an interpretivist paradigm complimented this study's content, with Covid-19

knowledge continuously developing and evolving (Bryman, 2016). Quantitative approaches are however present within this study, through using a mixed method approach which enabled stronger, more comprehensive and generalised conclusions to be drawn from findings (Newby, 2014, p96; Hennink et al, 2020). Triangulation was therefore used, explore further in this chapter. Using a mixed method approach felt particularly appropriate for this study, as the findings intend to supplement professional practice and literature, given the subjects current relevance.

4.2 Sampling Method

Adopting an interpretivist paradigm meant it was imperative for participants to have expertise and knowledge relating to this study's focus, enabling greater scope for overall findings. Purposive sampling was used, as it allowed for participants to be selected based upon their experiences and knowledge in relation to Covid-19 safeguarding (Newby, 2014). The participants chosen were:

- Executive Headteacher of Academy Trust Y
- Independent Social Worker from Area X
- DAAT Social Worker for Area X
- School staff from Academy Trust Y

(Appendix 3 participant background).

4.3 Semi-Structured Interviews

Interviews are a favoured qualitative approach by encouraging findings constructed through experiences, knowledge and perspectives aligning with interpretivist paradigms and ontological positioning (Bell, 2010; Cohen et al, 2018; Roller and Lavrakas, 2015). Semi-structured interviews were used for this study, rather than a structured approach, as they allow experiences and perceptions to be captured, beyond the constrictions of guided questions (Kallio et al, 2016). This allowed for in-depth interviews with each participant lasting between one-two hours (appendix 4), whilst also allowing for sub-questions to be used when required, enabling the overall research questions to be answered within the data collection process (Rowley, 2012).

Due to the pandemic, all interviews were conducted virtually via platforms chosen by each participant, allowing for ease and minimised participant stress within each interview. Interviews often produce logistical challenges through selecting a suitable time and location for the researcher and participants; however, this barrier was eliminated through using virtual methods (Bell, 2010). By each participant feeling at ease during the interviews, it allowed for more comprehensive findings (ibid). However, this too presented its own challenges by hindering the recognition of body language, expression and pauses, which are typically invaluable interview advantages (Cohen et al, 2018). Ultimately this was an unavoidable challenge within Covid-19 restrictions, however, is acknowledged as a flaw within the study's reliability and validity.

4.4 Questionnaires

Online questionnaires were used as the second research method, which enable findings to be captured from a large sampling group in a cost and time effective nature (Bell, 2010; Cohen et al, 2018). This method also upheld Covid-19 guidance, through requiring no face-to-face contact with participants. The questionnaire was hosted on a university approved platform, using nine questions guided by the overall research questions (Appendix 5). Using questionnaires allowed for quantitative data collection, strengthening the findings from each interview (Hennink et al, 2020). Interpretivist elements were however still included through the use of open-ended questions. This is a favoured technique of questionnaire-based research, through allowing "the 'gems' of information" to be captured (Cohen et al, 2018, p475).

Questionnaire participants were intended to be from school A, following a small pilot study and approval from the schools headteacher, allowing the study to be provisionally trialled (Leon, Davis and Kraemer, 2011). During a feedback session, the headteacher had questioned the term 'safeguarding' instead of 'child protection', requesting this to be changed before final questionnaire distribution. Using the term 'safeguarding' was however intentional, based upon its working definition (chapter two) therefore could not be changed, meaning school A was not selected as a participant pool. Whilst this had presented a data collection challenge, the Executive Head interviewed agreed for the questionnaires to be distributed amongst their academy trust, satisfied with the questionnaire design and wording. This then reached 17 participants across 11 schools, allowing the

findings reliability and validity to be strengthened through a wider participation pool than one singular school.

4.5 Secondary Data

Secondary data was the final method used in this study, choosing data published by the Children's Commissioner in April 2020 projecting the number of children to be impacted by the 'toxic trio' within X local authority. This allowed for the primary findings to be explored in collaboration with a larger representative population, increasing the study's strength and validity (Goodwin, 2012; Vartanian, 2010). This data may not have been achievable through primary data collection as this was a small-scale study, therefore the decision was derisible for overall outcomes and addressing the research questions effectively (Hofferth, 2005). The data directly represented Area X, aligning with the locations of all other research participants. This was ideal data to use, allowing the findings validity and reliability to be strengthened, as they were all captured from one UK local authority.

The Children's Commissioner had constructed this data based on information from UK local authorities and the Adult Psychiatric Morbidity Survey findings (Clarke, 2019). The figures identified are cautioned as 'projections' by the Children's Commissioner, since there are acknowledged flaws within their methodological approach (Clarke, 2019). This data however is intended to be used for comparisons against primary research, rather than definitive figures, thereby counteracting the methodological flaw identified.

4.6 Reliability and Validity

Triangulation was a fundamental underpinning of this study's validity, through allowing a mixed-method approach, in turn capturing findings from several different perspectives and experiences through the use of interviews, questionnaires and secondary data (Denscombe, 2014; Heale and Forbes, 2013; Newby, 2014). Using a semi-structed approach within each interview eliminated the risk of unintentional bias and subjectivity, which is typically a criticism of interviews as a research method, therefore strengthening the study's overall reliability and validity (Bell and Waters, 2014; McMillian and Schumacher 2016). Additionally, no participants involved in the study were known to the researcher prior. Cohen et al (2018) argues that this may motivate participants involvement in research due to their personal relationships with the researcher, creating biased

findings. By selecting participants unknown prior to the data collection removed this risk, further ensuring the study's validity and reduced bias in findings.

One implication to the study's validity and reliability was not using focus groups as a research method. Focus groups allow a researcher to collect findings from several individuals at once, enabling debates and valuable conversations amongst participants, facilitating a "range of issues" to be identified, which may remain undetected through alternative methods (Hennink et al, 2020, p136). Using this method would have suited the interpretivist paradigm, whilst also involving mutli-agencies, which could have uncovered instrumental opinions and experiences. Due to Covid-19 restrictions and professional challenges facing multi-agencies throughout the pandemic, this method was not implemented as it would not have proved achievable in the current climate. Whilst unavoidable, this ultimately flaws the overall reliability and validity of the study, explored further in chapter nine.

Challenges also arose through the use of questionnaires, despite the validity advantages offered through all participants being asked the same questions (Burton et al, 2014). Meticulous wording is required in questionnaires to avoid ambiguity and assumed respondent knowledge, which posed as issue within question five (Cohen et al, 2018). 35.3% of participants had responded "unsure" to this question, suggesting there was a lack of clarity or understanding regarding MASH notifications, assumed otherwise by the researcher – with no follow up question opportunity provided (appendix 5). Cohen et al (2018) highlights this as a common challenge in questionnaire design, stating definitions and follow up questions should always be offered to participants. Although the responses are included within overall findings, this is acknowledged as a flaw within the study's validity and reliability, which would be approached differently in future studies.

4.7 Conclusion

The methodological approach of this study has been continuously guided through an interpretivist paradigm and ontology, enabling professional experiences and constructions of risk factors within the lockdown to be captured, otherwise underrepresented in current literature. The use of a mixed method approach strengthened the overall reliability and validity of the study, although flaws to this exist. The following chapter will detail the ethical considerations made throughout the research process.

5.0 Ethics

This chapter demonstrates the ethical considerations of this study, taken in accordance with BERA and the University of Northampton guidelines. Upholding ethics is a fundamental part of research as it underpins "social and moral values" as well as participant respect, dignity and wellbeing (Bell, 2010; Cohen et al, 2018; Morrow, 2012; Resnik, 2011, p50).

5.1 Supervisor Consent

To meet university guidance, a meeting was held with a marking supervisor before any data collection began (University of Northampton, 2018). This guided the decision to use secondary data, as ethically it was agreed that gathering this would prove challenging through primary collection methods. Appendix 6 shows the ethics approval form signed by a marking supervisor two weeks in advance of data collection beginning, allowing time for any ethical changes to be made and ensuring complete transparency throughout the study (BERA, 2018).

5.2 Covid-19 Impact

The Covid-19 pandemic is a central theme to this study, which as anticipated, impacted the data collection process. The data collection process began in February 2021 during the UK's third national lockdown. The Coronavirus Act 2020 had enforced a 'Stay at Home' lockdown, in addition to university guidance, meaning all research projects had to be completed virtually (Appendix 7, GOV.UK[2], 2021). All data collection was conducted in accordance with this, ensuring the safety of both researcher and participants, which is imperative when completing any research study (BERA, 2018).

5.3 Participant Selection

Although BERA guidance permits the involvement of children in research, a decision was made to not include any children in this study (BERA, 2018). The interpretivist nature of this study lent itself well to researching complex and sensitive subjects, but this can also compromise the wellbeing of participants, particularly children (Hennink et al, 2020). The nature of this study could have compromised the wellbeing of children participants, ultimately compromising ethical underpinnings (Durham, 2002; Graham et al, 2013). Specifically focusing on professional perspectives within this study therefore removed this risk, ensuring the research to be ethically sound.

5.4 Participation Consent

A participant consent form was provided to all interviewees before data collection began, in line with BERA guidance (BERA, 2018). The form outlined the research aims, participant involvement, consent and confidentiality (Appendix 8). All participants were required to sign this before beginning research, ensuring their involvement was understood. Completing this prior to data collection allowed participants the chance to ask questions or withdraw consent, demonstrating the ethical support they had throughout this study (BERA, 2018; Cohen et al, 2018). A similar form was attached to the questionnaires guaranteeing all participants understood their involvement and consent, requiring a box to be signed before accessing the questionnaire and the entry of an identification phrase, should consent wished to be withdrawn (appendix 9). This is considered a fundamental part of questionnaire ethics, which increases participant confidence in their anonymity and data protection (Lambert, 2019; Roberts and Allen, 2015).

5.5 Questionnaire Platform

To ensure no data breaches occurred, it was imperative to select a secure questionnaire platform (BERA, 2018). Websites such as 'Survey Monkey' often proved a favoured platform amongst student researchers, as it is affordable and accessible, yet also has endured several significant personal data breaches (Regmi et al, 2016). To avoid this ethical compromise, the platform 'Jisc' was selected, as recommended by the university through its data protection and automatic anonymisation, upholding the ethical groundings of this study.

5.6 Conclusion

This chapter has demonstrated the ethical underpinning of this study, ensuring the welfare and confidentially of all participants, whilst also satisfying university and BERA guidance. The following chapters will detail the study's findings and implications for the set-out research questions.

6.0 Findings

Chapter six will present the research findings, demonstrating what risk factors professional believed contributed to rising abuse cases during the first UK lockdown. Data collection took place between February and March 2021, based upon the experiences of March-September 2020 (appendixes 10-14). The findings should therefore be interpretated based upon what was known during this time period.

6.1 Data Analysis

Taking a deductive stance, this chapter uses a thematic analysis presenting the current issues surrounding safeguarding practice within the Covid-19 pandemic (Spencer, Ritchie and O'Connor, 2003). This has been done through an ontological interpretivist position, with each theme constructed as a risk factor for rising abuse cases based upon the experiences and knowledge captured in this study. This was continuously guided by the study's research questions:

- How effective were safeguarding practices during the UK lockdown?
- What were the main safeguarding implications of school closures?
- How impactful has the 'toxic trio' been in rising child abuse cases?
- What are the main risk factors which contributed to a rise in child abuse cases during the first UK lockdown?

Each theme has been supported by the quantitative elements the study's methodology and no data has been omitted, contributing to the validity and reliability of all findings (Goodwin, 2012; Vartanian, 2010).

6.2 Secondary Research

Using triangulation, secondary data was used from the Children's Commissioner 'Local Vulnerability Profiles' projecting the number of children at risk from the 'toxic trio' in Area X, released in April 2020:

Table 1 – Children in Area X households with parental alcohol/substance dependency, domestic violence or severe parental mental health

'Toxic Trio'	**Percentage of Children Impacted**	**Projection number of children impacted**
Alcohol/Substance Dependency	3.78	6340
Domestic Violence	5.89	10030
Mental Health	11.49	19570

Table 2 – Children in Area X where the 'toxic trio' is prevalent

Frequency	**Percentage**	**Projection number of 0-17-year-olds impacted**
Any of the 'toxic trio'	16.16	27510
2 or more of the 'toxic trio'	4.09	6910
3 or more of the 'toxic trio'	0.98	1670

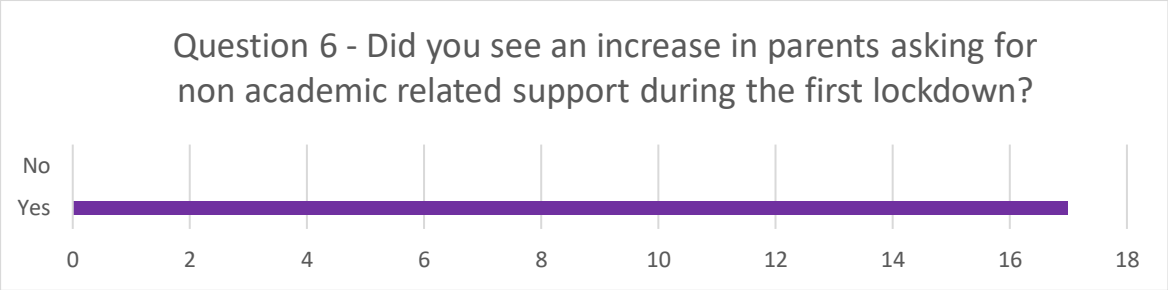
(Children's Commissioner[2], 2020).

Table 1 suggests parental mental health is the most prevalent risk to children in Area X, with 16.6% of children projected to be impacted by at least one element of the 'toxic trio' during the first lockdown. Section 6.5 explores this further, in relation to primary data findings.

6.3 School Closures

Questionnaire findings suggested the most significant concern when the lockdown began was the implications school closures would have for physically seeing vulnerable children (appendix 14.1). Findings indicated that academic engagement is a pivotal tool in assessing children's wellbeing, particularly amongst early years students. All questionnaire participants had reported an increase in families requesting non-academic support, in which the Executive head commented this had been largely related to behavioural support:

Figure 1 – Changes to non-academic support requested during school closures



The Executive Head voiced that Family Support Workers had been fundamental in safeguarding vulnerable children and families:

"Family Support Workers were so important… stronger family support means better relationships with families…"

Executive Head

Although supported by the Independent Social Worker, they also recalled an absence of student support teams present in schools during the lockdown. 21% of questionnaire participants believed school closures were the most significant risk factor presented by the lockdown, with all interviewees concluding similar perspectives. The Executive Head commented that schools had "done so much" throughout the lockdown, being "vital" for vulnerable children. Both social workers however suggested inconsistence school staffing and readiness to address welfare concerns hindering safeguarding and multi-agency practice:

"It (school staffing) was irregular… there was a lot of miscommunication… kids were disclosing to kids… by the time DSLs were in they were not wanting to disclose again…"

Independent social worker

"Schools would say they have concerns and I'd think 'okay well what are you going to do about it?' we're all trained in safeguarding"

DAAT social worker

6.4 Virtual Safeguarding

Findings revealed differing perceptions to the effectiveness of virtual safeguarding amongst participants. Questionnaire participants indicating these approaches were generally effective:

Figure 2 – Effectiveness of Video Calls

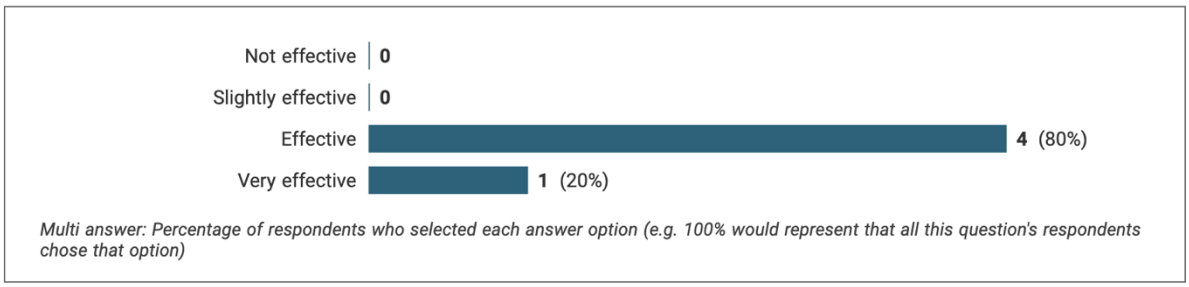


Figure 3 – Effectiveness of Phone Calls

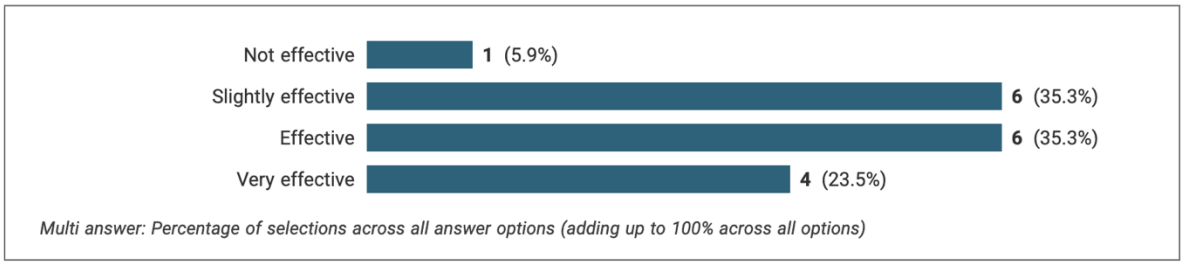
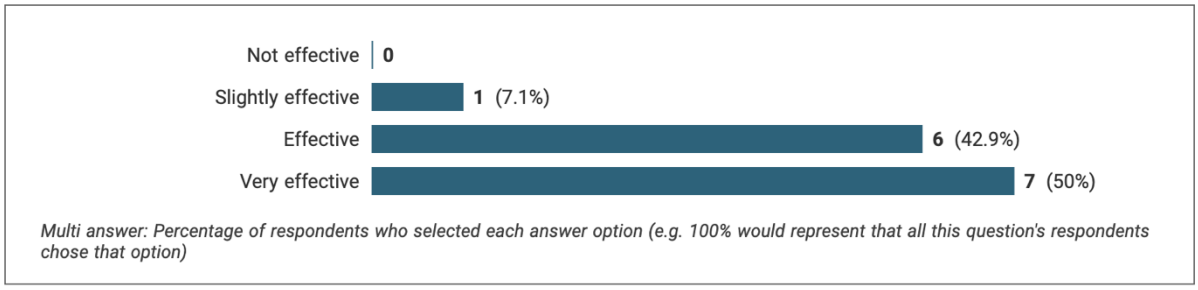


Figure 4 – Effectiveness of Home Visits



Interview findings however appeared to disagree:

"(Video calls) proved difficult… we could not see the home environment… there are lots of issues we didn't and still don't know about…"

Executive Head

"Parents would be in the background telling them what they could and couldn't say…"

DAAT social worker

"Doorstep visits and virtual calls were not effective…"

Independent social worker

(Appendix 14.2 for full comments).

6.5 The 'Toxic Trio'

55.3% of questionnaire participants had selected at least one element of the 'toxic trio' as the most significant factor for rising abuse cases. Questionnaire responses conclusively supported data from the Children's Commissioner identifying which elements of the 'toxic trio' would be most significant risk factor for vulnerable children during the UK lockdown:

Table 3 – Questionnaire participant perspectives of the most significant element of the 'toxic trio'

Element of the 'toxic trio'	Percentage of participants selecting this element
Parental Mental Health	34.2%
Domestic Violence	15.8%
Alcohol and/or substance Misuse	5.3%

All interviewees voiced concerns of the risk presented by parental mental health challenges, however highlighting this was dependent on household location. The DAAT social worker commented that:

"Some parents would end up hitting their kids they were just at the end of their tether going stir crazy… but also more so neglect and emotional abuse".

The risk presented by domestic violence was voiced more so by interviewee participants, than questionnaire and secondary data findings. The Executive Head recalled domestic violence notifications spiking in several schools, believing this was a result of families being "locked away together" for a prolonged period of time. The DAAT social worker provided a meticulous insight into the prevalence of

domestic violence throughout the lockdown, suggesting it was significantly impactful to rising abuse cases (appendix 14.3):

"The theme coming out the most was domestic violence – the frequency, severity and intensity increased… some of my families were ending up in hospital…"

DAAT Social Worker

Findings concluded that professionals attributed the least concern to the impact of parental alcohol and substance misuse to rising abuse cases.

6.6 Professional Contact and Referrals

18% of questionnaire participants stated the absence of professional contact was the most significant risk factor for rising abuse cases during the lockdown, largely attributed to school closures. Interview responses (appendix 14.4) furthered this narrative, with particular emphasis placed upon health visitors for young children:

"Young children were normally seen by health visitors or parents would go to GP surgeries but now they aren't…"

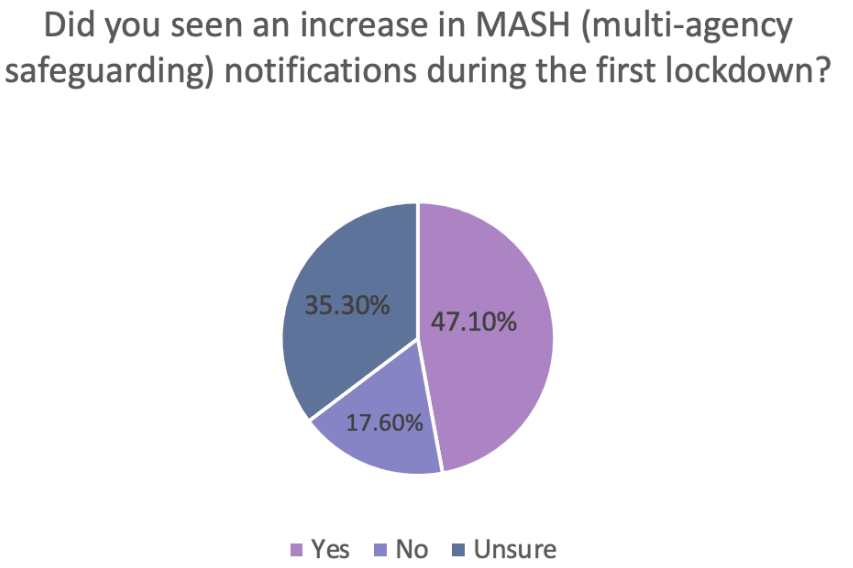
DAAT social worker

"Health visitors were only there for 15-20 minutes max and were not seeing children as they perhaps should have…"

Independent social worker

The Executive Head recalled increases in MASH notifications across several academy schools but remained unchanged in others. The DAAT social worker supported this, also highlighting that the complexity of section 47 referrals had increased (appendix 11.4). 47.1% of questionnaire participants reported seeing an increase in MASH notifications with their schools, however 35.3% also responded unsure meaning these findings are somewhat inconclusive (Section 4.3).

Figure 5 – Questionnaire responses to MASH notifications



6.8 Unexpected Findings

Both social work participants expressed concerns over multi-agency work throughout the lockdown through miscommunication, absence of creative approaches, ineffective decision making and a lack of best practice across agencies. They had also recalled social workers being the only agency physically conducting home visits to families and children:

"Safeguarding leads could no longer make confident decisions"

DAAT Social Worker

"Multi-agency work was much harder… there was no joined up working, gaps were widening… there was not a lot of 'best practice' – some social workers were too reliant on other professionals"

Independent Social Worker

The Independent Social Worker discussed hearing "frustrations" with MASH, however, did mention having limited dealings with this agency. Both social workers referenced X local authority being under OFSTED 'special measures'

impacting practice throughout the lockdown, however, stated this was an existing issue pre-pandemic. The Independent Social Worker recalled a noticeable increase in unconscious bias and hostility towards families, concerned this strained working-relationships and complicated intervention support. Both social workers further noticed "policing of families" rather than holistic workings (appendix 14.5).

Findings also suggested a significant level of concern for children not deemed as 'high risk' but may now face vulnerabilities due to the lockdown. Questionnaire respondents had referenced this as initial concerns, supported by interview findings:

"The children who weren't highlighted… or not known… were the issue"

Independent social worker

"There was a concern for the children who weren't high profile and were now not being seen… for years like year four we had not physically seen these children for months"

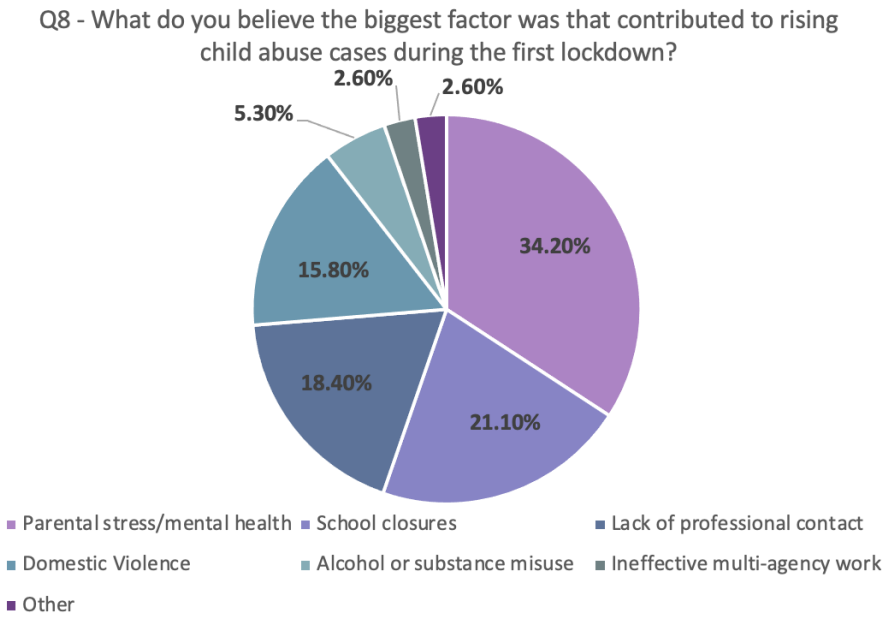
Executive Head

Questionnaire respondents indicated that during the 2021 lockdown more children were offered school places and greater provisions actioned for children now deemed as vulnerable as a result of the first lockdown. The Independent social worker also raised similar concerns for LAC, who were perceived as 'safe and well' due to existing safeguarding provisions. The comments suggested this may have been one of the most impacted groups, although not touched upon by other research participants or existing literature (appendix 14.6).

6.9 Most impactful

Questionnaire findings suggested there were several risk factors contributing to rising abuse cases, rather than one definitive factor alone, but did imply specific regard to the risk of parental mental health challenges:

Figure 6 – Questionnaire responses to the most impactful risk factor



Interviews concluded similar narratives, but also placed importance on the impacts of school closures and multi-agency work. Other risk factors mentioned within the data collection were also a lack of preparation before the lockdown began, inconsistencies within national and local guidance, and the wider socio-economic impacts caused by the lockdown itself (appendixes 14.7). However, all questionnaire participants had concluded enough provisions were put in place for SEND children. When asked to reflect on lessons learnt, all findings concluded increased knowledge about how Covid-19 spreads, familiarity with technology, increased virtual lessons, social distancing relaxations, and increased provisions for family's borderline requiring early help allowed for more effective safeguarding during the January 2021 lockdown. The Executive head also commented that across their academies all school had a "positive return" with limited issues.

6.10 Conclusion

The findings show that there are several implicating factors which contributed to rising abuses cases during the first lockdown, which cannot be attributed to one factor alone. Differing perceptions are visible across professions, however this could be attributed to varying levels of expertise and experiences. Unexpected findings also appeared throughout the research, further suggesting there were several implicating factors to rising abuse cases. A discussion of these findings will begin in chapter seven.

7.0 Discussion

The following chapter will discuss the research findings, using the same thematic approach within chapter seven. This will illustrate how each research question and the original hypotheses has been addressed through the findings, in reference to existing knowledge, previously explored in chapter three.

7.1 School Closures and Professional Contact

The absence of teacher-student contact concluded as the most consequential impact of school closures, supporting the study's original hypotheses of school closures being a risk factor for rising abuse cases. OFSTED have highlighted that infrequent professional contact with vulnerable children is detrimental to identifying safeguarding concerns through allowing abuse to become undetected and impacting how VOC is captured (OFSTED, 2011). The Independent Social Worker stated school closures had created irregular staff timetabling, reducing student contact with DSLs and pastoral support, recalling instances where children were now disclosing to other students, rather than professionals. The familiarity school staff provide students allows trusting relationships to be built, in turn meaning safeguarding concerns can be identified quickly and intervention actioned accordingly (Alazri and Hanna, 2020; Ferguson, 2016; Karatekin, 2019). Questionnaire findings had raised this as a concern of school closures, fearing it would allow safeguarding concerns to go undetected compromising student welfare. Child abuse if often perpetrated with the intention of remaining undetected, therefore school closures had created a perfect concoction of circumstances for this to occur, acknowledged as a significant risk factor to rising abuse cases by all participants – further supported by existing studies and data (Crawley et al, 2020; Douglas et al, 2020; Gracia et al, 2018 Levine et al, 2020).

Both social workers expressed similar concerns for their own practice recalling social workers being the only professionals physically seeing families 'normally', raising concerns over reductions in GP and health visitor contact for younger children. Younger children are at higher risk of experiencing abuse, but regular contact with health visitors and paediatricians can allow protective factors and interventions to be implemented to reduce the risk of abuse (Ward, Brown and Westlake, 2012). Existing studies have suggested that redeployment of health visitor roles during the lockdown had challenged early intervention services, wider multi-agency work and contributed to an overall decrease in CPME referrals, which

are pivotal to identifying welfare concerns (Boodhun et al, 2020; Driscoll[1] et al, 2020; Garstang et al, 2020; Murphy, Akehurst and Mutimer, 2020). The correlation of this data with current findings demonstrates risk presented through reduced professional contact during the lockdown, again supporting the original hypotheses.

Questionnaire findings had suggested that virtual safeguarding methods proved effective during the lockdown, indicating that student engagement had been positive throughout. Virtual safeguarding is often favoured for this reason, as studies suggest young people are more comfortable using technology therefore engagement and cooperation with professionals increases (Levine et al, 2020; Newham, Fallon and Darwin, 2021). Interview participants however concluded differing perceptions, concerned that these methods allowed for coercion, breakdown in professional-child relationships and prevented a 'true' image of a home environment to be gained. Current studies have highlighted this was a significant issue within virtual safeguarding, cited as a factor for abuse cases increasing through identifying indicators becoming harder (Evan and Wroe, 2021). 47% of questionnaire participants indicating virtual safeguarding to be effective were either teachers or teaching assistants, therefore their perceptions may have been conflated with academic engagement, accounting for difference in findings. However, without further research, this cannot be considered a concrete answer, rather a plausible interpretation of findings.

Overall findings suggested that school closures and reductions in professional contact were a significant risk factor contributing to rising abuse cases, supporting the hypotheses of this study. Previous pandemic studies also cite these factors as creating detrimental implications for safeguarding practice and vulnerable children further strengthening this study's findings (Bradbury-Jones and Isham, 2020; Harman, 2016; McKay, 2016).

7.2 The 'Toxic Trio'

The original hypotheses of this study believed the 'toxic trio' would be the most significant risk factor contributing to rising abuse cases, based upon data and literature released throughout 2020 (Romanou and Belton, 2020). Projected figures from the Children's Commissioner had suggested the risk severity presented by the 'toxic trio', whereby parental mental health would be the most

prevalent element impacting Area X children; supported by quantitative questionnaire findings. Social deprivation can act as a determinant of mental health challenges, with 62 Area X LSOA falling within the top 20% deprived areas nationally (Fone et al, 2014; X County Council, 2019, p2). As such, this can suggest why all quantitative findings gained from Area X believed parental mental health was the most significant 'toxic trio' risk to vulnerable children, further supported by overall findings showing concern for the socio-economic challenges presented through the lockdown.

Qualitative findings had however placed greater emphasis on the risk presented by domestic violence. The DAAT social worker had recalled the intensity, severity and frequency of domestic violence incidents increasing, and the Executive Head also noted spikes in domestic violence notifications within some academy schools. The DAAT social worker had directly linked these incidences to children experiencing physical injuries, illustrating the role domestic violence had played in increased abuse cases, supporting previous Covid-19 studies (Home Office, 2020; Kofman et al, 2020; Piqeuro et al, 2020; Sharma and Borah, 2020; UN Women, 2020). All findings had placed little emphasis on the role of parental alcohol and substance misuse in rising abuse cases. Recent data published by the NSPCC however has shown a 66% increase in calls relating to alcohol and substance misuse amongst parents since April 2020, averaging at 1,178 calls a month (NSPCC[6], 2021). Arguably this suggests that professionals may have been unaware of the true impact caused by this 'toxic trio' element during the first lockdown, demonstrating the fundamental need for continuous research into Covid-19 abuse.

'Toxic Trio' findings overall disagreed with the original hypotheses of the study, through all participants appearing to place greater concern to other risk factors contributing to rising abuse cases. Whilst this was initially informed through existing literature and what was known at the time, Covid-19 is an ongoing event, therefore it is not unexpected that findings and knowledge are continuously changing.

8.4 Unseen children

Unexpected findings arose through professional expressing concern for the unseen children of the pandemic, which had not previously been reported in

existing studies. Data has shown that for each known child abuse case, eight remain undetected, demonstrating how disguised child abuse is within society (Harker et al, 2013). All participants had suggested children perceived as 'safe' were one of the biggest challenges during the first lockdown, highlighting that the January 2021 lockdown had seen more of these students offered school places, accompanied by increased provisions for all children, rather than just those deemed as vulnerable. Studies show that overestimated bias can cause safeguarding interventions to be limited for those children deemed as safe, which allows abuse to manifest and remain undetected (Tucker and Rodriguez, 2014). This may suggest why in wider researcher there is limited data available to support the findings of this study, however, also shows the importance of conducting Covid-19 research to improve safeguarding practice and reduce the potential of risk factors for rising abuses cases.

The Independent Social Worker had voiced similar concerns for LAC, suggesting these groups were too considered 'safe' throughout the lockdown, however themselves faced safeguarding concerns. Whilst some current studies have highlighted that services and family contact was reduced for LAC, there is limited data available exploring welfare concerns like those mentioned by the social worker (Crawley et al, 2020). Limiting supporting data should not discredit the validity of this finding, rather again illustrates the evolving nature of Covid-19 research and the continuous need for new research projects.

8.5 Multi-agency Work

Both social workers had spoken in length about the impacts of ineffective multi-agency work throughout the first lockdown, which although unmentioned across other findings, should still be considered as a significant risk factor to rising abuse cases. Effective multi-agency work underpins all safeguarding practices, yet is an area continuously regarded as requiring improvements amongst all professionals working with children (Frost and Robinson, 2007; Peckover and Golding, 2017; Thompson, 2013). Failings within multi-agency work are continuously present within SCR, whereby policy and legislation such as the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 framework have set out to improve this element of safeguarding (NSPCC[7], 2021; Preston-Shoot, 2018; Social Work England, 2021). Baginsky and Manthorpe (2020) suggest multi-agency work had improved during the lockdown through professionals becoming

more creative in approaches and including a wider pool of professionals in child protection plans and early help interventions. However, several other studies have suggested otherwise, arguing an increased presence of ineffective multi-agency work during the lockdown, which ultimately harmed safeguarding practice and the welfare of vulnerable children (Driscoll[1] et al, 2020; Levine et al, 2020; Pearce and Miller, 2020; Posick et al, 2020). This supports the findings from this study, where both social workers raised concerns regarding miscommunication, professional wiliness to complete physical contact visits, decision-making and reduced inter-agency contact, contributing to a lack of 'best practice' within multi-agency work.

The Victoria Climbe and Baby P cases are stark reminders of the severity caused through ineffective multi-agency work, yet findings from both social work participants suggest that infectiveness still exists, worsen further through the UK lockdown (Driscoll[2], 2009). Analysis of the findings had further demonstrated this, by contrasting perceptions of school safeguarding handlings during the lockdown existing. Social care practioners and educational settings are argued as working within a strained relationship, existing prior to the Covid-19 pandemic, but fundamentally does impact the effective of collaborative workings between these professionals (Altshuler, 2003). The research collected suggests Covid-19 may have further worsened these relationships, ultimately harming safeguarding practice in place to protect all children, yet additional findings would be required to fully explore this issue. Focus groups arguably would have been invaluable to determining this, which would be a method adopted in future studies and recognised as harming the validity and reliability of this research finding.

8.0 Conclusion, Recommendations and Limitations

This final chapter will conclude this research study referring back to the original research questions and hypotheses, exploring the risk factors which had contributed to rising abuse cases during the first UK lockdown. This will follow with recommendations to be made for further practice and limitations presented within the overall study.

8.1 Research Questions

Using a deductive approach, this study had aimed to answer the following questions to determine what risk factors had contributed to rising child abuse cases during the first UK lockdown:

- How effective were safeguarding practices during the UK lockdown?
- What were the main safeguarding implications of school closures?
- How impactful has the 'toxic trio' been in rising child abuse cases?
- What are the main risk factors which contributed to a rise in child abuse cases during the first UK lockdown?

These questions had been informed through the study's original hypotheses and current Covid-19 evidence, which had suggested school closures, reductions in professional contact and the 'toxic trio' were the most significant risk factors contributing to rising abuses cases. The following sub-headings will provide conclusive answers to each of the research questions.

8.2 Virtual Safeguarding

Questionnaire findings had concluded that virtual safeguarding methods were overall effective during the first lockdown, however this was contrasted within interview findings. Interview participants ultimately had greater scope to discuss virtual safeguarding methods, suggesting why there were differences in overall findings. These concerns had been focused on coercion, capturing VOC and challenges in gaining a true understanding of a child's home environment, supported by findings from existing studies. Furthermore, this has validated the original hypotheses of this study that virtual safeguarding may have been a significant risk in rising abuse cases. Whilst more research into this risk factor is desirable, recommendations can be made that there is a fundamental need for

all agencies to consider safeguarding practice when face-to-face contact becomes restricted.

8.3 School Closures

The findings concluded that school closures were a detrimental risk factor contributing to rising abuses during the first lockdown, again supporting the original hypotheses of this study. All participants had concluded that the loss of professional contact was the biggest implication of school closures, through this challenging the identification and prevention of vulnerabilities. These concerns had also been extended to children deemed as 'safe' prior to the pandemic, but now became completely hidden to all professionals through lockdown restrictions. Differences had concluded of the effectiveness of school safeguarding practice, between social care and educational participants, which has been linked to wider issues within multi-agency work. Findings suggested academic engagement became a pivotal in assessing a child's welfare, which was used more frequently during the January 2021 lockdown. Ultimately school closures may again be inevitable if another the UK faced another pandemic. However, findings from this study and wider professional experiences do suggest more provisions are required to counteract the risk presented by school closures for overall safeguarding of *all* children.

8.4 'Toxic Trio'

The original hypotheses of this study had considered the 'toxic trio' as the most significant risk factor contributing to rising abuse cases during the first lockdown, based upon existing data. The findings showed professional concerns to the risks presented by the 'toxic trio', most noticeably domestic violence and parental mental health challenges. Concerns raised over parental alcohol and substance difficulties were limited in the findings, however as highlighted, recently published data is suggesting this element has had a significant impact on vulnerable children (NSPCC[7], 2021). Overall, the findings had disagreed with the study's original hypotheses, with all participants raising greater concerns of other risk factors than the 'toxic trio'; which suggests it was perhaps not as detrimental as expected. However, the pandemic has also showed that more provisions are desperately needed to support each element of the 'toxic trio' respectively – which arguably would work towards reducing vulnerabilities presented by this risk factor to children.

8.5 Most Significant Risk Factor

The findings have suggested that there were several risk factors contributing to rising abuse cases during the first lockdown, rather than one stand-alone factor. A common theme across all findings was the increased concern for what was happening when children were not being 'seen' by professionals. This arguably could be perceived as the most significant risk factor contributing to rising child abuse cases, however, fundamentally is also part of a wider circle of risk factors. School closures meant that all students had lost a significant amount of professional contact, which virtual safeguarding could not account for. This allowed for indicators of abuse, such as the 'toxic trio' and wider welfare concerns to go unnoticed, as well as being partially caused by the lockdown itself such as the impacts socio-economic challenges and families being confide to their homes with limited social contact for a prolonged period of time.

Both social work interviews suggested that ineffective multi-agency work also acted as a risk factor to rising abuse cases, although not mentioned across other data collection. Outside of Covid-19, multi-agency work is continuously cited as requiring improvements, with guidance specifically existing to improve collaborative practice. Current Covid-19 literature has supported the study's findings that multi-agency work was challenged throughout the pandemic, implicating safeguarding practice and early help for children and families; as such, should not be disregarded as a significant contributing risk factor. The presence of multi-agency work contributes to the wider link between all risk factors, highlighting why there is no one sole factor which has led to an increase in abuse cases during the lockdown.

As of April 2021, although the UK has recently ended its third national lockdown, the pandemic remains ongoing and there still remains a significant amount of unknown regarding its full implications. Whilst information and knowledge are continuously evolving, the full extent of the safeguarding risks presented by the pandemic and lockdown may remain unknown for the foreseeable future. There is ultimately a fundamental need for continuous research into this area, arguably interpretivist paradigms particularly, to further understand risk factors contributing to rising abuse cases during the Covid-19 pandemic and how this has impacted vulnerable children.

8.6 Recommendations

The evolving nature of Covid-19 knowledge arguably challenges making professional recommendations, as data is continuously updating, meaning recommendations are continuously taking shape. However, ultimately this study would recommend that professionals should fundamentally reflect on Covid-19 safeguarding, to identify the challenges that arose and how to prevent these in the case of future pandemics and wider safeguarding practice. Whilst this study has suggested there were several key risk factors contributing to rising abuse cases during the first lockdown, there was a continuous concern raised for children not being 'seen'. It therefore can be recommended that all agencies should increase professional contact with vulnerable children, pandemic or not, to promote the safety and welfare of these children. This could be done through increased research into improving virtual communication, creativity in approaches and multi-agency work.

Covid-19 has impacted all aspects of life and society is returning to a 'new normal' different to what we knew before March 2020. Therefore, safeguarding practices will have fundamentally changed, as a reflection of wider society and the implications of the Covid-19 pandemic. Fundamentally, it can be argued that professionals should use the challenges and learnings from the pandemic as a way of improving safeguarding and child protection practice indefinitely. Not only would this serve to reduce the risk factors impacting vulnerable children, but also improve wider practice and ultimately working towards protecting every child from abuse and maltreatment.

8.7 Study Limitations

This research has been conducted as part of a small-scale study; therefore, limitations do exist within this final paper. Although the methodology of this study had chosen methods which can allow for generalised findings, this may ultimately prove challenging as the study used a small participation pool, limited to one UK local authority, therefore may not be representative of national experiences. Furthermore, the study has only conducted research involving social care and educational professionals, meaning wider agencies voices such as paediatricians, health visitors and the police were not included. Arguably to truly explore risk factors contributing to rising abuse cases, these agencies should have been included within the study. Whilst this proved challenging to do in

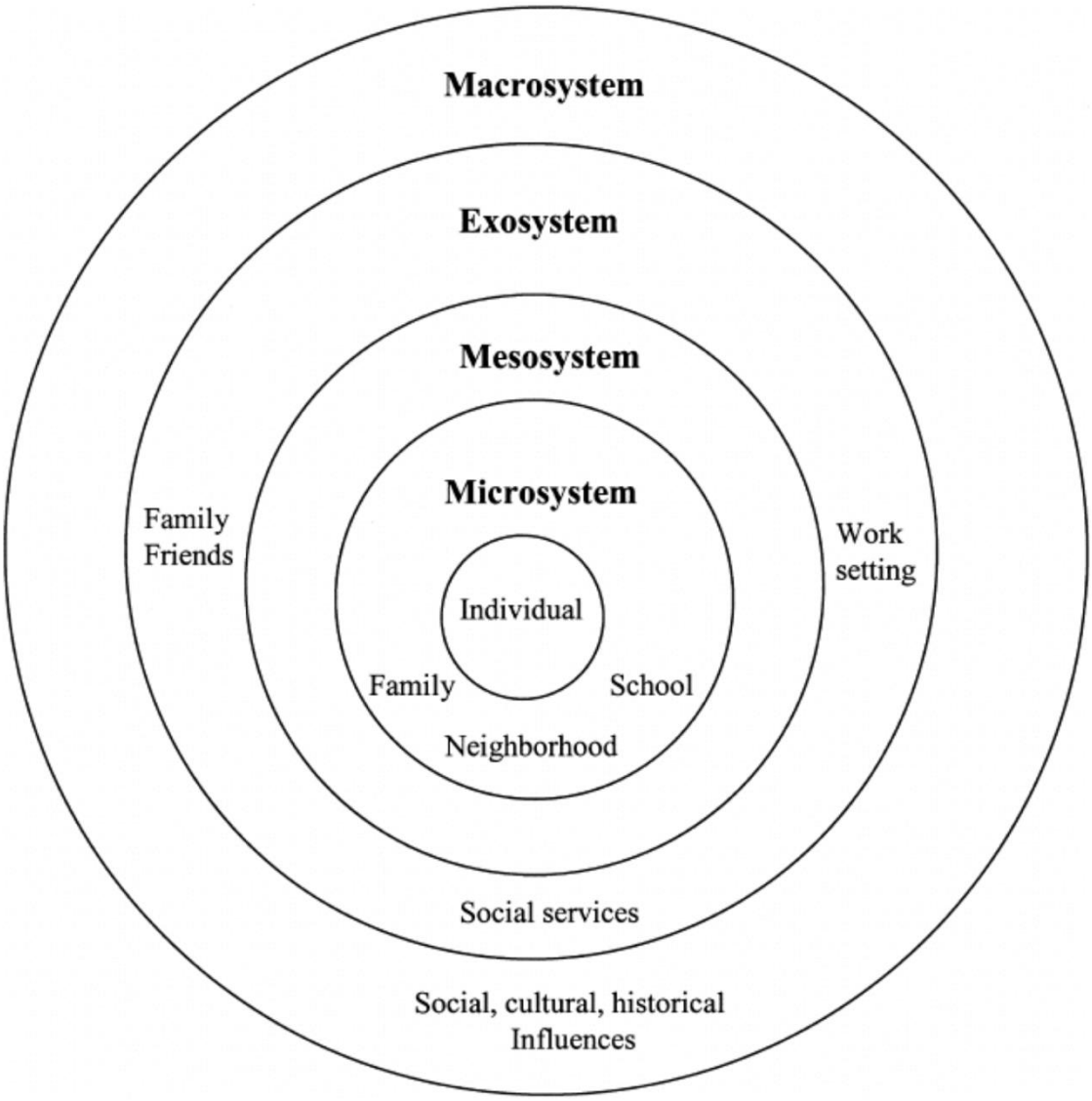
respect of the study's small-scale nature, it should still be acknowledged as an overall limitation. Focus groups not being used as a research method also should be recognised as a study limitation, which upon reflection, would be amended if this study was to be completed again.

This study has not focused on one specific form of child abuse, rather the term has been used generally to explore any form of maltreatment or harm against children. Therefore, whilst some of the study findings are supported by existing Covid-19 literature, there are limitations in that 'abuse' has been used generally. If this study was to be conducted again with the support of a larger time scale and funding, it would be recommended that one form of abuse should be explored exclusively in the context of Covid-19, to better supplement this current research area. Finally, upon analysis of questionnaire responses, issues were recognised regarding question wording (q5) and only asking a small number of questions. Whilst this did not impact the overall findings significantly, there appears to be gaps within questionnaire findings that could be reduced if more questions had been asked. For example, more questions regarding multi-agency work and safeguarding concerns seen within schools during the lockdown. If this study was to be completed again, this would be reflected upon and altered to produce more detailed and comprehensive findings.

Appendix Items

Appendix 1

Figure 7 - Bronfenbrenner's Ecological Systems Theory



(Swanson et al, 2003).

Appendix 2

Safeguarding easements introduced under The Coronavirus Act 2020 (DHSC, 2020). These had been criticised by children's services organisations and academics for reducing the services and safeguarding provisions in place to protect vulnerable children (Crawely et al, 2020).

- "Local authorities will not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements. This includes undertaking assessments of children transitioning to adult social care
- Local authorities will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements
- Local authorities will not have to prepare or review care and support plans in line with pre-amendment Care Act requirements
- The duties on local authorities to meet eligible care and support needs under the Care Act are replaced with a power to meet needs" (DHSC 2020).

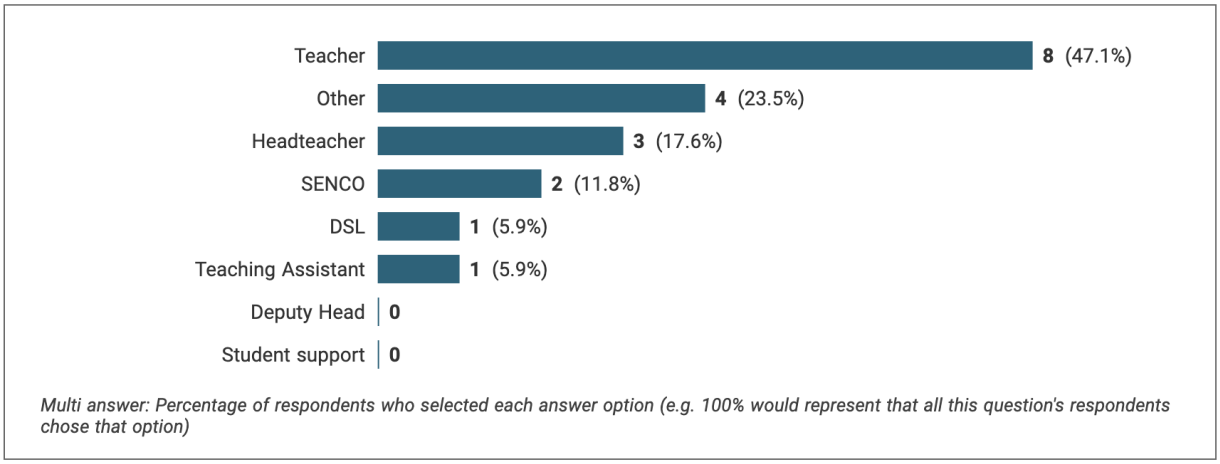
Appendix 3

Table 4 Interview Participants Professional Backgrounds

Participant job title	***Description provided by participants***
Executive Head within Y Academy Trust	Executive headteacher within Y Academy Trust in Area X. The trust has around 3,000-4,000 students across 11 primary schools.
Independent Social Worker	Independent social worker working within Area X. Caseloads are assigned via courts and local authorities, with day-to-day workings mainly being welfare visits, parenting assessments and capturing VOC.
DAAT Social Worker	DAAT Social Worker for Area X county council. Based within the Duty and Assessments Team, main day-to-day responsibilities are dealing with Section 47s (child protection) child and family assessments and offering short term intervention to families.

Figure 8 - Questionnaire Participants Job titles

2 Please state your job title



2.a If you selected Other, please specify:

Showing all 4 responses	
Pastoral lead	698121-698112-71950879
DT technician	698121-698112-71954534
Student teacher	698121-698112-72061400
Nurture Lead (and a DSL)	698121-698112-72128608

Appendix 4

Table 5 - Interview Timetable

Interviewee	**Date of interview**	**Time of interview**	**Location**
School Improvement Lead and Executive Head for X academy trust	Tuesday 2nd February 2021	14:00pm-14:40pm	Video call via *Zoom*
Independent Social Worker – Family and child assessment team	Tuesday 2nd February 2021	20:00pm-21:40pm	Video call via *Facebook Messenger*
Social Worker from X Children's Services – Duty and Assessments Team	Thursday 4th February	16:00pm-16:55pm	Telephone call

Appendix Five

Blank Copy of Online Questionnaire:

2. Please state your job title:

Headteacher	
Deputy Head	
DSL	
SENCO	
Teacher	
Teaching Assistant	
Student Support	
Other	

2.a. If 'other' please specify:

3. What were your main safeguarding concerns when the Government announced school closures and the subsequent lockdown in March 2020? Please briefly explain your answer.

4. How did your school safeguard during the first national lockdown? (multiple choice selection)

Video Calls	
Phone Calls	
Home Visits	
Other	

4.a. If you selected 'other', please specify:

4.b How effective were these methods of safeguarding?

	Not effective	Slightly effective	Effective	Very Effective
Video calls				
Phone calls				
Home visits				
Multi-agency work				

5. Did you see an increase in MASH (multi-agency safeguarding) notifications during the first lockdown?

Yes	
No	
Unsure	

6. Did you see an increase in parents asking for non-academic related support during the first lockdown?

Yes	
No	
Unsure	

7. If you work with SEND children, do you believe enough protective factors were put in place to safeguard them?

7.a. Please briefly explain your answer:

8. What do you believe the biggest risk factor was that contributed to rising child abuse cases during the first lockdown? (Multiple choice)

School closures	
Lack of professional contact	
Domestic Violence	
Parental stress/mental health	
Alcohol and/or substance misuse	
Ineffective multi-agency work	
Other	

9. One year on, we are now in another national lockdown with school closures. Is there anything your school has done differently this time round to safeguard vulnerable children, from what you had learnt last year? Please briefly explain your answer.

Appendix 6

Ethical Approval Form from the University:

Faculty of Health, Education and Society

Research Ethics Approval Form

Student name:	**Student number**:
Phoebe White	18431672
Module code: EDU4007	

Working title:

The Silent Pandemic of Vulnerable Children

An explorative study into risk factors that contributed to rising child abuse cases during the first UK Covid-19 lockdown from professional perspectives.

Context and rationale for the study:

The context of this study is to understand the main risk factors which contributed to increased child abuse cases during the UK's first Covid-19 lockdown and the impacts this will have on vulnerable children. The study intends to understand this from the perspective of professionals who worked during this period to establish their experiences. Current literature and studies have looked at this subject largely based on published figures, rather than from the point of view of professionals within this field.

Several agencies and organisations released data during the summer of 2020 highlighting the devastating impact lockdown had on child abuse figures, with the NSPCC releasing a comprehensive report looking into this (Romanou and Belton, 2020). The Children's Commissioner also released 'local vulnerability profiles' for each UK county in April 2020, highlighting the number of children at risk from the 'toxic trio' (Children's Commissioner, 2020). This data has formed the rationale for the study.

Research questions (those that will guide your research overall)

- How effective were safeguarding practices during the UK lockdown?
- What were the main safeguarding implications of school closures?
- How impactful has the 'toxic trio' been in rising child abuse cases?
- What are the main risk factors which contributed to a rise in child abuse cases during the first UK lockdown?

Methods of data collection:

1:1 interview

Online questionnaire

Secondary Data

The participants:

Interviews: Social worker from X county council, Independent Social Worker, Executive Head from Academy Trust Y

Questionnaires: staff within Academy Trust Y

Ethical considerations and how they will be addressed:

Please read the BERA Ethical Guidelines for Educational Research (2018) before submitting this form. Please demonstrate (as appropriate) how you will address issues such as:

Ethical consideration	How it will be addressed
Informed Consent	This study will require all participants to complete a consent form before partaking in research. Providing a consent form will allow all participants to understand the nature of the study, their involvement and rights and how their information will be used (BERA, p9, 2018).
The Right to Withdraw	As the researcher in this study, it is important to acknowledge that all participants can withdraw from the study at any time, for no reason (BERA, p18, 2018). In such instance, the participant(s) would

	be provided with the correct contact details to withdraw consent (BERA, p18, 2018). Given the current COVID-19 pandemic, some elements of research will be conducted online in accordance with social distancing guidance. When participants complete online research, they will be informed of their right to consent before beginning their involvement and any research withdrawn will not be used in the final study (BERA, p18, 2018).
Openness	As researcher, it is fundamental to remain open when completing this study (BERA, p9, 2018). This includes being open to participants right to withdraw an open and transparent with participants throughout the research process (BERA, p9,18, 2018). Having an opened mine during this study, will allow for all participant's wellbeing, feelings and safety to be upheld as well as ethical considerations.
Privacy (including data storage)	Upholding participants privacy is now considered the "norm" in research, to ensure all studies are conducted ethically (BERA, p21, 2018). This be done by ensuring all participants remain anonymous in their involvement when reporting their findings (BERA, p21, 2018). However, if a participant wishes to not be made anonymous during the study, this will also be accommodated for (BERA, p21, 2018). All data collected and stored within accordance of The Data Protection Act 1998 and GDPR (BERA, p23-24, 2018). Participants will be informed on how their data is being used, stored and 'destroyed' once the study is completed.
Disclosure	Due to the nature of this studies context, it is possible that a participant may make a disclosure at any point of the research. If when completing research, a disclosure comes to light which involves illegal behaviour or places an individual at harm, as researcher I should then consider disclosing this information to the correct authorities (BERA, p25, 2018). Moreover, as this study is looking into child abuse, any disclosures made by participants will be considered in the context of safeguarding. In this instance, the information will be shared with appropriate bodies on a 'need to know' basis, in

	accordance with safeguarding guidance (SCIE, 2019).
Incentives	BERA guidance states incentives can be used appropriately in research and must be acknowledged in the study. (BERA, p19, 2018). However, given the nature and context of this study, it feels morally and somewhat ethically wrong to use incentives. Therefore, no incentives will be used.
Potential Detriment	As researcher, is it fundamental to ensure the wellbeing of all participants is upheld throughout this study (BERA, p19, 2018). This study is looking at safeguarding during the Covid-19 lockdown, which was a destressing time for many people, particularly professionals still having to work. Therefore, careful ethical consideration will be taken when considering the methods of research and questions posed to participants to ensure their wellbeing is safeguarded throughout their involvement in the study.
Issues relating to working with children or vulnerable individuals.	BERA guidance states that if children were to be involved in research studies, their best interests must be upheld whilst also considering gaining consent from the child's legal guardian (BERA, p15, 2018). However, the nature of this research is child abuse, an extremely sensitive and traumatic subject. Therefore, it is in the best interest of any child to not involve them in this study, to safeguard their own wellbeing and prevent further trauma.

Student declaration

I confirm that I have consulted the BERA ethical guidelines (2018) and that they information presented here is representative of my research.

Student signature**: Phoebe White**

Date: 14.01.2021

The following signatures do not need to be gained before the 25th January 2021 deadline. They should be gained after your supervisor has reviewed this documentation on Turnitin.

Supervisor signature

Supervisor name: Toby Purser

Signature:

Date: 29.01.21

Appendix 7

Part of an email received from the Education Studies Program Leader on 4th December 2020 stating updated university guidance for completing dissertation research:

"I received an update about the university position on research during the covid-19 context and I wanted to share the implications of that with you all, as it is relevant to your research plans and data collection.

As you know, I have already suggested your field work (your interaction with your participants – e.g. interviews) should be online as it is safer and more likely to happen in the current climate than anything face to face.

The official university stance is that NO face-to-face fieldwork (interviews, questionnaires, observations, focus groups) should be happening. The only exception to this is where you would already be interacting face to face with those participants anyway e.g., you live with them or work with them".

Appendix 8

A blank version of the consent form that was sent out to participants and was returned signed before data collection began. A blank version has been uploaded to uphold the confidentiality of all participants:

Study into the main risk factors contributing to increased child abuse cases during the UK's first Covid-19 lockdown, and the impact of vulnerable children, from professional perspectives.

Thank you for taking the time to agree and participate in this research. This sheet will provide you with the information about this research and consent for your involvement.

Aims:

The aim of the research is to gain professional understanding of the main risk factors which may have contributed to increased child abuse cases during the first UK national Covid-19 lockdown. The study also aims to gain an understanding for what professionals believe the impact of abuse experienced during the lockdown will have on vulnerable children.

Participation:

Participation in this study is optional, and all participants have a right to withdraw from research at any given point for any reason. If you wish to participate in this study, there is a consent form to be signed which explains your involvement in the study, the use of your data and rights to withdraw if you wished to.

The interview:

The interview does not endeavour to take a considerable amount of your time. Questions will be used to gain an understanding of your professional experience and opinions regarding child abuse in the first UK lockdown. Given the nature of the study, I ask that when engaging in the interviews all answers given uphold your organisations safeguarding policy and that no confidential information regarding children and young people is shared. The interview is to gain an understanding of your experience as a professional working in a safeguarding role during the first lockdown, rather than specific cases or incidents you may have worked on.

Withdrawal:

As a participant, you have a right to withdraw from this study at any given moment. This may be before, during or after the research process. If you wish to withdraw from the study, it can be done through contacting myself on the below email address. Any information you have given will also not be used in the final study if you wish to withdraw.

Information use:

Your interview answers will be used as part of a research project and academic paper. Your information will be stored on a private hard file and destroyed once the study has been completed. This research will be conducted in accordance with The Data Protection Act and GDPR.

Confidentiality:

Your participation in this research aims to be confidential wherever possible. This means your personal details will remain anonymous, and only myself and a marking tutor will have access to your responses from the research process. However, if an answer given during the research process suggests that either yourself, a young person or someone else is in a position of harm or a disclosure is made, then the relevant agencies would be informed. However, this would be done after a conversation with yourself has taken place.

Ethical guidance:

This research has undergone ethical review and approval in line with BERA guidelines and the University of Northampton Ethical Guidelines.

Questions:

If you have questions, please contact the researcher Phoebe White: phoebe.white18@northampton.ac.uk

Further queries:

If you have any further queries, please feel free to contact the dissertation supervisor:

Toby Purser – toby.purser@northampton.ac.uk

Consent form

I have read the above information, or it has been read to me about my involvement in this study	YES/NO
I agree to give my consent for participation in this study, but understand I can withdraw at any point before, during or after the research	YES/NO
I understand that my participation is for the use of an academic paper and all answers and personal details will be destroyed off once the paper is complete	YES/NO
I understand that all of my information will be kept confidential and anonymous during this research	YES/NO
I agree that my responses will be kept anonymous if quoted in the academic paper	YES/NO

I understand that my personal information will not be shared or stored during this research study	YES/NO

If you are happy to participate, please sign this form and keep a copy for your personal records (if signing digitally please put your full name)

Name:_____

Signature:_____

Appendix 9

Consent sheet attached to the online questionnaires:

Page 1: Participation consent form

Thank you for taking the time to partake in this research, looking into child abuse during the first Covid-19 lockdown. You have been invited to partake in this research based on your experience working in a school during the first UK national lockdown. This survey should take no more than five to ten minutes to complete. Once you have read and understood the information below, please tick the box to give consent for your participation in the study.

Your participation: The purpose of this study is for a university dissertation. By consenting, you will be taken to a short questionnaire. The overall aim of the dissertation is to understand the most significant risk factors which contributing to rising child abuse cases during the first national lockdown. This specific questionnaire aims to understand the experiences and perspectives of those working in schools during this time.

Right to withdraw: Your participation in this research is completely voluntary, therefore you do not have to participate if you do not want to. At any point of the survey (before, during and after) you are able to withdraw your participation, without needing to provide any reason. If you wish to withdraw from the survey after your participation, please contact the researcher with your unique phrase to withdraw your answers. If you withdraw from the study, your participation and answers will not be used in the final dissertation.

Data storage: All information in this study will remain anonymous to uphold your confidentiality. Your responses will be kept on a secure device, which will only be accessed by the researcher. Your answers will be used in an academic paper but remaining completely anonymous and only seen by the researcher and marking tutor. This study has undergone ethical review from the University of Northampton and is line with The Data Protection Act 1998 and GDPR guidance.

Your wellbeing: The nature of this study is looking at child abuse during the Covid-19 pandemic. This subject could be significantly upsetting and or cause distress for some participants. If you need to speak to someone at any point

before, during or after this study, please follow the links below. Alternatively, you can always contact the researcher and supervising tutor if you wish to:

Mind - 0300 123 3393

Samaritans - 116 123

Further questions: If you have any further questions please email: phoebe.white18@my.northampton.ac.uk

1. Consent (Required)

I have read and understood the above information and given consent to participate in this research.

2. Please choose a unique phrase that can be used to identify your participation if you wish to withdraw your consent once you have completed this questionnaire

Appendix 10

Executive Head interview - Due to the length of this interview, being completed virtually and university research guidance, it was not voice recorded. Instead, notes were made with some key quotations included. As part of the data analysis method, this interview script has been presented thematically:

Interviewee Executive Headteacher for Y Academy Trust with around 3,000-4,000 students across 11 primary schools. Executive head teacher within several of the schools also. Informal semi-structed Interview Tuesday 2nd February 2021 via zoom call 14:00pm-14:40pm

Pre-Covid-19

- Prior to Covid-19, all schools followed statuary guidance for safeguarding with training and support for all DSLs and head teachers, government body heavily responsible for safeguarding across all schools
- External safeguarding lead audits the schools/trust once a year
- Safeguarding policies vary from school-to-school dependant on their structure

March 2020 – entering lockdown and school closures

- March was "unexpected… we were suddenly in a situation where schools were closed for most children"
- "A system was used to identify vulnerable children… this was any child who was classed as looked-after, with an ECHP, social work involvement, children in need or receiving early help/targeted support"
- "Consistency was and still is a problem" there were challenges with parents whose children were identified as 'vulnerable' but were not sending them into school, using Covid as reasoning
- Safeguarding guidance: phone calls and/or doorstep visits, a 10-page safeguarding policy was implemented specifically for Covid
- Support was required for families i.e., money, job, housing

Challenges/virtual safeguarding:

- "There was a concern for the children who weren't high profile and were now not being seen" mentioned schools partial re-opening in Summer "This was good for the years that opened... but for years like year four we had not physically seen these children for months…"
- "We have realised that remote learning engagement is a big indicator for safeguarding concerns"
- Schools are "rag rated", contact was being made "at least once a week"

- If families were not engaging with contact (phone calls or doorstep visits) referrals and concerns would be raised to LA, duty social workers or MASH
- "A trigger (for safeguarding) is kids not working… particularly younger years"
- Video calls proved "difficult" for capturing VOC and denied abuse "We could not see the home environment… there are lots of issues we didn't and still don't know about"

Multi-agency work:

- "MASH referrals varied, very dependent on the area" some had significant increase in referrals more so than others
- "DV notifications spiked in several schools… but were unchanged in others"
- Schools "have done so much" i.e., food boxes "sign posting was really important"
- "Family support workers were so important… stronger family support means better relationships with families… were more likely to ask for support"

September return/lessons learnt:

- In September "we had a positive return… behaviour was really good; we had a positive start" When it was mentioned that the CC had been concerned about a surge in referrals, he said they had not noticed it that much
- Now: "Remote learning is now a big focus… engagement is high, and students are completing work"
- "We (the academy trust) have frustration with DfE guidance… it's so important to go the extra mile with families… over and above… persistence is key… constant adjustments… schools have been vital"
- "Social distancing has had a big impact" in March people were more nervous about the virus now they are "less reluctant… with home visits"

Main contributing factors:

- When asked about what he believed the main contributing factor was "I have no view… it would have been really surprising if there had been no rise in child abuse cases… families were locked away together in a long time… some of the housing conditions are not good for this"
- When talking about the rising cases and denied abuse… "What do we do about that it? That is the significant thing"
- "Bills, employment, food and mental health" are key players in welfare

Appendix 11

Independent Social Worker Interview - Due to the length of this interview, being completed virtually and university research guidance, it was not voice recorded. Instead, notes were made with some key quotations included. As part of the data analysis method, this interview script has been presented thematically:

Semi structured, informal interview – interviewee spoke mostly about their experience, what they had noticed from working, as researcher I asked questions as and when depending on what was said/ if I felt I wanted more information about it.

Tuesday 2nd February 2021, Facebook video call interview 20:00pm till 21:40pm.

Prior to Covid-19:

- Independent social worker, case load via courts and local authorities mostly completing welfare visits and parenting assessments
- Her main role is to capture VOC and children's perspectives of their life etc

March 2020 – entering lockdown:

- "Each agency had their own criteria for how they worked" regarding safeguarding
- It took "along time" for all agencies to get used to technology
- "No agency was prepared for this… nobody understood what was coming"
- X authority is now doing well with PPE and Covid measures, however this was not the case at the beginning and took a long time to get to where they are now
- Technology is now accepted one year on. Initially, SW were told not to go into homes if they did not feel comfortable
- "In April we had social workers come in from different parts of the country… they did not know what support X local authority had in place"
- Between March and Summer 2020 her team was asked to complete welfare visits "much more than usual… my assumption is that this was because of workforce challenges, self-isolation and Covid related issues"

School closure impacts:

- A big issue she found was because of reduced pupils in schools, staffing changed and became "irregular" which posed big issues for safeguarding
- Children who were in school because of their vulnerabilities were experiencing education in a different way compared to pre-Covid times
- Teachers had no regular contact with children, and support from other professionals and services was no longer there
- Schools are not effective enough for a lot of safeguarding concerns
- "A lot of miscommunication"
- School DSLs were not in 24/7 "kids were disclosing to kids… by the time DSLs were in they were not wanting to make the disclosure again"
- "The children who weren't highlighted… or not known… were the issue"

Multi-agency working:

- "Hit and miss" for each particular case for how much professional contact each child was receiving
- "Multi-agency work was much harder"
- "I was completing welfare visits for one family starting in February, this was 2 one-hour visits once a day, this went on until October… the LA assigned social worker was only visiting once a day, the visit was minimal and the social worker, although with PPE, was not staying in the house for long… Health visitors were only there for 15-20 minutes maximum and were not seeing children as they perhaps should… The child in this particular family was missing her pastoral support in school as the staff were not now working regular hours… in some cases, social workers were not going to see their families and were regarding Independent Social Work visits as meeting the statuary guidance, which is just bad practice"
- Schools with Family Support Workers did well with families, however within some social care departments there was an absence of effective family support. Again, if the family support worker did not have a good relationship with the family the correct support could not be offered nor would the family ask for help
- Felt at times during the pandemic there was "policing of families" rather than holistic working to make effective changes and offer support, believes this is an existing issue but was "exacerbated by Covid"
- "No joined up working, gaps were widening" when talking about multi-agency work and support for families
- Lack of multi-agency working means too many things are being missed
- No consistent professionals in children's life because of virtual working and social distancing
- "Social workers were too reliant on other professionals… like schools… trusting information that was not first-hand"
- Not a lot of "best practice" between multi-agencies
- When asked about MASH "I did not have a lot of dealings… From what I heard from families and other professionals there was a lot of frustration with MASH"

Challenges and virtual safeguarding:

- "Doorstep visits and virtual calls were not effective" for identifying issues, denied abuse and capturing VOC

- "You have to have a good, trusting relationship with the child for virtual safeguarding to be effective"
- Because of Covid protocols i.e., cleaning etc after seeing people, families were not able to be seen, time cut short or appointments missed
- Many professional meetings (TAF, CP) were being done virtually there was "no openness with families… they were intimidated by too many professionals over the phone… families lost the ability to get feedback and support, the lack of face to face contact in these meetings meant families were only hearing the negatives… families were getting frustrated and angry being told things over the phone which shouldn't have been told to them over the phone... CP assessments, care orders, court proceedings"
- Covid "heightened anxieties for everyone, families and 'normal' social work practice"

LA workings and guidance:

- Problems within X Local Authority were made worse by the fact they were in special measures with OFSTED
- Every LA was working differently
- Reports were not getting completed as quickly as they should have been
- When asked about government decision to allow ex social workers to emergency register "I didn't see any of this… but I can imagine it was a positive thing"

Looked after children and court proceedings:

- LAC were suffering the most
- All court proceedings were being done via virtual calls, because of technology issues a lot of proceedings were being missed
- "The saddest thing was the lack of contact with families for LAC"
- "One mother on an interim care order was only seeing her child for one hour a week because social distancing and restrictions… this was not good practice; social workers were not thinking outside of the box"
- No additional support was offered for those of special guardianship orders
- Children who are LAC "social workers were too reliant on placement settings, assuming children were okay and not checking in on them as they were 'seen' by trusted professionals… problems were going on"

One year on and biggest contributing factors:

- Home visits began again
- A big learning curve one year on, more understanding about Covid and transmission, more PPE
- "Professionals need to be more accepting" was a big point learnt through Covid
- The impact of the 'toxic trio' was very dependent on where the family lived
- When asked about the biggest contributing factor "I don't believe there is one, there were a lot of reasons"

- Nature of the interview and the experiences it seems that the biggest issues lied with a lack of communication, getting used to technology, multi-agency working and irregular, inconsistent staffing within schools.

Appendix 12

DAAT Social Worker Interview - Due to the length of this interview, being completed virtually and university research guidance, it was not voice recorded. Instead, notes were made with some key quotations included. As part of the data analysis method, this interview script has been presented thematically:

Informal semi-structured interview with social worker from the Duty and Assessments Team (DAAT). Main responsibilities are dealing with Section 47, child and family assessments and offering short term intervention.

Telephone interview Thursday 4th February 2021 16:00-16:55pm.

March 2020 – entering lockdown:

- When asked about before the lockdown came into place "I feel like I was prepared, I knew what was coming… when it's Christmas or World Cups, DV always goes up… any situation where families are locked away together… it felt like that"

Domestic Violence:

- "The theme coming out the most was domestic violence… The frequency, severity and intensity were increased… some were ending up in hospital"
- Very challenging situation if the preparator was still living in the home, "parents would say 'you can't come in… with vi- survivors, I prefer the term survivors, it was hard to approach survivors"
- School closures were harder with this, explained that schools were a place where he could "approach survivors" "I'd ring a school and ask them to have a parent hang back so I could see them without them realising why we were involved because of coercion but now that was now gone"
- "Domestic violence was a tricky one for speaking with children… we were worried about DV if everyone was still in the same house… older kids had mobiles, they would be able to leave the house or call… younger kids, babies and those with additional needs suffered… how would their voices be heard?"
- Domestic violence "emotional wellbeing and abuse" were issues. Some kids would "get hit during incidents" or they'd "stick up for their parents "kids were scared, worried, anxious"

Virtual safeguarding:

- Seeing these families virtually was "hard", at the beginning they were told to do only doorstep visits or virtual "I said well I'm going in… we can't see any body language or home environments through these (virtual/doorstep visits) methods"
- VOC of the child was hard, virtual calls "you'd ask a child how they were; they'd say 'good' and you'd be like 'why good' and they wouldn't say much… parents would be in the background telling them what they could and couldn't say… you can't see body language or the home environment"
- Have to branch out with their ideas… "kids get bored with the same approaches… you have to branch out… this was hard virtually… creativity in approaches suffered… too many restrictions and blurred lines"

Parental stress and mental health:

- Parental stress was another big issue he saw within his cases… "some parents would end up hitting their kids… they were just at the end of their tether… going stir crazy"
- "Schools need to allow them to come in" when talking about parent stress
- Mental health in parents also an issue "doesn't mean there will always be physical abuse" but said kids could still face challenges… "neglect, emotional abuse"

School closures:

- "I went against the grain" (with schools) explained sometimes he'd go to schools and say "open your gates" to get kids into schools so parents could get a break "they were acting more as a baby sitting"
- "Vulnerable children were still in school… most of my parents were okay, but some would refuse to send their kids in… if we felt worried, we'd transfer cases over to long term support"

Other risk factors:

- "Loss of income and stress factors are big indicators"
- Socio-economic factors increased, mentioned organising more food hampers or getting kids places at school so they were getting at least one meal a day

Multi-agency working:

- "Young children were normally seen by health visitors or parents would go to GP surgeries… but now they weren't… multi-agency suffered we (social workers) were only ones going out, there was a lot of miscommunication… social workers suffered the most… ownness was always on us… schools would say they have concerns and I'd think 'okay well what are you going to do about it?' we're all trained in safeguarding"
- There was "a period when MASH referrals slowed down… but on the whole it varied week by week"

- Referrals and cases, issue was not "quantity for complexity… they were much more complex and intense… normally most of my cases are closed or sent back down (to other levels of intervention" but the complex nature of cases triggered from Covid/lockdown meant they were open for longer and requiring more court visits etc

LA social workings and government guidance:

- "Day-by-day guidance was changing… it was contradicting between national and local authority"
- "Confidence… there was an issue with decision making… people were not confident in decision making, safeguarding leads could not make confident decisions" explained this was something he felt was an issue pre-Covid but "(I) noticed it much more during lockdown"
- There was a lot of increased pressure, issues with high staff turnover, no clear planning for safeguarding, high case load of children, sometimes making it "unsafe… at one point a few months ago I had 50 children (and families) attached to my name… we're meant to have 20-25… we're already stretched, Covid has made it worse in ways"

Section 47 and removal from the home:

- When talking about section 47s (child protection) "there were more coming through"
- Asked about whether more of these were resulting in children being removed from the family home "we were mindful about removals because then they go to section 20 which is looked after" He said his/his team approach was to speak to families about what they (families) thought they could do to make families safer and improve the child's safety and wellbeing, work out what they could do to make situations better explained sometimes this was (cases of DV) ask families to go to families or friends for a few days, or ask the preparator to move out for a while, but through explaining the risks, asking what they wanted for the child's safety
- "Some people were a bit trigger happy… the police with policing public safety... we wanted to avoid removing children because of the trauma this causes"

One year on:

- "Team morale is missing"
- There are more physical visits, children on section 47 getting one physical visit a week
- Children's services are going out more, but "people are still being quick in the house… but it's down to each individual worker, I will stay till 8/9pm if I need to"
- "We're constantly firefighter... triaging like were in a hospital"

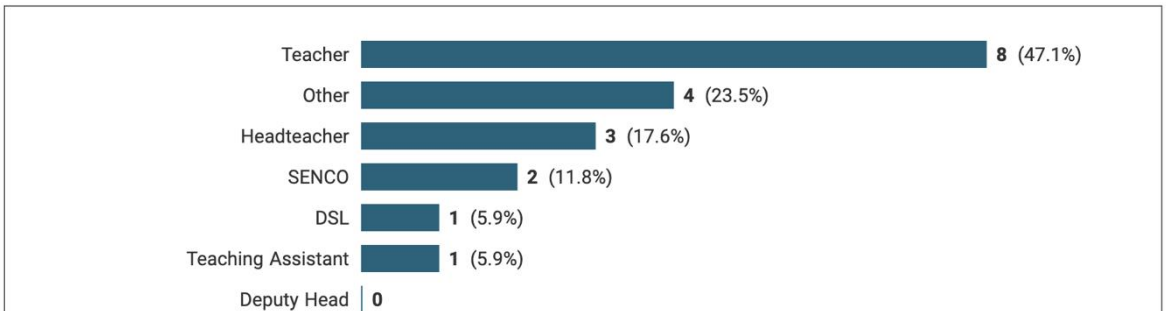
Appendix 13

Full Questionnaire Findings

Question 1.a has been ejected from this as it asked participants for a unique and memorable phrase which could be used to identify their participation if they wished to withdraw their consent.

1 Consent

2 Please state your job title

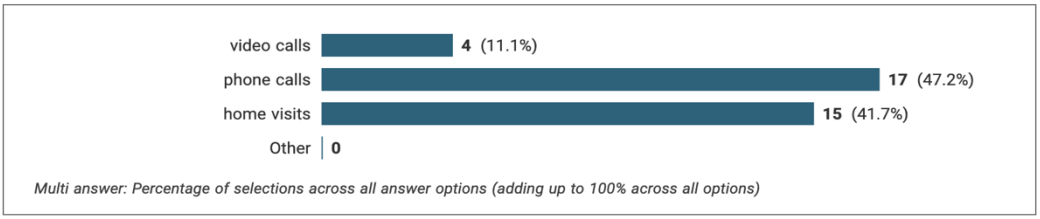


3 What were your main safeguarding concerns when the Government announced school closures and the subsequent lockdown in March 2020? Please briefly explain your answer

Showing all 17 responses Show less	
Children that are on child protection and already have attendance issues are not coming in at all and welfare visits are unsuccessful as people don't want the face to face contact	698121-698112-71950879
How at risk children would be looked after	698121-698112-71952004
My main safeguarding concern was that certain students safe place is their school, some students only meal of the day is the food school provides for them, some students find home in seeing a teachers face as it's consistency and a face they trust.	698121-698112-71954534
Students nit completing work	698121-698112-71971427
Vulnerable and at risk children being lost from sight of school staff. Particularly children that are just under the radar, some safeguarding issues raised previously but not enough to warrant external involvement.	698121-698112-71991159
How could I keep students safe and learning from a distance.	698121-698112-71993476
Children who were 'out of sight' at home.	698121-698112-72045543
Children able to access proper meals as pupil premium was high	698121-698112-72061400
Vulnerable children not being able to access online learning.	698121-698112-72081638

Not having regular face to face contact with vulnerable children. For the safety net of school being taken away.	698121-698112-72081402
Being unable to see vulnerable children regularly.	698121-698112-72082533
School is a safe haven, a consistent and happy place for children. Concerns were neglect, lack of food, loss of any education affecting life chances. Domestic violence.	698121-698112-72090321
Not being able to see the children each day means that we cannot spot changes in behaviour or appearance. Removing the safety of the school network, where their voice might be heard. How the families would cope in small flats with no gardens. Parents' mental health and how they would cope with being the children all day every day. Domestic abuse might increase with the increased time together.	698121-698112-72109774
Maintaining contact with families that didn't necessarily need to be in school but would appreciate some liaison.	698121-698112-72128608
Vulnerable children unable to attend if school did not have the capacity .	698121-698112-72157873
Known vulnerable children not eligible for a school place. Families with parental mental health difficulties. Difficulty with monitoring changing needs in support owing to fluctuations in home situations arising from job loss, bereavement, etc.	698121-698112-72458115
Large number of children on the fringe of needing social care involvement - either not met thresholds for involvement or recently closed. So many of our families are safeguarded by the fact we see them daily and have regular contact with parents at school gate etc.	698121-698112-72481970

4 How did your school safeguard during the first national lockdown?



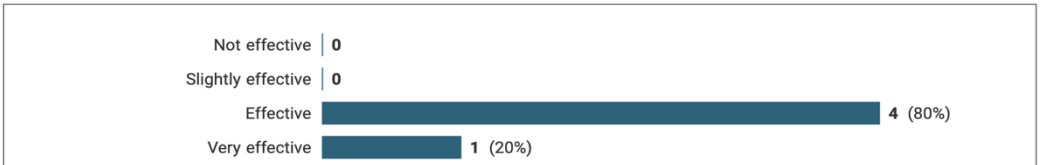
Multi answer: Percentage of selections across all answer options (adding up to 100% across all options)

4.a If you selected Other, please specify:

No responses

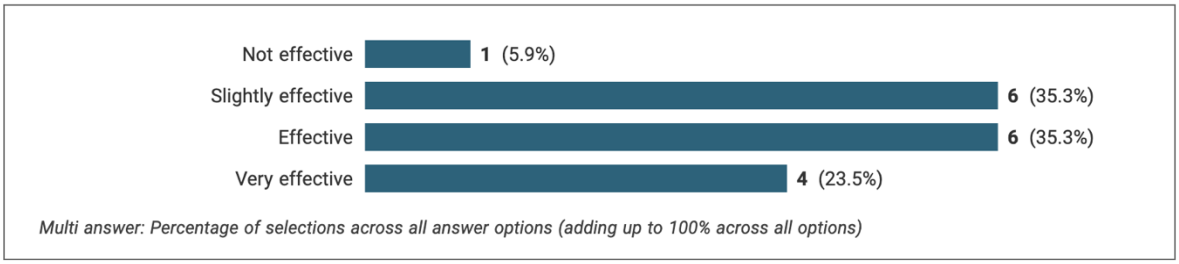
4.b How effective were these methods of safeguarding?

4.b.1 Video calls



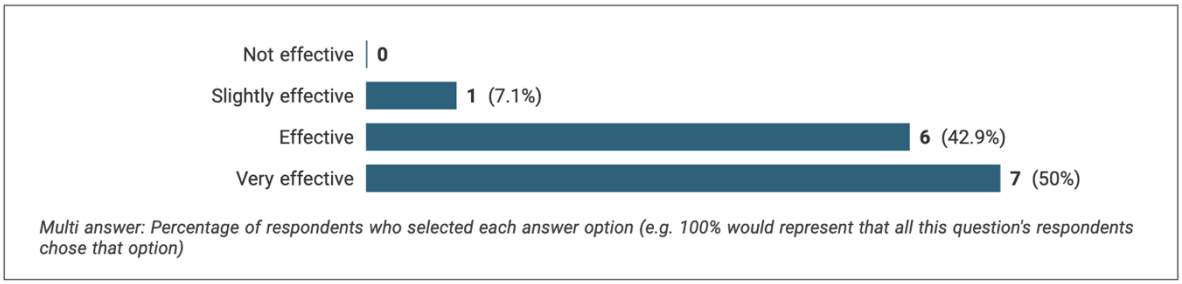
Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

4.b.2 Phone calls



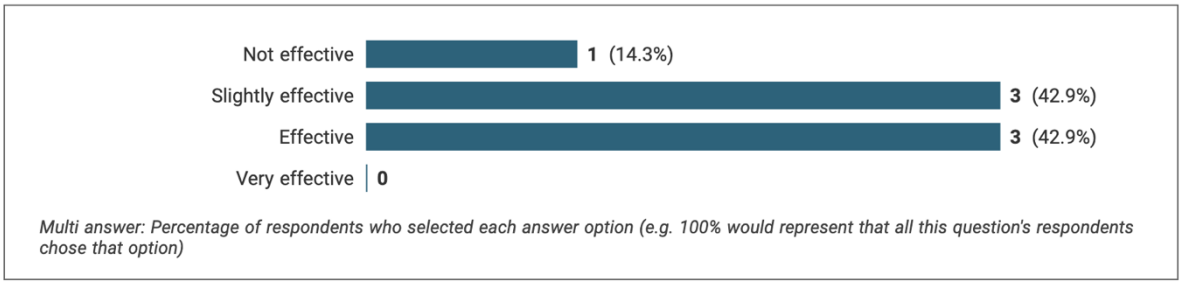
Multi answer: Percentage of selections across all answer options (adding up to 100% across all options)

4.b.3 Home visits



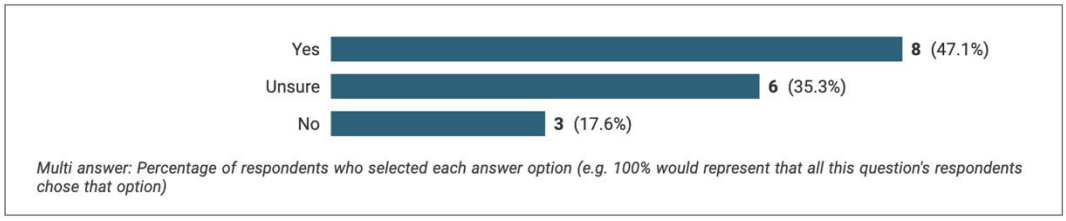
Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

4.b.4 Multi-agency work



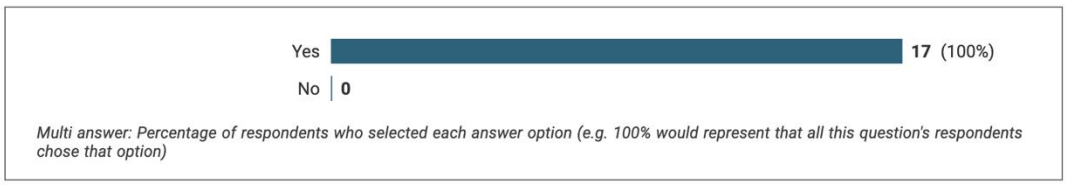
Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

5 Did you see an increase in MASH (multi-agency safeguarding) notifications during the first lockdown?



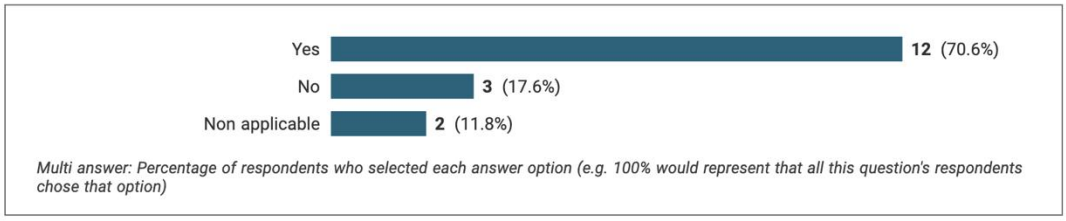
Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

6 Did you see an increase in parents asking for non academic related support during the first lockdown?



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

7 If you work with SEND children, do you believe enough protective factors were put in place to safeguard them?

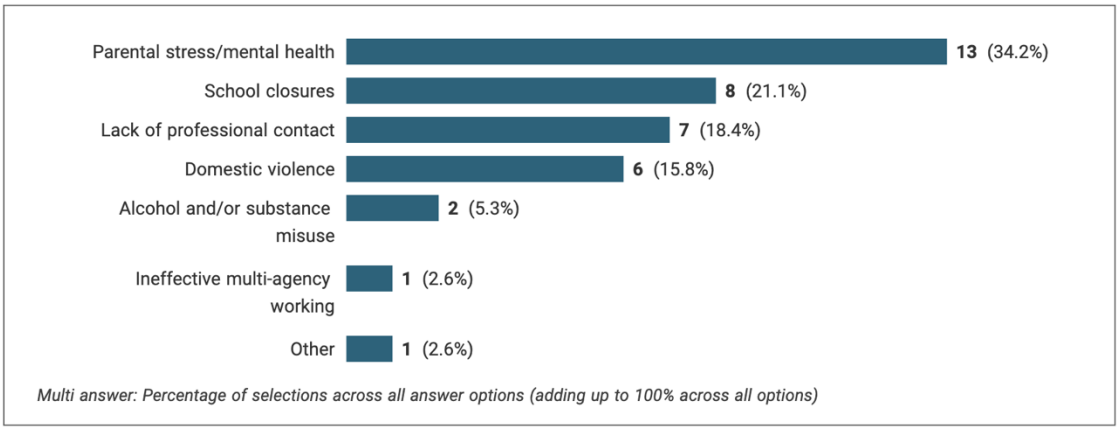


Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

7.a Please briefly explain your answer

Showing all 15 responses Show less	
I don't think there is anything else that could be done.	698121-698112-71952004
Wellbeing calls were daily for SEND pupils.	698121-698112-71954534
I do not work directly with send students	698121-698112-71971427
One of my sen children was designated CEV and not allowed in, feel that she suffered through non contact with both peers and adults. As parents also eal with no technology was an additional barrier to her development.	698121-698112-71991159
The SEND team have been in constant contact with families and children.	698121-698112-71993476
Appropriate steps were taken across schools.	698121-698112-72045543
Parents were well informed on how to support their SEND child at home if chose to keep them at home. SEND ch were allowed to come into school as vulnerable and kept with the same adult to keep routine and familiarity that they needed.	698121-698112-72061400
We have a designated SENCO and a support team to support children with SEND and those children who are vulnerable.	698121-698112-72081638
Whilst school put good protective factors in place, I feel outside agencies did not give enough support for these children.	698121-698112-72081402
All vulnerable Children with significant need offered a school place.	698121-698112-72090321
It was difficult to provide fully for some SEND children who should have been in a special school with particular facilities. However, the first lockdown seemed to stop everything from processing.	698121-698112-72109774
Children were in school and/or weekly food parcel deliveries were established so that contact was maintained and relationships established.	698121-698112-72128608
In my school yes , children with EHCP are in school along with others who have significant additional needs , parents who have decided to keep their child at home are supported by our family support worker.	698121-698112-72157873
Additional monitoring and support in place for vulnerable groups ie. SEND, PP	698121-698112-72458115
Clear strategy put in place for contact with SEND families/children, many attended school as vulnerable children.	698121-698112-72481970

8 What do you believe the biggest factor was that contributed to rising child abuse cases during the first lockdown?



Multi answer: Percentage of selections across all answer options (adding up to 100% across all options)

8.a If you selected Other, please specify:

Showing 1 response	
I think it's really hard to choose just one factor - I believe it is a combination of all the above things in a melting pot of lockdown/isolation/financial pressures etc.	698121-698112-72481970

9 One year on, we are now in another national lockdown with school closures. Is there anything your school has done differently this time round to safeguard vulnerable children, from what you learnt last year? Please briefly explain your answer.

Showing all 16 responses Show less	
Increase in technology using this to contact and educate students, increase in gathering support and use of other agencies, increase of record taking and welfare visits	698121-698112-71950879
Home visits are carried out after 2 missed welfare calls.	698121-698112-71952004
Our school is open to students that are SEND, key workers and other exceptions. We carry out well-being calls every single week to our tutor groups and reminders about safeguarding in our CPD meetings. Our school has been on top of safeguarding throughout.	698121-698112-71954534
Expected all vulnerable children to attend school as well as all those with EHCP. Senior more involved with sen children remote learning and more calls/ contact with parents made.	698121-698112-71991159
Contact with our students and families is far more regular and consistent	698121-698112-71993476
Different approach to remote learning means regular checks on safeguarding and well-being are more structured.	698121-698112-72045543
A more efficient way for teachers and parents to communicate and easier access to teachers by using teams	698121-698112-72061400
Increased contact with teachers and a better daily routine for learning. Safeguarding practices remain the same.	698121-698112-72081638
We have made sure we are looking at all children who are not engaging. Some children have come to light as vulnerable that were not before lockdown. Put more rigorous checks and contact in place. Made signposting for parents to external agencies easier to access.	698121-698112-72081402
Vulnerable children are actively invited into school. Home visits have continued. Teachers are doing more live teaching so that they can check that children are present and are doing daily registers. TA's and office staff are calling absent children on the same day to 'check in'. Some teachers are doing wellbeing calls. Nurture team are doing regular calls with more vulnerable children.	698121-698112-72082533
Live streaming of lessons to ensure more contact with hard to reach parents if not in school. Daily calls/home visits	698121-698112-72090321
We have got more children in who are not involved with social care but are on the cusp. We have been more forceful at getting those children in so we can monitor.	698121-698112-72109774
We have continued with our working practices regarding phone calls and food deliveries but the introduction of remote learning certainly gives us, the school, wider access to see the children and home environment (to a degree concerning the latter).	698121-698112-72128608
Very close monitoring of children who are not engaging with the online learning , weekly phone calls to parents and more home visits when required	698121-698112-72157873
More vulnerable children invited into school, afforded by change in recommendations for eligibility. More regular contact with families whose situation has changed, or who struggled in 1st lockdown.	698121-698112-72458115
Interestingly many more of our parents have taken up the school places this time. All DSLs working in school this time rather than remotely - greater capacity on a daily basis. Tiered approach and clear contact/comms strategy already established so 'hit the ground running' as it were. We are challenging other professionals much more on their involvement rather than letting all the pressure be put on us.	698121-698112-72481970

Appendix 14

Key Comments from Findings - The following appendix has been sub-headed to be read in conjunction with chapter six, stating key quotes made within the data collection process.

Appendix 14.1

Table 6 detailing questionnaire responses to question 3.0 where a reduction in teacher-student contact was mentioned as an initial fear when schools shut in March 2020

"Certain students safe place is their school… some students find home in seeing a teacher face as it's consistency and face they trust"	DT teacher
"At-risk children being lost from sight of school staff"	Teacher
"Children who were 'out of sight' at home"	Headteacher
"Not having regular face to face contact with vulnerable children. For the safety net of school being taken away"	DSL
"Being able to see vulnerable children regularly"	Teacher
"School is a safe haven, a consistent and happy place for children"	SENCO
"Removing the safety of the school network, where their voices might be heard"	Headteacher
"So many of our families are safeguarded by the fact we see them daily and have regular contact with parents at school gates etc"	Headteacher

Appendix 14.2

Full comments from interviews regarding virtual safeguarding:

"Doorstep visits and virtual calls were not effective… You have to have a good, trusting relationship with the child for virtual safeguarding to be effective no openness with families… they were intimidated by too many professionals over the phone… families lost the ability to get feedback and support, the lack of face to face contact in these meetings meant families were only hearing the negatives… families were getting frustrated and angry being told things over the phone which shouldn't have been told to them over the phone... CP assessments, care orders, court proceedings" – **Independent Social Worker**

"I said well I'm going in (doorstep visits) we can't see any body language or home environments through these methods… "you'd ask a child how they were; they'd say 'good' and you'd be like 'why good' and they wouldn't say much… parents would be in the background telling them what they could and couldn't say… you can't see body language or the home environment… kids get bored with the same approaches… you have to branch out… this was hard virtually… creativity in approaches suffered… too many restrictions and blurred lines" – **DAAT Social Worker**

Appendix 14.3

DAAT social worker full comments on domestic violence during the lockdown:

"I feel like I was prepared, I knew what was coming… when it's Christmas or World Cups, domestic violence always goes up… any situation where families are locked away together… It was a tricky one for speaking with children… we were worried when everyone was still in the same house… older kids had mobiles, they would be able to leave the house or call… young kids, babies and those with additional needs suffered – how would their voices be heard? Some kids were getting hit during incidents or stick up for their parents. (School closure impact on speaking to domestic violence "survivors") I'd ring a school and them to have a parent hang back so I could see them without realising why we were involved because of coercion, but that was now gone. Kids were scared, worried and anxious".

Appendix 14.4

Comments made regarding professional contact and referrals during the lockdown:

"I was completing welfare visits for one family starting in February, this was 2 one-hour visits once a day, this went on until October… the LA assigned social worker was only visiting once a day, the visit was minimal and the social worker, although with PPE, was not staying in the house for long… Health visitors were only there for 15-20 minutes maximum and were not seeing children as they perhaps should… The child in this particular family was missing her pastoral support in school as the staff were not now working regular hours… in some cases, social workers were not going to see their families and were regarding Independent Social Work visits as meeting the statuary guidance, which is just bad practice" - **Independent Social Worker**

"There was a period when MASH referrals slowed down… but on the whole it varied week by week. It was quantity for complexity – they were much more complex and intense… (Section 47s) there were more coming through… we were mindful about removals as they go to section 20 which is looked after… we wanted to avoid removing children because of the trauma this causes… at one point a few months ago I had 50 children attached to my name… were meant to have 20-25" – **DAAT Social Worker**

Appendix 14.5

Social work participants comments about multi-agency work challenges:

"Multi-agency suffered we (social workers) were the only ones going out… there was a lot of miscommunication… social workers suffered the most… ownness was always on us… confidence – there was an issue with decision making… people were not confident in decision making, safeguarding leads could not make confident decisions… some people were a bit trigger happy" – **DAAT Social Worker**

"Multi-agency work was much harder – there was policing of families… no joined up working, gaps were widening… Social workers were too reliant on other professionals… like schools… trusting information that was not first-hand… not a lot of 'best practice'… I did not have a lot of dealings (with MASH) but from what I heard from families and other professionals there was a lot of frustrations with MASH… professionals need to be more accepting" – **Independent Social Worker**

Appendix 14.6

Comments raised about LAC from the Independent Social Worker:

"The saddest thing was the lack contact with families for looked after children… one mother on an interim care order was only seeing her child for one hour a week because social distancing and restrictions… this was not good practice; social workers were not thinking outside of the box - social workers were too reliant on placement settings, assuming children were okay and not checking in on them as they were 'seen' by trusted professionals… problems were going on".

Appendix 14.7

Other influential risk factors to rising abuse cases raised by all participants:

Table 7 - concerns regarding government guidance

"There are frustrations with DfE guidance"	Executive Head
"Day-by-day guidance was changing… it was contradicting between national and local authority"	DAAT Social Worker
"No agency was prepared… no one understood what was coming"	Independent Social Worker

Table 8 - participant (questionnaire and interview) concerns regarding socio-economic impacts

"Sign posting was really important… bills, employment food and mental health are key will welfare"	Executive Head
"Loss of income and stress factors are big indicators… more food hampers needed and socio-economic support"	DAAT Social worker
"How would families cope in small flats with no gardens?"	*Questionnaire Q3 response (Headteacher)*
"Some students only meal of the day is the food school provides for them"	*Questionnaire Q3 response (DT Teacher)*
"Children able to access proper meals as pupil premium was high"	*Questionnaire Q3 response (Trainee Teacher)*
"I think it's a melting pot of lockdown/isolation/financial pressures etc"	*Questionnaire Q8.a response (Headteacher)*

Reference List

Alazri, Z. and Hanna, K.M., 2020. School personnel and child abuse and neglect reporting behaviour: An integrative review. *Children and youth services review*, *112*, p.104892.

Alcohol Change UK. 2020. *Research: Drinking in The UK During Lockdown and Beyond | Alcohol Change UK*. [online] Available at: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond> [Accessed 19 October 2020].

Altshuler, S.J., 2003. From barriers to successful collaboration: Public schools and child welfare working together. *Social work*, ***48***(1), pp.52-63.

Ashiabi, G.S. and O'Neal, K.K., 2015. Child social development in context: An examination of some propositions in Bronfenbrenner's bioecological theory. *Sage Open*, ***5***(2), p.2158244015590840.

Assembly, U.N., 1989. Convention on the Rights of the Child. *United Nations, Treaty Series*, ***1577***(3), pp.1-23.

Bacon, H. and Richardson, S., 2001. Attachment theory and child abuse: An overview of the literature for practitioners. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, ***10***(6), pp.377-397.

Baginsky, M. and Manthorpe, J., 2020. The impact of COVID-19 on Children's Social Care in England. *Child Abuse & Neglect*, p.104739.

Bartlett, S. and Burton, D., 2016. *Introduction to education studies*. Sage.

BASW. 2020[2]. *The Challenge of Child Protection During Lockdown*. [online] Available at: <https://www.basw.co.uk/resources/psw-magazine/psw-online/challenge-child-protection-during-lockdown> [Accessed 23 November 2020].

BASW[1], 2020. *Professional Practice Guidance for Home Visits During Covid-19 Pandemic*. [online] Available at: <https://www.basw.co.uk/professional-practice-guidance-home-visits-during-covid-19-pandemic> [Accessed 23 November 2020].

Begle, A.M., Dumas, J.E. and Hanson, R.F., 2010. Predicting child abuse potential: An empirical investigation of two theoretical frameworks. *Journal of Clinical Child & Adolescent Psychology*, ***39***(2), pp.208-219.

Bell, J. and Waters, S. (2014) Doing your research project: a guide for first time researchers. 6th ed. Maidenhead: Open University Press.

Bell, J., (2010). *Doing Your Research Project 5th ed: A guide for first-time researchers in social science, education and health*. Open University Press.

Bellis[1], M.A., Hughes, K., Leckenby, N., Hardcastle, K.A., Perkins, C. and Lowey, H., 2015. Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. *Journal of public health*, ***37***(3), pp.445-454.

Bellis[2], M.A., Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z. and Butler, N., 2017. Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences-a retrospective study on adult health-harming behaviours and mental well-being. *BMC psychiatry*, ***17***(1), p.110.

Belsky, J., 1993. Ethology of child maltreatment: A developmental ecological analysis. *Psychological bulletin*, ***114***(3), p.413.

Bethell, C.D., Newacheck, P., Hawes, E. and Halfon, N., 2014. Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs*, ***33***(12), pp.2106-2115.

Bhopal, S., Buckland, A., McCrone, R., Villis, A.I. and Owens, S., 2021. Who has been missed? Dramatic decrease in numbers of children seen for child protection assessments during the pandemic. *Archives of disease in childhood*, ***106(***2), pp.6-e6.

BMJ. 2020. *Surge in Domestic Child Abuse During Pandemic, Reports Specialist UK Children's Hospital | BMJ*. [online] Available at: <https://www.bmj.com/company/newsroom/surge-in-domestic-child-abuse-during-pandemic-reports-specialist-uk-childrens-hospital/> [Accessed 22 November 2020].

Boodhun, N., Jay, N., Carzedda, D. and Rogers, M., 2020. Prioritising paediatric staff and space so every child has access to care. *Archives of Disease in Childhood*.

Bradbury-Jones, C. and Isham, L., 2020. The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of clinical nursing.*

British Educational Research Association [BERA] (2018) Ethical Guidelines for Educational Research, fourth edition, London. https://www.bera.ac.uk/researchers-resources/publications/ethical- guidelines-for-educational-research-2018

Bryman, A., 2016. Social research methods.

Bulman, M., 2020. Coronavirus: Social workers brace for a surge in child protection referrals when schools re-open. *The Guardian*, [online] Available at: <https://www.independent.co.uk/news/uk/home-news/coronavirus-children-referrals-schools-open-anne-longfield-a9500176.html> [Accessed 19 November 2020].

Burton, N., Brundett, M. and Jones, M. (2014) Doing your education research project. 2nd ed. London: Sage.

Cabinet Office, 2020. *The next chapter in our plan to rebuild: The UK Government's COVID-19 recovery strategy*. London: Cabinet Office.

Callaghan, J.E., Alexander, J.H., Sixsmith, J. and Fellin, L.C., 2018. Beyond "witnessing": Children's experiences of coercive control in domestic violence and abuse. *Journal of interpersonal violence*, ***33***(10), pp.1551-1581

Campbell, A.M., 2020. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, p.1.

Canfield, M., Radcliffe, P., Marlow, S., Boreham, M. and Gilchrist, G., 2017. Maternal substance use and child protection: a rapid evidence assessment of factors associated with loss of childcare. *Child abuse & neglect*, *70*, pp.11-27.

Cdc.gov. (2019). *Adverse Childhood Experiences (ACEs)*. [online] Available at: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html [Accessed 4th November 2020].

Children Act 1989 (c.41), London: The Stationery Office.

Children's Commissioner[1], 2020. *Childhood in the time of Covid*. London: Children's Commissioner, p.10.

Children's Commissioner[2] for England. 2020. *Children in Families At Risk - Local Area Maps | Children's Commissioner For England*. [online] Available at: https://www.childrenscommissioner.gov.uk/vulnerable-children/children-in-families-at-risk-local-area-maps/

Clarke, T., 2019. *Estimating the prevalence of the 'toxic trio' of family issues for each local area in England*. [online] Children's Commissioner's Office, pp.1-21. Available at: <https://cco-web.azureedge.net/wp-content/uploads/2019/07/cco-vulnerability-2019-tech-report-2.pdf> [Accessed 27 April 2021].

Cluver, L., 2011. Children of the AIDS pandemic. *Nature*, ***474***(7349), pp.27-29.

Cohen, L., Manion, L. and Morrison, K., (2018). *Research methods in education* (Eighth edition). Abingdon, Oxon. p475.

Condon, L., Driscoll, T., Merrell, J., Storey, M., Thomas, A., Mansel, B. and Snelgrove, S., 2020. Promoting children's health when a parent has a mental health problem: a mixed methods study of the experiences and views of health visitors and their co-workers. *BMC Health Services Research*, ***20***(1), pp.1-15.

Coombe, C., 2002. HIV/AIDS and trauma among learners: Sexual violence and deprivation in South Africa. *Life skills within the caring professions: A career counselling perspective for the biotechnical age. Cape Town: Heinemann Educational Publishers*.

Corby, B., Shemmings, D. and Wilkins, D., 2012. *Child abuse: An evidence base for confident practice*. McGraw-Hill Education (UK).

Crawley, E., Loades, M., Feder, G., Logan, S., Redwood, S. and Macleod, J., 2020. Wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of COVID-19 in adults. *BMJ Paediatrics Open*, ***4***(1) p4.

Denscombe, M., 2014. The good research guide: for small-scale social research projects.

DfE[1], 2018. *Working Together to Safeguard Children*. Department for Education, pp.5-25.

DfE[2]. 2021. *Children of critical workers and vulnerable children who can access schools or educational settings*. [online] Available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision> [Accessed 26 April 2021].

DfE[3], 2020. *Schools, colleges and early years settings to close*. [online] Available at: <https://www.gov.uk/government/news/schools-colleges-and-early-years-settings-to-close> [Accessed 26 April 2021].

DfE[4], 2020. *Coronavirus (COVID-19) Attendance in Educational and Early Years Settings In England – Summary Of Returns To 24 April 2020*. DfE, p.3.

DHSC[1]. 2020. *Care Act Easements*. [online] Available at: https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities

Douglas, M., Katikireddi, S.V., Taulbut, M., McKee, M. and McCartney, G., 2020. Mitigating the wider health effects of covid-19 pandemic response. *Bmj*, *369*.

Driscoll[1], J., Lorek, A., Kinnear, E. and Hutchinson, A., 2020. Multi-agency safeguarding arrangements: overcoming the challenges of Covid-19 measures. *Journal of Children's Services*.

Driscoll[2], J.J., 2009. Prevalence, people and processes: a consideration of the implications of Lord Laming's progress report on the protection of children in England. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, ***18***(5), pp.333-345.

Durham, A., (2002). Developing a sensitive practitioner research methodology for studying the impact of child sexual abuse. *British Journal of Social Work*, ***32***(4), pp.429-442.

Evan, F. and Wroe, L.E., COVID-19: changing fields of social work practice with children and young people.

Fauci, A.S., Lane, H.C. and Redfield, R.R., 2020. Covid-19—navigating the uncharted. *New England Journal of Medicine*, ***382***(13), pp.1268-1269.

Ferguson, H., 2018. Making home visits: Creativity and the embodied practices of home visiting in social work and child protection. *Qualitative Social Work*, ***17***(1), pp.65-80.

Fone, D., White, J., Farewell, D., Kelly, M., John, G., Lloyd, K., Williams, G. and Dunstan, F., 2014. Effect of neighbourhood deprivation and social cohesion on mental health inequality: a multilevel population-based longitudinal study. *Psychol Med*, ***44***(11), pp.2449-2460.

Fontanesi, L., Marchetti, D., Mazza, C., Di Giandomenico, S., Roma, P. and Verrocchio, M.C., 2020. The effect of the COVID-19 lockdown on parents: A call to adopt urgent measures. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Fox, B.H., Perez, N., Cass, E., Baglivio, M.T. and Epps, N., 2015. Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child abuse & neglect*, *46*, pp.163-173.

Frost, N. and Robinson, M., 2007. Joining up children's services: safeguarding children in multi-disciplinary teams. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, ***16***(3), pp.184-199.

Gaggar, M.L., 2020. Child Sexual Abuse during the COVID-19 Pandemic. *International Journal of Preventive, Curative & Community Medicine*, ***6***(1), pp.30-36.

Garstang, J., Debelle, G., Anand, I., Armstrong, J., Botcher, E., Chaplin, H., Hallett, N., Morgans, C., Price, M., Tan, E.E.H. and Tudor, E., 2020. Effect of COVID-19 lockdown on child protection medical assessments: a retrospective observational study in Birmingham, UK. *BMJ open*, ***10***(9), p.e042867.

Goldberg, A.E. and Blaauw, E., 2019. Parental substance use disorder and child abuse: risk factors for child maltreatment? *Psychiatry, psychology and law*, ***26***(6), pp.959-969.

Goodwin, J. ed., 2012. *SAGE secondary data analysis*. Sage.

Gov.uk[1]. 2021. *UK summary The official UK government website for data and insights on coronavirus (COVID-19).*. [online] Available at: <https://coronavirus.data.gov.uk/> [Accessed 30 April 2021].

Gov.uk[2]. 2021. Prime Minister announces national lockdown. [online] Available at: https://www.gov.uk/government/news/prime-minister-announces-national-lockdown [Accessed 21st April 2021].

Gracia, E., López-Quílez, A., Marco, M. and Lila, M., 2018. Neighborhood characteristics and violence behind closed doors: The spatial overlap of child maltreatment and intimate partner violence. *PLoS one*, ***13***(6), p.e0198684.

Graham, A., Powell, M.A., Anderson, D., Fitzgerald, R. and Taylor, N.J., (2013). *Ethical research involving children*. Florence: UNICEF Office of Research-Innocenti.

Harker, L., Jütte, S., Murphy, T., Bentley, H., Miller, P. and Fitch, K., 2013. How safe are our children. *London: National Society for the Prevention of Cruelty to Children*.

Harman, S., 2016. Ebola, gender and conspicuously invisible women in global health governance. *Third World Quarterly*, ***37***(3), pp.524-541.

Hazan, J., Congdon, L., Sathanandan, S. and Grewal, P., 2020. An analysis of initial service transformation in response to the COVID-19 pandemic in two inner-city substance misuse services. *Journal of Substance Use*, pp.1-5.

Heale, R. and Forbes, D., 2013. Understanding triangulation in research. *Evidence-based nursing*, ***16***(4), pp.98-98.

Hennink, M., Hutter, I. and Bailey, A., 2020. *Qualitative research methods*. Sage.

Herrenkohl, T.I., Hong, S., Klika, J.B., Herrenkohl, R.C. and Russo, M.J., 2013. Developmental impacts of child abuse and neglect related to adult mental health, substance use, and physical health. *Journal of family violence*, ***28***(2), pp.191-199.

Hofferth, S.L., 2005. Secondary data analysis in family research. *Journal of Marriage and Family*, ***67***(4), pp.891-907.

Home Office, 2012. *New Definition of Domestic Violence*. [online] Available at: <https://www.gov.uk/government/news/new-definition-of-domestic-violence> [Accessed 16 November 2020].

Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., Jones, L. and Dunne, M.P., 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, **2**(8), pp.356-366.

Hunt, T.K., Slack, K.S. and Berger, L.M., 2017. Adverse childhood experiences and behavioural problems in middle childhood. *Child abuse & neglect*, *67*, pp.391-402.

Independent Mental Health Task Force, 2016. *THE FIVE-YEAR FORWARD VIEW FOR MENTAL HEALTH*. [online] Independent Mental Health Task Force. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> [Accessed 19 November 2020].

Kallio, H., Pietilä, A.M., Johnson, M. and Kangasniemi, M., 2016. Systematic methodological review: developing a framework for a qualitative semi‐structured interview guide. *Journal of advanced nursing*, *72*(12), p2995.

Karatekin, C., 2019. Adverse childhood experiences (ACEs) and help-seeking for health-related interventions in young adults. *The Journal of psychology*, ***153***(1), pp.6-22.

Katz, E., 2016. Beyond the physical incident model: How children living with domestic violence are harmed by and resist regimes of coercive control. *Child abuse review*, ***25***(1), pp.46-59.

Kim, J.U., Majid, A., Judge, R., Crook, P., Nathwani, R., Selvapatt, N., Lovendoski, J., Manousou, P., Thursz, M., Dhar, A. and Lewis, H., 2020. Effect of COVID-19 lockdown on alcohol consumption in patients with pre-existing alcohol use disorder. *The Lancet Gastroenterology & Hepatology*, ***5***(10), pp.886-887.

Knopf, A., 2020. Heaviest drinkers still drinking during lockdown: UK research. *Alcoholism & Drug Abuse Weekly*, ***32***(20), pp.5-6.

Kofman, Y.B. and Garfin, D.R., 2020. Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Lachman, P., Poblete, X., Ebigbo, P.O., Nyandiya-Bundy, S., Bundy, R.P., Killian, B. and Doek, J., 2002. Challenges facing child protection. *Child abuse & neglect*, ***26***(6-7), pp.587-617

Lambert, M. ed., 2019. *Practical research methods in education: an early researcher's critical guide*. Routledge.

Lazenbatt, A., Bunting, L. and Taylor, J[1]., 2012. Consequences of infant maltreatment on child wellbeing. *British Journal of Mental Health Nursing*, ***1***(3), pp.171-175.

Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N. and Caan, W., 2017. An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public health*, *152*, pp.157-171.

Leon, A.C., Davis, L.L. and Kraemer, H.C., 2011. The role and interpretation of pilot studies in clinical research. *Journal of psychiatric research*, ***45***(5), pp.626-629.

Levine, D.T., Morton, J. and O'Reilly, M., 2020. Child safety, protection, and safeguarding in the time of COVID-19 in Great Britain: Proposing a conceptual framework. *Child Abuse & Neglect*, *110*, p.104668.

Lowthian, E., Moore, G., Greene, G., Kristensen, S.M. and Moore, S.C., 2020. A Latent Class Analysis of Parental Alcohol and Drug Use: Findings from the Avon Longitudinal Study of Parents and Children. *Addictive Behaviours*, *104*, p.106281.

Lumsden, E., 2018. *Child Protection in the Early Years: A Practical Guide*. Jessica Kingsley Publishers.

Mahase, E., 2021. Covid-19: Sore throat, fatigue, and myalgia are more common with new UK variant. *bmj*, *372*.

Mahedy, L., Hammerton, G., Teyhan, A., Edwards, A.C., Kendler, K.S., Moore, S.C., Hickman, M., Macleod, J. and Heron, J., 2017. Parental alcohol use and risk of behavioural and emotional problems in offspring. *PLoS one*, ***12***(6), p.0178862.

Mazza, C., Ricci, E., Marchetti, D., Fontanesi, L., Di Giandomenico, S., Verrocchio, M.C. and Roma, P., 2020. How personality relates to distress in parents during the COVID-19 lockdown: The mediating role of child's emotional and behavioural difficulties and the moderating effect of living with other people. *International Journal of Environmental Research and Public Health*, ***17***(17), p.6236.

McGarry, J., Simpson, C. and Hinchliff-Smith, K., 2011. The impact of domestic abuse for older women: a review of the literature. *Health & social care in the community*, ***19***(1), pp.3-14.

McKay, B., 2015. Ebola's long shadow: West Africa struggles to rebuild its ravaged healthcare system. *Wall St J*, *265*, pp.1-8.

McMillan, J.H. and Schumacher, S., 2010. Research in Education: Evidence-Based Inquiry, My Educational Lab Series. *Pearson*.

Mental Health Foundation. 2020. *Mental Health Statistics: Family and Parenting*. [online] Available at: <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-family-and-parenting#:~:text=Approximately%2068%25%20of%20women%20and,mental%20health%20problems%20are%20parents.&text=The%20most%20common%20mental%20health,traumatic%20stress%20disorder%20(PTSD).&text=Women%20experiencing%20maternal%20mental%20health%20problems%3A&text=Postpartum%20psychosis%3A%202%20per%201%2C000> [Accessed 19 November 2020].

Middleton, C. and Hardy, J., 2014. Vulnerability and the 'toxic trio': the role of health visiting: this article explores the association between domestic violence, maternal mental health and alcohol substance misuse, and how when they are combined, the risk of significant harm is made more probable. *Community Practitioner*, ***87***(12), pp.38-45.

Missingkids.org. 2020. *COVID-19 And Missing & Exploited Children*. [online] Available at: <https://www.missingkids.org/blog/2020/covid-19-and-missing-and-exploited-children> [Accessed 16 November 2020].

Morrow, V., 2012. The ethics of social research with children and families in young lives: Practical experiences. In *Childhood Poverty* (pp. 24-42). Palgrave Macmillan, London.

Moss, P., Barlow, G., Easom, N., Lillie, P. and Samson, A., 2020. Lessons for managing high-consequence infections from first COVID-19 cases in the UK. *The Lancet*, ***395***(10227), p.46.

Murphy, A., Steele, M., Dube, S.R., Bate, J., Bonuck, K., Meissner, P., Goldman, H. and Steele, H., 2014. Adverse childhood experiences (ACEs) questionnaire and adult attachment interview (AAI): Implications for parent child relationships. *Child abuse & neglect*, ***38***(2), pp.224-233.

Murphy, T., Akehurst, H. and Mutimer, J., 2020. Impact of the 2020 COVID-19 pandemic on the workload of the orthopaedic service in a busy UK district general hospital. *Injury*, ***51***(10), pp.2142-2147.

Newby, P. (2014) *Research methods for education*. Abingdon: Routledge.

Newham, J.J., Fallon, V. and Darwin, Z., 2021. Challenges and opportunities for child health services in responses to the COVID-19 pandemic.

NSPCC[1]. 2020. *Record numbers contact the NSPCC with concerns during lockdown*. [online] Available at: <https://www.nspcc.org.uk/about-us/news-opinion/2020/2020-10-07--helpline-recovery-plan/> [Accessed 1 April 2021].

NSPCC[2]. 2021. *What is child abuse?* [online] Available at: <https://www.nspcc.org.uk/what-is-child-abuse/> [Accessed 26 April 2021].

NSPCC[3]. 2020. *Domestic Abuse*. [online] Available at: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/> [Accessed 16 November 2020].

NSPCC[4] 2020. *Contacts To NSPCC Helpline About Domestic Abuse Up By Nearly 50%*. [online] Available at: <https://www.nspcc.org.uk/about-us/news-opinion/2020/domestic-abuse-calls-rise/> [Accessed 19 October 2020].

NSPCC[5] 2020. *Calls About Domestic Abuse Highest On Record Following Lockdown Increase*. [online] Available at: <https://www.nspcc.org.uk/about-us/news-opinion/2020/Calls-about-domestic-abuse-highest-on-record-following-lockdown-increase/> [Accessed 19 October 2020].

NSPCC[6]. 2021. *Contacts to the NSPCC about drug and alcohol misuse among parents soar during the pandemic*. [online] Available at: <https://www.nspcc.org.uk/about-us/news-opinion/2021/parents-drug-and-alcohol-misuse-raises-concerns-as-reports-to-nspcc--soars-during-the-pandemic/> [Accessed 27 April 2021].

NSPCC[7]. 2021. *Recently published case reviews | NSPCC Learning*. [online] Available at: <https://learning.nspcc.org.uk/case-reviews/recently-published-case-reviews> [Accessed 27 April 2021].

OFSTED, 2011. *The voice of the child: learning lessons from serious case reviews*. [online] OFSTED, pp.4-23. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/526981/The_voice_of_the_child.pdf> [Accessed 27 April 2021].

ONS 2020. *Coronavirus and Crime in England And Wales - Office for National Statistics*. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/coronavirusandcrimeinenglandandwales/august2020#main-points> [Accessed 21 October 2020].

Onyango, M.A., Resnick, K., Davis, A. and Shah, R.R., 2019. Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak. In *Pregnant in the Time of Ebola* (pp. 121-132). Springer, Cham.

Osofsky, J.D., 2018. Commentary: Understanding the impact of domestic violence on children, recognizing strengths, and promoting resilience: reflections on Harold and Sellers (2018). *Journal of child psychology and psychiatry*, ***59***(4), pp.403-404.

Parliament.UK. 2020. *Home Office Preparedness for Covid-19 (Coronavirus): Domestic Abuse and Risks of Harm Within the Home - Home Affairs Committee - House Of Commons*. [online] Available at: <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/321/32105.htm> [Accessed 16 November 2020].

Pearce, J. and Miller, C., 2020. Safeguarding children under Covid-19: What are we learning? *Journal of Children's Services*.

Peckover, S. and Golding, B., 2017. Domestic abuse and safeguarding children: critical issues for multiagency work. *Child abuse review*, ***26***(1), pp.40-50.

Piquero, A.R., Riddell, J.R., Bishopp, S.A., Narvey, C., Reid, J.A. and Piquero, N.L., 2020. Staying home, staying safe? A short-term analysis of COVID-19 on Dallas domestic violence. *American Journal of Criminal Justice*, ***45***(4), pp.601-635.

Posick, C., Schueths, A.A., Christian, C., Grubb, J.A. and Christian, S.E., 2020. Child victim services in the time of COVID-19: new challenges and innovative solutions. *American journal of criminal justice*, ***45***(4), pp.680-689

Preston-Shoot, M., 2018. What is really wrong with serious case reviews?. *Child abuse review*, ***27***(1), pp.11-23

Punch, K.F. and Oancea, A., 2014. Introduction to research methods in education.

Ramalho, R., 2020. Alcohol consumption and alcohol-related problems during the COVID-19 pandemic: a narrative review. *Australasian Psychiatry*, ***28***(5), pp.524-526.

Regmi, P.R., Waithaka, E., Paudyal, A., Simkhada, P. and Van Teijlingen, E., 2016. Guide to the design and application of online questionnaire surveys. *Nepal journal of epidemiology*, ***6***(4), p.640.

University of Northampton. Research Ethics Code and Procedures. (2018). [ebook] University of Northampton. Available at: https://www.northampton.ac.uk/wp-content/uploads/2019/01/research-ethics-code-and-procedures.pdf

Resnik, D.B., 2011. What is ethics in research & why is it important. *National Institute of Environmental Health Sciences*, ***1***(10), pp.49-70.

Reynolds, J. and Wilkinson, C., 2020. Accessibility of 'essential 'alcohol in the time of COVID-19: Casting light on the blind spots of licensing? *Drug and Alcohol Review*, ***39***(4), pp.305-308.

Roberts, K., 2020. Locked down leisure in Britain. *Leisure Studies*, pp.1-12.

Roberts, L.D. and Allen, P.J., 2015. Exploring ethical issues associated with using online surveys in educational research. *Educational Research and Evaluation*, ***21***(2), pp.95-108.

Roller, M.R. and Lavrakas, P.J., (2015). *Applied qualitative research design: A total quality framework approach*. Guilford Publications.

Romanou, E. and Belton, E. (2020) *Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond*. London: NSPCC.

Rowley, J., (2012). Conducting research interviews. *Management research review*.

Saltzman, L.Y., Hansel, T.C. and Bordnick, P.S., 2020. Loneliness, isolation, and social support factors in post-COVID-19 mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Sharma, A. and Borah, S.B., 2020. Covid-19 and domestic violence: an indirect path to social and economic crisis. *Journal of family violence*, pp.1-7.

Sidpra, J., Abomeli, D., Hameed, B., Baker, J. and Mankad, K., 2021. Rise in the incidence of abusive head trauma during the COVID-19 pandemic. *Archives of disease in childhood*, ***106***(3), pp.14-e14.

Simkiss, D., 2019. The needs of looked after children from an adverse childhood experience perspective. *Paediatrics and child health*, ***29***(1), pp.25-33.

Skinner, G.C., Bywaters, P.W., Bilson, A., Duschinsky, R., Clements, K. and Hutchinson, D., 2021. The 'toxic trio'(domestic violence, substance misuse and mental ill-health): How good is the evidence base?. *Children and Youth Services Review*, *120*, p1.

Snape, D. and Spencer, L., 2003. Qualitative research practice: A guide for social science students and researchers.

Social Care Institute for Excellence (SCIE). 2019. Safeguarding Adults. Sharing Information. [online] Available at: http://www.scie.org.uk/safeguarding/adults/practice/sharing-information [Accessed 21st January 2021].

Social Work England. 2021. *Children and Social Work Act 2017 - Social Work England*. [online] Available at: <https://www.socialworkengland.org.uk/about/what-we-do/publications/children-and-social-work-act-2017/#top> [Accessed 27 April 2021].

Stark, E., 2012. Looking beyond domestic violence: Policing coercive control. *Journal of Police Crisis Negotiations*, ***12***(2), pp.199-217.

Stevenson, E., Barrios, L., Cordell, R., Delozier, D., Gorman, S., Koenig, L.J., Odom, E., Polder, J., Randolph, J., Shimabukuro, T. and Singleton, C., 2009. Pandemic influenza planning: addressing the needs of children. *American Journal of Public Health*, ***99***(S2), pp. S255-S260.

Swanson, D.P., Spencer, M.B., Harpalani, V., Dupree, D., Noll, E., Ginzburg, S. and Seaton, G., 2003. Psychosocial development in racially and ethnically diverse youth: Conceptual and methodological challenges in the 21st century.

Swick, K.J. and Williams, R.D., 2006. An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early childhood education journal*, ***33***(5), pp.371-378.

Tablot, A., 2020. What is socially distanced child protection, and can it work? [Blog] *Children's Commissioner*, Available at: <https://www.childrenscommissioner.gov.uk/2020/04/16/what-is-socially-distanced-child-protection-and-can-it-work/> [Accessed 23 November 2020].

Taylor, J. and Thoburn, J., 2017. *Collaborative practice with vulnerable children and their families*. Routledge.

Thompson, K., 2013. Multi-agency information practices in children's services: The metaphorical 'jigsaw' and professionals' quest for a 'full' picture. *Child & Family Social Work*, ***18***(2), pp.189-197.

Trevillion, K., Oram, S., Feder, G. and Howard, L.M., 2012. Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *PloS one*, ***7***(12), p.51740.

Tucker, M.C. and Rodriguez, C.M., 2014. Family dysfunction and social isolation as moderators between stress and child physical abuse risk. *Journal of family violence*, ***29***(2), pp.175-186.

UN Women. 2020. *The Shadow Pandemic: Violence Against Women During COVID-19*. [online] Available at: <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19> [Accessed 19 October 2020].

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N. and Jackson, D., 2020. Family violence and COVID-19: Increased vulnerability and reduced options for support.

Vartanian, T.P., 2010. *Secondary data analysis*. Oxford University Press.

Ward, H., Brown, R. and Westlake, D., 2012. *Safeguarding babies and very young children from abuse and neglect*. Jessica Kingsley Publishers.

X County Council, 2019. *Index of Multiple Deprivation (IMD) 2019 Profile*. X County Council, p2.