**Closing the door on protection? Exploring the impact of lockdown upon children and young people’s services in the UK**

***Purpose:*** The article uses two case studies to explore the impact of repeated lockdowns upon the delivery of child protection and youth offending services in the UK.

***Design/methodology/approach:*** The article draws upon two in-depth interviews - drawn from a global mixed-methods project on the Covid-19 pandemic - with a Child Protection Officer in the North West and a Youth Offending Worker from the West Midlands.

***Findings:*** The two case studies demonstrate that already-austerity hit Children’s and Young People’s services moved almost all their service delivery online, preventing frontline child practitioners and youth offending workers from properly assessing, monitoring, and supporting vulnerable children and young people. In both case studies, the participants claim that repeated lockdowns have done irreversible damage to their client relationships; jeopardised potential progress out of vulnerable situations; and heightened risks for many of their client group. Notwithstanding, these two workers faced pressure to adhere to both the Covid-19 regulations and health and safety protocols. While our participants felt this affected the quality of their engagement with young people, they aired frustrations at other colleagues who, they suggested, appeared ‘content’ to have minimal contact with their client group. Nevertheless, the two workers demonstrated admirable resilience as they strove to deliver essential support to their clients. In a climate of local authority debt, school closures and further challenges to information sharing because of the pandemic, these two workers doubt support systems will return to pre-Covid standards and expect online working to continue, to the detriment of vulnerable children and young people. Essentially, these two examples indicate how Covid-19 measures *close the door* on protecting vulnerable children and young people.

***Originality:*** The article builds upon the emerging empirical evidence on how lockdowns have impacted children and young people’s services.

***Practical implications:*** The limited yet detailed findings potentially highlight important deficits in the social care sector in general.

***Social implications:*** Though ungeneralizable, we suggest our participants’ experiences might be replicated in some other child protection and youth offending services across the UK.

***Introduction***

On 30th January 2020, the World Health Organisation (WHO) declared that the Covid-19 pandemic constituted an international public health emergency. Several months later, over 100 countries had implemented either a full or partial lockdown, instructing most of the population to stay at home (Briggs *et al.,* 2020). Governments cast this unprecedented measure as essential to impede spread of the virus, save lives, and to prevent national health systems from collapsing under the weight of overwhelming demand. Whilst these measures were deployed to protect those deemed most vulnerable to both contracting and dying from Covid-19, at the time, seemingly little consideration was afforded to how the lockdown would impact upon society’s most vulnerable social groups, such as at-risk children and young people (C&YP). Indeed, philosopher Slavoj Zizek (2021:2), like many others (see Saad-Filho, 2020; Schwab and Malleret, 2020 for example), has suggested that as the pandemic interacted with pre-existing social inequalities it further exposed “the reality that we are not all in the same boat”. As service provision shifted online in response, vulnerable C&YP have therefore had far less contact with education and social services, often being confined to their dwelling for significant periods of time (Ellis *et al.,* 2021).

Yet, many of these important social support provisions in the United Kingdom (UK) had already been weakened after a decade of austerity which saw unprecedented cuts to children support services (Brewster *et al.,* 2020). This was reflected by public expenditure on vulnerable C&YP declining by 29% in the years preceding the pandemic (Bywaters *et al.,* 2018). Indeed, before the pandemic, expenditure on the welfare state had reduced and many Sure Start children centres had been closed, while poverty, homelessness, mental health problems, problematic drug use and social isolation intensified (Westlake *et al.,* 2018). Therefore, demand for social services had increased, particularly for child protection referrals and assessments in socio-economically deprived locales (Bywaters *et al.,* 2018). Both relatively deprived, City Councils in the North West and West Midlands endured reductions of around 25% to their overall spending budget (Gray and Barford, 2018) resulting in job cuts, privatisation, as well as reduced resources and time for workers to assess and monitor vulnerable C&YP (Haines and Case, 2018).

Writing in the *Journal of Children’s Services*, Pearce and Miller (2020: 292) highlight that “further research into the lessons learnt about safeguarding children through the Covid-19 pandemic is needed”. To this end, it is our intention here to assist in the consolidation of empirical evidence. Based on two in-depth interviews, one with a child protection officer based in the North West and a youth offender worker in the West Midlands , this article sheds empirical light on the impact of lockdown upon UK C&YP peoples’ services reeling from more than a decade of austerity measures. Importantly, both locales share a similar social history, once possessing a productive economy centred on relatively well-paid manufacturing work. However, since the mid-1970s, these regions have witnessed a shift from an industrial economy to service-based employment (Bailey *et al.,* 2014) and suffer from pockets of extreme deprivation (Birmingham City Council, 2019; Liverpool City Council, 2020).

Our article first explores the implementation of the UK lockdown and the emerging evidence on its ramifications for C&YP. It then outlines literature on how social service shifted from face to face to an online mode of delivery, suggesting that it generated myriad disruption to frontline child practitioner and social and youth offending workers. The global mixed-methods study from which the two case studies are drawn is then briefly explained. Next, the paper exposes how the Covid-19 measures, in particular the lockdown and social distancing, jeopardised the participants’ relationships with their clients, and, in their view, further exacerbated the vulnerability of at risk C&YP. The participants believed that during this period many of their colleagues had failed in their duty to protect at risk C&YP, doubting whether support services could return to standards before the Covid-19 pandemic. Accordingly, this article concludes by outlining how it offers a contribution to the emerging empirical evidence addressing the inadvertent harms of the UK lockdown to at risk C&YP (see Cook and Zschomler, 2020; Cook *et al.,* 2020; Khan and Mikuska, 2020; Lee *et al.,* 2021; Munro, 2020).

***Lockdown!***

Cast as what could be considered the “largest social experiment in modern times” (Rosa *et al.,* 2020: 11919), the UK’s first lockdown was implemented on March 23rd, 2020. This immediately thrust upon people a new set of material conditions, ordering them to only leave the house for essential travel; for one form of exercise per day; and to avoid meeting friends or family. Cultural freedoms were transiently curtailed which amplified peoples’ immersion in the digital world to cope with such subjective and material change (Briggs *et al.,* 2020; Žižek, 2020). The Conservative government also enacted various un-paralleled economic support measures, including a furlough scheme to cover 80% of employees’ wages up to £2,500 per month (Blakeley, 2020). Whilst financial support was awarded to businesses in the form of loans, many people were also able to secure freezes on their mortgages with lenders. Even though the welfare state had been weakened after years of austerity, the government initially invested over £7 billion to ensure welfare claimants received adequate subsistence (Blakeley, 2020).

As virus numbers reduced, social life was unlocked but with new conditions and a ‘new normal’, involving wearing masks, maintaining two metres social distancing, regular hand washing and intermittent lockdowns (Žižek, 2020; 2021). The British public was also exposed, via the mainstream media, to frequent daily updates on the pandemic, including numbers of ‘new cases’ and ‘deaths’, which amplified an environment of fear, uncertainty and insecurity (Su *et al.,* 2021). Whilst many of those employed in professional occupations were able to work in the safety and comfort of their own homes, those employed in supermarkets, delivery services, and frontline health care, were rebranded as ‘key workers’. Labouring on the pandemic’s frontline, often in poorly-paid occupations, they were occasionally left without adequate personal protective equipment, further increasing their risk of contracting Covid-19. At the same time, national health service (NHS) workers were awarded occupational prestige through often depoliticised initiatives such as ‘clap for carers’ in which many people engaged in daily applauses outside their home (De-Camargo & Whiley, 2020).

The lockdown also restructured the delivery of many important social services (Pearce and Miller, 2020). Hospitality has been one of the worst hit sectors of the labour market, with many shops forced to close (Gursoy and Chi, 2020), contributing to a rise in unemployment which is likely to impact adversely on families with children through a potential increase in substance use and mental distress (Hiilamo *et al.,* 2020). Simultaneously, many people have missed both routine and essential medical appointments (Žižek, 2020). The ability of C&YP to access social services has also been profoundly disrupted with provision shifting to online platforms (Kim and Asbury, 2020; Munro, 2020), presenting unique challenges for professional workers and C&YP. As Cook et al., (2020) and Munro (2020) both suggest, regular face-to-face contact between practitioners and C&YP enables rapport, trust and discussion to take place, but this was potentially made more complex through digital mediums. With prolonged periods governed by social distancing regulations and two subsequent lockdowns, in-person service delivery has been severely curtailed for a significant period of time. Whilst the lockdown and the shift to digitalised service provision may have been necessary to diminish the rate of Covid-19 transmission, emerging evidence has started to identify a range of unintended consequences from these measures, particularly for vulnerable C&YP. This is the subject of the next section, providing the foundation for a brief discussion of our global mixed-methods study before outlining further the two case studies.

***Online Service Delivery and Unintended Consequences***

The shift in social service working practices seems to have had a detrimental impact on professionals as well as C&YP who would otherwise rely on such support services. Writing from their experience in England, Bhopal *et al.,* (2020) and Kim and Asbury (2020) highlight the inadvertent consequences of social distancing and lockdown. They assert that the ‘new normal’ restrictions inhibit the usual safety nets for vulnerable C&YP such as school, participation in community activities, and in-person visits from health or social workers. Furthermore, Bhopal *et al.,* (2020) draw attention to decreased referrals to services in the North East of England, estimating that assessment numbers of children reduced by one third during the first lockdown period. Drawing on interviews with social workers across England, Cook *et al.,* (2020) found that in such circumstances, professionals felt isolated and they often missed face-to-face contact, even if - as other studies show - the profound alteration to the functioning of the service resulted in some worker resilience (Cook and Zschomler, 2020; Kim and Asbury, 2020).

Nevertheless, Green (2020: 1) calls this reduced ability to deliver the service a “safeguarding failure”. Hefferson *et al.,* (2020: 4) equally refer to the risks to child public health as a “systemic shock”, noting how child health was already at a crisis point because of pre-pandemic austerity measures (see also Newman *et al.,* 2020). They go on to write that such a shift will inadvertently affect the most disadvantaged and poorest children, particularly in the North West, Wales, and south West of England. In their review of the pandemic’s ‘hidden harms’, they speculate that the lockdown will expose a new cohort of children to potential abuse and harm. They also posit that the lifting of restrictions presents a ‘double burden’ on services as the backlog of new cases is accounted for on top of existing cases.

Safeguarding was found to have been compromised in the South East of England. In a mixed-method assessment of how practitioners and primary school teachers dealt with the lockdown, Khan and Mikuska (2020) show that online support was jeopardised because professionals had trouble balancing both personal and professional duties at home (see also Cook *et al.,* 2020). Practitioners’ ability to engage vulnerable C&YP was further complicated by many families from socio-economically disadvantaged backgrounds not having access to the internet, which made online assessments and general communications more difficult (Kim and Asbury, 2020; Munro, 2020; Newham *et al.,* 2020). This is troubling as new research also shows that C&YP who are cut adrift from education and other services because of Covid-19 measures are likely to experience increased loneliness and may be up to three times as likely to develop depression in the future (Loades *et al.,* 2020).

Other research studies have highlighted how the lockdown and the shift to online delivery has intensified child abuse, contributing to what Green (2020: 1) has termed a “secondary pandemic of child neglect and abuse”. This is because the lockdowns have increased family tension, stress, economic insecurity and thus heightened the potential for violent abuse (Ellis *et al.,* 2021). Social isolation requires families to remain in their homes, resulting in both intense contact and the depletion of existing support networks such as the extended family, community, and important social services for families at risk (Usher *et al.,* 2020). This has inadvertently resulted in increased vulnerabilities, since families instead follow stay-at-home restrictions, perpetuating the contact with a potential aggressive and/or violent guardian (Bhopal *et al.,* 2020).

Some commentators identify how children have missed prolonged periods of important face-to-face education (Rowland *et al.,* 2020). Such detachment has led some children to report increased feelings of sadness and loneliness (Brewster *et al.,* 2020), particularly impacting detrimentally on those in relatively deprived urban areas where some children often encounter difficulties in the home and, as mentioned, may lack access to the internet (Lee *et al.,* 2021). For example, Garstang *et al.,* (2020: 1) note that school closures in Birmingham led to a decline in child protection referrals, suggesting that “child abuse has remained hidden” (also see Brewster *et al.,* 2020; Pearce and Miller, 2020).

Youth offending teams have also been severely impacted by lockdown and the resulting shift to online provision. According to the National Youth Agency (2020) many youth workers have expressed fears that months of hard work with vulnerable C&YP prior to the pandemic has now been lost. The Agency also suggests that as vulnerable C&YP are spending more and more time at home, they are at an increased risk of becoming involved in gangs as their contact with social services has declined. Indeed, Pitts (2020) identifies how social workers have claimed vulnerable young people, often with severe learning difficulties, are also now being recruited by county lines drug gang operatives to drop off illicit substances to buyers. This makes these C&YP far more difficult to detect. This is particularly so for those that possess the “toxic trio” *–* 1) the presence of addiction; 2) poor mental wellbeing; and 3) domestic abuse in the household (National Youth Agency*,* 2020:7).

Similarly, Brewster et al., (2020) highlighted how the safeguarding of C&YP has been potentially compromised due to a lack of face-to-face interaction, meaning services struggle to identify vulnerabilities. As noted, the closure of schools combined with the reduced capacity of many frontline services’, such as youth offending teams, heightens vulnerabilities, since less time is available to speak to them (see also Brewster *et al.,* 2021). Relatedly, a recent report by HM Inspectorate of Probation (2020) found that many youth offending teams’ abilities to both undertake assessments and contact children in custody were constrained by the lockdown, generating a sizable backlog in cases.

The emerging evidence from the literature outlined in this section indicates just some of the unintended consequences of lockdown for some of the UK’s most vulnerable children and young people. It therefore provides an important backdrop for the two in-depth case studies that we present in this article. However, before doing so, the next section of the article focusing briefly upon the methodology employed in our research on the pandemic.

***Methodology***

The two case studies presented in this article are taken from a global mixed-methods research project that explored how the Covid-19 pandemic, particularly the lockdowns, impacted upon society and social life. The research was conducted in three phases, encompassing a) the first lockdown; b) the ‘new normal’ of social distancing, mask wearing and curfews after the first lockdown, and; c) a hiatus period whereby public fatigue emerged around lockdowns and global efforts to produce and distribute the vaccines intensified. The methods have involved a global survey, online, face-to-face zoom interviews, and both virtual (digital) and offline ethnography. Figure X summarises the methods used over the last 12 months (March 2020 to March 2021).

Figure X – Summary of research methods

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| **Research method utilised** | **Phase 1****Lockdown** | **Phase 2****‘New normal’** | **Phase 3****Viral hiatus** | **Rationale** |
| Desk-based analysis of reports, articles, commentaries |  |  |  | To inform the ongoing direction of the study and questioning made in each phase of the research. |
| Semi-structured online survey | 985 responses from 59 different countries | 540 responses from 40 different countries | 407 responses from 33 different countries[[1]](#footnote-1) | To cast our study out to as many people as possible around the world thus enabling a more global insight. |
| Digital ethnography (interaction and debate in 10 different Covid-19 Facebook forums) | 40 hours  | 60 hours | 80 hours | To bolster themes generated from the above and to test emerging findings. |
| Open-ended zoom interviews | X | N=16 | N=31 | To test emerging findings in a more detailed, confidential manner. |
| Ethnography | X | 15 pages of field notes | 10 pages of field notes | To provide broader support to our online work, in the main evidencing how the above plays out in social reality. |

Contact from our participants came from two sources: 1) the launch of several online surveys at different stages of the evolution of the pandemic and 2) digital ethnographic discussions made in 10 different Covid-19 Facebook forums in Europe, America, South America, and Asia (see above). Firstly, the survey collected experiences, stories and feelings from individuals located in different parts of the world including, for example an unemployed transport driver from the USA; furloughed waitress from India; Swimming instructor from Ireland; Hairdresser from the UK; full-time mother from South Africa; teacher from Chile; Web designer from Croatia; street market worker from Morocco; student from Syria; child care worker in the Philippines; Research trainer from Russia; Charity worker from Israel; retired man from Portugal, to name a few. Secondly, digital ethnographic immersion substantiated the survey data and tested the emergent findings. As other researchers suggest (Esquinas *et al.,* 2019; Hall, 2019), digital ethnography adds context to survey data and generates a sense of peoples’ attitudes and sentiments for further exploration.

At the end of the online survey, participants were asked if they wanted to substantiate answers in a more formalised face-to-face interview and submitted contact details. The lead researcher followed up and has over the course of the pandemic undertaken 47 open-ended Zoom interviews. The fluid nature of the interviews also enabled the lead researcher to elicit more subjective detail about the lockdown’s impact upon peoples’ lives. Whenever possible, this empirical data was substantiated through ethnographic data in both Spain and the UK, enabling the researchers to link sentiments at the micro level to macro level structural changes.

Whilst the two case studies presented here form a slender empirical foundation, they provide rich and nuanced interview data collected during an unprecedented historical period thus providing an *empirical snapshot in time*. Accordingly, they arguably provide unique insights into how the lockdown was experienced ‘on the ground’ and in the context of C&YP services (Cook *et al.,* 2020; Lee *et al.,* 2021; Munro, 2020). Whilst qualitative research is often criticised for its small sample sizes, the two case studies potentially offer analytical generalizability (Telford and Lloyd, 2020). This is where the empirical findings can be verified and/or problematised by other research on similar issues. As mentioned, for instance – other commentators have highlighted how the lockdown and thus shift to online service delivery detrimentally impacted on vulnerable C&YP since they were confined to their home for large periods and their contact with important social services often dwindled (Bhopal *et al.,* 2020; Garstang *et al.,* 2020; Hefferson *et al.,* 2020; Khan and Mikuska, 2020; Lee *et al.,* 2021; Newham *et al.,* 2020). A finding also raised by our two case study participants. We turn now to the first of the two case studies; a Child Protection Officer based in the North West, before turning to our second, a youth offending officer from the West Midlands. In order to maintain full anonymity for our participants, the two names used to refer to them are pseudonyms.

***Case study 1: Fiona, a Child Protection Officer***

When we first spoke to Fiona, an experienced Child Protection Officer based in the North West, it was early in 2021, which she described, with a hint of sarcasm and roll of her eyes, as the *“second, third or fourth lockdown”.* Fiona did not think that Covid-19 warranted such an extreme response because it meant, as she put it, *“the public sector shut its doors”* which has caused a considerable amount of harm in her view. The focus on Covid-19 measures and protocols had become embedded in her work life experience, something for which she was deeply critical:

The general consensus is that children are more at risk from Covid but I think the service has used Covid as a reason or excuse to shut down. Parents or risky carers have used it as an excuse to keep us at arm’s length, and there is no legislation to help us to continue to do our job. It’s just closed doors in our faces.

She recalls when the first lockdown was announced how email directives and office politics revolved around *“putting up Covid signs in the office and getting alcohol stations installed”,* something which distracted her and her colleagues from *“focussing on child protection”.* Fiona felt uncomfortable with what she described as *“an obsession with handwashing”* saying *“for God’s sake, we are educated to degree and Masters level, we know how to wash our hands”*. This new working context generated different allegiances and shifts in office relationships:

The divide is what you’d see in normal society. There are a small band like me who are sceptical [about the virus severity], and we come into the office, we come in do our job and try and work around the government legislation, and health and safety. But then there are people who are taking advantage of an easy life situation. It gives them an easy quiet life in child protection. Then there are people who are scared, who worship the vaccine, who are obsessed with gloves, masks, PPE; but we have lost sight of children who are vulnerable. This is not a blanket disease which will kill everybody, and the hysteria connected with that! It has swept through the department and changed working relations and what we do with the children. It has massively impacted on the work we do. We depend on health professionals and they are the ears and eyes for us, and they shut down.

Such *“hysteria”*, as Fiona puts it, was followed by the closure of some of the offices from which she and her colleagues delivered their services. Subsequently, remote online working became the predominant means of service delivery. She was critical of this because *“it is not the same as face-to-face working, thrashing out difficult decisions about a child’s welfare was done well face-to-face”*. Relatedly, she adds that this made her more motivated to attend the office because she felt “*the risk of Covid should not outweigh the risk the children are exposed to like parental drug use, sexual abuse, etc*”. The minority of workers in her office who complained at the move to online service delivery were granted permission to go in. She did this knowing that it was important to see colleagues; to share information effectively by phone and face-to-face meetings, otherwise:

Communications break down – if it is all put on email but there is a time delay – when kids end up injured or dead it is down to poor communication. We had to come together and refuse to do what we were being told. The ones that come in like me are the ones who are resistant to it. It [Lockdown] was limiting our role.

She continued to *“put child protection before Covid”* because it was not what she *“signed up for”* insisting that she wanted to *“be in the office, have my phone, and challenge unsafe situations and see our children to help them”.* Despite this small victory, she continued to feel impotent with regards to her service delivery, since she was restricted to, at best, ‘doorstep visits’ or at worst ‘virtual visits’: the latter being a ten-minute online consultation while the former was merely the physical presentation of the child in front of them on the doorstep. This made Fiona immensely frustrated because:

If parents won’t open the door then they wave through the window and that is the box ticked. Parents tell us they have tested positive and we can’t go in if we are concerned about neglect.

Under the new conditions of work, Fiona saw her case load drop. This was not necessarily a good thing since many of the staff did not receive referrals as they used to pre-Covid. Instead, and likely because of the impediments to prevention work, they now saw many of their cases appearing as escalated police incidents:

Before we would have between 40-50 new cases between seven workers; but this comes down to 20 now [under lockdown] and the complexity is more difficult as they are not at school, so we don’t have that contact. Where I live and work there is a lot of gun and gang crime, so we are just getting direct referrals from the police now. Teenagers out and about in the community, not at school, not supported by the services and they are vulnerable.

This challenge was made more complicated by the fact that there was a high turnover of staff. The advent of the pandemic and subsequent lockdown had been the reasoning for some more experienced staff to move on. *“Some giving up, changing to charity work, moving on”* said Fiona as she noted that this was having an impact on service delivery:

The service is stripping itself down. Newly qualified staff are from the agency, so they are inexperienced, and their attitude is much different. They can’t deal with this sort of thing [the complexity]. The kids need high-level oversight and court intervention, but the workers don’t have this experience.

Fiona lambasted the new online service delivery for this reason as she noted that the new agency staff were not prepared to take risks and *“deviate from the rules”* to deliver services. Instead, this made the service more static and less responsive. Again, the critique was directed towards the government, the lack of legislation, and the persistence with technology as the new and perceived efficient alternative:

I am most troubled by cases where we know something is going on *behind* *closed doors* and we cannot do anything about it. We can’t get in; we have no power. The government think technology has the answer, but we can’t do a thing about this. We are no longer a prevention service. We are just reacting.

In the time since the first lockdown, Fiona had not only witnessed the complexity of cases increase but the consequences present in increased police referrals from county lines and gang cases. In some other examples, she felt utterly powerless when presented with such complex cases and being reconciled to a ‘doorstep visit’ because of Covid-19 restrictions:

We have a sexual exploitation case, mum and dad benefitting [deleted for confidentiality reasons] so they *close the door*. There is no school attendance this is not mandatory, and dad says he is vulnerable because he has [deleted for confidentiality reasons]. We do a doorstep visit and nothing else. One of the girls, a recent referral, she has overdosed. She has suicidal tendencies, she is making allegations of physical assault from her dad, he is denying it and it is all there and we can’t do anything. She told a hospital worker she sells drugs and funds her own habit. We have a meeting next week, but these teenagers are running amok and they don’t want them at home and no legislation can sort all this out.

While there is some office resistance and resilience, Fiona found it more difficult with no legislation, concluding that *“lockdown has had a massive impact on how we operate and because of that how we help (or don’t) the kids.”* She feels the children are now at further risk and, *“by working comfortably online”*, the professionals have added to that risk because of the dearth of frontline action and support. Indeed, she said: *“this has become very normalised and acceptable”* and:

I feel like we joke about the new mini team we have created because we are the same people who turn up every day and we are seen as the ‘rule breakers’ because we actually do the visits when we shouldn’t. PPE makes our life so difficult. It’s utter rubbish. We are ‘rule breakers’ because we want to do our job. The priorities of people are backward and many of my colleagues are not visiting because of the Covid rules.

Fiona was critical of some colleagues for missing meetings while they attended vaccination centres: *“Healthy, fit people”* said Fiona who *“did not turn up for work because they were in the vaccine queue, but they are not vulnerable?”.* Although she added that she would consider the vaccine when it was her turn, she threw her arms in the air in frustration when she summarised:

In child protection, we have been distracted by Covid. Now people are arguing about if we should have the sodding vaccine and, in the end, we lose time working and doing things for the children. Children and young people have been forgotten and Covid, handwashing and masks have become more important. I feel like everyone is walking around brainwashed and have lost their autonomy. Nothing will change and this feels like it is the future. The service has realised cost benefits of doing things like virtual work but the frontline changes then. Cost trumps the protection of the child and this will be worse for the children. This is a silver lining for local authorities because they are already in massive debt.

This first case study has explored a child protection’s officer’s experience of the shift to online work during lockdown. It offers some insights on the issues these alterations had upon communication amongst colleagues, the size of caseloads, workplace relationships, and the sense of powerlessness and frustration that resulted. The article now turns to the second case study of a youth offending worker that indicates similar issues.

***Case study 2: Diane, a Youth Offending Worker***

Diane, a youth offending worker in her late 20s, has for some time been managing high-risk offenders in the West Midlands. Diane regularly works in some of the most deprived neighbourhoods in the country. When the Covid-19 pandemic emerged, Diane was immediately critical of the government’s decision to initiate a blanket lockdown. The *“online service”* offered to young people as a result prevented Diane from undertaking home contact visits. As Diane explained, this was *“not ideal as young people don’t want phone or video contact, don’t like the eye contact, not getting same engagement.”* By working online, Diane felt she was doing a disservice to her clients:

I feel that I am not doing my job, can’t meet their needs. There is a relationship breakdown. Even on a moral level I feel that I am supposed to be providing them a service and I’m not able to do that.

The new distance created by public health policies to reduce transmission created *“distance”* which, in turn, resulted in *“more boundaries”*. When she may normally see her clients every week to discuss their circumstances, the new working practices meant it is *“now...more lenient.”* Diane experienced difficulty establishing *“boundaries”* since *“we have a 10 min conversation and then don’t speak for a week”.* She has already noticed a big difference in the circumstances of young people during lockdowns:

It means they are at even more high risk of committing offences. Domestic abuse between young people and parents have gone through the roof. Say if they were on a community sentence for car theft or robbery, their offending has changed and they might now be attacking their mother because of lockdown. It has intensified the relationships. Lots of domestic abuse in the home, people are bored, schools are closed. Many of my medium-risk offenders are now high-risk offenders. We can’t see them to do visits, and I can see it happening; I can forecast it but there is not much that I can do.

Despite an increase in her caseload there is also an intensification of other issues as *“mental health is at the forefront at the service”*, meaning *“we don’t even get time in many cases to deal with offending behaviour as we just try and make sure they are mentally stable.”* In the event of seeing many of the young people *“escalate their behaviour”* Diane felt dejected. This was intensified by the lack of support from her colleagues:

Interviewer: Have you been able to talk to your seniors about all this?

Diane: A lot of conversations, heated ones. They need to cover their backs as a service so say things like ‘we have been told by our seniors that we can’t do home visits’, but I know I need to do that because if I don’t, I am the only person who can take care of these people. I have one young boy at the moment, he wouldn’t open up to anyone, but he started to engage with me and talk about the trauma it affected his life. My manager said we need to cut the visits, but I can’t do that and my progression gets lost. He knows at Tuesday at 2pm I am his source of support.

Interviewer: So what do you do?

Diane: I continue to see him, I tell them I have to take that risk. I have to do extra risk assessments and extra calls. But if he or I get Covid we can’t continue the service so morally it is so difficult. So really, I am on my own. I want to deliver a service, but I have no backing if anything goes wrong...A lot of my colleagues don’t mind, they look at it like making a few calls, they are not bothered. I wish I could say I didn’t care but I do.

Diane was particularly shocked when one colleague said to her *“why do you take these risks for these types of kids?”* In a scathing attack on the government, Diane described the decision to lockdown as *“ridiculous”*, claiming *“they don’t see the implications of it”.* Describing the current situation as a *“shitshow”*, she added that her client group had not been considered in the lockdown equation: *“these kids don’t have parents, they have no stability, no consistency, they are high risk, and they are just worth a few phone calls now.”* Diane felt her role carried physical risks and that these were of a greater threat to her than contracting Covid-19:

The role I do involves risk anyway, so I work with some of the most high-risk violent children in the country. I could go inside their homes and when I do I put myself at risk as they could hurt or even kill me. So, it is high risk anyway. My opinion is that this Covid is a flu so we should just get on with it, I think it is ridiculous. I have more chance of being assaulted by a client than dying of Covid.

While she described her colleagues as *“scared stiff”,* she felt she was the *“mad one”:*

My colleagues are really scared. They push for PPE, masks, social distancing. So, I turn up and it is pointless, I can’t be close to them [the clients], I can’t see their face, I don’t know how they feel. We look ridiculous. We had to go out with all the PPE, the apron, the mask, the gloves, but now I don’t do that at all now as it is not a risky virus.

Diane wondered if people like her were doing the job for the benefit of the young people they were supposed to be representing/protecting, suggesting she *“wasn’t sure anymore”.* Perceiving herself to be *“someone critical”* in a *“system of lemmings”,* Diane addedthat she *“hated”* the fact that her colleagues refused to do home visits because they were *“told to”*. In contrast, Diane felt she had a moral obligation to the young people:

I am questioning myself; I ask myself if I am the mad one as I, among maybe one or two others, are only prepared to do these home visits? Everyone else is not bothered. I mean there are workers who have not left their homes, they work online, they haven’t seen their clients for six months! Then they go out and they get more anxious as they have to do the doorstep visits. It’s crazy!

The now static service makes things *“much worse”* because as a consequence of lockdown their emotional wellbeing and mental health is at an all-time low.” Diane felt that many she worked with were *“happy to sit back and be a passive service – even in team meetings people are saying ‘I can’t wait for the vaccine so things can go back to normal’”.* Diane reported feeling isolated and unable to express her frustrations. She described having no opportunity to discuss openly her concerns because everyone is bound by what Diane called a *“code of respect”* about Covid-19 and the lockdown: *“we have to respect other peoples’ feelings about it”.*

***Discussion***

This article has used two case study interviews from a global study on the impact of Covid-19 to add to the growing literature assessing the pandemic’s impact upon the delivery of crucial services to vulnerable and at-risk C&YP. Though limited in generalisability, the two worker perspectives shed important empirical and critical light on the ongoing pressure under which C&YP services continue to operate. Like many other industries, C&YP services have had no choice but to transfer to online working during the pandemic and this has been found to result in some immediate positive outcomes (Cook *et al.,* 2020). However, this paper, and other emerging evidence, indicates that this method of service delivery may not adequately meet the considerable and complex needs of vulnerable children and young people, raising significant questions about the sustainability of these kind of approaches in the long-term.

It is clear that the online transition of C&YP’s welfare and support services has raised new challenges for workers and disrupted general service and communicatory channels. For example, working online has significant ramifications for how practitioners and workers communicate and how, in turn, they successfully engage and continue to support C&YP: how they find out about their progress, assess them, and refer them accordingly (Bhopal *et al*., 2020; Khan and Mikuska, 2020; Kim and Asbury, 2020; Lee *et al*., 2021). However, these two case studies highlight possible deficiencies to this arrangement given that, in both instances, C&YP are potentially being failed and the risk to which they are exposed is intensified (see Ellis *et al.,* 2021; Pitts, 2020). C&YP have had broken contact with schools, support services and important social and health service visits have not been able to take place. These are essential elements in the maintenance of the welfare and wellbeing of C&YP.

While during the initial stages of the pandemic there seemed to be a sense of social and working solidarity in the face of the novel threat of Covid-19 (Briggs *et al.,* 2020), the sustainability of that solidarity in the longer-term is uncertain. Evidence outlined here indicates that positive signs of online working transitions may have been fractured by the continuation of restrictive measures; the appearance of C&YP welfare cases as more ‘serious incidents’; and new divisions in workplace relations concerning:

* Risk of exposure to Covid-19 vs risk of the equivalent contact with C&YP;
* The perceived ‘severity’ of the virus;
* Moral/ethical questions of the vaccine.

These factors now play an active role in service delivery – even if it is online. For some, working from home online is perhaps more favourable than going into the office and facing the same, steep institutional challenges of protecting C&YP. If so, such a climate further polarises C&YP services and relations leaving a minority, evident from these two case studies, prepared to break Covid-19 restrictions to do what they regarded as both their job and duty: to protect vulnerable C&YP.

However, repeated lockdowns and extended measures such as social distancing are seen to have weakened preventative interventions while, at the same time, have resulted in more complex cases in these instances. Furthermore, we must remember that these services were already subject to significant pressure pre-pandemic and researchers have documented how the austerity agenda had gradually eroded the quality of service delivery (Brewster *et al.,* 2020; Bywaters *et al.,* 2018; Westlake *et al.,* 2018). Though workers’ resilience is commendable and noteworthy under the circumstances, other colleagues were perceived by the participants to literally (and cruelly ironically) *handwash* their responsibility for C&YP, and appeared content to remain at a distance through home working.

We speculate, tentatively, that the solidarity that appeared initially at the onset of lockdown and that was supported by initiatives such as ‘clap for carers’, may have gradually dissipated as Covid-19 measures endured. Given the data outlined previously in this article, this has potentially created new tensions in practitioners’ professional, personal and moral outlooks. Certainly, from the perspectives of Fiona and Diane, the emergency-mode collaborative working was abrasively undone by Covid-19 restrictions and pressures, further eroding practitioners’ ability to work as a team to protect C&YP. It is possible that divisions may continue in their respective workplaces as both try to respond to the damages wrought upon their client group by the pandemic and the nature of service delivery post-covid becomes clearer. Although there may be some political assurance that this is the ‘last lockdown’, the future remains uncertain, not only for workers’ morale but also in relation to protecting vulnerable C&YP.

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1. At the time of writing, Phase 3 was still open so data for this paper has been used until 5th February 2021. [↑](#footnote-ref-1)