



Child protection conference practice during COVID-19

Reflections and experiences (rapid consultation September–October 2020)



About this report

Child protection conferences are a key stage of the child protection system in England and Wales, where professionals come together to identify and address serious concerns about child abuse and neglect that have led them to believe a child is suffering, or is likely to suffer, significant harm. All parents and persons with parental responsibility as well as family members involved with the child must be invited to conferences unless there is a good reason to exclude. Although unusual the child may be invited to attend, depending on their level of understanding.

Since the outbreak of the COVID-19 pandemic and associated lockdown measures, professionals and families have had to rapidly adapt to remote or socially-distanced conferences. This report investigates what these changes have meant in practice and offers points for reflection.

The research, which took place between September and October 2020, comprised an online survey and series of telephone interviews with family members and professionals. The Welsh translation of this report and full list of survey questions are available from:

www.nuffieldfjo.org.uk/resource/child-protection-conference-practice-covid-19

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About the Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

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Executive summary

Child protection conferences (CPCs) are a key stage of the child protection system. This rapid consultation, conducted between September and October 2020, aims to explore how practice has changed during the COVID-19 pandemic, and the impact this has had on the children, families, and professionals involved. The consultation included an online survey and a series of interviews.

492 professionals responded to the survey and there were respondents from 108 of 151 local authorities in England and 16 of 22 in Wales. 52 of the professionals were also interviewed. 24 parents responded to the survey and 14 of them were interviewed.

How have child protection conferences been affected by COVID-19?

Survey responses suggested that CPCs were mainly being conducted over video or by phone, while a substantial minority of professionals had attended at least one 'hybrid' conference, where some people attended in person, and others joined by phone or video.

Some examples were given of conferences being replaced with a series of bilateral telephone conversations without the opportunity for families and professionals to discuss concerns together.

What are the advantages and disadvantages from professionals' perspectives?

Overall, according to professionals, the positives and negatives associated with remote CPCs are fairly evenly balanced. Nearly half of professionals thought they were better, 35% thought they were worse, and 17% thought they were the same or that the pros and cons balanced each other out.

The main advantages identified were:

- better attendance by, and improved engagement of, a wider range of professionals, as well as convenience in terms of time saved
- some felt that CPCs were less intimidating for parents.

What is a child protection conference?

CPCs are a key stage of the child protection system in England and Wales. These meetings are attended by professionals, the parents of a child, and sometimes other family members and/or the child themselves.

A local authority will call an initial child protection conference (ICPC) when it has investigated concerns about child abuse and neglect that have led them to believe a child is suffering, or is likely to suffer, significant harm. The conference is chaired by an independent chair—someone who works for the local authority but is not involved in the case in question. The conference brings together staff from different agencies to consider the information that has been obtained and the assessment that has been conducted.

If it is decided that a child is suffering or is likely to suffer significant harm, those attending the conference develop a plan that is aimed at reducing the level of risk to the child. In Wales, they also decide whether the child's name should be placed on the child protection register. In England, child protection registers ceased to exist in 2008 but local authorities maintain a list of all children living in their areas who are at continuing risk of significant harm and for whom there is a child protection plan.

A review child protection conference (RCPC) assesses whether a child is continuing to suffer, or is likely to continue to suffer significant harm, and the progress made against the child protection plan. The first review conference is held three months after the ICPC. A core group is also established, which comprises the key professionals involved with the child and family; this group must hold its first meeting within 10 working days of the ICPC.

The main disadvantages as far as professionals were concerned were:

- limitations in terms of the restricted opportunities for discussion and reflection
- problems with technology
- loss of a sense of seriousness
- issues around parental engagement—this includes parents not always being able to understand what was happening and not being prepared or supported to engage fully—particular issues were identified for parents with learning difficulties and language or communication needs
- overarching concerns around confidentiality and safety.

Although there were examples of how some practitioners had worked hard to maximise participation, there was also evidence that the desire to keep the system ‘on the rails’ may have jeopardised fairness and respect.

What are the experiences of parents and families?

The small sample of parents who responded to the survey or were interviewed were much less positive than professionals. Half said they had not had the opportunity to speak to anyone prior to the conference, two thirds had not received professional reports before the conference, and only a fifth said the views of children had been written down and shared with those attending the conference. Most parents joined by phone even when professionals joined by video. All parents interviewed said they would have preferred a face-to-face conference.

Concerns were also raised about the impact that challenges within the wider child protection system might be having on CPCs. These include challenges around assessments completed with very limited information, and the formulation of child protection plans in circumstances where support services were often not operating.

Reflections

There was a strong sense from professionals interviewed that CPCs were unlikely to ever return to the ‘normal’ face-to-face model where all professionals would be in the same room.

Many professionals felt hybrid conferences were potentially the best way to keep some of the advantages of ‘remote’ conferences while tackling the disadvantages, especially around ensuring meaningful participation by family members. They did however note that this may require investment in appropriate technology.

Other steps that could increase the success of conferences included identifying the needs of family members ahead of time, especially in relation to technology and childcare, as well as any communication difficulties. Ensuring that parents were able to speak to social workers and chairs prior to the conference was also deemed important.

Responses suggested that elements of the new ways of working are here to stay. Given the concerns raised in this report, there is a need for further research and for local areas to be reviewing their practice, with a particular focus on the experiences of family members and children.

1. Introduction

Child protection conferences (CPCs) are a key stage of the child protection system in England and Wales. These meetings are attended by professionals, the parents of a child, and sometimes other family members and/or the child themselves. They provide an opportunity for families and professionals to come together to identify and address serious concerns. What happens as part of CPCs, and any subsequent child protection plan, represents a possible turning point. Where things go well it confirms that concerns were not as grave as initially thought, or that the support given and action taken under the plan has led to a reduction in the risks identified. Where things do not go well, and the risks have remained the same or increased, this can begin the pathway into the family justice system. It is for all these reasons that high quality and effective practice in delivering CPCs is so important.

When the UK went into lockdown in March 2020 professionals and families faced the new and daunting task of trying to conduct these conferences remotely or with significant measures to ensure social distancing. This report was commissioned by the Nuffield Family Justice Observatory (Nuffield FJO) to investigate what that meant in practice and what could be learned for the future. Previous research by Nuffield FJO identified some of the challenges and opportunities faced by the family justice system in delivering family court proceedings remotely and some respondents to that research raised concerns about the implications of 'remote' communications earlier on in the child protection system (Ryan et al. 2020). Nuffield FJO was keen to understand how the pressures of COVID-19 had affected practice at an earlier stage.

Research conducted across 15 children's services departments (CSDs) in England explored how they were coping with COVID-19 in the early months of the pandemic between April and June 2020 (Baginsky and Manthorpe 2020a). This identified that all areas had continued with CPCs, sometimes after a brief period when arrangements were being put in place to conduct them differently. Further research on how multi-agency arrangements in 5 of the 15 were operating during this period allowed a limited exploration of CPCs under COVID-19 conditions, but as one of a wide range of subjects explored (Baginsky and Manthorpe 2020b).

The current research offered the opportunity to look at CPCs in more detail. It comprised an online survey and series of telephone interviews with family members and professionals. It was conducted in England and Wales. The research received ethical approval from the Research Ethics Committee of King's College London (HR-19/20-20860).

The focus of the current research was on how conferences themselves were being conducted and experienced by family members and professionals. However, the conference is, of course, part of a wider process that affects outcomes for families and children. The success of a conference is likely to be informed by what happens before it, and outcomes for children and their families determined by the development of the subsequent plan. The impact of COVID-19 on pre-conference preparation (including conference reports) and child protection plans is considered in Chapter 5 of this report.

What are child protection conferences?

A local authority will call an initial child protection conference (ICPC) when it has investigated concerns about child abuse and neglect that have led them to believe a child is suffering, or is likely to suffer, significant harm.¹ The conference is chaired by an independent chair—someone who works for the local authority but is not involved in the case in question. The conference brings together staff from different agencies to consider the information that has been obtained and the assessment that has been conducted. Those attending the conference consider:

- whether a child has suffered significant harm or is at risk of significant harm in the future
- the child's developmental needs alongside the parents' capacity to respond to these needs to keep the child safe
- what is needed to safeguard and promote the child's welfare.

If it is decided that a child is suffering or is likely to suffer significant harm, those attending the conference develop a plan that is aimed at reducing the level of risk to the child. In Wales, they also decide whether the child's name should be placed on the child protection register. In England, child protection registers ceased to exist in 2008 but local authorities maintain a list of all children living in their areas who are at continuing risk of significant harm and for whom there is a child protection plan.

Parents and carers are encouraged to attend and participate in conferences, as is the child if s/he is old enough to understand what is going on. The participation of parents as an integral part of the conference was highlighted in the Working Together statutory guidance that followed the enactment of the Children Act 1989. Statutory guidance in *Working Together to Safeguard Children* (2018) sets out the process for child protection investigations and conferences. The guidance reflects one of the underlying principles of the Children Act 1989 of working in partnership with families. The requirement to take the child's wishes and feelings into account is required by s.17 (4) Children Act 1989.

A review child protection conference (RCPC) assesses whether a child is continuing to suffer, or is likely to continue to suffer significant harm, and the progress made against the child protection plan. The first review conference is held three months after the ICPC. A core group is also established, which comprises the key professionals involved with the child and family; this group must hold its first meeting within 10 working days of the ICPC. *In this study a distinction is not usually drawn between initial and review conferences, and while there were references to core groups, they were not examined specifically as part of the research.*

The importance of CPCs and the plans that accompany them should not be underestimated. Conferences are held where there are serious concerns about a child. If those concerns are well founded and remain unaddressed, the implications for that child could be very serious. If a plan is put in place and insufficient progress is made against the plan, pre-proceedings work may be initiated by the local authority and this may lead to the issuing of care proceedings.

¹ See s.31 of Children Act 1989.

What we did

Scoping work

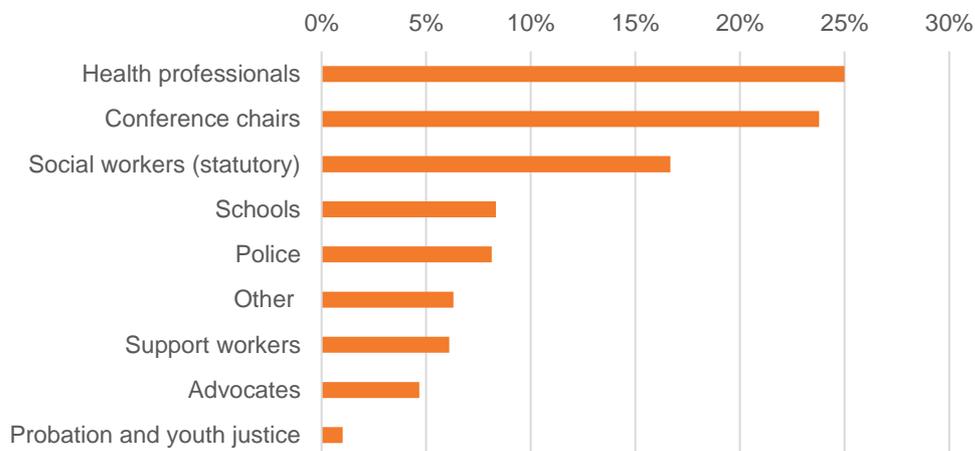
Ten scoping interviews were conducted with professionals from different agencies that contribute to CPCs to inform the development of the online survey. These included children’s social care, health (NHS services in primary or secondary care), police, advocates, and the voluntary sector. There were also interviews with three parents and a focus group attended by six parents; all the parents involved had experience of CPCs, although not during the pandemic. All the interviews contributed to the development of an online survey. The parents also gave feedback on survey questions intended for parents.

Online survey

The online survey was used to consult with family members and professionals on their experiences of CPCs during the COVID-19 pandemic. The survey was open between 23 September and 16 October 2020. As well as promotion through the Nuffield FJO website, social media, and professional contacts, several organisations drew it to the attention of their members and/or actively distributed it. A link to the survey was also emailed to over 80 organisations and individuals.

A total of 492 valid responses were received from professionals,² with the highest numbers being from health professionals (25%), conference chairs (24%)³ and social workers (17%).

Figure 1: Respondents’ profession and role



Note: ‘Health professionals’ includes health visitors, school nurses, midwives, GPs, and mental health staff. ‘Other’ includes non-statutory social workers, housing, domestic abuse, and drug and alcohol services.

² A further 37 professionals started to complete the survey but did not proceed as they had not attended a conference during the period under review.

³ Responses from managers of CPC chairs were merged with those from conference chairs.

Not surprisingly, conference chairs had attended the most conferences during the period, with just over three quarters having chaired more than 20 conferences; after chairs, it was police and representatives from health agencies who had the most experience of conferences during the COVID-19 pandemic and associated lockdown measures.

At least one response was received from 108 of 151 local authorities in England (72%) and in 16 of the 22 local authorities in Wales (73%). While the research was not designed to be a national survey, response rates allow a reasonable level of confidence to be placed in the representativeness of the findings.

In all, 30 parents and family members responded to the survey.⁴ When the responses were examined it was clear that some related to court hearings and not to conferences. Where it was possible to determine that parents had also attended a CPC during the COVID-19 pandemic their responses were included.⁵ This left 24 valid responses.

Interviews

Those responding to the survey were asked if they would be prepared to speak with the researcher. As many interviews were conducted as was feasible in the timeframe, with every effort made to represent the main agencies attending conferences. 52 professionals were interviewed (see Table 1 for breakdown) and 14 family members (8 mothers, 1 father, 5 grandmothers).⁶ With their permission the interviews were recorded and transcribed.

Table 1: Number of interviews conducted by professional group

Conference chairs	Social workers	Police	Health/NHS	Schools	Advocates	Voluntary sector	Other	Total
12	10	4	9	5	4	6	2	52

The transcripts were analysed using thematic networks to explore the data (Attride-Stirling 2001).

Where comments were made by professionals or parents in the survey rather than the interviews this is indicated.

⁴ The report will usually use 'parents' to cover parents and family members except when attributing a comment.

⁵ This was determined by contacting the parents/family member where contact details had been provided or where the responses made attendance evident. One mother had been telephoned in advance of a review conference and informed of the outcome but had not been invited to attend. Her response was included.

⁶ 242 professionals (49% of all respondents) and 15 parents/family members (63%) indicated that they were willing to be interviewed. All parents were contacted to arrange an interview. One parent/family member then withdrew.

2. Holding child protection conferences during COVID-19

When lockdown restrictions first came into force in March 2020 they represented a major shock for the child protection system, as for society more generally. Responses to the restrictions varied between local authorities. Some authorities had put contingency plans in place from early March and others had not and, similarly, some authorities were in a better position than others to support staff to work at home securely and to use video software to conduct meetings (Baginsky and Manthorpe 2020a). Many authorities decided very early on to continue to run CPCs but to move delivery to telephone or video. Other areas changed their practice response to try to manage the new working climate.

There was a discussion where, if senior managers agreed that there was level of risk that would normally trigger an initial child protection conference, a 'safety plan' was initiated. It was incredibly confusing for other agencies. It was not a Signs of Safety 'safety plan' it was more of an emergency child protection plan that by-passed a conference (Social worker).⁷

So the caseload was reduced due to the pandemic and we had to close a lot of our cases, so there was a lot of quick closures that happened across the board, some of which I think were premature. I'm now doing a new assessment on a family where the case was opened in March and closed by April. We now have the same concerns and we're now going to a new initial child protection conference (Social worker).

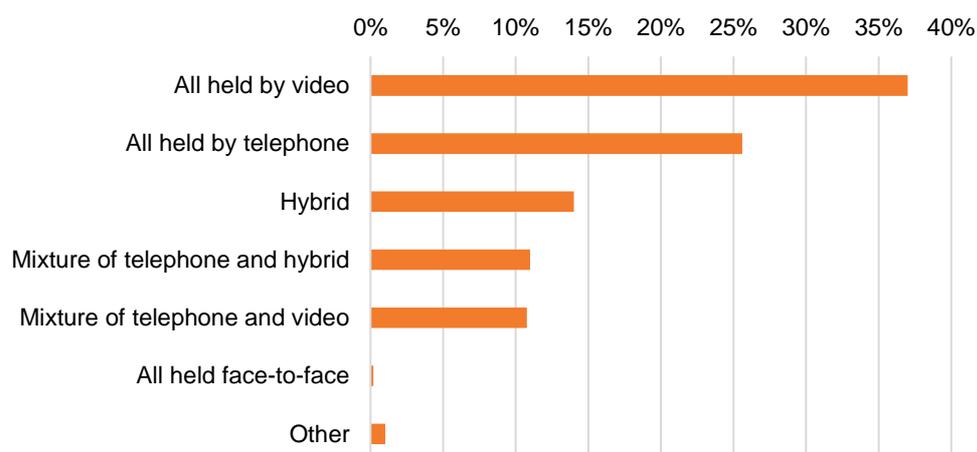
Many assessments had to be conducted, either wholly or partially, by video or even by phone. In the months that followed some of those interviewed said that assessments done at this time have been kept under review and attention was later being given to decisions made at conferences that had been based on these assessments.

We did not ask for detailed information about the timings of the conferences referred to in the survey responses, but it would appear from the interviews that, as time progressed, more home visits were made but they continued to be supplemented with video and phone contacts.

How have conferences been held?

According to professionals responding to the survey, most CPCs they had attended—initial and review—had taken place by a video link (37%) or by a telephone conference facility (26%). However, a substantial number of professionals (36%) reported variations, such as a mixture of telephone, video, and 'hybrid' conferences, where some participants—usually the conference chair and parents—were in one room and socially distanced, while other participants joined by telephone or a video link.

⁷ A strengths-based approach to child protection casework widely used across the world including by many local authorities in England and Wales.

Figure 2: How was the conference held? (Responses from professionals)

Over half of parents surveyed had attended conferences held over the phone, although a number said that the professionals had been on video (4 out of 24). Only around one in five had joined a conference where everyone was on video.

Although the number of responses from parents was small and we cannot generalise these findings to all CPCs, this suggests that, in our sample, parents may have a different experience of joining remote conferences to professionals. Some professionals also commented that, in their experience, parents would join by phone while everyone else was on video.

It's hard enough to follow a conversation, so it must be even harder to follow it on the telephone with a multiple number of people, especially when you are anxious. If you have video contact at least you can see the facial expressions and you can identify how the person is talking, maybe with a bit of kindness. It's not just about talking about problems and criticising them; because they feel judged, they feel guilty, they feel blamed, they feel a lot of emotions.... I was in a conference last week where the mother had a basic telephone without camera, so that's a disparity which is so hard to bridge (Drug and alcohol agency).

'Conferences that are not really conferences'

While the majority of conferences appear to have taken place with the same structure as before (but conducted by telephone or video) some interviewees raised specific concerns about 'conferences that were not really conferences'.

In one authority chairs ring around individually, having a five- or ten-minute conversation with the person in each agency, so you do not know what any of the agencies have said, you send an email in with what your views are and that's the end of the meeting. I must say, I'm not comfortable doing it that way (Police).

The way the conference is played out is that the conference chair and the minute-taker have spoken to the social worker, the school, health – all on separate telephone calls – to collect their recommendations. Then they've gone to parents at the end. I have known it where they speak to parents at the start and the end as well,

but at its worst, it's just been a telephone call at the end, by which point it feels like a decision has been made (Advocate).

Where this model was used parents may or may not have been given the opportunity to express their opinions to the conference chair and they would not have been able to challenge what professionals said or why they were recommending a child protection plan or the continuation of a plan.

At the first conference when they got put on the list, the police were there and probation and the school, but I wasn't, the chair called me separately, so I didn't have a clue what was being said and which way the votes went or what got said in the conference meeting, because I only spoke to the chair and that was it

Interviewer: So you weren't dialled in to the conference itself?

No. She told me they couldn't do that, and on the second one it was the same. The second one when my children come off the list, I only spoke to the conference chair again, I never spoke... I didn't even know who was in the second conference meeting and what got said or anything (Mother).

The interviews suggested some local authorities used this as an interim measure in the immediate response to lockdown before introducing telephone or video conferences, but a few continued with the practice. According to a professional in one authority that had continued to use this model beyond the initial period, feedback from parents was positive, with parents saying they believed that their views had been heard by conference chairs without needing to face an actual or virtual room of professionals. This authority only stopped using the approach when an Ofsted inspector, who was based in the authority as part of COVID-19 support package, expressed the view that this did not meet government guidance on how CPCs should be conducted.⁸

Face-to-face conferences

The survey illustrated how few completely face-to-face conferences had been held (see Figure 2). These were usually only used to accommodate parents with specific difficulties. One chair had conducted some conferences in gardens.

I ended up doing a few in people's gardens during the summer, particularly when parents have learning difficulties, which meant for them joining virtual was going to be quite difficult. So we had mum and dad, a MIND advocate, maternal grandmother, a social worker, minute-taker and me. They had quite a large garden and they were comfortable with that. We did part one and then came back to the office and did part two virtually. Because the mother has a very severe speech impediment and learning difficulties, it would be very difficult to do it all virtually (Conference chair).

⁸ Government COVID-19 guidance states that '...multi-agency child protection conferences should, therefore, go ahead, using video conferencing or conference calling solutions where appropriate'. See: www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care (p. 12).

Few authorities felt they had the space to reintroduce fully face-to-face conferences while social distancing was still necessary, even if participants had been willing to attend. They noted that many of the rooms that had been used previously for conferences were too small to support physical distancing.

We offer face-to-face for review conferences where we have six people or under in the conference, but we have not had a demand for this yet. This will be a positive option as we move back to increasing face-to-face conferences as restrictions ease (Child protection conferences manager – survey).

Hybrid conferences

Many local authorities were paying increasing attention to the hybrid model where they were able to provide support for parents to attend in person. One authority was using the hybrid form for all initial conferences, where parents agreed to attend an office. This authority had decided to make hybrid conferences established practice, even post-COVID-19. It had installed what it termed ‘state-of-the-art video technology’ in the four rooms that had previously been used for conferences.

Yes - it has made us start with a clean sheet and design a welcoming and safe venue with all cleaning and security needs in place. We have purchased extensive new technology - hardware and software - to enable us to meet families' needs. This includes facilities for use of our strengthening families framework boards so that all participants can see them throughout the conference, including children's views and CP plans. The hybrid conferences have cameras which follow the speaker so online participants can see and hear proceedings. The faces of the online participants can be seen on screen so parents can see and hear who is talking (Chair - survey).

They were also planning to convert four rooms in another building to improve access for parents who lived in other parts of the authority. Many others were using them at times where a specific need had been identified, such as for British Sign Language (BSL) assistance or interpreting. While the feedback from professionals about hybrid conferences was very positive in terms of engaging and supporting parents, there were comments about the technical difficulties that had been encountered where appropriate technology was not in place.

I did one yesterday, there was the chair and, I think, two other people in the same room, and they were having to move round the room to get close to the laptop, so I think it will work with improved equipment (Police).

We had one last week and we were trying to do it off the chair's laptop, so she had it facing away from her, but then again she couldn't see when we trying to put a hand up to ask some questions, she wasn't able to see that, so... on the big screen she would have seen it, but you just have to adapt, don't you, I suppose the way things are at the moment (Health visitor).

Some authorities that were introducing hybrid conferences found that there were parents who did not want to risk contracting the COVID-19 virus by travelling on public transport or while in an office building.

3. Advantages and disadvantages of the changes for children, parents and families, and professionals

The research explored the impact of holding conferences during this period on children, parents, and professionals. It is important to note that this research did not include feedback from children and young people themselves. It is therefore not possible to know the extent to which their views on participation would match the assessment of the professionals.

Children

Working Together to Safeguard Children (Department for Education 2018) states that social workers should ensure that children understand the purpose of the conference and help prepare the child if they are attending. Professor Eileen Munro's review of the child protection system emphasised the importance of the child's experience being at the centre of the relevant processes, but she had found this was not happening to any great extent.

Children and young people are a key source of information about their lives and the impact any problems are having on them in the specific culture and values of their family. It is therefore puzzling that the evidence shows that children are not being adequately included in child protection work (Munro 2011, p. 25).

In 'normal' times it was unusual for children to attend conferences. For example, in their study of 23 children who were subject of CPCs, Muench et al. (2017) found that most children did not understand the purpose of the conference, and few had attended one.

67% of professionals responding to the survey said there were arrangements in place to support children and young people to join conferences. Conference chairs and social workers were more aware of these (93% and 78% respectively), although teachers and police also had a reasonably good awareness (66% and 65%), which would indicate that arrangements were visible and used.

Some professionals reported better engagement with children, particularly older children, in remote conferences. Some children had been encouraged to use the laptops provided for school work from home to access the conference and there were secondary school-aged pupils who had been supported by their teachers to join the conference at a specific time, so they were not exposed to discussions that might have been upsetting or inappropriate.

There was a family of three and the oldest one wanted to attend conference. She had a really good relationship with her pastoral support teacher, who supported her to attend for part of the conference. Obviously, there's a lot of information that is not appropriate to share with a child, but the conference chair was able to structure it so that the information relating to this particular child was dealt with first. I think we spent about 20 or 30 minutes on her bit, and then she was able to return to class. So she was happy because she felt involved, but where, if she'd attended in person, we'd have to send her out to sit in a corridor, so that worked so well, it really did (Social worker).

When they're virtual they seem more willing to be there. There was on young lady who was very eloquent, and she said how much she valued the opportunity to

contribute from a small room in her school. They're used to using video links and it's perhaps less intimidating than a room full of adults (Police).

Some interviewees thought that there had been more participation in conferences when children and young people had been out of school and been able to attend the video conference. One conference chair said she had rarely had a child or young person in a conference before the COVID-19 period, but in recent months she had involved several and gave an account of how powerful this had been.

Sometimes I can engage the child, speak to them before and they might not want to come in the meeting, and I'll count it as part of the meeting if I've spoken to them. But sometimes they'll come in, and then I'll either say to them beforehand, 'What you said to me yesterday that I've typed up, shall I share that, or do you want to share it, if I pose the right questions?' Either way it's so powerful. If you read out, 'John said, I get really scared at night when I hear Daddy shouting at Mummy and I often have to go into my sister's room and put my arm around her', it has an impact (Conference chair).

There were examples of social workers adapting to the change of circumstances to support children to participate. For example, one social worker talked about overcoming difficulties finding an appropriate space for children to join the conference, with offices closed and home working.

The reality is that we don't have any clarity or direction over how we should do this. They were at a sports club, this was during the summer holidays, and I rang the guy running the sports club and he was very nice... He said, oh, we're all out in the playground playing football in a school in town, you can just go and sit in a classroom and do the telephone call. So that's what we did, and those kids are nine and ten and perfectly able to understand social distancing, so that's what we did (Social worker).

One authority had seen an increased rate of participation of children over this period, stimulated in part by social workers using their mobile phones to video their conversations with children once they began to make home visits once more. With parental and children's permission, these were then stored on a secure site and played at conferences.

However, it is important to note that no parent or family member reported that their child had participated in a conference, and only one fifth said the views of these children had been written down and shared with those attending the conference.

In the interviews there were some professionals who questioned the extent to which children's views were represented and this was also noted in the survey responses.

We are unable to hear voice of the children who sometimes attend CP conferences. If they have joined in via Microsoft Teams, we are acutely (aware) their parents are present, and they may be unable/unwilling to speak openly (Social worker - survey).

There were concerns that because social workers had had less contact with children and young people participation would have declined still further.

I fear that because social workers have not had the same level of contact with children, they have not given the time to exploring how they are feeling and how this has changed over time. To be honest it has always depended on how well an individual social worker has done it but overall I think, for some, it has slipped off their practice agenda (Conference chair).

Parents and families

In the survey 80% of professionals identified advantages for parents and family members in terms of the way that conferences were being held—although slightly more (85%) also identified disadvantages.

While three quarters of conference chairs were confident that it had been possible to maintain the same level of parental involvement in CPCs as pre-COVID-19, there were also concerns that in so doing some fairly basic rights of parents had been transgressed.

While many professionals interviewed thought that parental participation in conferences had increased—although this was based on estimates and impressions—it is worth noting that all the parents and family members who were interviewed would have preferred a face-to-face conference if one had been possible. In the survey, three quarters of parents thought that the way the conference had been conducted had adversely affected their ability to contribute. While just over half felt that they had been able to express their views and comment on what was being said even if it was difficult to do so, the rest believed they had been denied that opportunity or were not able to comment.

It is important to examine perceptions and realities of both parents and professionals as they reflected on the parental experiences of CPCs during this time.

Less intimidating

A key potential advantage identified by professionals was the feeling that the conferences conducted on the phone or by video were less intimidating and anxiety provoking for parents. The perception of many professionals who were interviewed was that parents preferred these conferences to face-to-face ones, primarily because they found them far less intimidating than entering a room full of professionals.⁹

I know from being a frontline social worker when I was in a local authority, just how intimidating it can be for a parent to walk into a room full of professionals that they feel are going to judge them, and for me that's the biggest positive as far as the parties are concerned, that they are sitting in their own home, in comfort, logging onto a screen, and I'm sure that that makes them more able to be fully involved (Conference chair).

So you'll have some families who are absolutely clear that they want to be right in the midst of that meeting and see everything that's going on and be able to eyeball all of the professionals on the screen, and you'll have some who, naturally,

⁹ Some authorities had canvassed the opinion of parents who had attended conferences during the pandemic and reported that, overall, most had preferred a video or telephone conference to a face-to-face one.

understandably, because of the way the process feels sometimes, will rather do it virtually and even phone in rather than video call because they find that less intimidating (Conference chair).

Several professionals also thought that some parents represented themselves better over the phone or video than they had expected.

I'm quite surprised because in the real world, people are usually more likely to be aggressive on the phone than they are face-to-face. And this has not been my experience. I have seen people take a deep breath, walk out of the room, and then come back. I have not seen some of the behaviours we always had when we were all together and I can't figure out why (Police).

I have been surprised by how assertive some parents have been. I would not have expected one particular mother to challenge what was being said. Without getting emotional she set out what she thought had gone wrong and, perhaps I am wrong, but I don't think she would have done it in a big meeting. Somehow she seemed more confident over the phone (Health visitor).

I had a meeting with a woman who was very prepared recently and she'd written down on a piece of paper all the things she wanted to convey in that meeting and she had her mum with her as a sort of moral support in the background, so that was an advantage, I thought that she had someone in her life that could be with her physically, and she was in her home, so perhaps on the other side of that, that might be a good thing when they feel safer, more prepared if they're sitting in their living rooms with a piece of paper with their notes on it and they present their case (Advocate).

Professionals highlighted the potential advantages in situations where there would ordinarily be difficulties in having parents in the same room as each other.

Higher rate of parents attending. Meetings were quicker when estranged parents attend face-to-face meetings as these are usually held in two sections. Virtual meetings allow both these parents to attend together as not in the same room (Health visitor – survey).

Easier to attend

In the survey, professionals generally thought that it was easier for parents to attend from their own homes, without the need to travel or find childcare.

As long as parent/families have access to the technology it has been easier for them to join in the meeting, without concerns of childcare, cost of travel and time etc. In several meetings the social worker has attended the home address and sat with parents with their computer to enable their participation. This has worked well (Police – survey).

They were able to log in from home, thus meaning they did not have to travel to the office, and they have been closer to home in order to collect children from school (Social worker – survey).

Not all professionals agreed that the video or telephone conferences they had attended had been a better experience for parents. In particular reflecting on their own experiences, and the feedback they were receiving, advocates were probably more sceptical than others that this was the case.

Limitations to joining conferences by telephone

Over half of parents surveyed had attended conferences over the phone. There were a few examples of local authority general conference call facilities that generally worked for professionals but that did not always work for parents.

Professionals would ring in. Any conference I was chairing it would be the same number each time which was convenient for them. But there was an issue because we weren't allowed to give it to parents... our data protection department said that we weren't allowed to... so parents couldn't access in the same way as professionals, so I would have to do that thing where you call someone and merge the call to the conference with the parent (Conference chair).

So they don't have a proper teleconferencing system, they have a phone number and a dialling code, which they share to all parents, so if they mix up the date and times you've got other parents dialling into your conference...I raised this after the call and said this is a clear breach of GDPR. The social worker said, 'no it's not' and just ignored me again (Father).

Some parents said they had found it difficult to follow the discussions and to know how and when to contribute, with many saying they had not felt able to express their views and/or not feeling that they had been listened to:

I did ask a few questions during the conference (but) with no answer coming back I felt I was no-one and didn't know what to do (Father – survey).

It was not very engaging as it was done by WhatsApp – very impersonal and short time span so couldn't get everything across that I would like to say (Grandparent – survey).

The conference taking place via a phone call was awful. I really feel we would have had a different outcome to the conference if we had all been in a room together where we'd been able to talk properly, rather than having to take it in turn to speak. I spent most of the conference sat crying and the chair had absolutely no regard for my feelings or those of my family. When the decision had been made at the end, the chair quickly moved on to arranging the dates for the next meetings and didn't even speak to us again. We got to say the least throughout the whole thing, and I wasn't given the opportunity to defend myself against the things being said about me. It was a horrible experience and I am already dreading the next one (Mother – survey).

In most of these examples everyone had been on the phone, but some said that the professionals had been on video while they were on the phone. Very few had joined a conference where everyone was on video. In the opinion of professionals, a situation where

parents were the only ones to be without a video connection put them at a significant disadvantage.

It's hard enough to follow a conversation, so it must be even harder to follow it on the phone with a multiple number of people, especially when you are anxious. If you have video contact at least you can see the facial expressions and you can identify how the person is talking, maybe with a bit of kindness. It's not just about talking about problems and criticising them; because they feel judged, they feel guilty, they feel blamed, they feel a lot of emotions.... I was in a conference last week where the mother had a basic phone without camera, so that's a disparity which is so hard to bridge (Drug and alcohol agency).

Microsoft Teams appears to be the most popular software used by local authorities to support video conferences, but there were many accounts of how difficult parents had found it to download and access these conferences. This led to conference chairs or social workers then calling them and putting them on loudspeaker. The parent could then hear what was being said—although there was frequently an issue with sound quality—but they could not see anything that was akin to joining a telephone conference call but knowing everyone else had visual contact.

All the professionals were face-to-face using Teams, but the parents linked in via the phone. I think the social worker rang them on her mobile and then had them on speaker phone, coming through her computer speaker, because they didn't have internet at home. They had a very, very, poor phone signal so that made it quite difficult to understand them and it made this conference really long and quite convoluted and there was a little bit of miscommunication that went on at various different stages (Midwife).

Parents who had been in these situations referred to feelings of disempowerment and frustration, believing that as a result their views and experiences had not been given due weight.

It's not helping at all, people who decided can't see you and they can't see our emotions, by telephone you can't say anything about the (professionals) you're working with.... Decision could be wrong and there is no possibility to defend yourself (Mother).

We were on the telephone, and I firmly believe that, had we been in the room, the outcome would have been very different because there was a safeguarding midwife from the hospital, who had never met me, and she listed off a rather damning chronology of things, that they never should have taken into account, like I'd declined growth scans. Yes I did, because I would have had to attend them alone, obviously with COVID, and plus I knew I had every right to decline them, and yet it was listed off as something negative against me. When the social worker started... and I tried to interject, I was shut down straight away by the chair who told me that I needed to wait my turn and all the professionals would be allowed to speak first, but with the midwife, she listed off all of her things so quickly, I was trying to write down as much as I could to then defend myself, and I couldn't keep up....And at one point the chair

said, 'Oh, I'm writing things down on a board'. It's like, what's the point? None of us can see it (Mother).

You cannot take in the whole experience of a conference call if it is your first time attending one, it is overwhelming, the seriousness is intimidating, your sharing your experience with voices As time is limited for the professionals, you are given a chance to say your name but then I was afraid to say anything else (Grandparent).

Limitations to joining conferences by video

The survey responses and interviews indicated issues linked to inequitable access to technology and the internet, which can prevent parents from being able to participate effectively or follow what is happening. There were occasions when parents had not attended because they did not have access to the technology or data on their mobile phones. While there were examples of local authorities providing iPads, laptops, mobile phones, and data to support parental participation, they appeared to be in the minority.

When parents did join a conference by video, they tended to join on a smartphone rather than a laptop. When using Microsoft Teams, this meant that parents could only see the person who was talking.

The parents would probably have to speak for themselves, but if they are on a phone, they're obviously looking at quite a small screen, they can't necessarily see everybody; I think on a phone you tend to only get the person pop up that's talking, they can't necessarily see everybody else that's there except when they speak... whereas professionals tend to be using laptops or iPads (School nurse).

As with telephone access, many professionals recognised that having a partial view meant that everyone was disadvantaged by not being able to see facial expressions and read body language—particularly parents.

... for a parent who isn't familiar with the system, to not be able to see the faces of the people who are talking about you, and for us not to be able to see their faces as well, because there's some really challenging things discussed as well, some really upsetting things; not to be able to provide a human compassionate response to that, certainly as a midwife, I find that really, really difficult, to know that somebody could be potentially distressed and we can't see them (Midwife).

Professionals said that even on a laptop it was often impossible to see everyone on the screen. In order to avoid bandwidth problems, sometimes everyone came on camera at the beginning of the conference while introductions and instructions took place and then with the exception of the social worker, the family and the conference chair, put their cameras off until they spoke.

There were references to varying levels of parents' technology literacy. Several professionals felt that Zoom was more intuitive for parents (and professionals), but concerns over security meant most agencies were not permitted to use it.

When you get sent your Zoom link, there's a very obvious URL, it's a code, you click on it. With Teams you get the thing that says join Teams. It doesn't say click here. So (parents) try to locate those numbers, and I'm saying, 'Can you see the words that say join Teams? Yes. Click that.' 'What, the number?' 'No, no, not the number, click join Teams.' It's just not intuitive (Advocate).

There were professionals who recognised that expecting some parents to use technology to engage, and thus demonstrate their willingness and ability to change, was a 'big ask', but only a minority of those interviewed flagged the possibility that this was an issue of inequality that should be reviewed.

I can't even imagine what that must feel like; they [parents] must feel so removed from the process. I'm trying to think of all I've been to... 10 or 15 since lockdown, and I think most of the parents have been on the phone. I think it should be minuted, because it's not fair. Children's services have set this system up and they need to take responsibility for making it work properly. On the last one you could not hear the chair, whatever was happening her end it was really, really muffled, the quality wasn't good enough for the minute-taker to take minutes. The parents said they could not hear her, but it still went ahead (Midwife).

A few social workers and conference chairs compared the enthusiasm with which they had seen professionals embrace video and telephone conferences with the experience of parents.

I feel the virtual element privileges the professionals and disproportionately disadvantages families. Especially those without access to technology or with additional needs (Conference chair).

I'm conscious of how oppressive this new method is. Like I said, for me as a professional it's easier, but I just go back to my ordinary life after the meetings, I'm not having my parenting ripped to pieces, it's very different. I think there's that image of the mum who was 25, that I was working with last week that was sitting in her living room, all by herself, talking about how her child's probably got brain damage. We were telling her that we think that the father of the child and the boyfriend are a massive risk and we put some really strict sanctions in about what she can and can't do. I think of her sitting in her living room all by herself, as an isolated parent who's experiencing domestic violence, that was horrendous. It left such a bad taste in my mouth. It seemed to go against all the principles of social work, it felt disempowering and like another level of oppression. I think the fact that we find the conferences easier in this format should be a wake-up call because I don't need it to be easy for me (Social worker).

I recent years we have taken steps to make conferences more accessible to parents. They can't be parent friendly, but they don't have to be intimidating experiences where we don't hear their voices. Almost overnight we jettisoned all that, moved all conferences to telephone and seem okay to go ahead whether they have a connection or not (Social worker).

Accessing support

The nature of child protection work means that parents and families meet with professionals at challenging times in their lives. While there are those that welcome the support of social workers in helping them deal with difficult times, others will be resistant, possibly because of previous experiences or feelings of inadequacy. This sometimes results in parents becoming angry and hostile, but, if handled skilfully, it is possible to restore calm and establish a working relationship.

Most of the conference chairs interviewed referred to incidents where parents had become distressed or angry to the point that they left telephone and video conferences and, unlike in face-to-face conferences, no one could go out to try to draw them back in. However, many of the parents were said to have returned at least to listen to the rest of the conference even if they did not participate. Some conference chairs thought that emotions had intensified during this period.

I've been doing conferences for about three and a half years now and I've never had to end a conference because parents have been hostile, I've always been able to manage. Parents have been angry and upset, which they've got a right to be and parents do leave, but I've never had any big issues. But since doing it this way, oh, my goodness, the hostility from parents. Is that because they're only hearing it, it's not great for them? Is it because they're in their own homes so they're more comfortable to actually swear and shout? Is it because of the pandemic and we're all a bit stressed? I don't know, but I do know that their hostility and their anger has got a lot worse, and I know for me, after those I can feel my own anxiety; it's awful, I don't really look forward to conferences at all (Conference chair).

I have seen families arrive for ICPCs who have come in on the ceiling, they've been livid. They've read the report, they don't think it's right. Then they have had half an hour with the chair beforehand. The chair might have had to say some difficult things during that time, it's not about pampering people, but I've seen on at least five occasions people come in really spoiling for a fight and then going out, having agreed that a plan was needed. I've heard them saying to the chair, thank you very much, I'll see you next time... now, that would not have happened on the telephone or Teams, it just wouldn't (Child protection conferences manager).

The difference in venue could also mean events that might have terminated a conference in an office were sometimes not allowed to derail those held virtually.

I had one conference where the mother of the children was saying that she had a migraine and she was in a really bad way. She was vomiting into a bowl during it, and generally lying under a blanket on the sofa. A friend was supporting her was holding the phone. The father was quite stropky with the whole process and was rolling his eyes and turning away from the camera and generally being quite oppositional and negative. I think if it wasn't for the friend supporting them and us, it would have been almost impossible to have carried on (School nurse).

In this case the mother was invited to leave but she insisted on remaining. There was a threat to life warning in place, so it was felt it was too important not to proceed.

There were examples of situations where, despite COVID-19 restrictions, arrangements had been in place to ensure parents were supported during conferences. The impression was that, overall, it was only a minority of parents who had a substantial level of support, but it could come from various sources.

There were examples of social workers going into the family home, although this practice varied within and across local authorities. Where this had happened, interviewees generally reported positive feedback, however, the ability to do this was impacted by decisions taken by agencies and teams, and the willingness of individuals to attend face-to-face meetings.

Ideally, we arrange for a social worker to sit in a room, we've had social workers sit in the parents' house with them, socially distanced with masks, sharing a laptop, but obviously there's some parents who have dodgy WiFi connections or none at all (Conference chair).

We had an email from a mum whose children had previously had a child protection plan, so she knew what child protection conferences were about, but this was the first initial in her recent involvement. A social worker went to her home and opened her laptop and she was able to see all the faces of participants and hear as they spoke one at a time. She said she felt much more like she was part of a group, and although the social worker sitting next to her was socially distanced, she had felt some warmth and care and kindness, and she actually wrote and said how kind and caring the chair and the social worker had been (Senior manager in child protection conference team).

I've only had one that happened in that way, and that was really helpful, but I think probably the majority of social workers might have raised some objection to doing that then [during the first lockdown]. This was a case where the mother has early onset dementia and the social worker felt that it would be beneficial to go to her home with her laptop. But again, she's a social worker that really goes the extra mile with her families. She had a mask on and it was a long conference because there's a lot of agencies involved, but it worked really well and I think that was beneficial, both for the children who are older and were able to participate in part of it, and, I think, for their mother who was able to get over her views (Conference chair).

In addition, to support from advocates and social workers, parents accessing conferences from other venues sometimes had other sources of support.

I've done two conferences in the hospital because they were supposed to be pre-birth conferences, but the babies started delivering early, so they've ended up being post-natal conferences and I then helped set the parents up onto Teams and we've done it then in the same room but socially distanced on a screen (Midwife).

There were many expressions of concern for parents, usually mothers, who were on their own without anyone to support them.

Normally I'd be sitting right next to the parent, I'd know the parent very well but some of the parents I'm working with now I haven't met face-to-face because I've started working with them after March. I'm on the end of a phone and I'm having to listen out

for cues, like the tone of their voice if they sound uncertain or if professionals are using obviously difficult terminology, so it is different. When you're sitting next to someone you know immediately when they are worried, or they can't understand something or they want to say something (Advocate).

I feel quite concerned about that because when we have an ordinary child protection conference in our offices, which are cold, and they smell of damp and it's really intimidating and I think they're horrible environments. But if things get really heavy and they can go and calm down, and somebody who's less terrifying than a social worker, maybe the health visitor or the support worker from the mother and baby unit, will go out of the meeting and offer some support. Last week there was a mother sitting in her living room all by herself listening to really critical things and there was no-one there to support her, I really don't like it (Social worker).

A worker in a refuge had been with a mother as she dialled into a conference over the phone. The social worker asked her a question that that upset the mother, but no one was able to see that. The mother did not reply so the worker explained why the mother was not responding.

The mother would probably have ended up saying 'I'm fine'. I think the social worker would have inferred what she wanted to say and then the lady I was supporting would have just responded accordingly. But obviously, because I had seen how upset she was, it provoked a discussion then, and I think then they understood what the mother was thinking. If I hadn't been there, I don't think that 10, 15 minutes of conversation would have happened, mum would have just said, no I'm fine, and carried on, there'd have been no further discussion as to why she was so upset (Refuge worker).

Interpreters are commonly used in CPCs where parents do not have a good use and/or understanding of English but the quality of the provision, sometimes accessed over the phone, even when conferences are face-to-face, can vary enormously (Chand 2005; and Westlake and Jones 2018). Where interpreters were required, an individual would either be with the family or a telephone interpreting service was used. While there were comments to suggest telephone interpreting services had improved in recent years, an individual with the parent was the preferred choice, but one that was rarely available. An interpreter on the telephone could introduce additional problems when the conference itself was on the telephone. Experience had shown that without a skilled interpreter used to managing telephone or video conferences, and who was able to communicate effectively with parents, the meeting could become exceptionally long and complicated. None of the parents who participated in this research mentioned having access to or needing an interpreter. Further research is required to understand in more detail the impact of changes to practice in response to COVID-19 on the use of interpreters.

Additional challenges for parents and family members with disabilities

Survey respondents were asked how, if at all, the needs of parents and family members with disabilities, including those with learning disabilities, were met when they were involved in a CPC. One in five conference chairs and social workers said that arrangements to meet the needs of parents with disabilities were not in place and most professionals who were not from children's social care were not aware of any arrangements.

Different disabilities will affect engagement with CPCs in different ways, or in some cases will have no impact at all. Some social workers noted that parents with physical disabilities were often 'tech savvy' and had fewer problems accessing virtual conferences. There were very few references to conferences where parents with any disability, other than a learning disability, were involved, but it is worth mentioning those that were identified. There were specific concerns about parents with poor mental health where there could be significant impact on anxiety and stress levels and, as a result, on parents' receptiveness to hearing 'hard messages'. There was just one reference to a parent with visual impairment and in that case the video element was problematic.

A parent who is partially sighted stated that she found the (video) conference to be quite disorientating. This had not been considered due to the parent stating that she regularly did video calls with her mother, but it caused difficulty with multiple people on the video call (Social worker – survey).

And a conference chair noted in the survey the problems that arose where a father had a speech impairment:

It was a significant speech impediment and he was supported to join, however the phone conference was a huge barrier to his full participation. But it is possible this also would have been a challenge for him face-to-face also.

There were a number of references in the survey and interviews to the use of BSL interpreters for parents who were Deaf or who had significant hearing loss. Perhaps surprisingly, the only problem that was mentioned was in relation to the strain this put on both the signers and the parents.

In one case, the hearing-impaired parents had still been able to link up through the video with BSL interpreters which had worked reasonably well. However, while the interpreters swapped every 20 minutes because the screen time was so tiring, the parents could not do that (Social worker – survey).

There were however more concerns raised in relation to parents with learning difficulties or disabilities. Parents with these additional needs were said to have found the restrictions harder to manage and to have required more support than usual. One social worker wrote that parents with learning disabilities were expected to engage in the same way as every other parent. Not being able to see body language and facial expressions impeded the ability to be able to assess if parents were following the conference. In the absence of reasonable adjustments, one chair had not felt it was possible to adequately support parents with learning disabilities.

I have chaired many conferences where the assessments have identified learning difficulties and there is no way as chair that I could support them through a virtual conference. I felt incredibly deskilled and I am sure they felt very disempowered (Conference chair).

The most common arrangement to support parents with disabilities was the provision of an advocate. There were a few references to rewriting documents to make them more accessible and additional support from the social worker.

We have continued to support a dad with learning difficulties through the use of advocates. A dad with autism found the video conference easier to participate in (Conference chair – survey).

One social worker went to the home to explain the process and go through the reports and another was with them on the day (Conference chair – survey).

The challenge of engaging with technology was also identified by an advocate who worked with parents with learning disabilities. She had fed back the complaints she received from parents that they believed decisions were being imposed on them to an even greater degree than in 'normal' times. These parents struggled with the idea of a virtual conference. Regular meetings were taking place with the advocates to explore how things could be done differently, but it was proving very difficult to find an alternative solution.

I'm recognising in the women I'm working with that engagement through technology is challenging. We're asking women to engage in very important meetings with professionals who expect them to understand and work with them and show collaboration and willingness to engage and demonstrate their abilities as parents, I think that's a big ask to ask them to do that in this sort of world which we're having to adapt to. So my experience has been that women are challenged by this – not all but many (Advocate – interview).

The amount of face-to-face support available to parents varied. In some authorities it was said to be minimal or non-existent. One advocacy service worked across a number of authorities with parents with learning difficulties. Its workers would go into people's homes during the pandemic if they could establish both that it was safe to do so and that social distancing could be maintained. Where it was not safe or practicable, the advocates had used hotels and village halls. In the early days of the pandemic if the advocate and parent were in separate rooms, to maintain social distancing, they tried to make sure that the parent did not have to join by their only device, so they could keep in touch by text if necessary without dropping out of the conference. In order to address this problem, the service bought additional laptops. Similarly, another local authority used surplus laptops allocated for looked-after children to lend to parents so they could access CPCs. Elsewhere when children's social care upgraded work laptops, data was wiped from the old ones and they were given to families. But solutions such as these were not always available.

Professionals

The majority of professionals who responded to the survey considered that there were advantages, as well as disadvantages, for themselves in the way conferences were being held.

Increased involvement of a range of professionals

One of the significant advantages identified was increased attendance by a range of professionals. Half the conference chairs and social workers that responded to the survey thought that attendance by other professionals at conferences had increased and that certain professions/agencies who had rarely been represented had started to attend. Almost half of the professionals interviewed also said they had noticed a change in attendance especially amongst GPs, paediatricians, child and adolescent mental health service (CAMHS) workers, and even psychiatrists working in adult mental health services.

We had an improvement in attendance, multi-agency attendance. We've had more doctors, we've had some mental health practitioners, for example, psychiatrists who possibly wouldn't have done before, we've had a consultant paediatrician come in because they've had virtual invites.... So we have seen an improvement in attendance because they can fit these into their working day (Conference chair).

We've had CAMHS, psychiatrists, alcohol addiction services, they've been involved, whereas if it was a face-to-face conference, I know that they wouldn't be attending, but this way they can, they've got that ability to dial into it, so that's been really good (Midwife).

So that's been a real bonus that GPs have started to attend, whereas they never did previously, never.... they can bring some really good information, so that's been a real positive. I've been doing conferences for about 20 years, really, and the change in them is massive, but to have GPs attending is amazing (Police).

Input from a wider professional group meant that more was known about families and the support that should be put in place. Similarly, a few people also mentioned the benefit of being able to ask colleagues to join for a limited time to provide additional information.

We were able to bring our school counsellor in, who wouldn't normally be able to go to a face-to-face conference, and it was very useful because she's done a lot of the intense work with the child (Designated safeguarding lead in a school).

Feedback that had been received from those health professionals who had not previously attended conferences was that they had valued the opportunity to contribute. However, it was assumed that this would only be sustainable if they could continue to join a virtual conference and their input would be lost if in the future the traditional conference format returned.

We've had paediatricians in, and they've said 'I can do this because I'm free between two and half-past, so I'll come then, I'll join the meeting then and then I'm afraid I'll have to go', but we wouldn't get that in a face-to-face conference (Social worker).

I am in (one part of) London but for a doctor to get from Great Ormond Street would take an hour and a half travelling each way, so we'd never, ever get them, but to have them coming in online, either for the full meeting or even for half of it, has been really valuable (Conference chair).

Reduced travel time

A frequently cited advantage for professionals was that now most conferences were taking place by phone or video, considerable travel time was being saved. This seemed equally important across the professions/agencies and whether they were in an urban or rural setting. Those in the former spoke about the time saved not sitting in traffic or having to find parking spaces near the venue, and those who worked in rural areas had previously often covered hundreds of miles a week to attend conferences that could now be accessed from an office or home.

There is a benefit to the organisation as well because I'm not just doing the conferences, I'm doing other things. I have managed to do a conference in the morning, a conference in the afternoon, a strategy meeting in the middle and one at the end of the day (Police).

Easier to manage difficult tensions

In contrast to some of the comments about the difficulties in de-escalating conflict in conferences noted above, some professionals found the new mediums easier when engaging with parents they found challenging.

I don't see there to be a big difference. I'm quite enjoying it. I had some very challenging parents and I found it easier to manage it over Teams than I think I probably would have done if it had been face-to-face (Social worker).

A number of professionals noted this in reference to concerns about their safety.

I am slightly embarrassed to admit this, but I prefer them. I have been threatened in conferences in the past. If that happened over the 'phone it would be a different experience to one where parents have to be escorted off the premises and where I have been advised to be cautious when leaving the office and walking to my car (Social worker).

Many professionals interviewed thought that more responsibility now fell to conference chairs to manage situations when parents become angry or upset, and their job had become more challenging as a result. When all participants had been able to be in the same room there would be a shared response to trying to defuse situations.

...you'd be doing more with body language, putting your hands up, saying let's keep our voices down, judging who is going to jump in, but it's just so much harder. When you're on the telephone you leave those bits and more to the chair, because you don't want to suddenly all come in and be trying to do the same thing at the same time, whereas you judge who's going to jump in, if you can see people (Family support worker).

Embracing the use of technology

Some professionals welcomed the use of new technologies, commenting that COVID-19 had sped up technological innovation.

COVID-19 has forced us to embrace technology and get on and use it! We did a lot of talking about offering a digital offer, but we were reticent. Now, we are all experts! (Health visitor - survey)

We had invested in digital innovation to child protection conferences sometime before COVID and these made the transition to conferences during lockdown much easier. It also supported there being no break in service and conferences moving virtually overnight. These digital approaches included audio recording the conference and not having minute takers, conference chairs typing the signs of safety summary/plan/etc live in the conference, and the use of electronic feedback via QR code/webpage link. We have piloted paperless recording software during the lockdown to provide a shared and secure platform for all conferences attendees to share and read the conference reports and documents (Children's social care - survey).

The importance of conference chairs being sufficiently technically competent to be able to deal with hiccoughs that happened was flagged by a number of those interviewed. It was generally agreed that current arrangements were placing a great deal more responsibility on conference chairs to be able to adapt the 'old' model and then make the new one work. While conference chairs' capability had always been key to conferences running well, it was now viewed as vital, not only to explain the process and make families feel comfortable, but also to explain the technology in layperson's terms, if required. If such situations were not handled appropriately, confidence in the proceedings was said to be quickly undermined.

Other difficulties that were identified included poor quality internet connections or phone signals, a lack of proficiency in using equipment and applications, and frustrations arising from different agencies using different software packages that got in the way of effective communication.

Technical issues have been the main thing – getting people logged on. This can be frustrating when it takes 30 mins to get everyone in (Midwife).

I do struggle to understand why the three authorities I cover use different technologies for their conferences. My work laptop will not allow videos on Skype or Google Meet, so I have to join by 'phone which I find frustrating when Microsoft Teams works so well (Police).

Police are still struggling to link in via video and can only link up via phone because they don't have Teams (Conference chair).

Increased efficiency

Conference chairs commented on how those who did attend were often better prepared than they might have been previously. This was mainly attributed to the time they now had to read and consider reports rather than the usual system whereby professionals arrived early and sat in a room to read them. Most of those interviewed thought the conferences were shorter than pre-COVID-19.

I always think they're slightly quicker because people just tend to read out their report and they are very structured; the chairs have been managing them quite well because they must be very clear about whom they want to speak and they don't allow any interruptions (Midwife).

There were also a substantial number of references to how professionals seemed content to impart information in a more direct way than if they were face-to-face with parents.

I think there's a lot of people in conferences that don't actually like face-to-face, they're uncomfortable with it, so being on Teams is a bit of a barrier and they are a bit more forthright with what they're saying, because they know the person can't do anything. It gives them a bit of a safety net, so they can say some things that perhaps they wouldn't if they were sat in the room next to the person (Police).

I think this is linked with the way the professionals are doing their reports, often the reports will be a little blunter than they would ordinarily share things verbally and sometimes you find professionals aren't sharing those reports when they've been blunter because they're worried about the impact on the relationship. But there's something about that accountability, I think it's easier to share if you're not in the room or saying it. I do think that's a thing (Conference chair).

Video and telephone conferencing had, perhaps, removed an element of moderation by making the interaction less personal than if the parent was sitting alongside professionals.

Social workers seem to have more courage to say things as they are. I know they should always have that courage, but sometimes it's hard if they're dealing with a parent who's quite aggressive. I felt the messages were clearer, more concise. Maybe they thought 'Well I don't have to sit across the room getting daggers for two hours', so perhaps there's a lesson there about up-skilling social workers, in particular, to deliver these difficult messages (School nurse).

It would however appear that the line between candour and bluntness is a fine one, with some interviewees suggesting that while virtual communications could encourage some professionals to be more open, it could also be problematic when no-one was physically on hand to talk parents through difficult discussions.

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something about that accountability, I think it's easier to share if you're not in the room or saying it. I do think that's a thing (Conference chair).

If it had been in the room, there are professionals who wouldn't have said things in the way that they did. I think it has caused parents to put the phone down, to leave the room. I have discussed this with other chairs who have said that when this type of thing happens, they could get them back if they were in the same place, get them to re-engage but you lose them over the phone (Conference chair).

Despite the increased attendance of professionals and the other positives that were identified, many of those responding to the survey thought that conferences had suffered as a result of reduced face-to-face interaction with others in what could become very sterile environments, where there were fewer opportunities to discuss and reflect.

There was also some concern that, although conferences might be shorter, they were lacking detail and potentially taking what were labelled as 'shortcuts'. In addition to the concerns about conference chairs telephoning agencies for feedback and relaying this to parents instead of convening a conference, there were mentions of failures to be absolutely certain who was in the family home during conferences, meaning discussions could potentially be overheard by someone who had been identified as a risk to a child. Although only a minority raised these concerns, the messages are nevertheless concerning.

They are quicker – it's not a positive for me, because things are being missed and I think, from a professional point of view, not everybody's like me. I go in with a list and I make sure I've asked everything, or talked, discussed everything. I know the families holistically, but I know not all professionals are like that, so I'm sure there's some that come off a call or a video and think, 'Oh, should have asked that?' And it could be that little piece of the jigsaw that makes a big difference (Refuge worker).

I feel that conferences are still managing to keep children safe, but my view is they are less robust than prior to COVID-19 (Social worker).

Conferences are worse now. [They are ...] less explorative and harder to chair, therefore harder to analyse risk (School nurse).

I haven't been to a conference before, so I don't know if I am right, but it seemed very impersonal. People read their reports, I was asked if I had anything to add and I couldn't get my thoughts together, the chair summed up, said the kids were on plans and it was over (Mother).

A few social workers thought that this more focused approach meant that the principles and frameworks that guided their practice were compromised.

We use the Strengthening Families model, so suddenly you haven't got that visual thing to keep people engaged and, on the telephone, not everybody can speak at the same time. It's meant that the chair must really take much more command over the meeting and that gets away from the core value of Strengthening Families (Social worker).

Easier access to information

The police in particular mentioned the benefits that virtual participation brought. Not only could they take immediate action on some points that were raised, they were also able to access police records and update the whole conference, or just the conference chair where confidentiality might be important.

Previously at a lot of conferences you didn't even get a table so you were on a chair trying to balance the paperwork. We didn't have WiFi connection. Whereas now if there are any questions, I can find the answers out there and then. If someone queries something, one of the family says, 'I'm not sure about that conviction, I think you've written the date down wrong there', okay, I can go straight into it (Police).

Sometimes social workers also found it useful to be able to have access to the children's social care data during a conference. In some authorities the Wi-Fi signal was very poor in the parts of buildings where pre-COVID-19 conferences were held, which had made it impossible to check electronic records—but even with a signal there had been a reluctance to sit in a face-to-face meeting while working on the computer.

I can check details and notes and all sorts of things that, in a typical conference, you just can't do. You would either have to rely on the fact you've printed everything out that you need, or your memory, and mine is not the greatest, so that's just been a real bonus (Social worker).

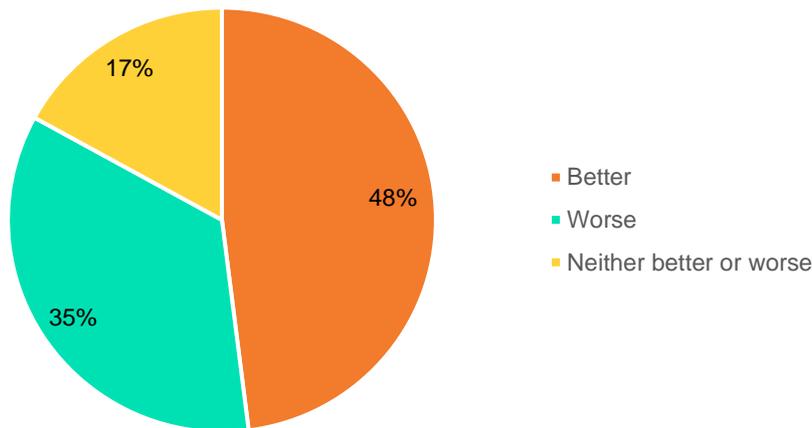
An additional benefit for some was being able to communicate with the conference chair and colleagues by text if they wanted to draw attention to something that had been said that was either not correct or might even put someone at risk if the discussion proceeded. This became particularly significant if a parent was at home with someone who could be a danger to the family if certain allegations were put into the open.

So I had an initial child protection conference this week where domestic violence was a really significant risk factor. Typically, you outline all of the risks, but that was one that I really didn't want to be pressed because of the risks to the mum. So I was able to communicate with the team manager who isn't as familiar with the family as I am, I used Skype to just warn her, really, that this was a risk but we couldn't push it too far because parents were dialling into the conference and mum was in the same room as dad and there were no professionals, no safety outlets around. In a face-to-face conference you've got the body language, you could read how dad was taking things and see if he was about to pop (Social worker).

Current practice—better or worse?

The professionals responding to the survey were asked if, on balance, the new ways of holding conferences were ‘better’ or ‘worse’ than the situation pre-COVID-19.¹⁰ Nearly half of those who responded (48%) thought they were better, just over a third (35%) thought they were worse, and the remaining 17% thought they were the same, or that the pros and cons balanced each other out.¹¹

Figure 3: On balance, do you think any new ways of operating are making conferences better or worse than before COVID-19 restrictions?



The majority of those saying they were ‘better’ did so because they thought they were either more efficient in terms of the time saved travelling, or that there were benefits to having the participation of an increased range of professionals. Key concerns for those who thought things were worse included technological difficulties, challenges for parents engaging, and the risk that things were missed because shortcuts were being taken.

Even where respondents were largely positive about current methods for CPCs, this often went alongside calls for the adoption of a hybrid model as the preferred way forward to address some concern that the current arrangement was not necessarily right for all parents.

¹⁰ The family members responding to this survey were not asked this question as it depends on a familiarity with CPC practice prior to March 2020.

¹¹ 304 of the 492 professional respondents responded to this question.

4. Cross-cutting themes

Confidentiality

While some professionals reported that it was easier to share and access information, confidentiality was raised as a major concern with phone or video conferences. Professionals were unwilling to share information because they were uncertain who else might be in a room and able to overhear what was being said. Even if the conference was on video, the fear was that someone could be listening out of shot. Conference chairs usually made it clear that parents should not allow anyone to be there unless it had been agreed with them in advance. However, this did not address the concerns, particularly of the police.

The chairs do a bit of a spiel about confidentiality, being careful who's in the room with you, all that sort of conversation, but I have attended conferences where I know a perpetrator, as such, is sitting the other side of the phone, but you can't police that, that's just how it is, isn't it, and we have to be really conscious... but it makes us more reticent to give so much information. You tend to hold information back because you don't want to put that person at any more risk, so it's difficult to manage, really (Police).

When parents are at home, unless there is a social worker or other professionals with them and that is rare, I can't be sure that they're the only people who are listening. It's very difficult to share convictions, and I won't, because anybody could be listening and let's face it, sometimes I'm sharing information about people which is not very pleasant, and then if somebody else was in the room and picked up that information and there were repercussions, we would be liable (Police).

This was also a concern about professionals who might be working from home or in a shared office space.

In the beginning we were allowed to join conferences from home. I live alone so there was no issues with confidentiality, but they've stopped that now and we have to be in the office to do them. That can pose difficulties, because it's finding rooms; it's difficult because there's not a lot of space in the health centre and with social distancing we're constantly having to work around that and make sure there's enough places for people to go. It was easier to do them from home, in my opinion, and more confidential, you haven't got any background noise. When you're doing them in the office there are phones ringing and all the office noise. I think the change was to do with confidentiality issues (School nurse).

The chair said to health visitor 'Who's that behind you, are you in a shared office?' And the health visitor said, 'It's okay, she's also a health visitor'. The chair was clearly annoyed and said, 'We haven't got clearance for her to attend, can you please go into a private space where there's no-one else in the same room as you', and I thought that was a bit of a balls-up (Grandmother).

As a result, certain information may be sent confidentially to the conference chair who will share with other professionals as appropriate. One advocate accepted the process but thought that something quite important was then lost.

We may now miss elements of professionals' opinion. Although the police don't know the families, from my point of view because I used to be a social worker, I always felt if a police person said, 'we're worried because of this' or 'this might happen' it holds quite a lot of weight, parents seem to listen to that and respond to it (Advocate).

Concerns were voiced about parents not having an appropriate place to join the conference. This was especially a concern for those living in temporary or shared accommodation where it was very hard to maintain a high level of confidentiality.

One of our patients didn't join at all because she couldn't find anywhere appropriate to do it. She was living in shared accommodation, so she didn't feel that she could do it there because it would not be private. She actually tried to phone us from a bus stop, but then other people were walking past. She went to a park and she was just walking around, trying to listen in to this meeting because she didn't feel that there was anywhere she could go. Hopefully that's quite a rare occurrence. We have had a couple of street homeless patients as well where they didn't have phones. The support worker in the homeless shelter took the mum into the office, but said that she couldn't take mum and dad, they had to choose between who attended (Midwife).

We are unsure whether members of the family are able to speak openly when they are in their home environment, unsure of who else may be present in the home at the time of the meeting (Social worker).

There were also concerns that some of the arrangements for conferences, such as using a standard number and scheduling conferences back to back, made it possible for confidentiality to be breached, as was noted by a parent earlier.

Concerns about conduct and loss of sense of seriousness

Professionals reported concerns that, as a result of the 'online' format, the seriousness and formality of conferences was not always conveyed to parents. Others commented that parents had the option during remote conferences to keep their cameras off and engage less and, as a result, possibly not receive the messages from the conference clearly enough.

For example, there were situations where parents would join the call from a nail bar or while shopping.

I have had conferences where the parents were walking round [supermarket] doing their shopping. There was one person who wasn't particularly pleasant, and she was screeching and screaming and shouting to everyone in the shop. I just thought we're not achieving anything here other than raising all our concerns massively that you're not taking anything that we're saying on board. It was not good. She stayed till the end, swearing and expletives and told us all where to go at the end (Police).

The father who was in the car, and we had to say 'it's not appropriate for you to be ringing in to the conference while you're driving; first of all, that's not safe, let's be clear about that, and second of all, this is a conference about your children and we need you to be giving it your full attention, so that we can work towards increasing safety, and

trying to have those conversations with parents in a way that enables them to see that that's not the right way to be doing things (Chair).

However, these concerns were not confined to the behaviour and understanding of parents. In part the problems were attributed to difficulties that could arise from the use of technology and poor connections, which then detracted from the gravity of the meeting, but the absence of protocols about processes, behaviours, contributions, and timings were also blamed.

Many times there is no protocol in place and therefore everyone speaks over everyone else and the parents cannot manage this. They easily become distracted and don't find it easy to concentrate (Advocate – survey).

There was an unease and even embarrassment that the behaviour of professionals during video or phone conferences was resulting in a loss of 'decorum' or 'professionalism'. There had been instances when professionals had turned their cameras off to take calls, moved away from their desks to answer the door, and been interrupted by children and pets, with the risk that the seriousness of the situation was not being effectively conveyed to parents.

Some conference chairs had had to remind professionals that just because they might be sitting at a kitchen table or on a sofa, they were still in a formal meeting and they should conduct themselves appropriately to give the meeting and the family the respect that was due. There were many examples of professionals eating during the conference, turning their cameras off to take calls or answering the door.

It'll be things like eating their lunch during a meeting or while other people are talking, getting up and walking off camera to go and get something or do something. You just would not do if you were physically attending a conference, you wouldn't sit there and get your sandwiches out for your lunch (Conference chair).

I've had people take calls during conferences and forget to mute—failure to mute just adds to the disrespect, it just shouldn't be happening (Conference chair).

And conference chairs themselves were not immune from criticism.

I was just gobsmacked. She got up, she was obviously sat in her lounge with her laptop and she got up and went to the window, lifted her top and just... what can I say... just waggled herself in the breeze and I was thinking, oh my God! And then she tucked herself in and sat back down as if nothing had happened. I really don't know how many people saw that... But people have had cats running past, dogs running past, phones going, and that's only the professionals, not the families (Agency of interviewee withheld to prevent identification).

A few of those who were interviewed admitted to taking advantage of being on the phone or having their video off so they could get on with work tasks.

The demands on social workers are so enormous, the fact that we're doing meetings by Skype now, whilst I don't think it's best practice for the family, has made me more available, but also more distracted because I can have documents open and I can do things while I'm listening to other professionals (Social worker).

I can have the emails going and respond to urgent things if I need to while the conference is happening (Social worker).

For parents and family members, such distractions were felt to convey a lack of respect for their situations.

My main complaint was the distractions. This is serious moment for me and my child. The video just kept freezing, and I couldn't understand what people were saying half the time, partly because dogs were barking in the background and stuff like that. I understand that it's difficult people working at home, so they're going to have pets barking, but I think they should wear headphones or something (Mother).

It was like a circus. People kept disappearing to answer phones, one had to tell a child to go into another room and at one point someone went off to answer the door. It did not feel like this was how it was supposed to be (Grandmother).

Well it took us ages to connect and we seem to come in the middle of a conversation. The chair said they had not started but that wasn't how it felt. And phones went off, people disappeared and came back, doorbells went. If it was face-to-face these things would not happen and I think people would apologise for any interruption, but no-one said anything (Mother).

Safety

At the most extreme, respondents and interviewees raised concerns that in some circumstances the new ways of working may be unsafe.

[Although] I think the model has improved as people have got used to Teams, it is still disadvantageous to the point of being unsafe (Health visitor).

This manifested in a number of ways. Where domestic abuse was an issue there were concerns that someone could be in the room who could become a danger to a parent as a result of what he or she heard.

From my perspective, domestic abuse is probably one of the most commonly cited aspects that leads somebody to be sitting in a child protection conference and you have to be so sensitive and so careful about what's discussed in front of whom, because of the risks (Health visitor).

... there was one conference where we were all quite sure that the perpetrator was there, but she was saying that he wasn't. We had plenty of reason to believe that he was, which put us all in a very difficult position. Anything could be possible when you've just got a disembodied voice phoning in, and the disembodied voice of a very vulnerable person. The purpose of a child protection conference is to allow people to be able to speak openly about what they're worried about, but when you don't know who's listening in that becomes super difficult. It was handled as well as it could be, with messages sent between people in the conference to alert others that there was a concern that somebody else might have been there (Midwife).

There were also issues relating to the presence of children in the home while conferences were taking place. As noted above, this can mean that they are in a better position to participate for part of the conference, but it also means that they could be exposed to information that they should not hear. Although conference chairs said they explained the importance of children not being present (unless participating), this is hard to monitor. It was also possible for things to change during the conference.

But I did have one just a little while ago where the father went off to get the child from school, and unbeknown to us they'd come back in and suddenly the child had got upset and went off to their room. When we asked what was going on the mother said he had heard. But we weren't aware that he was there, so obviously that wasn't good. But the ground rules had been spoken about in the prep(eration) and he hadn't been there, but it was just when they picked him up from school, so that was unfortunate and I did talk to the parents afterwards and reminded them if things are going to change in the room, we need to know about that. A reflection for me is I knew he was going to pick him up from school; I didn't realise it was so near, but I could have said, 'Where is he going to be? Are you coming back? Make sure he doesn't come in the room...' (Conference chair).

It could also mean children are around during or in the immediate aftermath of very tense conversations when that might not be the case when conferences are delivered face-to-face.

I feel de-skilled not being able to meet the family face-to-face. I have been unable to use my experience to read body language. I have had scary moments when, for example, the family member on the other end of the video call became very agitated and aggressive whilst holding the child. It is much more difficult to deal with a challenging family member via video call rather than in person, where we can take a break and a person can leave the meeting (Social worker).

Yesterday I had a very angry mum just screaming down the phone at me in a conference, but it brought home to me how hard all this is. I was very aware that she was alone at home with a young baby. I was trying to placate her, she wasn't hearing me over her shouting. We had to keep talking because I wouldn't have felt comfortable leaving her with that level of upset, at home with a young baby. But the reality was that I had other professionals expecting more of me than I could actually offer in that moment (Conference chair).

If a child has disclosed something to the advocate, parents get annoyed and say things like 'I'm going to have a go at them when I get home for lying'. Within a physical conference you have the space to calm that parent down and say, come on, they've said it in this context, then they'd have the time to get home, where possibly they could simmer down, because obviously emotions are high. But I worry now that parents are sat with their children in other rooms and that there's no simmer down period, they literally could just fly. I haven't known it happen, but I always have that in the back of my mind. I'm very cautious when I'm reading a young person's words, that if there's anything that I feel might trigger a parent I've phoned the social worker and said, 'You'll need to speak to them afterwards and make sure everything is okay' (Conference chair).

These issues may have been exacerbated by the fact that for some of the periods covered by this study normal childcare arrangements were not always available.

They have had to have their children present for meetings due to unavailability of childcare due to social distancing measures and households unable to mix (Health visitor – survey response).

When children have not been in school and childcare was not possible, they were often upstairs which is not good, especially if parents become upset and/or distressed. I have been feeling for the families as this way of working is so impersonal and miscommunication much more likely (Social worker).

With this in mind, the survey asked a specific question of chairs and social workers about the availability of childcare. Only a third of conference chairs who responded to the survey were aware of provision, or even discussion, in relation to childcare during conferences. Where provision was made it usually involved the social worker talking to parents to check if family or friends would be able to look after children. In only a few cases had the local authority provided any form of care. Interestingly, despite a third of conference chairs seeing this as a responsibility of social workers, only 7% of social workers were aware of such discussions or provision.

When families were largely at home together it may have been that professionals felt childcare was not so much of an issue, but the implications for children's safety highlighted above are worth noting.

5. The impact of COVID-19 on pre- and post-conference planning

Pre-conference: preparation

The success of a conference is likely to be informed, in part, by what happens before it. The way chairs engage with families prior to the conference taking place, and the circulation of reports for the conference, are two important elements of this.

Conference chair's contact with parents

It is established good practice for the conference chair to meet family members before the conference to ensure they understand what will happen and how they can contribute to the meeting. According to the responses in the professionals' survey this was still happening most of the time during the pandemic. 90% of conference chairs who responded to the survey said they were meeting families prior to conferences to ensure the family was clear about the conference's purpose and process, and 96% said there were arrangements in place to agree the attendance and participation of family members, including exclusions where necessary. However, half of the 24 parents who replied to the survey had not had the opportunity to speak to anyone prior to the conference and neither had 6 of the 14 parents who were interviewed.

I've never spoken with a chair, they're unavailable to speak to, even though it did say in all the paperwork that you have a chance to speak to the chair before the meeting, I've never got that chance (Mother).

No one helped prepare me for conference or explained why it was happening. The chair did not speak to me even though I had requested it. We were treated as if we didn't exist (Mother – survey response).

Where chairs contacted families prior to the conference, the timing of this contact varied. Some chairs contacted families a few days before the conference to outline what would happen and check that they knew how to access the conference. This might involve helping families to download any relevant app or check they had the correct phone number. Other contacts took place just before the conference. So, in addition to a discussion of the proceedings, they could also test that the video/telephone link was working and bring others in at the appropriate time. However, this also meant that there was little time to correct any problems that were encountered.

I was told that we'd have 15 minutes with her before the conference and that she would call at ten o'clock. She called late and when I looked at the length of time of the call on my phone once we'd finished it was for eight minutes. We covered just what would happen in the conference, that she would get everybody to introduce themselves and everyone would take it in turns to speak and stuff, whereas I was under the impression that that time with her was to put across our side of things, but no, that wasn't... I barely even got time to speak, she just rushed through everything she wanted to tell me about what was going to happen (Mother).

Conference chairs also handled these contacts in different ways. One interviewee described how she did it in two stages because she believed the parents in question needed support

over and above what would normally be provided. A few days ahead of the conference she sent a text that deliberately appeared to be computer-generated. She reminded parents about confidentiality: while they may have someone to support them, there should not be other adults present who could overhear what was said, and the conference chair should be told if children are present. The text also asked them to respond by email if they would like to join by video. Then on the morning of the conference, which for this conference chair would always take place in the afternoon, she would phone them.

I introduce myself just as I would if it was face-to-face, but you then have to do a bit more housekeeping. I check how they are taking part and if they are comfortable with that, ask if we can we make it any better for them.... I also say that they should try to stay calm, that I understand it's a passionate thing we're talking about, it's your children, if you need to leave, then leave if you're struggling. But I also say that if they leave the room, which parents often do, I can't go with them and support them or check they are okay to come back. So whilst I might understand, if they don't return other agencies might see then see parents in a negative view, and it might influence their decision (Chair).

Conference chairs and other professionals interviewed were reasonably confident that this early part of the process was working as well as it could given the circumstances but, in addition to the criticisms expressed by some parents noted above, there were concerns that it was more difficult for a rapport to be developed in a telephone or video conference.

Face-to-face allows my son [father of child who is subject of the child protection plan] to talk to the conference chair and it is much better for him to be spoken to face-to-face. She's really good the way she talks to him and she makes sure he understands everything. He doesn't usually do very well when people are talking, but the way she comes across to him is really good. With a video call that feeling that things are private seems less, but he didn't engage as well with her at all, which was a shame. He just sort of agreed and didn't elaborate on anything (Grandmother).

Conference reports

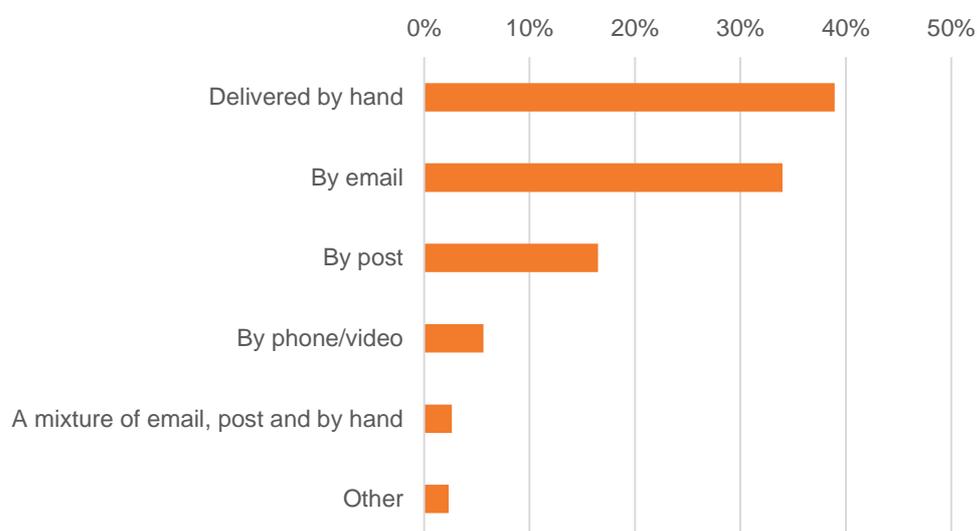
Social workers must produce a report based on their assessments and analysis ahead of the CPC. This is shared with parents and, where appropriate, with older children, sufficiently in advance of the conference to allow any omissions or mistakes to be addressed and, if necessary, raise questions. Parents are also meant to receive written reports from the relevant professionals who have participated in the s.47 enquiry that led to the conference being convened, or who have relevant information about the child and/or family members, should be shared with parents.

Sharing reports with parents

Most conference chairs (61%) and social workers (86%) who responded to the survey said that parents received the report at least two days before the conference, although over a third of chairs and a small proportion of social workers reported these reports did not arrive with parents until the day before the conference. However, two thirds of parents responding to the survey had not received professionals' reports before the conference.

Both parents and conference chairs and social workers reported that, in most cases, reports were emailed or delivered by hand (see Figure 4).

Figure 4: How were reports shared in advance with parents? (Conference chairs and social workers)



From the interviews it appeared to be down to individual social workers to decide how reports reached parents. Some would hand deliver the report and discuss it with them then and there, or later over the phone. If the social worker was still not making home visits, the report might be delivered by a colleague or through the post and followed by a phone call. In a small number of cases, social workers had read reports to families over the phone.

Only a few of the parents responding to the survey reported that they had the opportunity to discuss the report with a social worker prior to the conference.

Concerns were raised by family members and advocates about parents' ability to access, read and understand reports, especially if they were only able to read electronic documents on a mobile phone and/or had no printer.

One mother is getting all sorts of very lengthy, complicated emails and she's struggling to understand and access the reports. She's got no printer, so she is reading it off a screen. Well, I'm sure you know how lengthy those documents are, you can't do that in any meaningful way on a phone screen.... Luckily, she's forwarding things to me, we're making an easy-read version (Advocate).

I don't think it's acceptable to be sending reports to people by email. They might be reading that email over a little four-inch or two-inch screen on a phone, that they'll also be using to join a conference, and is that fair? I don't think it is, I think people should have a paper copy that they can make notes on. If it was me, I'd be going through the report and if I had anything to disagree, I'd be putting notes on the reports as we go through it, so I could raise them (Police).

What they tend to do is send everything via email, literally the evening before.... I have one document that my daughter forwarded to me, which was 120 pages long,

so there's no chance for anybody to read and disagree with anything or ask them to interpret what they're meaning by that, or anything (Grandmother).

Only one professional made any reference to a conference being postponed because a report had not reached a parent, although two thirds of parents completing the survey said that they had not received the report.

Sharing reports with professionals

In pre-COVID-19 conditions, interviewees noted that it had been common practice for professionals to read each other's reports just prior to the conference. While around a third of conference chairs and one in six social workers said this now happened the day before the conference, most agreed that reports were being shared between agencies at least two days in advance of a conference.¹²

Conference chairs believed this was contributing to professionals being better prepared and there was also the suggestion that the quality of the reports had improved.

Shorter, more concise reporting. Information shared by professionals appears more evidenced based and less opinion based (Social worker).

More time seems to be given to writing clearer, more focused reports – there is less speculation and they are more factual (Conference chair).

Police officers were in a different position because of the nature of the material they might be sharing. Pre-COVID 19, if there was a police report containing information on a third party, an officer would share it with the other professionals on the day of the conference and then collect any paper copies that had been distributed. The officer would also share it with the parents face-to-face. In a virtual conference the police may just share this information with the conference chair in order to maintain control over the distribution of sensitive, personal data. This seemed to explain why several social workers referred to minimal or light-touch input from the police.

I had a case in conference last week. The mum is really struggling to understand the risks that the boyfriend poses to her and the child, and I think that being made to sit in a room with a police officer might have had a different impact on her. Sometimes we need to see things in black and white and being taken into a room with a police officer is quite a dramatic thing to happen (Social worker).

¹² Respondents were not referring to identical local authorities, which will account for at least some of the discrepancy.

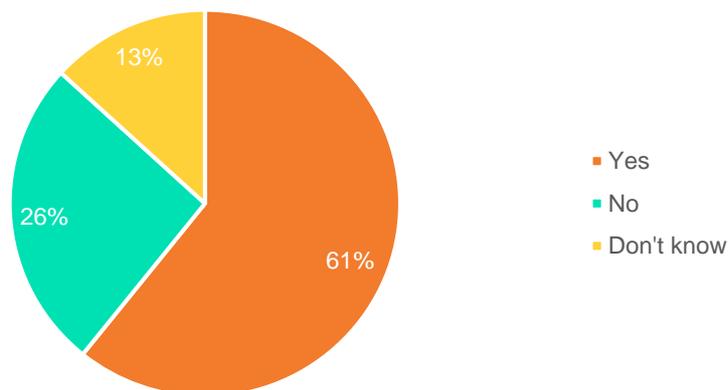
Post-conference: child protection plans and decisions

A child protection plan should set out how a child can be kept safe and what support the family needs. The plan should also set out the services to be provided, and who they are to be provided by, as well as clear outcomes for the child and expectations for the parents, with arrangements for review. Plans are drawn up during conferences, sometimes in a way associated with the authority's approach to social work, such as Signs of Safety or Strengthening Families.¹³

During the first lockdown many agencies ceased to operate, and when they reopened they were often only offering online support. At the time of the interviews (September 2020) many were often still not operating at pre-COVID-19 levels (Baginsky and Manthorpe 2020b). It had been difficult to develop and progress plans, particularly where access to drug and alcohol services and/or domestic violence programmes was required. In addition to delays that had occurred when a full lockdown had been in place, there were concerns about the quality of what could be achieved when agencies were not seeing their clients face-to-face. Social workers commented on how well some parents responded to online support and training, whereas it did not work so well for others. Support and training were often only in English, and therefore inaccessible to some parents.

Three fifths (61%) of those who responded to the survey carried out for this review thought that the conditions imposed as a result of COVID-19 had a negative impact on the implementation of child protection plans. A higher proportion of conference chairs (84%) than other professional groups thought this was happening, which is not surprising as they would be reviewing a larger number of cases than others. Social workers and teachers, for example, would only have knowledge of children in their care, and police and school nurses do not usually attend review conferences.

Figure 5: In your opinion, have child protection plans been affected in any way during the COVID-19 period?



¹³ Signs of Safety is a strengths-based safety-organised approach to child safeguarding work that builds on an investigation of risk to include strengths and signs of safety to make an overall judgement of safety using a safety scale. Strengthening Families is an approach designed to increase family strengths, support child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programmes, and communities in developing protective factors.

One in five conference chairs thought that there had been situations where there was insufficient information to decide at a review on the future of a plan that is to assess if the conditions and requirements had been met to allow it to be ended, or if it needed to stay in place.

Two thirds of parents responding to the survey said they had received a copy of the plan following the conference, and a similar proportion had received services related to that plan.

Conference chairs were also very conscious that social workers had tended to have less face-to-face contact with families during this period and in some cases they were still making virtual visits. Their ability to assess change and monitor the home conditions had been badly impaired during the first lockdown but most conference chairs did not think it was back to a 'normal' level.

We had a Zoom meeting with a relationship counsellor. Seeing their face helped build up trust and their service was very helpful (Mother).

The only thing we have had is via doorstep visits and video calls with Family Intervention Worker. The contact by professionals with the children has been seriously impacted by COVID and had massive impact on any meaningful relationships being formed. The impact has generally been negative for our family rather than useful (Mother – in survey).

The reason why my children were involved in the first place was because of a relationship that I was in and what he did in the past, mainly when he was under 18. He put the kids on plans because they said they are at immediate risk. He was not living with me and we were sticking to video calls only. I then had no interaction with the social worker, she didn't turn up for a core group. The chair said the soonest we could come off would be at the three months review and we did. What was the point? Nothing had changed in that time and I had no contact with a social worker. And at the review no one seemed surprised by that (Mother).

Absence of visual prompts

Concerns were raised in the survey and interviews about the absence of visual prompts that are usually used in the development of plans. Usually, where a local authority is using the Signs of Safety approach for example, the conference chair would write the plan out on a white board as the conference was happening, so it was clear to parents, as well as professionals. With video and telephone conferences, this was not possible.

We use the Signs of Safety approach, so there's always a grid on the wall that says worries, what's working well, what's the plan next, and that's not happening in conferences. There's only one chair that's doing that on a shared screen, so I do again wonder how much parents are taking on board because there's nothing written down and they're not getting a physical copy of that board, which they get printed off at the end of a physical meeting to take away and think about it. So between the meeting happening and the conference minutes coming out, which is slower because people are working from home, I just wonder how much impact the conference is

having because actually they're just sitting in a meeting and then nothing, they've not got anything to take away (Social worker).

In the context of the interviews, this visual engagement often represented a move away from the participative approach encouraged in Signs of Safety. Given that two thirds of local authorities in England use Signs of Safety in some form, this has potentially wide-ranging implications (Baginsky et al. 2020). It was not, however, only those social workers using Signs of Safety who were concerned that the principles that underpinned their work were being eroded and that practice was reverting to previous ways of working, where they 'did' to parents rather than working with them.

Plans lasting longer than usual

There was some evidence to suggest plans were lasting longer due to COVID-19. A small number of conference chairs wrote that they had extended plans because of the difficulties around their implementation, and there were similar comments from other professionals.

For example, in one case a risk assessment has not been completed in the timeframe due to COVID. This has meant that the plan cannot be concluded, so the person is still not allowed contact and the family remain on a plan (Conference chair).

In addition, professionals across agencies were concerned that children's safety had been compromised by the limited contact that services had had with children, and by anecdotal evidence of a rise in chronic or long-term neglect as a result of fewer home visits having taken place and more virtual visits. As a result, there was a reluctance to end plans until a more normal situation prevailed.

It is far more difficult to do the work with families as so many services are closed. Visits were taking place virtually so were not always as high quality as face-to-face. Things are taking longer so children end up staying on child protection plans for longer (Social worker).

A lot of actions which would usually form part of the plan have been more open ended or haven't been able to be completed. These actions include things such as visiting the dentist (when dentists were closed) or accessing group work. There has definitely been less support around for families during the COVID-19 period and this has had a negative impact upon them. I feel that plans have also been continuing for longer as things are taking longer to improve (Police).

Different approaches were being introduced to halt drift and to avoid keeping plans in place for too long—but actions such as those outlined below rely on the capacity of social workers to undertake the additional work.

We've made risk assessments tighter and used them more widely, safety plans also. Both of these form part of all plans. Protective behaviour work is now more focused on the child. Virtual visits are more frequent and range from weekly to twice weekly, as opposed to 10 days (Conference chair).

In many authorities, conference chairs were meeting regularly with team managers and heads of service to discuss cases that had been on child protection plans for nine months or more to evaluate whether the plans were working. In some instances, services that had been identified in a plan for a child or parents had not been open during this period, and a child might stay on the plan to allow delivery of that piece of work.

It's now 15 months on a plan and I'm thinking, oh... but then you've got to take into consideration we've had six months of the lockdown, and even though those services might have been doing online, or even if they were visiting, it's not going to be how it was (Conference chair).

We certainly have been ending plans during this time, but I think in the main those have been plans that were in existence pre-COVID, and some of that work has been done and I think there's more certainty about the trajectory for those children. But I think some of the initial plans that have been made during COVID, it would be difficult really to say that the work has progressed or that there has been change (Conference chair).

Viewed through the eyes of an advocate, some parents were said to be paying the price for a situation over which they had no control.

Quite often what I'm seeing is that none of the local authority's actions have been completed. Then when you are in the conference, they recommend that the child protection plan remains in place because of the outstanding actions that haven't been done by professionals. Parents may have done everything they can on a plan, which is really disempowering, and there's a real thing among my parent clients that they feel frustrated that they're still on a child protection plan and it's just been extended because the local authority haven't been able to act in time (Advocate).

Views on the process as a whole

Several conference chairs expressed concerns about cases where assessments had been completed without a social worker meeting the parents or children face-to-face. The impact on practice led some to reflect on how they were intervening in a context that meant they were making decisions about families based on knowing less than they would have previously, but then bringing them into the child protection system where potentially they would remain for longer. They thought it was important to recognise that what is possible to offer families is far more limited. They were not criticising the processes involved or the innovation that had emerged—both of which were seen as preferable to any delay—but they were calling for a debate on whether they had got it right as far as conferences were concerned.

A small number of professionals referred to reviews that were under way in their authorities, not only of what had been put in place during the pandemic, but what it means to bring a family to a CPC in the pandemic context.

Child protection conferences are pretty daunting for most people, professionals and social workers and parents and children, so we've set up a 'task and finish' (group) across our service at the moment to look at the elements of it. So starting at the basic, about how you share that information about what reasons you go into a conference, how you structure the reports, what is included in the reports, how you engage families better in the process of feeling part of that, the buildings, the environment, how we use family group conferencing, how we engage parents and children much more in the recognition that we need to come from a strength-based and involve them in making the plan themselves about how they're going to keep their children safe, rather than us telling them what they're doing wrong all the time (Social worker).

6. Reflections

The child protection system, as with so much of society, has been under considerable strain as a result of the COVID-19 pandemic. Enormous effort has been put in place to ensure the continuation of pre-existing systems and processes to help keep children safe. There was a certain amount of pride amongst those interviewed, particularly amongst conference chairs and social workers, that they had been able to continue to hold conferences. Despite most authorities not having much experience of working with digital delivery pre-COVID-19, practice has shifted quite dramatically. There was a consensus that it was very unlikely that the original model of conferences—where all participants are in the same room—would return after the pandemic. This would represent quite a fundamental shift in practice.

Future formats

Responses to this research suggest that there is unlikely to be one model that works for all families, but it may be helpful to explore the needs and wishes of the family and professionals involved on a case-by-case basis rather than defaulting to a standard approach. Asking families for their views on ‘venue’ would be in keeping with efforts to maximise their participation in the process.

I think that video conferences have been beneficial in the interim, and I feel that there is a future for them, but it is not a one size fits all, and I believe professionals ought to have the opportunity to decide with parents which format suits them best (School nurse).

For cases where parents are very hostile or where there is a communication barrier, virtual conferences are exposing this further - parental input may be less so making conferences worse than before. However, in general, where parents are able / supported to engage in the virtual format they have run smoothly. The virtual conference is not appropriate for all scenarios and families. I would not say they are overall better or worse, it is specific to each circumstance (Conference chair – survey).

This being said, some formats were identified as particularly problematic. A range of concerns were identified about telephone-only engagement, or conferences where parents are on the phone and professionals are linked by video. There were concerns that this limited parents’ ability to engage, follow and understand what was happening, and was also fundamentally unfair. In a similar vein, the practice of a series of conversations with professionals followed by a phone conversation with the parents was also flagged as one model being used, and this does differ quite substantially from a ‘conference’ model.

The problems families might have in accessing appropriate digital devices were highlighted by respondents. Where conferences are being held ‘online’ most professionals will be accessing these through a computer connected to the internet, but this may not always be possible for families, who may not have the hardware, software, or even the finances required to buy data for their phones.

Challenges were identified with parents trying to read long reports on their phones because they had not received a hard copy. There were examples of good practice that were shared

during this research where local authorities took steps to identify the issue and to ensure parents had access to what they needed. This proactive approach may help mitigate the questions of fairness raised by potential digital inequality.

Conferences taking place by phone or video presented new challenges in terms of confidentiality. Arrangements that might, unintentionally, allow for families and professionals to dial in to other families' conferences must be reviewed. Shared housing, childcare issues, and the locations of professionals and parents joining calls are also necessary considerations in this context. Given the concerns raised in this report, it could be helpful for the housekeeping discussions that take place at the start of conferences to include reminders in relation to the presence of others in the room (including other professionals) and the importance of treating all participants with the same respect that would be paid if everyone was in the same room.

Some factors were identified as particularly challenging for video or telephone conferences, and point towards a more tailored approach with greater face-to-face elements. These included situations where there were concerns that conferences with participation at home may leave a participant at risk in relation to domestic abuse, and where a family member has additional learning needs or communication difficulties.

Hybrid conferences were viewed as a viable alternative to the traditional face-to-face model and the telephone and online conferences that had been put in place. There appeared to be a consensus across all professional groups interviewed that the hybrid model 'was the future'. This would allow for some of the benefits that had emerged during this time—such as enabling the attendance of a broader range of professionals—to be captured while allowing family members to have the benefits of face-to-face contact and equitable access to technology. However, successful implementation of the hybrid model will be dependent on investment in the required technology. It was suggested that the investment should be viewed against the time and money people saved in travelling, as well as an estimate of the 'contribution-in-kind' made by professionals who, while they would not attend a face-to-face conference, had demonstrated a willingness to join by video. In time this may require the development of codes of practice and professional conduct.

Ensuring meaningful participation for parents and family members

This research has highlighted how little consistency there is between and within authorities. It has also exposed how little we know about parents' reactions. Serious concerns have been identified in this research related to challenges around maintaining the safety of participants and observers, building and maintaining relationships, and ensuring the meaningful participation of family members. Visual prompts have become a key feature of conferences in many authorities. Thought needs to be given to how the benefits of this practice can be maintained in a digital or semi-digital environment.

The triennial analysis of Serious Case Reviews 2014–2017 (Brandon et al. 2020) found that:

A recurring theme among reviews that identify good practice is the quality of relationships with families. A good relationship with families is the primary vehicle for protective practice when it is based on a sound grasp of the family context,

circumstances, and roles and relationships as an effective way of managing the complexity of compound and cumulative risk over time (p. 80).

The pandemic has challenged professionals' ability to gain 'a sound grasp', and it is evident that the ability to build relationships with parents has been disrupted. It is however important not to view previous conference practice through rose-tinted glasses. Challenges in ensuring meaningful parental participation are not new. Nearly 25 years ago Corby et al. (1996) provided an incisive account of the conflicts of interests between parents, professionals, and children, and argued for changes in the CPC system to achieve more ethical and effective participation. In the intervening years policy and practice have focused on the benefits of increased parental participation, but challenges have remained. More recent research has suggested that parents believe that their participation is tokenistic (Thorpe, 2007) and Lutman-While (2018) concluded that, while *Working Together* makes an assumption that 'presence' means 'participation', the research demonstrated that parental presence at these meetings does not result in their effective participation.

In this present study there were examples of how some practitioners had worked hard to maximise participation. Where support was provided it was seen to have a positive impact. This is in quite sharp contrast to some of the descriptions of the situation where parents were joining conferences unsupported from their own homes. There was evidence that in some cases the desire to keep the system 'on the rails' may have jeopardised fairness and respect.

Concerns were also raised about the ongoing impact of COVID-19 on the child protection system and family life. COVID-19 restrictions have resulted in a reduction in the availability of services that worked alongside children's social care to support parents and families. There was an anxiety that remote ways of working and the physical absence of professionals meant that some concerns had been—and perhaps continue to be—missed.

The need for debate, review, and reflection

It is vital that we now take the time to pause, reflect, and review. This research uncovered much that was positive about new ways of working—particularly for professionals—however some serious concerns were raised about confidentiality, safety and conduct, and the ability to ensure the meaningful participation of parents and family members. Professionals and parents were led to question the fairness of CPCs at this time and to reflect on what may have been lost or sacrificed in new ways of working.

Although CPCs are multi-agency meetings, and all agencies share responsibility for the protection of children, it is children's social care that is the lead agency and social workers are the lead professionals. Critical reflection has assumed increasing importance in social work (D'Cruz et al. 2007; Ryding et al. 2018). This research has called into question how much we know about parents' views and reactions to the changes that have taken place and CPCs as a whole. Often the professional view of how well things were going, and their impression of how parents felt about things, contrasted strongly with evidence from parents themselves. It is crucial that research is conducted to examine the responses, engagement, and outcomes for parents in more detail, especially given the variations in the way conferences have been, and are being, conducted.

There will undoubtedly be a legacy of COVID-19 on CPC practice as there were elements that many of those who were interviewed thought worth preserving, but there were also elements that were concerning. The immediate priorities should be to capture the breadth of parental opinion, build on increased involvement of other professionals, and to explore further the quality of assessments, plans, and outcomes. It is crucial that we get this right for children and families.

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