Isolated and struggling

Social isolation and the risk of child maltreatment, in lockdown and beyond

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Note on methodology

This briefing has been produced rapidly by scanning bibliographic databases, key journals, and grey literature on child maltreatment, as well as online resources and publications related to COVID-19. Our approach to searching the literature under each theme was inclusive and iterative with the aim of providing an overview of the issues and available evidence, but more attention was placed on areas in which the NSPCC has a strategic focus through our service delivery, research and policy work. Systematic search criteria were not used. While we are satisfied that our work is of high quality, the limitations in the methodological approach mean that the evidence reviewed here is not comprehensive.

The briefing also refers to data collected by the NSPCC’s Helpline and Childline, and quotes from NSPCC children’s social care practitioners from two ongoing NSPCC research projects. The ‘Together for Childhood diaries project’ collects fortnightly online diary entries from practitioners working in areas where the place-based initiative is in progress: research participants were asked to reflect on the needs of local children and families during lockdown and how they have adapted the way they work to continue to support them. Case studies were also collected from practitioners working in NSPCC service centres across the UK, recording the impact of the COVID-19 pandemic on children and families they were already supporting and adaptations in their practice during this period. These studies provide on-the-ground observations and professional perceptions of the effects of the pandemic.

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Summary

Child maltreatment existed in the UK long before the COVID-19 pandemic, particularly among families where caregivers were overloaded by the stressors in their lives, and where children’s circumstances made them vulnerable to danger or exploitation. The conditions created by COVID-19 have increased the likelihood that both stressors and vulnerability will increase, at a time when the protective services we normally rely on have been weakened, and families have reduced social support and connections to rely on.

This briefing pulls together research evidence to explore whether the conditions imposed by the COVID-19 pandemic heighten the risk of child maltreatment in the UK. While a range of different risks and issues are considered, particular attention is paid to areas in which the NSPCC has a strategic focus through our service delivery, research, and policy work. Three main areas of risk were identified:

Increase in stressors to parents and care givers

Since the start of the pandemic, many parents and carers have faced financial insecurity, alterations to their routine, and the juggling of multiple responsibilities including work, full-time childcare and care for family members who may be shielding or ill. Research tells us that when adequate support is not available, such tensions may lead to mental and emotional health issues and the use of negative coping strategies. There is ample evidence linking both these conditions to child maltreatment. The exacerbation of existing stressors and introduction of additional ones could increase the risk of physical, emotional, and domestic abuse, neglect, as well as online harm. However, social support and social connections can make the difference in whether stress materialises as maltreatment and can be used to mitigate the negative effects of the pandemic.

Increase in children’s and young people’s vulnerabilities

For most children and young people, this has been the longest stretch of time in their lives spent away from friends and trusted adults outside the home. The impact of lockdown on children’s emotional and mental health, combined with almost full-time confinement in their homes and changes to their routines, has created new vulnerabilities and exacerbated existing ones. Young people with digital access are spending more time using...
social media and online resources: this increases the risk that they may experience online-facilitated grooming or other online harms, during a period when demand for online child sexual material is known to be on the rise.

For children who are already experiencing abuse or neglect by household members, confinement at home has meant prolonged exposure to potential harm. Added to this, children may be receiving less protection within their home if their parents are overburdened and standards of supervision have fallen; may be more susceptible to grooming if they feel lonely or uncared for; and will almost certainly have reduced access to protection from trusted adults outside the home. We know from research that conditions such as these make children more vulnerable to experiencing abuse. We also know that these risks can be mitigated when caregivers, trusted adults and the community support and protect children and young people.

**Reduction in normal protective services**

Lockdown has meant that families are having fewer interactions with the services and social institutions designed to help them and are receiving only a fraction of the support and scrutiny that would normally work together to protect their children from maltreatment. At the same time, friends, relatives, neighbours and the community are also prevented from offering as much social support to families and checking on children’s welfare; while some of the systems and services that function behind the scenes to support families or detect criminal activity have also been compromised. We normally rely on this myriad of resources and services for detecting, preventing, and responding to maltreatment, and we have evidence of their effectiveness, so any weakening of these safeguards during the pandemic will increase the risk to children and young people. Keeping services running as near as possible to ‘business as usual’, adapting ways of working to provide continuity during lockdown, and filling in any gaps that develop are essential if we want to limit the negative repercussions of the crisis on child maltreatment.

**Conclusion**

The evidence reviewed in this briefing spells out the risks normally associated with maltreatment. It also bears out the many warnings that have been raised about the effects of the pandemic on child maltreatment in the UK. The combined impact of increased stressors on caregivers, increased child vulnerability, and reduced safeguards increases the potential for new and recurring cases of abuse in all its forms. This briefing concludes with recommendations for a national and local response together with practical countermeasures to minimise harm to children and young people during this time and to aid their recovery.
Introduction

Child abuse and neglect are preventable, and their continued existence in our society is deeply concerning. The causes of abuse and neglect are manifold and complex (Munro et al, 2014) but we know from research that maltreatment is more likely to occur when caregivers become overburdened by their circumstances, and that children become more vulnerable to experiencing abuse under certain conditions. We can support caregivers at risk of becoming overloaded and safeguard vulnerable children and young people by making best use of the vast range of systems and mechanisms designed to detect, prevent and respond to abuse, and drawing on the care, support and vigilance of people in the community.

But these are not normal times. Since the outbreak of the COVID-19 pandemic, organisations have been warning of the heightened risk of maltreatment for children and young people in the UK (Children’s Commissioner, 2020a, 2020b; UNICEF, 2020b; The Alliance for Child Protection in Humanitarian Action, 2020; National Crime Agency, 2020; NSPCC, 2020a; UK Youth, 2020; ECPAT International, 2020; Taddei, 2020; The Children’s Society, 2020). The UK’s population has now been in various forms of lockdown for 14 weeks: most children have stopped attending educational and childcare settings, and both they and their caregivers have had their normal routines disrupted and movement restricted in efforts to contain the spread of the virus. The combination of increased pressures and tensions within the home and disruption to most of the usual ways of identifying children at risk and preventing or responding to abuse – coupled with children’s increased internet use and the intelligence that perpetrators are finding new ways to contact children during lockdown (Taddei, 2020) – create the perfect storm, endangering the safety and wellbeing of many children and young people.

Evidence of a rise in maltreatment during previous infectious disease outbreaks (Fischer et al, 2018) and sudden disaster or crisis scenarios (Howard et al, 2018; Fischer et al, 2018) and infectious disease outbreaks (Fischer et al, 2018) and sudden disaster or crisis scenarios (Howard et al, 2018; Howard et al, 2018; Campbell, 2020) lends credibility to these concerns, and there are already signs that the risks predicted in connection with COVID-19 may be materialising into maltreatment.

The NSPCC helpline, a service available to the public for raising concerns about children, has seen an increase in contacts since lockdown (Rambadhin et al, 2020); the proportion of contacts that have merited referral to statutory bodies has also risen compared to the period immediately preceding lockdown (NSPCC, 2020b). Childline, the anonymous counselling service where children can talk about their worries or concerns, has seen a small increase in the number of counselling sessions since lockdown (Rambadhin et al, 2020). The proportion of counselling sessions on most types of abuse remain low, but there has been an uplift in the average number of counselling sessions in which children mention abuse in general, and physical, sexual and emotional abuse in particular (see Table 1 in appendix). There has also been an increase in the proportion of counselling sessions on domestic abuse (NSPCC, 2020c). News reports that Refuge, the UK’s largest domestic abuse charity, has experienced a 700 per cent increase in calls to its helpline in a single day (Townsend, 2020) back up other piecemeal evidence from around the globe that domestic abuse has risen during the COVID-19 crisis (Usher et al, 2020).

These early figures on increased help-seeking may be indicative of rising maltreatment, but it will be some time before robust evidence becomes available to determine how the prevalence of abuse has been impacted by the crisis.

The scope of this briefing

This briefing pulls together research and empirical evidence in the academic and grey literature to assess how likely it is that the conditions imposed by the COVID-19 pandemic heighten the risk of child maltreatment in the UK. While a range of different risks and issues are considered, particular attention is paid to areas in which the NSPCC has a strategic focus through our service delivery, research, and policy work. By identifying the nature of the risks and the reasons why they are likely to intensify over this period, we can also start to consider how they may be mitigated, both during and after lockdown. This briefing concludes with recommendations for a national and local response together with practical countermeasures to minimise harm to children and young people during this time and to aid their recovery.

5 In this briefing, child ‘maltreatment’ and ‘child abuse and neglect’ are used interchangeably to refer to every type of ill treatment of children as defined by the World Health Organisation (World Health Organisation, 2020). They are defined as follows: ‘Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.’
6 Figures for April 2020 were 1.3 per cent higher than pre-lockdown, and figures in May were 31 per cent higher than April.
7 37 per cent of contacts resulted in a referral pre-lockdown compared to 42 per cent in May 2020.
8 Counselling sessions increased 5 per cent in April 2020 compared to pre-lockdown, but were down 1 per cent in May compared to April.
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Which of the conditions surrounding COVID-19 raise concerns for the safety of children and young people?

Since late March 2020, children and caregivers across the UK have been asked to adhere to social distancing measures. This has meant staying at home with other household members for long periods and maintaining reduced physical contact with social networks outside the home (friends, family, and community) and with social institutions. The services that families rely on for support as a matter of course – including schools, childcare, GP surgeries, and community services like libraries, support groups, religious centres, and activity and sports clubs – have either physically closed or have seen their capacity stretched. While in some cases it has been possible to access a degree of support digitally or via telephone, on the whole there has been a substantial reduction in families' and individuals' social connections and links to support services (Department for Education, 2020a; NHS England, 2020; National Youth Agency [NYA], 2020a).

Telephone contact is containing some families, varying between daily and weekly calls, others are really struggling and isolated and the telephone contact does not feel enough.

The term 'social isolation' is often used to describe situations where a family or individual has minimal contact with formal or informal networks (or a combination of both). Its association with child maltreatment is long-established and widely accepted (Belsky, 1993; Moncher, 1995; Gracia & Musitu, 2003); correlations have been found between maltreatment and families with limited access to supportive resources and formal systems of social support; parents who have smaller peer networks; and families who live further away from support or perceive their network members to be less supportive (Gracia & Musitu, 2003). On this basis, it might be argued that the social isolation of lockdown increases the risk of child abuse. However, social isolation is a multi-faceted construct that is difficult to measure (Wigfield & Alden, 2018), and the mechanisms that link it with abuse are complex and contested (Seagull, 1987; Coohey, 1996; DePanfilis, 1996; Roditti, 2005; Freisthler et al, 2014; Kim & Maguire-Jack, 2015). Reiterating the link between social isolation and maltreatment does little, in itself, to improve our understanding of the nature of the current risks to children and young people and the pathways leading to maltreatment.

Moreover, the conditions generated by the pandemic do more than reduce a person's or family's number of social links and access to social support. Organisations that have raised concerns about the heightened risk of child maltreatment have cited a range of reasons, not all of which stem directly from the isolation triggered by lockdown (Children's Commissioner for England, 2020a; UNICEF, 2020b; The Alliance for Child Protection in Humanitarian Action, 2020; NSPCC, 2020c; UK Youth, 2020; ECPAT International, 2020).

For the purposes of this briefing, the conditions most pertinent to child maltreatment can be collapsed into three broad categories:

1. Increase in stressors to parents and caregivers;
2. Increase in children's and young people's vulnerability; and
3. Reduction in normal protective services.

Individually, each of these is thought to increase the risk of new cases of abuse or abuse recurrence. Their combined effect is predicted to bring about an increase in maltreatment during lockdown and in the period that follows. The evidence linking each of these factors to maltreatment is set out below.
1. Increase in stressors to parents and caregivers

Parental stressors are a recognised risk factor for child maltreatment. The COVID-19 crisis has augmented this risk by introducing new challenges or aggravating existing difficulties in the lives of many parents. Job losses and income instability have placed numerous households across the UK in acute financial stress, witnessed by unprecedented levels of Universal Credit declarations (Department for Work and Pensions, 2020), an 81 per cent increase in the demand for emergency food from food banks (The Trussell Trust, 2020) and a surge in applications for mortgage payment holidays (UK Finance, 2020) since the start of the pandemic. Stress over food security is higher among adults who live with children (Fancourt et al, 2020), and half of parents of children under the age of 11 say they will struggle to make ends meet in the next three months (Fawcett Society, 2020). Observations by NSPCC social care practitioners bear this out:

There is consistent reporting of financial struggles especially in relation to food and utility costs as families report they are spending much more on gas and electricity due to being at home and using technology constantly so they are using pre-paid electricity cards and keys much faster.

Everybody’s thrown together in situations and parents who were working are at home 24/7 with children who were in school and it’s a bit like Christmas but in a much more intense and challenging way.

Together for Childhood Diaries Project

Hardships such as these produce tension which, if not overcome, may lead to emotional and mental health issues in caregivers and the use of negative coping strategies. It is now widely accepted that maternal mental health at any stage of parenting can suffer in the presence of stressors linked to poverty (Tunnard, 2004) or when stressors exceed emotional or functional social supports (Mistry et al, 2007). Stress in the absence of adequate social support is linked to maladaptive responses, such as the onset and maintenance of alcohol abuse (Keyes et al, 2012), and parental withdrawal or application of pressure on children (Szymańska & Dobrenko, 2017). The quarantine measures used in the COVID-19 pandemic are predicted to have deep-seated psychological effects (Brooks et al, 2020) and potentially lead to a spike in alcohol misuse, relapse, and the development of alcohol use disorder in at-risk individuals (Clay & Parker, 2020). NSPCC social care practitioners have witnessed many of these effects among the families they work with.
Mental health difficulties are presenting as the main issue in both adults and children and in parents, I have heard reports of suicidal ideation .... This relates to the lack of routines, non-school attendance, too much technology as parents ... use technology to give them peace, ... sleep patterns are disrupted and many families are reporting they are sleeping later and going to bed later ... There also appears to be an increase in substance misuse, both with families engaged with addiction services and families imbibing in alcohol to help them ‘cope’. Lack of stimulation for children and adults, boredom and parents feeling at a loss as to how to keep their children entertained.
But how might poor mental and emotional health and negative coping strategies lead to maltreatment?

**Increased parental stress**

While only small amounts of robust evidence are available, these indicate an association between parental mental and emotional health and abuse, neglect, and recurring maltreatment (National Institute for Health and Care Excellence [NICE], 2017: ES106, ES107, ES108). It is important, however, to look at the link more closely. In the main, parents with mental health problems do not pose a physical risk to their children unless the problems are psychotic in nature and co-exist with other mental health difficulties (Tunnard, 2004). Where associations with child maltreatment have been identified, these have been in connection to high levels of anxiety and parenting stress (Rodriguez-JenKins & Marcenko, 2014; NICE, 2017: ES117, ES118); child-rearing stress when combined with the perception of poor child-rearing competence (Holden & Banez, 1996); and chronic parenting stress, also known as parental ‘burnout’ (Mikolajczak et al, 2018). Parental stress of this order can, under normal circumstances, tip parents over the edge and result in maltreatment. The COVID-19 crisis creates additional sources of parental stress: if the unremitting childcare responsibilities of lockdown, the juggling of work and childcare, and the financial strain and other uncertainties for the future have increased parenting pressures, they will have also raised the risk of parents maltreating their children. As stress is believed to be a risk factor for the perpetration of intimate partner violence (Capaldi et al, 2012; Stith et al, 2004; Sesar et al, 2015), there are also grounds to expect more children to be subjected to domestic abuse, as has been the case in other recent pandemics (Peterman et al, 2020).

**Increase in negative coping strategies**

There are a range of strategies that parents may adopt to deal with the stressors in their lives: of these, alcohol misuse and substance abuse have the most strongly-evidenced association with child physical abuse and recurrent maltreatment (NICE, 2017: ES112, ES113; Laslett et al, 2012). The co-occurrence of these maladaptive behaviours and child abuse is well established, but if such behaviours increase during the COVID-19 crisis – and there are already some signs that drinking behaviours are changing during lockdown (Holmes, 2020; Alcohol Focus Scotland, 2020) – then there is cause to worry about the knock-on effect on child maltreatment.
Perhaps more common will be a tendency to cope with stress through withdrawal behaviours (Repetti, 1992; Peterson & Hennon, 2005), with parents managing difficult family situations and multiple demands by relaxing the degree to which they would normally interact with or supervise their child. This ‘uninvolved’ style of parenting can be detrimental to the development and future outcomes of babies and infants (National Scientific Council on the Developing Child, 2012). It can also be dangerous for older children: there is growing evidence demonstrating the importance of parental monitoring and co-viewing of online activities in protecting children, and especially younger adolescents, from being cyberbullied or experiencing other online harms (Lopez-Castro & Priegue, 2019; Baldry et al, 2019; Livingstone et al, 2017a; Livingstone et al, 2017b). At a time when children are spending longer online than they would normally (Kids Insights, 2020), a reduction in parental involvement or supervision may increase the risk of online harm (Taddei, 2020; The Children’s Society, 2020).

The evidence outlined above points to the harm that parental stressors can have on children and young people. The exacerbation of existing stressors and introduction of additional ones for caregivers during the pandemic could, therefore, increase the risk of many types of maltreatment: physical, emotional, and domestic abuse, neglect, as well as online harm.

The evidence also raises a crucial point: the provision of social support to caregivers can buffer against stressors, and the existence of supportive relationships and social connections can make the difference in whether or not stress materialises as maltreatment (Tucker & Rodriguez, 2014; Iwaniec et al, 2006; Ridings et al, 2017; Prendergast & MacPhee, 2020; Simmel et al, 2016; Osofsky et al, 2000). One of the reasons why abuse and abuse potential tend to be higher for families living in entrenched deprivation or persistent social isolation is the lack of emotional, informational and concrete support services that can help parents cope effectively with the multiple stressors in their lives (Katz et al, 2007; Whipple & Webster-Stratton, 1991). In planning a response to the COVID-19 crisis, it is helpful to recognise the role of social support and social connections as moderators in the relationship between stressors and child maltreatment, their presence mitigating or preventing abuse and their absence amplifying the risk of harm.
2. Increase in children’s and young people’s vulnerability

Across the UK, lockdown has suspended normal life and imposed changes to routines. For most children and young people, this has been the longest stretch of time in their lives spent away from friends and trusted adults outside the home. The effects of this, alongside worries about infection, restrictions on their activities and ability to leave their home, and almost full-time confinement with other household members, is beginning to tell on their mental health (Lee, 2020). Surveys suggest that over a third of children feel lonely (Ellis, 2020); anxiety is on the increase among teens (Kids Insights, 2020); and the majority of those with existing mental health needs feel their mental health has deteriorated (Young Minds, 2020).

By necessity, young people are adapting their daily routines and behaviours, with those who have digital access spending more time using social media and online resources (Kids Insights, 2020). Feelings of boredom and frustration – typical of children during periods of quarantine (Brooks et al, 2020) – inevitably remain. For some, the challenges are even greater as they find themselves taking on carer roles for adults affected by the crisis (Zuvac-Graves, 2020).

How do these conditions increase children’s vulnerability to certain types of maltreatment?

Increased exposure to certain types of abuse

The increased potential for maltreatment stems, in part, from the increase in children’s exposure to people who can harm them online, within the home, or (in some cases) in unsupervised settings outside the home.

We know that internet usage has risen dramatically during the pandemic across the globe (UNICEF et al, 2020a) and that children in the UK are relying on it more for entertainment during lockdown (Kids Insights, 2020). This increases the risk that children and young people may experience online harm or be contacted by perpetrators during a period when technology-facilitated grooming and demand for online child sexual material is known to be on the rise (Europol, 2020).

One of the girls that I’m working with in my caseload has had to move in with her grandmother because her grandmother has underlying health conditions and must self-isolate for 12 twelve weeks so she’s left her family home to go effectively self-isolate with [her] and is really worried about something happening to [her]. So, all her needs, and she has a lot of needs, and is why we got the referral into our service, all those needs have been put to one side because she’s effectively become carer for her grandmother.

COVID-19 case studies by NSPCC practitioners
This risk is heightened if parents have little involvement in their child’s internet use or lack the abilities and skills to effectively mediate usage (Whittle et al, 2013; Livingstone et al, 2017a; Livingstone et al, 2017b; Kowalski et al, 2019; Baldry et al, 2019).

For children who are already experiencing abuse or neglect by household members, confinement at home has meant prolonged exposure to potential harm. There is little by way of evidence to demonstrate that exposure increases the likelihood that abuse will recur. However, we know that children who experience maltreatment in their household or residential care setting or live in households where domestic abuse occurs sometimes try to minimise exposure to their abusers – a history of abuse is one of the primary reported motives why young people run away from home (Kim et al, 2009; Hill et al, 2016; Darlington, 1997) – suggesting a link between level of exposure and the recurrence of abuse.

While it is likely that the majority of children and young people have adhered to social distancing guidance during the pandemic by remaining at home – as has mostly been the case with adults (King’s College London and The Policy Institute, 2020) – those who have not may be in danger of maltreatment outside the home. Studies suggest that the risk of criminal exploitation is higher for children who are not in an educational setting for some of the day, as this makes them more accessible to those in the community who would exploit them (Turner et al, 2019). This may also apply in the case of child sexual exploitation (CSE), though it is worth noting that school absence or exclusion is not a recognised risk factor for CSE (Assink et al, 2019; Brown et al, 2016). Without the structure and adult supervision that school or college provides, young people may be more vulnerable to adults who would take advantage and exploit them for criminal or sexual purposes. While there are indications that county lines activity may have decreased during lockdown, there are also signs that this period has created new recruitment opportunities for gangs and the potential of a spike in renewed activity when lockdown eases (Saggers, 2020; National Youth Agency [NYA], 2020b).

Overall, there is a lot of ‘common sense’ and some equivocal evidence to suggest that increased exposure raises children’s vulnerability to certain types of maltreatment. COVID-19 conditions may increase opportunities for some types of abuse by increasing children’s exposure to offenders; on the other hand, the conditions simultaneously reduce the likelihood of abuse in educational or community settings, as children’s exposure to potential abusers in those settings has been restricted by lockdown.
Children and young people’s vulnerability may also be enhanced by their emotional and behavioural response to lockdown conditions.

Peer relationships are vital to healthy social-emotional development from early childhood through adolescence, and friendships and peer interactions can play a significant role in children’s mental health and self-esteem (Pepler & Bierman, 2018). We know from research that children who report loneliness or who lack strong relationships may seek connections online (Livingstone & Helsper, 2007); that children who do not feel adequately listened to or cared for may try to fulfil their needs through contact with strangers or others who would exploit them (Hallett, 2016); and that loneliness and perceived loss of family protection (due to relationship instability or the inadequate monitoring habits of parents) can lay children open to advances from online offenders (Whittle et al, 2014). If lockdown has exacerbated some children’s feelings of loneliness or disconnection from peers, we would expect them to be more susceptible to being groomed.

In mid-adolescence, impulsivity and risk-taking are normal responses to brain development (Hanson & Holmes, 2015; Blakemore, 2018). However, these developmentally typical adolescent attributes are also thought to make children vulnerable to online grooming (Whittle et al, 2013; Whittle et al, 2014) and possibly play a role in offline CSE victimisation (Eaton & Holmes, 2017). During lockdown, when feelings of loneliness may emerge at the same time as reduced parental supervision, some children may become more prone to risk-taking behaviours – while this is a normal behavioural response to this uncertain time, there may be adults who will take advantage of their vulnerability to exploit them.

Reduced protection by trusted adults

While confined at home, children’s vulnerability may be reinforced by their limited access to protection. During lockdown, when access to trusted adults beyond the household is limited, caregivers become almost wholly responsible for their children’s protection. However, not all parents are well-equipped for this role. Research tells us that, in many cases, parents need more guidance to improve their awareness of online risks, knowledge and use of technical controls, and choice of mediation strategies (Livingstone et al, 2017a). In addition, many parents do not know how to talk to their children about sexual relationships and sexual abuse risks (Walsh, Brandon and Chirio, 2012). Even those who are better equipped may be too busy wrestling with competing
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Demands and stressors during lockdown to supervise their children (The Children's Society, 2020), or to apply protective measures that can pre-empt and reduce cyber-victimisation and help children navigate online dangers (Lopez-Castro & Priegue, 2019; Baldry et al, 2019; Livingstone et al, 2017a; Livingstone et al, 2017b).

Confinement also reduces one of children’s only means of self-protection. While it is never a child’s responsibility to prevent or put a stop to their own abuse, disclosing maltreatment and seeking help can contribute to this if handled properly by the recipient of the disclosure. Certain barriers to disclosure may be exacerbated by COVID-19 conditions. We know that children who are geographically, physically, or psychologically isolated have less opportunity to speak to a trusted adult (Allnock & Miller, 2013). This is often the case during school summer holidays when trusted teachers are unavailable, or if trusted members of the extended family live far away and cannot be contacted privately – both of these problems apply during lockdown. Children are also less likely to disclose sexual abuse if the abuse is perpetrated by a family member who lives with them or if they fear repercussions to their safety (Alaggia et al, 2019); both barriers would apply if intra-familial sexual abuse occurs while children are trapped at home with their abuser.

The impact of increased vulnerability on child maltreatment

The factors outlined above – exposure to perpetrators; children’s emotional, behavioural, and circumstantial vulnerabilities; and shortcomings in supervision or other forms of protection by caregivers – all play a part in the continuation of maltreatment under normal circumstances. During this period, there are grounds to believe that the likelihood of maltreatment will have grown as exposure and susceptibility increase and the quality of caregiver supervision reduces. When thinking about how to keep children’s vulnerability in check during and after lockdown, it is important to appreciate the moderating effect that social connections and social support can have on vulnerability and child maltreatment. It is widely believed that risks to vulnerable children can be mitigated if caregivers, trusted adults, and the community support and protect them (Hazler & Denham, 2002; Davies, 2004). Conversely, social isolation tends to exacerbate vulnerability, and has been named as a risk factor for experiencing cyberbullying (Baldry et al, 2019) and other types of online harm (Livingstone et al, 2017a), as well as a probable risk factor for child sexual abuse and CSE (Assink et al, 2019; Brown et al, 2016).
3. Reduction in normal protective services

The pandemic and government measures used to contain the spread of COVID-19 have not just affected families and children directly; they have also done so indirectly by disrupting the myriad of protective systems and services designed to detect, prevent and respond to maltreatment. Under normal circumstances, universal services like schools, GPs, children’s centres, and health visiting are vital for detecting early signs of abuse and neglect, as are non-statutory early help interventions for families, and youth services. All these have either paused or limited their face-to-face delivery to comply with social distancing measures (Department for Education, 2020a; NHS England, 2020; NYA, 2020a; Wilson & Waddell, 2020), resulting in almost a halving of referrals to children’s social care in the weeks immediately after lockdown was imposed (Calkin, 2020).

Child protection and social care services are also no longer seeing families face-to-face as a matter of course (Department for Education, 2020b), and there are concerns that this may be putting children in danger.

We are unable to see parents in person and assess presentation/concerns and the lack of visual non-verbal clues is making gathering evidence of concerns extremely difficult for statutory services. We may hear slurring or poor cohesion in conversations with parents but without actual physical sight that these parents are not fit to care, then we are powerless.

Together for Childhood Diaries project
Prior to the pandemic, there were already grave concerns about the impact of funding cuts on the availability and effectiveness of protective services (Action for Children et al, 2020). During the COVID-19 crisis, previously over-stretched children’s social care services are suffering additional pressures, including staff shortages and the limited availability of emergency placements for children whose carers are at high risk of infection (Driscoll et al, 2020; British Association of Social Workers [BASW], 2020). Children known to social services are consequently at risk of experiencing delays in having their needs assessed, interruptions in the quality of their care, or falling through the net altogether (The Children’s Society, 2020; Sistovaris et al, 2020). At the same time, statutory changes in their duties during the pandemic (Adoption and Children (Coronavirus) (Amendment) Regulations, 2020) have prompted concerns about the adequacy of provision for children in the care system (National Children’s Bureau, 2020).

Alongside reduced provision, there are indications of reduced take-up by families whose children are considered most in need of protection. In May 2020, early years childcare settings and schools recorded attendance by no more than one in seven children and young people classed as ‘vulnerable’ and entitled to provision (Department for Education, 2020c)6. Social workers are reporting concerns for children whose families refuse their visits on the grounds that they are self-isolating (BASW, 2020) or maintaining social distancing:

Ultimately, these circumstances mean that families have fewer interactions with the services and social institutions designed to help them and receive only a fraction of the support and scrutiny that would normally work together to protect their children from maltreatment. This is happening at a time when friends, relatives, neighbours and the community are also prevented by lockdown from offering social support to families and checking on children’s welfare. It also coincides with worrying signs that some of the systems and services that function behind the scenes to detect criminal activity have been compromised by the pandemic.

Notably, reduced capacity in technology firms has led to challenges in moderation and delays in identifying and deleting online child sexual material (Cowls et al, 2020; Internet Watch Foundation, 2020a). Some platforms have limited human moderation resources and are increasingly relying on AI (artificial intelligence) to make decisions on content removal, whereas AI would normally be used only for triage in more complex cases. These circumstances, combined with the lack of systemic design protections and investment in safety-by-design, have heightened the risk of abuse during the pandemic. As before, perpetrators have leeway to cause harm; but with existing safeguards temporarily weakened,

Disguised compliance with some parents is an ongoing concern e.g. a family where there are significant safeguarding concerns are not allowing [Health and Social Care Workers] to enter their property when they do daily or weekend check-up visits, stating there is not enough room in their flat to maintain social distancing. It is hard to argue against this, yet we hypothesise that this is being used as an excuse to prevent a full assessment of presentation of the person or their home.

Together for Childhood Diaries project

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6 Figures refer to 21 May 2020, just before the half-term break for many schools. The total number of ‘vulnerable’ children attending school or nursery stopped being recorded in June 2020, when schools officially welcomed back additional children from Years 1, 6 and Reception.
this leeway has grown further. Concerns are being voiced about the number of child sexual abuse images accessed during lockdown (Internet Watch Foundation, 2020b) and emerging evidence that offenders are actively seeking new ways to contact children during the pandemic (Taddei, 2020).

Much of the above has the unintended consequence of limiting the detection of maltreatment, so that children are forced to endure it longer than they otherwise might. But how do these conditions potentially affect the incidence and recurrence of maltreatment?

**Reduction in the availability of effective services and interventions**

Where there is evidence that services are effective in lowering abuse rates or abuse potential in caregivers, there are grounds to believe that reduced provision or take-up may lead to a rise in maltreatment. There are many interventions in the UK that support parents to improve their parenting capacity, but only some have demonstrated that families who use them are less likely to abuse children compared with families who do not (Early Intervention Foundation, 2017; What Works for Children’s Social Care, no date). We know that when home visiting or parenting programmes (particularly those comprising a mixture of family support, preschool education, childcare, and community development) are provided to families at risk of abuse and neglect, this lowers the incidence of neglect and potentially of other types of abuse, and results in parents developing lower levels of ‘risk abuse potential’ (NICE, 2017: ES1, ES2, ES6, ES18). The provision of social support programmes or clinic-based services has also been shown to have a positive impact on child abuse and neglect (NICE, 2017: ES17, ES18). Reductions or changes to any of these services during the pandemic may, therefore, remove these benefits.

Interventions may also be offered to families where abuse has already occurred. There are indications that such interventions can be effective in lowering child abuse risk or the recurrence of maltreatment (NICE, 2017: ES40, ES49, ES56, ES61, ES62). If such services do what they set out to do – that is, respond effectively to child trauma and improve family functioning – then they could reduce children’s vulnerability and the negative consequences of parental stressors: indirectly, this would go some way to countering the harmful effects of the pandemic on child maltreatment. The upshot of reduced availability or take-up of these services during lockdown may be an increase in the potential for maltreatment.

Finally, it is worth noting that perceptions of the availability of services can also make a difference to whether caregivers physically abuse or neglect their children (Negash & Maguire-Jack, 2016). If families believe that services and interventions have been cut during the pandemic, this alone could potentially raise the risk of maltreatment.

**Reduction in effectiveness of available services and interventions**

Research suggests that the availability of effective services is not the only relevant factor. For families known to social services, the risk that maltreatment will recur is also dependent on how well they engage with those services (NICE, 2017: ES120).

Many interventions and programmes are currently being delivered digitally rather than face-to-face, or in adapted form (Martin et al, 2020; UK Youth, 2020). Those without the necessary technology are naturally at a disadvantage if they are unable to access the service online or on the phone. There is also a risk that some service users who do have access will not engage meaningfully with the service when it is offered in these formats. This could detract from supporting families effectively or keeping abusive caregivers in check.

However, there is no reason to presume that digital delivery formats would necessarily be less effective: there is a developing body of practice and evidence indicating that interventions that are web-based or delivered via mobile phone are well received by participants and effective (Heller et al, 2020; Hussain-Shamsy et al, 2020; Daly et al, 2018). For some, the opportunity to access services online rather than face-to-face may even boost engagement (Featherstone, 2020; Martin et al, 2020). Practitioners delivering the Blackpool Better Start domestic violence service ‘For Baby’s Sake’, for example, have noted vast improvements in the engagement of fathers since practitioners stopped entering their homes.

I don’t know if it’s embarrassment [when receiving the service as face-to-face sessions]…or whether because we are doing it remotely they can’t actually see what’s going on…I don’t know, I can’t put my finger on it, but whatever it is, it’s working!

For Baby’s Sake Practitioner, Blackpool Better Start

The NSPCC will monitor the learning from delivering interventions online to see how this could be applied to future service delivery.
One of the barriers is that some families do not engage with the calls or therapeutic-type work remotely and need 1:1 and that if they have young children are unable to focus. Families do not have the appropriate IT to support our work.
The impact of reduced protective services on child maltreatment

The above underlines the value of the many services we normally rely on to safeguard children and young people, and highlights the potential damage that may be caused if their availability is reduced, or if families use or engage with them less during the COVID-19 crisis. Keeping these services running as near as possible to ‘business as usual’ (Sistovaris et al, 2020), adapting ways of working to provide continuity during lockdown, and filling in any gaps that develop where this ambition falls short (Children’s Commissioner for England, 2020a), are essential if we want to limit the negative repercussions of the crisis on child maltreatment.

So too is an appreciation of the protective effect of social connections and support (Maguire-Jack and Showalter, 2016). In times of crisis or disaster, negative impacts are usually amplified for families living in social isolation (Howard et al, 2018). NSPCC Children’s Services practitioners across the UK are working hard during this period to keep in touch with service users via video calls or over the phone, and to find creative ways to adapt services and support families remotely. Practitioners have started delivering interventions to existing service users online and are collaborating with partners to support new families who have become vulnerable as a result of the pandemic. Working with community partners in Together for Childhood areas, they have remained available to vulnerable families, offering emotional support, sharing information on current service availability, distributing resources, and offering innovative services, such as toy libraries, to help ease parental stress and boost children’s morale (which is especially important for families that lack online access). In Blackpool, where the Better Start initiative is led by the NSPCC, work towards building a strong social and community environment continues through the Community Connector programme, which uses local trained residents to increase social connection and reduce social isolation.

We continue to keep professionals informed through discounted training and up-to-date resources on NSPCC Learning; provide advice for parents and carers on COVID-19 on the NSPCC website; support the public in reporting any concerns they have about children through the NSPCC helpline; and provide a lifeline for children who need someone to talk to during the Coronavirus lockdown with Childline, along with advice for children and opportunities to connect with peers through the Childline message boards.

Assessment: do COVID-19 conditions raise the risk of maltreatment?

Child maltreatment existed long before this pandemic, particularly among families where caregivers were overloaded by the stressors in their lives, and where children’s circumstances and normal developmental responses made them vulnerable to danger or exploitation from others. The conditions created by COVID-19 have increased the likelihood that both stressors and vulnerability will increase, at a time when the protective services we normally rely on have been weakened, and in a backdrop where safeguards and supportive services have already been systematically eroded by funding cuts.

The evidence reviewed in this briefing bears out the many warnings that have been raised about the effects of the pandemic on child maltreatment in the UK. The combined impact of increased stressors on caregivers, increased child vulnerability, and reduced safeguards increases the potential for new and recurring cases of abuse in all its forms. These risks will continue while schools, childcare settings, and normal protective services and working conditions are disrupted, and at least some are likely to remain even when lockdown is relaxed. Given the potential for further phases of social distancing implementation, and the Bank of England’s prediction that unemployment may more than double later this year (Partington, 2020), new stressors, vulnerabilities and barriers to effective safeguarding may arise. It will be some time before normal protective services can resume ‘business as usual’, at which time these same services will have to bear the added strain of the increased demand triggered by lockdown, and of the other adverse effects that have been predicted in connection with the pandemic: the harm to children’s mental health, creation of an education deficit, damage to the prospect of social mobility and entrenchment of long-term inequality (Cullinane & Montacute, 2020). There is no clear endpoint to this period of enhanced risk.

The pandemic has temporarily created conditions for many families across the UK that are more typically associated with families living in entrenched social isolation or multiple deprivation. Our response must therefore draw from evidence of ‘what works’ to protect children and young people who live in those circumstances, and what we know can help those who have experienced maltreatment to speak out and recover. As argued above, enhancing social connections and support will go some way to achieving this.
Recommended solutions

Ease the stressors on parents and caregivers

Governments must take action to mitigate the impact of financial insecurity facing children and families as a result of the crisis by targeting financial resources at families with children. This should include:

- an uplift in child benefit and universal credit for the period of the lockdown and beyond;
- an extension of child benefit beyond the current two child limit;
- additional investment in and an expansion of local welfare assistance schemes across each nation.

Statutory agencies and professionals should **provide practical support to parents around income maximisation** to ensure families are able to access the support they are entitled to and stresses caused by financial insecurity are reduced.

Governments should **ensure new parents and infants receive consistent, in-person support** delivered by trained health professionals, and have access to appropriate specialist infant and perinatal mental health provision. This should include:

- clear plans to ensure all women and their families receive care from appropriately trained midwives and health visitors during the perinatal period, addressing the backlog of missed contacts to offer support and identify mental health problems early;
- adequate funding for universal health visiting, community support and specialist perinatal mental health services to ensure that all women and their families can access the services and support they need wherever they live.

Governments and their statutory agencies should use local paper-based and radio services to **share information about the support services available to families** to ensure that the information reaches those who are digitally excluded.
Respond to children’s increased vulnerability to maltreatment during the pandemic

- Statutory agencies, professionals and voluntary sector organisations should provide signposting and information to help children and young people seek support if they are experiencing abuse and neglect, especially if their access to trusted adults is restricted.

- Governments must ensure children who have experienced domestic abuse can access support they need to recover. They must ensure the law recognises that children and young people experience this form of abuse and that local authorities and children’s services are equipped to provide specialist support for child victims of domestic abuse.

- Governments must set out clear plans for when and how all children will return to nursery, school and college settings. When reopening, the first priority for every early years setting, school and college must be children and young people’s mental health and wellbeing. Enhanced support for all children should include:
  - comprehensive identification of the range of issues that might adversely affect children’s wellbeing and mental health;
  - a bespoke plan for the first few weeks back in these settings (including an inclusive approach to behaviour management);
  - good joint working with partners to ensure children with identified needs receive early help and support.

- Governments should ensure schools are equipped to recognise and respond sensitively and consistently to students who may have experienced abuse or trauma or adverse experiences during lockdown. Schools should have comprehensive support plans in place including:
  - Reviewing support for all children currently known to the designated, named or lead safeguarding or child protection officer;
  - Ensuring they identify any children who are missing from education and sharing timely information with their local authority;
  - Putting comprehensive support in place for staff to enable them to support children confidently, including training on child development science and how trauma can manifest in behavioural problems or poor emotional regulation. The NSPCC resource on disclosure (Let Children Know You Are Listening) should be shared.

- Governments must address digital exclusion and ensure that all children, young people and families have access to the technology they need to access school, therapeutic and other support. This includes:
  - provision of hardware together with guaranteed internet access to all children eligible for free school meals;
  - support and funding for schools to enable them to improve the digital offer to pupils, including ensuring the safety and security of children online;
  - training and equipping school staff with the skills needed to deliver online teaching and support.

- The UK Government must work to disrupt child abuse online by committing to a roadmap for a new legal and regulatory framework for addressing online harms including by ensuring there is a world-leading Online Harms Bill on the statute book within 18 months. In the interim, the Government needs to act immediately to secure:
  - Rolling provision of platform-level data on the volume and type of child abuse referrals, an important indicator of current abuse, and the resilience of tech firms to identify and disrupt it;
  - Arrangements for cross-industry sharing of threat assessments and intelligence during this period of heightened risk (drawing on the more developed arrangements for counterterrorism);
  - Agreements to share intelligence on emerging threats and trends with child safety organisations, so we can ensure our messaging to children and parents is suitably informed and risk aligned.

- The Office for National Statistics should progress plans for research on the prevalence of child maltreatment. A survey that measures the full range of child abuse and neglect among children today in all four nations (Elkin, 2020) and complements the ONS’ compendium of child abuse statistics for England and Wales is essential for assessing the scale and nature of maltreatment and informing plans to prevent it effectively and proportionately.

- Public bodies should commission research to understand the impact of social isolation on children, young people and families at risk of abuse and neglect. NICE highlighted the need for further research in this area (NICE, 2017). There is an urgent need to understand how social support and social connections mitigate risks and can be used to prevent or address maltreatment in pandemic conditions. This research must include hearing from children, young people and families about their experiences and what has helped them.
Governments must deliver a single, cross-departmental recovery strategy for children, young people and families in each nation to ensure their needs are considered more explicitly and transparently. This strategy must:

- be developed in partnership with children, young people and families to understand their experiences and to inform decisions;
- pay particular attention to children and young people whose wellbeing and rights have been most impacted by the pandemic;
- be led at a senior political level by a Minister with a dedicated focus on children, young people and families who participates in high-level decision-making forums (such as Cabinet and COBRA).

The UK Government’s upcoming Emergency Budget (and subsequently the Spending Review) should begin the process of rebuilding by setting out a comprehensive, long-term funding settlement for children’s services that invests at least £2 billion a year in early intervention and therapeutic services. Governments in each nation should also set out their plans for investing in and rebuilding child protection services. Funding should:

- be based on predicted levels of need within an area;
- incentivise partnership working across the social care, health, education, justice and voluntary sector organisations that will all play a role in children’s recovery;
- have an explicit focus on reducing inequalities and recognise the pandemic has affected particular groups more than others, for example Black and Minority Ethnic children.

With support from national governments, statutory bodies at a local level must develop and publish local recovery plans. These should:

- be co-produced with children, young people and families;
- coordinate resources across communities including those from health, education, social care, justice and the voluntary and community sector;
- include plans for multi-agency review panels to systematically identify and review the support available to vulnerable children in local areas (including babies and pre-school children).

The Government should progress plans to carry out a review of the care system in England. This should build on the Scottish Care Review and be ambitious, wide-ranging, focused on emotional wellbeing of children and informed by the experiences of children in care during the pandemic.

Public bodies should commission research into the effectiveness and acceptability of services and support delivered online and via telephone and build this learning into future service delivery.
Isolated and struggling Social isolation and the risk of child maltreatment, in lockdown and beyond

References


Isolated and struggling Social isolation and the risk of child maltreatment, in lockdown and beyond


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**Isolated and struggling Social isolation and the risk of child maltreatment, in lockdown and beyond**


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Appendix 1

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<th>Sexual abuse</th>
<th>Physical abuse</th>
<th>Emotional abuse</th>
<th>Neglect</th>
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<tr>
<td>Pre-lockdown 30-day average 6 Jan–22 March 2020</td>
<td>572</td>
<td>420</td>
<td>303</td>
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<td>563</td>
<td>547</td>
<td>483</td>
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<tr>
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<td>627</td>
<td>559</td>
<td>500</td>
<td>44</td>
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