Still here for children

Sharing the experiences of NSPCC staff who supported children and families during the COVID-19 pandemic

Emma Moore & Gill Churchill
Research and Evidence Team

December 2020
# Contents

**Executive summary**

1. Introduction
   1.1 Together for Childhood
   1.2 Research questions

2. Method
   2.1 Participants
   2.2 Reflective diary
   2.3 Data analysis

3. Results
   3.1 How have NSPCC staff adapted their ways of working to enable them to continue to support children and families?
   3.2 What have NSPCC staff learnt about the needs of children and families?
   3.3 How have NSPCC staff felt about these new ways of working?

4. Wider relevance and implications
   4.1 Strengths and limitations of the research

5. Recommendations

Acknowledgements

References
Executive summary

Introduction

On 23 March 2020, the UK went into lockdown in an attempt to reduce the transmission rate of the novel coronavirus (COVID-19). A stay-at-home order was imposed, children and families were not permitted to socialise with anyone outside of their own household, and many businesses, venues and places of worship closed, with everyone encouraged to work from home. These restrictions left many families separated from their support networks, while facing increased financial insecurity, struggling with the disruption to their daily routines, and juggling multiple additional responsibilities.

It is well documented that when caregivers are overloaded with stressors, and without adequate support, this can lead to poor mental health, the use of negative coping strategies, and can ultimately inhibit their ability to care for their child (Center on the Developing Child, 2017; Cleaver, Unell & Aldgate, 2011). A recent NSPCC briefing concluded that lockdown was likely to increase the potential for child abuse to occur, due to the combination of additional stressors on caregivers, increased exposure to risk, and a reduction in the availability of protective and support services (Romanou & Belton, 2020).

To help keep children safe, NSPCC staff continued to support children and families during lockdown through our Childline and Helpline services, family support services, and community work. Here, we share the experiences of some of the NSPCC staff who worked during lockdown in our Together for Childhood sites in Glasgow, Plymouth and Stoke (see Churchill et al, 2019 for more information about Together for Childhood), and consider what staff have learnt about the needs of children and families during the COVID-19 pandemic.

We hope that the results of this research will help inform the work of the NSPCC and that of others, so that everyone can work together to help children and families get the support they need both during and in the aftermath of the COVID-19 pandemic.

Research questions and method

1) How have NSPCC staff adapted their ways of working to enable them to continue to support children and families?

2) What have NSPCC staff learnt about the needs of children and families?

3) How have NSPCC staff felt about these new ways of working?

Fifteen NSPCC staff members working in a variety of frontline and strategic roles in our Together for Childhood sites in Glasgow, Plymouth and Stoke participated in this project. During lockdown, they were asked to complete three fortnightly reflective diary entries, to consider their experiences of supporting children and families over the preceding two weeks.

The first reflective diary entries were received on 16 April 2020 and data collection continued until 31 July 2020. Staff members joined the project at different times, meaning that the views captured from individual staff members cover different six-week periods between these dates.
Key learning

Working online enabled planned work to continue but created new barriers to access for some families.

During lockdown, physical distancing restrictions limited the opportunities for face-to-face contact with families and partners. Moving service delivery and meetings online enabled staff to continue to deliver planned work with families and partners. However, reflective diary entries also highlighted evidence of a growing digital divide, with some children and families lacking the technology or knowledge to allow them to engage with services online.

Working together with partners helped NSPCC staff respond to the needs of local communities.

One of the most positive observations from the reflective diary entries was how different voluntary sector organisations worked together to support the needs of their service users and the local community. Existing relationships in each Together for Childhood area enabled staff to work alongside partners to share information, distribute resources to families, and respond to the needs of the local community with new offers.

Financial insecurity left families in need of basic essentials.

Across the reflective diary entries, staff consistently reported that financial insecurity was a significant issue for families. Being at home all the time during lockdown meant that families faced increased food and utility costs, at a time where many had also seen their incomes reduced, leaving many struggling to afford basic essentials.

Staff felt that children were more at risk of experiencing abuse at home and online.

In their reflective diary entries, staff expressed concerns that the mental health of parents and carers was declining during lockdown, due to the combination of additional stressors (e.g. financial insecurity), isolation from friends and family, and lack of access to support services. Staff described how some parents had resorted to using drugs and alcohol to help them cope with the situation, leading staff to have concerns about children experiencing emotional and physical abuse. For other families, staff reported that the additional pressures created by lockdown had resulted in relationships becoming fractious, and children experiencing domestic abuse. Online abuse was another key concern, with staff expressing worries that children were being left unsupervised while using devices without appropriate filters and parental guidance locks installed.

Reduced opportunities for face-to-face contact made it more challenging to assess risk and safeguard children.

In their reflective diary entries, staff discussed how being unable to observe the body language of caregivers, or a child’s home circumstances, due to physical distancing restrictions, made it more challenging to accurately assess the risk to the child and take action to ensure the child was safe. Staff working alongside statutory social work services also shared concerns that some parents were using physical distancing restrictions to prevent workers from accessing their home to assess the welfare and wellbeing of their children.
Mental health declined among children and young people, resulting in an increased need for support services.

Data from the reflective diary entries indicated that staff felt lockdown restrictions had a negative impact on the mental health of children and young people. Staff perceived that many of the children and young people they worked with had struggled with the isolation of being unable to see friends and extended family members during lockdown. They also reflected on the consistent themes including suicidal thoughts, depression, anxiety and self-harm, that they had come across when supporting children and young people. Staff were aware that mental health services for children and young people were already stretched prior to lockdown, so to help children and young people recover from their experiences during lockdown, it was felt that an extension to community mental health services is needed.

Separation of children in care from their birth parents created challenges around contact.

Reflective diary entries suggested that many children and young people in care had no face-to-face contact with their birth parents during lockdown. This meant that some children in care went from having high levels of contact (e.g. overnight visits) with their birth parents to no face-to-face contact at all. Trying to maintain some form of contact between children and their birth parents was challenging. Staff noted in their reflective diary entries that they had observed signs that some young children were struggling with contacts taking place via video call. Meanwhile, birth parents became increasing anxious about the uncertainty over when they would be able to see their children again. To limit distress to the child, staff felt that it is important to reintroduce contact gradually, and to move at the pace the child is ready for.

Working from home created concerns about confidentiality and exposing family members to the content of their work.

In their reflective diary entries, staff reflected on the challenges of balancing the competing demands of their work and home lives, and of separating work from home. Conducting highly sensitive work from their homes created additional considerations for staff around maintaining confidentiality of the children and families they were supporting, and protecting other family members in the household, especially young children, from the sensitive content of their work.

Lack of face-to-face contact with children, families and colleagues had a negative impact on staff wellbeing.

Despite feeling well supported by their managers, and knowing that colleagues were available by phone, staff missed the opportunity to debrief with colleagues in person after a difficult session. Staff also missed the opportunity to have face-to-face contact with families. Some expressed feelings of sadness, as they felt their practice had been diminished by physical distancing restrictions. Others expressed increasing frustration about the limited opportunities for face-to-face interactions with children and families.
Conclusion

Overall, data from the reflective diary entries indicate that staff felt lockdown restrictions had a detrimental impact on children and families. Existing stressors on families were felt to have been exacerbated, and combined with isolation from friends, family and support networks, were perceived to have contributed to a decline in mental health among children and caregivers. Data also highlighted that for some children, home is not a safe place, and being confined at home may have exposed these children to a greater risk of experiencing trauma and abuse.

More than ever, children and families need support, and it is important to be responsive to their needs and ensure that appropriate support services are available. It is also important to consider how best to maintain a consistent form of contact between birth parents and their child(ren) that meets the needs of the child.

Reflective diary entries also illustrated the importance of both peer-to-peer and managerial support for the wellbeing of staff working to support children and families. Helping staff working at home to take care of their wellbeing and feel supported in this environment is key for enabling them to best support the children and families they work with.

Moving forwards, it is crucial that children, young people and their families are put at the centre of, and given a voice in, the recovery planning from the COVID-19 pandemic, so we can all work together to enable children to lead happy, healthy lives.

Recommendations

This paper is the latest in a series of NSPCC reports and publications that provide insights into the impact of COVID-19 on children and families. This growing evidence base shows consistent themes emerging and, based on this information, we outline the following policy and practice changes needed by Governments across the four nations – particularly as we anticipate further periods of local and national restrictions:

- Ensure therapeutic recovery and mental health services are available for children and families.
- Address the digital divide and understand the impact of digital service delivery on children and families.
- Provide financial support for vulnerable families.
- Strengthen local communities to help them respond to the needs of children and families at a local level.
1. Introduction

On 23 March 2020, the UK went into lockdown in an attempt to reduce the transmission rate of the novel coronavirus (COVID-19). A stay-at-home order was imposed, children and families were not permitted to socialise with anyone outside of their own household, and many businesses, venues and places of worship closed, with everyone encouraged to work from home where it was possible to do so. These restrictions left many families facing increased financial insecurity due to job losses, reduced income, or increased living costs; struggling with the disruption their daily routines; and juggling multiple responsibilities, at a time where they were separated from their support networks.

It is well documented that when caregivers are overloaded with stressors, without adequate support, this can lead to poor mental health, the use of negative coping strategies, and can ultimately inhibit their ability to care for their child (Center on the Developing Child, 2017; Cleaver, Unell & Aldgate, 2011). The NSPCC and numerous other organisations have consistently warned that the combination of additional stressors, and reduction in the availability of protective and support services during lockdown, is likely to overload caregivers, and leave children more vulnerable to abuse (Children's Commissioner For England, 2020a, 2020b; UNICEF, 2020; The Alliance for Child Protection in Humanitarian Action, 2020; Romanou & Belton, 2020; UK Youth, 2020). At the same time, being confined at home meant that children were separated from friends, extended family, and trusted adults outside of their home, isolating them from their usual sources of support, and potentially making it more difficult for them to seek help.

To help keep all children safe, NSPCC staff continued to support children and families throughout lockdown through our Childline and Helpline services, family support services and community work. Here, we share the experiences of some of the NSPCC staff who continued to support children and families in Together for Childhood sites in Glasgow, Plymouth and Stoke, and consider what we have learnt about the needs of children and families during the COVID-19 pandemic.

1.1 Together for Childhood

Together for Childhood is a place-based initiative where the NSPCC is working alongside local families and partner organisations to help make communities safer for children (Churchill et al, 2019). There are four Together for Childhood sites across the UK, which aspire to bring about systems change, and encourage local people to help keep children safe in their community. To do this, the NSPCC are working with partner organisations to develop activities and events to engage local people, as well as to deliver evidence-based therapeutic services to support children and families.

In Glasgow and Grimsby, the goal is to prevent child abuse and neglect in families facing adversity. It is well documented that when parents are overloaded with difficulties, such as drug and alcohol addiction, mental ill health and domestic abuse, this can increase the likelihood of child abuse and neglect. If these problems can be identified early, and families can get the right help at the right time, then it is more likely that child abuse can be prevented, and that more children will have happy, healthy childhoods.
In Stoke-on-Trent and Plymouth, the goal is to prevent child sexual abuse. Although there is growing awareness of child sexual abuse, the NSPCC believe that there is more that can be done to prevent it. By collaborating with community members and local partners, the NSPCC aims to support the development of effective practical tools and strategies to help keep children safe from sexual abuse.

The NSPCC’s presence and relationships within each Together for Childhood site offered a unique opportunity to gain insights into the emerging needs of local children and families. Throughout lockdown, NSPCC staff worked together with other organisations to share insights and be part of a coordinated response to address these needs, to help ensure all children were safe, and that families could get the support they needed.

### 1.2 Research questions

Using online reflective diaries to document the experiences of NSPCC staff working in three of our Together for Childhood sites (Glasgow, Plymouth and Stoke), we sought to answer the following research questions:

1) How have NSPCC staff adapted their ways of working to enable them to continue to support children and families?
2) What have NSPCC staff learnt about the needs of children and families?
3) How have NSPCC staff felt about these new ways of working?

We hope that the results of this project will inform both the work of the NSPCC and that of others, so that everyone can work together to help children and families recover from the impact of the COVID-19 pandemic.
2. Method

2.1 Participants

Fifteen NSPCC staff members working in a variety of frontline and strategic roles in Together for Childhood sites in Glasgow (n=10), Stoke-on-Trent (n=1) and Plymouth (n=4) participated in this project\(^1\). All service centre staff in each site were eligible to participate, and staff were provided with information about the project in team meetings before being sent an email inviting them to participate. All participants gave informed consent of their willingness to participate in the project. To ensure that participation was voluntary, managers were not informed as to which staff had decided to participate in the project. Ethical approval for this project was granted through a proportionate review process at the NSPCC for projects that represent minimal risk\(^2\).

2.2 Reflective diary

Participants were asked to complete three fortnightly reflective diary entries to reflect on their experiences of supporting children and families over the preceding two weeks. To enable reflective diary entries from the same participant to be linked without the need for participants to provide identifying information as part of the reflective diary entry, participants were each given a unique code to use when completing their reflective diary. Reflective diary data were captured in an online template administered using Snap Surveys. Each time participants completed the reflective diary they were asked to consider the following three prompts:

1) Please reflect on your experiences of supporting vulnerable children and families over the last two weeks.

2) How have you found the new working practices you have used over the last two weeks?

3) What have you learnt about the needs of vulnerable children and families?

\(^1\) Note that some staff also worked or volunteered for Childline, and their reflective diary entries referenced their work in both roles.

\(^2\) Minimal risk means that the potential of this work to cause harm or discomfort to participants was not deemed to be higher than the risks these professionals would normally encounter in their work, and that their confidentiality was protected.
The first reflective diary entries were received on 16 April 2020 and data collection continued until 31 July 2020. Participants joined the project at different times, meaning that the views captured from individual participants cover different six-week periods between these dates. Twelve participants completed all three reflective diary entries. Two of these participants completed one additional reflective diary entry, and one other completed three additional entries. The remaining participants completed one (n=2) or two (n=1) of the three reflective diary entries. Consequently, a total of 45 reflective diary entries were received (Glasgow = 31; Plymouth = 11; Stoke = 3).

2.3 Data analysis

All reflective diary entries were imported into NVivo Pro 12 for analysis. Initial codes were generated from across the data set using inductive thematic analysis. These codes were then collated and grouped into potential themes under each research question. The themes were then reviewed and refined to ensure that they were representative of the dataset. To protect the identities of the staff who participated in this study, quotations are not attributed to job role or location.
3. Results

3.1 How have NSPCC staff adapted their ways of working to enable them to continue to support children and families?

Reflective diaries entries identified three key themes relating to how NSPCC staff adapted their ways of working to enable them to continue to be there for children and families, each of which is discussed in turn below.

3.1.1 Maintaining contact with children and families

The physical distancing restrictions imposed during lockdown limited opportunities for face-to-face contact, meaning that staff had to communicate with children and families by telephone or online. Although these forms of communication enabled staff to stay in touch with children and families, it is important to note that the wider move to online communication across different organisations created additional barriers for some children and families trying to access support. Reflective diary entries illustrated evidence of a growing digital divide, with staff reporting that some families they worked with lacked the equipment or knowledge to enable them to engage with therapeutic work online.

“It hasn’t been possible to do any of the structured work that would be possible to delivery virtually because of mum’s lack of access to required technology. Being able to provide a tablet with access to Wi-Fi or data would allow me to deliver Circle of Security (structured aspect of original treatment plan) and provide greater opportunity to potentially progress to video contact with the children.”

To reduce the barriers to accessing support services, NSPCC staff were subsequently able to work with partners across statutory and voluntary services to provide devices and data packages to enable families to engage with our services. However, even where families did have access to appropriate equipment, staff noted that it was sometimes hard for families to engage with therapeutic work online due to distractions at home that prevented them from being able to focus. Over time it was also felt that engagement with online services appeared to decrease, possibly due to digital fatigue or the gradual lifting of lockdown restrictions.

3.1.2 Maintaining contact with colleagues and partners

Communicating by telephone or online also enabled staff to stay connected with colleagues and partners during lockdown, which allowed much previously planned work to continue.

“I had the chance to present my work at a virtual case discussion with my team. It’s amazing that this can still happen, and meaningful work can be supported and planned even in these difficult circumstances, even if we can’t work on everything we need to right now.”
However, although the use of technology enabled staff to stay in touch with colleagues and partners, staff had mixed views about digital working. Some welcomed the move to online meetings, as they were felt to help facilitate participation, make meetings more succinct, and reduce travel time. Others felt that face-to-face meetings will always be preferable and did not wish to replace physical meetings with video calls in the future, as they felt that virtual meetings were exhausting, and detrimental to relationships.

3.1.3 Working together with partners helped NSPCC staff respond to the emerging needs of local communities

Working together with other organisations was key to responding to the emerging needs of children and families during lockdown. One of the most positive observations staff made in their reflective diary entries was how different organisations came together in response to the COVID-19 crisis, and shared information and resources to help each other support their service users.

“The working between organisations in the voluntary sector is working really well and people seem willing to help everyone to support their service users...People are getting in touch and sharing information that is around, so that the help is available for the people that need it. There is a...sense of coming together, which has been amazing to see.”

In one area, NSPCC staff supported local social work services by providing regular ‘safe and well calls’ to some of the families that had been referred to them. The content of these calls varied depending on the family, but frequently involved providing emotional support to parents and sharing strategies to help them manage their mental health, as well as offering practical support, such as helping families to secure emergency funding grants. In their diary entries, staff reflected upon how well these families had engaged with the calls, implemented the suggestions offered, and the difference they felt these calls had made to families.

“As a practitioner, it has been thrilling for me the last 2 weeks to be able to see and feel that I am helping families make changes even through just a listening ear or a bit of advice and guidance. In our normal work, change can be such a slow process so it has been really heartening to see that I can make a difference in a relatively short period of time through ‘listening’ and a few ideas being implemented.”

In addition, existing partnerships within the Together for Childhood sites enabled staff to distribute NSPCC materials to families and partners. With families primarily confined to their homes, staff in some areas worked with partners to distribute Look, Say, Sing, Play materials (which provide ideas for free activities parents and carers can do at home to interact with their infant) to families. In another area, staff worked with local schools to help them support their pupils, by providing them with resources and programmes about online sexual abuse, how to speak out, and healthy relationships.
“It felt really positive to be able to offer the school ‘inCtrl’ [the NSPCC’s group work programme for children and young people to help prevent online sexual abuse], and signpost them to a wide range of NSPCC services including the Speak Out Stay Safe virtual assembly, the parenting workshops, and resources on healthy relationships.”

Relationships with local families and partners also enabled staff to respond to the needs of the local communities they were working with. Conversations with local families in one area revealed that although there were lots of activities available online, families lacked physical resources to entertain their children. Staff subsequently worked alongside local partners to create a ‘Toy Library’ where families could safely pick up some resources for free, and swap puzzles, toys and games. Having the Toy Library as a regular point of contact with the local community also gave staff the opportunity to distribute essentials, such as nappies, sun cream, toothpaste and toiletries, as well as information about sources of advice and support.

“It became very evident to us that a lot of activities were becoming increasingly available online but there was a real lack of physical resources for families in the area. One parent had shared with us how they had played the same board game for several weeks and they had become increasingly bored. After some discussion and meetings with appropriate partners, the Toy Library was born.”

Another avenue of work has been to adapt existing service offers to enable staff to continue to deliver them effectively during the COVID-19 pandemic. Delivering materials in a different order, changing the presentation format, and the creative use of technology have all enabled staff to deliver previously planned work. However, staff noted the importance of considering if changing the delivery method or ways of working created any additional risks that needed to be mitigated. For example, one practitioner described how they were exploring the possibility of including doorstep contact with young people engaged in a programme about online harm, as they felt it was inconsistent to tell young people to be aware of the risks of engaging with strangers online, while they were only engaging with the young people online themselves.

“While planning our engagement activities with the next set of young people for our year 2 activities, we are considering whether we need to build in some doorstep contact – it seems incongruent to ask young people to be aware of online risks yet expect them to engage with a complete stranger online on the basis of our word that ‘we are the NSPCC and therefore OK.’”
3.2 What have NSPCC staff learnt about the needs of children and families?

Data from the reflective diary entries illustrates the increased risks and vulnerabilities that children and families faced as a consequence of lockdown, with the most vulnerable appearing to be the most severely affected. Six key themes were identified from the reflective diary entries, each of which is discussed in turn below.

3.2.1 Financial insecurity left families in need of basic essentials

In their reflective diary entries, staff consistently reported that financial insecurity was a significant issue for families. Being at home all the time during lockdown meant that families faced increased food and utility costs, at a time where many had also seen their incomes reduced.

“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.”

Staff felt that families’ financial difficulties were exacerbated by a lack of signposting to the financial support that they were entitled to claim, which left them struggling to afford basic essentials. Staff working in the community observed that increasing numbers of families were relying on emergency food provision provided by the third sector, and were moved by the expression of relief on some parents’ faces when they were provided with essentials, such as nappies, for their children.

“The biggest thing that has been needed by families has been nappies and they have disappeared very quickly; the relief on some parents faces when they have nappies has been hard to see…I have learned that social distancing is not the most important to them; it is getting what they need to get by.”

Finances were noted to be even more challenging for families unable to access benefits, such as asylum seekers and European citizens in the process of applying for settled status. Worryingly, reflective diary entries also described how staff had heard reports that access to crisis funds was being restricted or delayed for some of the most vulnerable, including victims of domestic abuse.

“Issues with access to Scottish Welfare Fund – people fleeing domestic violence turned away when applying for help with white goods; crisis grants access is an issue in terms of time to wait for approval.”

These data indicate that lockdown has increased the strain on families’ finances, and that some of those most in need struggled to access the financial support they were entitled to.
3.2.2 Reduction in availability and access to services

Lockdown resulted in delays to, temporary suspension or cancellation of services. Children with additional needs were felt to have been particularly affected by the withdrawal of their regular (non-NSPCC) support services, and in their reflective diary entries staff expressed concerns about the impact this reduction in support was having on families.

“There is an urgent need for respite and support for children with additional needs and their families – many were already at breaking point prior to COVID-19.”

Physical distancing restrictions also affected planned therapeutic work with parents to help them to safely care for their children. For example, one practitioner described how prior to lockdown, they had been working with a mother to help improve her capacity to care for her children. Before lockdown, the mother had been progressing well and was ready to have more contact with her children. However, the introduction of physical distancing restrictions meant that she was unable to physically see her children at all, and her treatment plan subsequently had to be put on hold.

“We had begun an intensive treatment plan with a range of goals and treatment aims ...to address significant risks in the parent’s capacity to provide safe care to her children...Her hard work in the months previous had meant that we were in a position to increase contact to fortnightly. Instead, sadly, lockdown started, meaning that we had to stop contact and the wider treatment plan altogether.”

Another concern staff shared in their reflective diary entries related to children’s access to medical care. Staff noted that the temporary suspension of birth registrations could make it more challenging for new babies to be registered with a doctors’ surgery.

“The temporary suspension of registration of births will have devastating consequences for any families who have suffered bereavement, but also has implications for things like GP registration for new babies.”

Concerns were also raised that some children might have been missing out on healthcare services because their parent/carer was reluctant to seek help due to worries about COVID-19. Other children were reported to have had their medical treatment delayed because it was not deemed critical enough to progress in the context of the COVID-19 pandemic, despite the long-term impact this may have upon the child.

“Working with 2 children with significant health input...highlights the additional vulnerability for these children. Ongoing investigations of health development (which may well be linked to in-utero experiences and have a life-long impact) are on pause as these are not deemed as critical [enough] to progress at this time given the resource issues within the NHS and that only ‘crisis’ health matters are being responded to with immediacy.”
3.2.3 Staff felt that children were more at risk of experiencing abuse at home and online

In their reflective diary entries, staff shared concerns that the mental health of parents and carers was declining due to the combination of additional pressures, reduced availability of support services, and physical separation from their support networks during lockdown. They also expressed worries that this decline in parental mental wellbeing put children at increased risk of abuse.

“Severe impact on mental health as well as previous mental health issues escalating – increases in depression, low mood, suicidal thinking, anxiety and stress, emotional dysregulation, irritation, low frustration tolerance resulting in temper flare ups and fights, so concerns about increases in emotional and physical abuse.”

Staff also noted that the pressures created by lockdown had resulted in some parents self-medicating, and using drugs (prescribed, over the counter and street drugs) and alcohol to help them cope with the situation. For others, these pressures resulted in family relationships becoming fractious, and in children experiencing domestic abuse.

“Sadly, for some families and their children, life at home became unbearably stressful. Relationships became fractious and the levels of domestic abuse increased, with alcohol becoming a coping mechanism.”

Children’s risk of experiencing online abuse was another significant concern. Staff noted that many parents were turning to technology to entertain their children, and manage their need for attention, meaning that children spent increasing amounts of time online. Staff also expressed worries about children being left unsupervised while using devices without appropriate filters and parental guidance locks installed. Further concerns about online abuse emerged as children returned to school. Staff noted that as children returned to the classroom, they began to receive a higher volume of calls from schools requesting support in relation to online abuse.

“Online risk was the greatest concern I observed, with children being left unsupervised with devices that had not been filtered with parental guidance installed...Since schools have returned, we are receiving more calls from schools concerned about the sharing of inappropriate images online and schools feeling out of their depth in what to do.”

The above data illustrate that, for some children, home was not a safe place during lockdown. Being able to identify children at risk of abuse and neglect was therefore vital. However, in their reflective diary entries, staff discussed the challenges of trying to accurately assess the level of risk to children, at a time where opportunities for face-to-face contact with families were limited. One of the main challenges staff reported was the reduction in the amount of contextual information it is possible to gather about a child’s home circumstances in a telephone or video call compared with a home visit. It was also felt to be much harder to
assess body language and check the accuracy of the information being provided by parents and carers.

“The restrictions on face-to-face interactions prevents assessment of expressions, body language, tone and intent in spoken language etc, presentation of the home and the children and is a big loss in terms of assessing and analysing the accuracy of information being given, and raises questions about how families could be telling us anything and we have no way of verifying the information.”

Staff also noted that without physical evidence that parents are unfit to care, it is much more difficult for services to take action to ensure a child is safe, even if what they hear during a telephone call leads them to have significant concerns about a child.

“...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.”

Staff working alongside statutory services to support families also shared concerns that some parents were taking it in turns to misuse substances to ensure that one parent was assessed as fit to care for their children. Other parents were felt to be using physical distancing restrictions to prevent statutory services from accessing their home to assess the welfare and wellbeing of their child(ren).

“Some parents are smart and only one is using [drugs/alcohol] at a time, so that at least one parent is ‘seen’ as fit to care. Disguised compliance with some parents is an ongoing concern, e.g. a family where there are significant safeguarding concerns are not allowing [statutory Health and Social Care Workers] to enter their property...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.”

The children described in the quotation above were subsequently removed from their parents but being unable to enter the house sooner meant that the children were exposed to parental substance misuse for longer. We acknowledge that it is not possible to determine how widespread this issue was for staff working in this field, but this example further highlights the additional challenges physical distancing restrictions created for staff trying to keep children safe.
3.2.4 Mental health declined among children and young people

Reflective diary entries indicated that lockdown restrictions had a negative impact on the mental health of children and young people. Staff felt that some of the children and young people they worked with had struggled with the isolation of being unable to physically see friends and extended family.

“I think some of the children I have worked with have found it incredibly isolating and difficult due to them not being able to see their friends. Two children I worked with were able to return to school in June as they were in Year 6 [in England] and they were both delighted. Connections with peers is so very important for children and young people.”

Staff also reflected on the range of different mental health needs among the children and young people they supported, including suicidal thoughts, depression, anxiety and self-harm, and expressed concerns about the availability of mental health support services for children and young people. Worryingly, over time, staff also expressed concerns that, in their view, the number of children who were actively suicidal was increasing.

“There have been a lot of contacts about suicidal feelings, self-harming, disordered eating and anxiety about the Coronavirus. This means the shifts have been intense at times. The lack of mental health support ordinarily for young people is low, with CAMHS being stretched, and now with professionals working from home or not able to practice, this support has reduced even more significantly. It also saddens me that there are so many young people primarily aged 10–18 [years] that feel this low about themselves and see less worth in life.”

To meet the increasing demand for mental health support among children and young people, staff felt that a big extension to community mental health services is needed. It was also noted that schools were likely to be on the frontline for responding to children and young people who have experienced trauma and abuse during lockdown. Consequently, it was felt to be important that school staff receive appropriate training to help them recognise the signs of abuse, or cues that a child is attempting to disclose abuse, to enable them to best support their pupils.

“Some children will have experienced trauma and abuse while at home and will need school staff to have the emotional capacity to listen to those cues from children who are communicating their experiences.”

In addition, it was felt that some children and young people lacked the language to express how they felt.

“Often children and young people do not have the language to talk about the variety of possible feelings...defaulting to wanting to die because they don’t understand the other language that is available to talk through feelings.”
This inability to express feelings was felt to be contributing to the increasing mental health needs among children and young people. Consequently, early intervention work with children and young people to help them understand and articulate their feelings, as well as regulate their emotions, was felt to be an important avenue for future work.

“[I] feel it has emphasised how much support is needed in early years for emotional regulation, understanding emotions, making them normal and not shameful... There needs to be a bigger change to try and raise a new generation that don’t have the fear about talking, and understand more about how they feel.”

3.2.5 Separation of children in care from their birth parents created challenges around contact

Data from the reflective diary entries indicated that many children in care were unable to see their birth parents during lockdown. This meant that some children and young people in care went from having high levels of face-to-face contact with their birth parents (e.g. overnight visits) prior to lockdown, to no face-to-face contact at all. In their reflective diary entries, staff shared concerns that this separation from their birth parents, combined with the additional time these children spent with their foster carers during lockdown, may make it more challenging for these children to be separated from their foster carers when contact with their birth parents is resumed. To minimise any distress to the child, staff felt that it was important to gradually reintroduce contact at the pace the child is ready for.

“Lots of children in care have had no face-to-face time with their birth parents during lockdown...For one child I work with, they were having high levels of contact (e.g. overnights) with one parent before lockdown and have [now] not seen them face-to-face in several months. They have had lots of time with their primary caregiver (carer) during lockdown and when contact is started again, being separated from their carer might feel harder to manage, and contact will need to be introduced gradually at a pace that suits the child.”

Facilitating virtual contact between birth parents and their children also created some challenges. Staff working with children who were under the age of 5 noted in their reflective diary entries that these children found video calls hard to engage with. Furthermore, staff reported observing some signs that these children may have found video calls distressing, so worked with colleagues in statutory social work services to try and find alternative ways to support contact that met the needs of the children involved.

“There are ongoing issues in one of my cases around contact; face-to-face contacts have been replaced with video contacts due to COVID-19. The carer struggles to maintain consistency with this for the child in their care (e.g. keeping to a set time each day), and there are signs that the child is struggling with contacts (e.g. pushing the phone away). Video contact is very different for young infants and it is hard for them to stay engaged in calls.”
As well as creating challenges around contact, being unable to see their children left birth parents feeling disconnected, and increased their anxiety, meaning that they needed more support from staff. To try and help parents feel more connected with their children despite being unable to physically see them, staff began to facilitate controlled sharing of photos, text messages and updates between foster carers and birth parents. This form of contact was felt to have noticeable benefits for the birth parents, and also gave them more insight into their children’s day-to-day activities and general wellbeing than they would typically receive. Consequently, staff felt that this form of contact should continue going forwards, alongside other forms of contact.

“This last two weeks has seen us begin to support indirect contact through facilitating sharing photos and text messages...from the foster carer to the mum. This has made a big difference to mum, who lives alone and has been feeling so disconnected from her children.”

Despite the challenges faced by children in care and their families during lockdown, it is important to note that some children in care were felt to be more settled during lockdown. Staff reflected that for these children, spending additional time with their foster carer, and not being moved around to lots of different activities (e.g. seeing birth parents, nursery, appointments) by unfamiliar adults may have given them more stability and helped to develop their relationship with their foster carer.

“This week, a carer reported to me that the child in their care seems more settled/relaxed during lockdown. Some children in care may benefit in some ways from all the extra time with their carer at the moment. Children in care can have lots of different experiences in their week to make sense of without their carer there to support them, e.g. being taken to see their parents by unfamiliar [health and social care] drivers, going to nursery etc. Having more time with their carer may help them to feel more secure in this relationship and see their carer as more available to them.”

3.2.6 Some children and families are resilient in the face of adversity, and a little support can make a big difference

Resilience was felt to be key for helping families to cope with the challenges of lockdown. Staff were surprised by the resilience displayed by some children and families they worked with, which enabled them to cope in difficult and changing circumstances. Helping other children and families to build resilience was thus seen as an important avenue for future work.

“With regard to the two young people I am currently supporting by way of weekly telephone calls, I have been so surprised with how well they continue to cope in such difficult circumstances. Neither have broken any of the rules re lockdown and social distancing to my knowledge and carers/parents report they are coping well...I think this demonstrates to me how resilient young people can be.”
For other families, staff felt that a little help could make a big difference, and the fact that someone was willing to take the time to help them was appreciated. It was also observed that, for some families, it was empowering for them to be supported to access services themselves, and that this process had helped them to develop new skills that would help them in the future.

“What I have learned is that families are resilient; they can do what is needed although sometimes a little help and thought for a family can go a long way. This may be nappies, a telephone call, helping them to apply for grants when they are struggling, but just having someone that is willing to try for them can make a big difference.”

3.3 How have NSPCC staff felt about these new ways of working?

The data described above illustrate some of the ways NSPCC staff adapted their ways of working to enable them to continue to support children and families during lockdown, and what they learnt about the needs of children and families from this experience. This section considers how staff found these alternate ways of working, and is divided into three key themes, which are discussed in turn below.

3.3.1 Balancing the competing demands of work and home

Services like Childline continued to operate from NSPCC bases throughout lockdown, but in line with government guidance, many other NSPCC staff primarily worked from home during that time. In their reflective diary entries, staff considered some of the challenges that working from home had created for them. It was felt that the lack of separation between work and home led to work intruding into home life, which staff found difficult as home had previously been their place to relax.

“I have always had a very strong line between work and home and this is how I manage any stress...I have found it [working at home] a real challenge as I feel work life has seeped into home life.”

Balancing the competing demands of their work and home lives was also a key challenge for staff, especially for those with young children at home. Staff described the difficulties of trying to support families in crisis at the same time as looking after their own children, and how this left them with limited opportunities to process the emotions they experienced from supporting others.

“Working from home, without access to childcare is also not sustainable. It is difficult and draining and heavily impacts on cognitive and physical availability. Dealing with crisis and exploring trauma over the phone, in your own home, is also really difficult. You can’t help but absorb the emotions of others, and you understandably have your own emotional responses. Trying to process these so that they don’t stay with you and continue to impact on the time with your family is hard and isn’t sustainable either.”
Conducting highly sensitive work at home also led some staff to express concerns about confidentiality, and about exposing other family members, especially young children, to the content of their work. For example, one staff member described the difficulties of trying to have a conversation with a colleague about a young person engaging in harmful sexual behaviour with her own six-year-old child in the house.

“Yesterday also I was on duty and was taking a referral from a CAMHS colleague in relation to concerns about a young person’s technology-assisted harmful sexual behaviour. I am working at home with a 6-year-old child, who kept wandering into my office making it difficult for me to have a conversation about child sexual abuse.”

3.3.2 Face-to-face contact is important for colleague support

In their reflective diary entries, staff expressed appreciation for the support they had received from both colleagues and managers. Staff working in the community reflected on the importance of having colleagues physically present with them when supporting families in need.

“Having other colleagues working on the project has been great for support – especially as it can be very difficult to see so many people struggling.”

However, many staff working from home reported feeling lonely, and despite knowing that colleagues and managers were available via phone, staff missed the opportunity to debrief together in person after a difficult session. Concerns were also raised that it was more challenging to assess what colleagues might be carrying in terms of vicarious trauma without face-to-face contact with them.

“Not having a colleague to talk to, offload and discuss challenges in a case is a huge loss – yes, we can do this by phone, but it’s not the same as turning to a colleague you sit next to and having an immediate conversation or cup of tea and the support of a listening ear.”

Managers who completed the reflective diary entries were mindful of the impact that lockdown was having on staff and reported spending additional time with team members to help them feel supported. However, providing this additional support to their teams, alongside their other responsibilities, was felt to be emotionally and physically draining.

“I’ve had a really busy week which has included numerous supervision sessions and lots of partnership meetings. The level of focus and concentration in the online world with little gap in between really took its toll and I have felt emotionally and physically drained.”
Some managers also felt that they were unable to support their team in the way they would like to due to physical distancing restrictions. For example, managers who were used to being physically present next to a colleague taking a difficult phone call were no longer able to do this.

“I always as a counsellor felt the support of a supervisor when they came over to be with me and support me during the call or interaction and I have always put this into my practice as a supervisor. I have had to change this and support remotely, this feels out of character and not how I like to support people.”

### 3.3.3 Negative impact on staff wellbeing

Reflective diary entries illustrated the dedication of staff as they worked to provide families with the additional support they needed during lockdown, which in some cases involved additional contact with families outside of normal working hours. At the same time, staff were contending with their own family situations, while working from home without supportive colleagues around them.

“...I have been very aware of the effort, patience and drive practitioners have in such uncertain times. Staff have had to contend with their own personal situations in relation to COVID-19 measures but they have also strived to keep the families they are working with in mind. In some cases, this has involved providing telephone support during non-working hours. I believe this shows the dedication of staff in [site], which was already well known but has really come to the fore in these testing waters.”

Providing this additional support to children and families, combined with their own family situations, led some staff to feel overwhelmed and experience a roller coaster of emotions, despite feeling well supported by their managers. This suggests that, although it is important for staff to be flexible to the needs of the families they are supporting, they also need to have clear boundaries to enable them to get the time off and breaks they need for their own wellbeing.

“I am feeling dysregulated and often overwhelmed with families needing communication daily including my days off, and I am benefitting from regular supervision from several managers who are all supportive and understanding...”

Across the reflective diary entries, the emotional wellbeing of staff appeared to relate to whether they felt they had been able to make a positive difference for the children and families they worked with. Some expressed feelings of sadness, as they felt that their practice had been diminished by physical distancing restrictions, and they were unable to do as much to support families as they wished.
“I miss being able to touch a parent on their shoulder or arm when they are needing comfort. I feel quite useless at times, only able to offer signposting and advice and a listening ear. I feel like my practice has been minimised and reduced because of social distancing. That makes me sad.”

Others expressed increasing frustration about the limited opportunities to undertake face-to-face work, and concerns about the long-term sustainability of primarily engaging with children and families online.

“My frustration is increasing at us not being able to be in communities offering support or engaging with people and I wonder for how much longer we can continue in the virtual space.”

However, where staff felt that their work had made a positive difference, this was a motivating factor. For example, one practitioner described how the positive feedback they had received from a project they had completed with young people had encouraged them to keep moving forward with this work despite the challenges.

“I have been completely humbled by the feedback we have received for one of our projects from young people as part of our formal evaluation. This has really boosted me and the team to keep moving forward, even in these challenging times, to reach out to support young people to lead a project and develop a product they are rightly proud of.”
4. Wider relevance and implications

Overall, the reflective diary entries indicate that lockdown restrictions were perceived to have heightened the stresses and pressures on families, have a negative impact on mental health, and may have increased the risk of children experiencing abuse at home and online. NSPCC staff responded to the immediate needs of children and families by adapting their ways of working and by working together with partner organisations in each Together for Childhood area. However, it is clear that long-term, sustained support will be needed to help children and families recover from their experiences during lockdown.

Evidence that some caregivers became overloaded due to the combination of additional pressures, isolation from support networks, and reduced access to support services, connects to previous warnings that lockdown restrictions were likely to increase the stressors on, and vulnerability of, families (Romanou & Belton, 2020). Reflective diary entries also validate concerns that the conditions created by lockdown could increase children’s risk of abuse (Children’s Commissioner, 2020a, 2020b; UNICEF, 2020; Griffith, 2020; The Alliance for Child Protection in Humanitarian Action, 2020; Romanou & Belton, 2020; UK Youth, 2020). Staff expressed worries about a decline in caregiver mental health, and noted the adoption of negative coping strategies, including the misuse of drugs and alcohol. In turn, the use of these negative coping strategies was felt to put children at increased risk of emotional and physical abuse. For other children, fraying tempers within households, because of the pressures created by lockdown, were reported to result in some children experiencing domestic abuse. These data are highly consistent with data from the NSPCC Helpline (NSPCC, 2020a, 2020b), and with reports that the volume of calls to domestic abuse helplines increased during lockdown (Refuge, 2020), further demonstrating that for some children, spending additional time at home increased their risk of abuse. To help keep children safe, reducing the stressors on caregivers, and helping them to access appropriate support is key. This includes providing financial support for vulnerable families, ensuring the availability of support services, and providing devices and data to families to ensure that they are able to stay connected with their support networks.

Reflective diary entries also corroborate previous reports and warnings that lockdown restrictions put children at greater risk of experiencing abuse online (ECPAT International, 2020; National Crime Agency, 2020; NSPCC, 2020c; UK Youth, 2020). As parents turned to technology to entertain their children, staff expressed worries that spending an increasing amount of unsupervised time online, using devices without appropriate filters or parental guidance locks, exposed children to greater risk of experiencing online harm. This suggests that, during lockdown, children were at higher risk of experiencing abuse both at home and online.

At the same time, data from the reflective diary entries suggests that lockdown restrictions may have made it more difficult for professionals to safeguard children. Inability to observe body language and the child’s home circumstances, due to a lack of face-to-face contact, meant that much of the contextual information about a child’s situation was missing, making it harder to accurately assess risk. Even where staff had significant concerns about a child, the lack of physical evidence was felt to make it more difficult for staff to take action and keep children safe. Going forwards, it is important to explore these concerns further, and consider
what can be done to help professionals safely gather the information they need to accurately assess risk in the context of physical distancing restrictions.

Reflective diary entries also substantiate growing evidence that lockdown restrictions had a negative impact on the mental health of children and young people (NSPCC Scotland, 2020; Young Minds, 2020). Social isolation is a well-established trigger of poor mental health (ESRC, 2013). It is therefore unsurprising that with schools being closed to most pupils and a ban on household mixing, isolation and loneliness were key contributing factors to the decline in mental health among children and young people. In addition, staff felt that some children lacked the language to understand and express their feelings and, in turn, get support. This suggests that, going forward, mental health provision for children and young people should focus on both preventative and recovery services.

Lockdown posed unique challenges for children in care and their families. Physical distancing restrictions, the closure of contact centres in some areas, and the introduction of provisions for virtual contact arrangements, resulted in many children in care being unable to physically see their birth parents, even if they had previously had high levels of contact with them prior to lockdown. NSPCC staff worked to maintain contact between children and birth parents via video call, but staff reported signs that some young children (aged 0–5 years) may have found these calls distressing. This suggests that the use of this form of contact between young children and birth parents needs to be carefully considered, and that the child should be closely observed to ensure that it is not having a negative impact on their wellbeing.

More positively, staff were able to help birth parents feel more connected with their children, by facilitating the controlled sharing of messages and photos between the foster carers and birth parents they were supporting. This contact was felt to benefit birth parents and meant that they received more information about their child’s activities and wellbeing than they typically would. Staff were thus keen to maintain this form of contact going forwards, alongside existing arrangements. Nevertheless, the issues around contact highlight the importance of considering the needs of children in care. As restrictions on household mixing begin to tighten again in some areas, it is crucial to ensure that these children can have appropriate and consistent contact with their birth parents, in a way that causes least disruption and distress to the child.

Coronavirus restrictions and guidance to work from home had a significant impact on the way staff were able to work. Reflective diary entries illustrated the struggles experienced by staff as they tried to manage the competing demands of their work and home lives. Consistent with previous research conducted by Opinium (2020), reflective diary entries suggested that trying to work with young children at home was particularly difficult, and also created additional concerns for staff as they tried to protect their own children from the sensitive content of their work. Previous research indicates that women have been disproportionately affected by the combination of working at home and childcare responsibilities during COVID-19 (Del Boca et al, 2020; Hupkau & Petrongolo, 2020; Zamarro, 2020). This may have relevance here, as the majority of the participants (13/15) who took part in this research were female, so they may have been particularly impacted by the combination of working at home and juggling childcare arrangements.

In addition, data from the reflective diary entries were somewhat consistent with previous research indicating that some staff working from home experienced a decline in wellbeing (Opinium, 2020). Despite feeling well supported by their managers, staff working from
Still here for children: Sharing the experiences of NSPCC staff who supported children and families during the COVID-19 pandemic

home\(^3\) reported missing face-to-face contact with colleagues, and the opportunity to debrief together after a difficult session. At the same time, staff working together in the community acknowledged the importance of having other colleagues around them for support. Together, these experiences suggest that having face-to-face contact and support from colleagues is important for staff working in this field, and suggests that for these staff, working from home full-time may not be desirable long-term, or that alternative forms of informal peer support need to be further considered.

### 4.1 Strengths and limitations of the research

A key strength of this project is that the reflective diary entries were collected at multiple time-points during lockdown, meaning that the data are an accurate representation of the reflections, experiences and feelings of staff, and how these changed over time. Another strength is that data were captured from staff working in a range of different roles in the Together for Childhood sites.

The key limitations of this project are the relatively small sample size, and that the data were primarily collected from one area (Glasgow), meaning that it is not possible to determine how representative these data are of the experiences of staff across the UK. In addition, accounts of the experiences of children and families are captured from the perspective of practitioners, so including the voices of children and their families is an important consideration for future research.

---

\(^3\) In line with government guidance at the time.
5. Recommendations

This is the latest in a series of NSPCC reports and publications that provide insights into the impact of COVID-19 on children and families. The Together for Childhood Reflective Diaries Project gives a unique snapshot of the needs of vulnerable families, and the professionals supporting them, in the Spring lockdown. However, it is not just a reflective piece. Taken with our other research and reports, including the Childline and NSPCC helpline briefing series, the growing evidence base shows consistent themes emerging.

Our recommendations outline the policy and practice changes needed from Governments across the four UK nations – particularly as we anticipate further periods of local and national restrictions.

**Ensure therapeutic recovery and mental health services are available for children and families.**

The lockdown in Spring 2020 has had a negative impact on the mental health of children and young people, with some experiencing trauma and abuse while at home (NSPCC, 2020d, 2020e). The pandemic has also transformed pregnancy, childbirth and infancy, with new parents cut off from family, friends and support networks, services disrupted, and health visiting staff redeployed in many areas (Saunders & Hogg, 2020). It is imperative that specialist, evidence-based programmes are available to help children and young people recover, and to provide support to them and their families.

1. In response to an expected increase in need, Governments must build on existing programmes to enhance the ability of schools to provide early mental health and emotional wellbeing support – both through additional workforce resources and access to community-based services.

2. School-based support must be backed up by ongoing investment in specialist mental health and therapeutic services for children who need support to recover from experiencing abuse and neglect.

3. Governments must ensure a pathway of mental health support for new parents and their babies, from universal health visiting services, community-based targeted support, and specialist perinatal and infant mental health services.

**Address the digital divide and understand the impact of digital service delivery on children and families.**

Technology enabled children and young people to engage in education during the Spring lockdown. Many children and their families also continued to receive support from professionals as services switched to online delivery. However, some families have faced barriers to accessing these adapted services as they lacked the knowledge or technology to engage online. For families with particularly complex needs, or those with very young children, the move to remote service delivery has made safeguarding more difficult.
Digital delivery is likely to be here to stay in some form, and it is vital to build on emerging research into the impact of online service delivery for the most vulnerable families and learn how we can harness its capabilities (Nuffield Family Justice Observatory, 2020).

4. 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.

5. Governments across the four nations should commission further research into the effectiveness and impact of services and support delivered online to children and their families – and build this learning into future policy making and service delivery. This includes research on the impact of:
   - delivering children’s social care services online, including preventative services to identify where families may need additional support;
   - family court, proceedings, contact sessions for looked-after children and other statutory provision being conducted online.

Provide financial support for vulnerable families

Child poverty was increasing prior to COVID-19 (Alston, 2019). The closure of businesses and resultant job losses, combined with increased costs for food and fuel due to being at home all the time, has increased the strain on families’ finances.

6. Governments must:
   - permanently extend Free School Meals provision to all children whose families receive Universal Credit and those without recourse to public funds;
   - maintain the £20 uplift to Universal Credit and extend this to legacy benefits;
   - continue to invest in strengthening local safety nets and welfare assistance schemes so families have somewhere to turn should financial crisis hit.

Strengthen local communities to help them respond to the needs of children and families at a local level.

This paper and previous work demonstrate that strengthening partnership working across agencies to enable the sharing of information and resources, and harnessing the power of civil society at a local level, have been key in responding to the needs of children and families during lockdown (Kruger, 2020). Models like Together for Childhood demonstrate how this place-based approach can work, particularly in responding to the needs of the local communities they are working with and lend support to previous calls for more locally led approaches to public services (Nesta, 2020).

7. Governments must explore new ways to foster and support community-led place-based approaches to supporting children and keeping them safe, extending and amplifying the reach of statutory and voluntary services.
Acknowledgements

We would like to thank all the NSPCC staff who participated in this project and took the time to share their experiences.

The NSPCC is an independent charity with the majority of funding coming from voluntary donations. We are very grateful for the generous support of our donors who make this work possible. Every childhood is worth fighting for.
References


Center on the Developing Child at Harvard University (2017) Three Principles to Improve Outcomes for Children and Families. Available at www.developingchild.harvard.edu


NSPCC (2020a) *Contacts to NSPCC helpline about domestic abuse up by nearly 50%.* Available at www.nspcc.org.uk/about-us/news-opinion/2020/domestic-abuse-calls-rise/

NSPCC (2020b) *Record numbers contact the NSPCC with concerns during lockdown.* Available at www.nspcc.org.uk/about-us/news-opinion/2020/2020-10-07--helpline-recovery-plan/


NSPCC Scotland (2020, July 16) *Childline sees increase in children reaching out with mental health concerns in Scotland* [press release].


Refuge (2020) *Refuge reports further increase in demand for its National Domestic Abuse Helpline services during lockdown.* Available at www.refuge.org.uk/refuge-reports-further-increase-in-demand-for-its-national-domestic-abuse-helpline-services-during-lockdown/


NSPCC Learning is here to provide you with all the tools, training and resources you need to protect the children you work or volunteer with.

We keep you up-to-date with the latest child protection policy, practice and research. We deliver expert elearning courses and face-to-face training for your organisation. And we provide bespoke consultancy, sharing our knowledge of what works to help you deliver services for children and families.

With your support, working together, we can protect more children right across the UK.

nspcc.org.uk/learning