

Witness Name: Professor Harry Ferguson

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UK COVID-19 INQUIRY

WITNESS STATEMENT OF PROFESSOR HARRY FERGUSON, EMERITUS PROFESSOR OF SOCIAL WORK, UNIVERSITY OF BIRMINGHAM

I, Professor Harry Ferguson, will say as follows: -

1. I, Harry Ferguson, worked at the University of Birmingham before, during and after the COVID-19 pandemic. I recently retired from the university (on 30th April 2025) and am now Emeritus Professor of Social Work at the University of Birmingham.
2. I qualified as a social worker in the 1980s and spent five years practising in the field. From 1987 to 1990, I completed a PhD at the University of Cambridge, focusing on the history and sociology of child protection and social work. In 1990, I began my academic career as a Lecturer in Social Work at Trinity College Dublin. Five years later, in 1995, I moved to University College Cork. By 2000, I had been appointed Professor of Social Policy and Social Work at University College Dublin. I relocated to England in 2001, where I was Professor of Social Work at the University of the West of England until 2008. I then became professor of social work at the University of Nottingham, remaining there until 2017. Since 2017, I have held a professorial position at the University of Birmingham.

Introduction

3. During my 35-year academic career I have carried out extensive research into child protection and social work with children and families [PHF/01a - [INQ000651706], PHF/01b - [INQ000651707], PHF/01c - [INQ000651708], PHF/01d - [INQ000651709]. I make this statement about the impact of the Covid-19 pandemic on children, in response to the UK Covid-19 Inquiry's Request for

Evidence under Rule 9 of the Inquiry Rules, in relation to Module 8 of the Inquiry. My focus is on the experience of children at risk of abuse within the family and the nature and effectiveness of child protection services. I specialise in research that seeks to understand the experiences of children, families and professionals mainly by interviewing them and by getting as close as possible to them by observing them. I have conducted several studies that have observed social workers, family support workers and children and families interacting with one another that have produced original findings on what occurs in encounters between them and whether and how safety for children is achieved. In April 2020 I led a research team that obtained research funding from the Economic and Social Research Council to research the impact of COVID on child protection in England - *Child protection and social distancing: Improving the capacity of social workers to keep children safe during the COVID-19 pandemic* , PHF/02 - [INQ000651710]. The study gathered data on the first nine months of the pandemic (March-December 2020). The other team members were Professor Sarah Pink, Director of the Emerging Technologies Research Lab at Monash University in Australia, a world-leading Design Anthropologist, known for her development of innovative digital, visual and sensory research and dissemination methodologies, and Dr Laura Kelly, Research Fellow at the University of Birmingham, a sociologist with experience of researching work with children and young people. The British Association of Social Workers and Research In Practice were project collaborators. This submission also draws on research I led into the later effects of the pandemic on child protection in England in a follow-up study (February - May 2022, funded by the University of Birmingham . Dr Laura Kelly and Dr Abby Gilsenan were Research Fellows on that project, that was done in collaboration with Research in Practice, PHF/03 - [INQ000651711]

4. While extreme cases of sadistic abuse that resulted in the deaths of children are often given prominence in media coverage and political and public debate, neglect and emotional abuse remain the most recognised forms of harm, alongside growing awareness of sexual and criminal exploitation beyond the family (Pearce, 2014; Thomas & Darcy, 2017). With regard to child sexual exploitation it is vital to move beyond an exclusive focus on the home and parental responsibility to take account of the key public spaces where exploitation occurs and the behaviours of networks (or 'gangs') of individuals, organisations and power dynamics. Most known victims of CSE are between 14 and 17 years old, though younger children

are also affected. In my research and this statement my focus is mainly on 'child protection' issues that relate to harms to children and young people *within* the family, which involves high numbers of young children and some who are unborn. A key issue is how child protection professionals relate not just to older children who can engage through speech, play, or messaging, but to pre-school children and babies who lack such capacities.

Methodology

5. The research followed the experiences of a sample of 48 practitioners and managers during the pandemic by interviewing them approximately every month between April and December 2020. Due to social distancing rules it was not possible to adopt an approach that got physically close to professionals and families and observe practice. Interviews took place on video and sometimes audio calls. The sample consisted of 29 social workers, 10 social work managers and 9 family support workers drawn from four local authority areas in England that represented a broad geographical spread. Forty-one of the sample were women and 7 men. Seven participants identified as Black or Asian. Interviews also took place with 21 parents and one grandparent, most of who were involved with these practitioners. We captured the experiences of our sample as they came to terms with the first 'lockdown' and stay-at-home guidance (23rd March – May 2020), as they reconciled themselves to a 'new normal' of physically distanced practice, and as they confronted a second wave of infection and a new period of lockdown in November – December 2020.

Follow-up study

6. Between February and May 2022 a follow-up study was conducted with the same sample of social workers and managers to find out how they were now relating to children and families. It also explored their experiences of working from home and in the office, organisational support and wellbeing in this 'late-pandemic' phase.

Pre-pandemic safeguarding

7. Research showed that in the years immediately prior to the pandemic the family home was by far the most common place where children at risk were seen and this was the taken for granted way most child protection work was done. My studies of short and long-term casework that were undertaken between 2012 and 2018 showed that a typical home visit lasted on average 42 minutes and the most popular space within the home children where were seen on their own was their

bedroom, PHF/04a - [INQ000651712] and PHF/04b - [INQ000651713] (Ferguson, 2016; Ferguson et al, 2020a). The rest of the time was spent engaging with parents, observing parent-child interactions, checking home conditions, especially if there were concerns about 'neglect' and interacting in playful and often informal ways with children. Some school age children would also be seen in school, while some preferred not to be. Physical closeness and touch, whether done to hold infants to check on their well-being, or as part of play or to provide comfort, were a key part of how social workers related to children. This does not mean that such tactile practice happened all the time, but that it was common enough to mean that closeness and intimacy were at the heart how social workers kept children safe and helped families.

Research questions

8. Against that background the key research question for the study was: How can practices that have relied on achieving closeness keep children safe and help families in a period of institutionalised social distancing? We also explored: What innovative digital methods are being adopted and how can they be most productively used during and after the pandemic? What are children and families experiences of the pandemic and social work child protection services? And what is the impact of COVID on social care staff, having to work almost exclusively from home, what supports do they need and are they being met?

Findings

March-December 2020: Covid disruption and adaptation

9. During the pandemic levels of fear and anxiety among professionals and families fluctuated depending on levels of infection and deaths. An intense atmosphere of uncertainty and danger existed at the time of the first lockdown. Social work organisations who were used to complying with various statutory duties, procedures and practice guidelines were required to rapidly adapt service provision. They mostly did this *prior* to the issuing of national COVID guidance. When guidance did appear, it 'recognise[d] the approach that many local authorities are already taking' and stated that: '[w]e know that local authorities and local safeguarding partners will want to continue to meet their statutory duties as far as they can, but there will be times in the current circumstances when this is not possible' PHF/05 - [INQ000651723] . A key aspect of this was that in normal times social workers are required to see children who are on child protection plans on a

‘statutory visit’ at least once a month and in some local authority areas more frequently. This usually means them having to be seen on a home visit that must include their bedrooms and other standards of care being checked. The DfE effectively conceded that meeting these statutory responsibilities would not always be possible.

10. It was left to managers and practitioners at the local level to decide how best to try and keep children safe and they responded by skilfully and creatively innovating. To protect workers and families from infection, most safeguarding services for children and families initially went online. Each visit to a child and / or family was risk assessed by managers and social workers and the preferred approach – particularly early in the pandemic – was for social workers to use digital methods to conduct virtual ‘visiting’ by seeing the children and family on video calls, or to remain outside, on doorsteps or in gardens. Where children were assessed as at high risk of harm from abuse, social workers continued to visit in person, often entering the home, but not always. Sometimes social workers also observed children through windows or over garden walls. Social workers were required to contact families prior to a visit to ask whether or not COVID symptoms were present. Where needed and when it was available, they were expected to carry and use PPE, particularly masks.
11. In all four areas where the research took place there were severe shortages of PPE and it was common for social workers to take personal risks and enter homes without protection. Use of hand gel was regarded as a crucial way to protect oneself, but it too was scarce and often not available to be used. Local authorities were totally unprepared for the pandemic.
12. As the death toll from the pandemic mounted, it soon became evident that risks from COVID were greatest for racially minoritised families and staff, **PHF/06 - [INQ000651714]**. We heard mixed experiences from our Black participants, some feeling that managers were ensuring more was done to keep them and at risk families safer, while others felt let down and more exposed.
13. The amount of in-person home visiting varied from area to area. In one of the local authority sites for instance, staff were not issued with smart phones and could not use WhatsApp which was the platform of choice for many families. Not having the

range of technical resources to do video calls meant that social workers there did a lot more in-person visits. Despite regular requests by frontline staff for better / smarter phones and appeals for a management culture that would take better care of them and their safety, they were never provided. This constituted a significant failure by those leaders.

14. Generally, home visits are often calm, congenial affairs, but some are volatile and dangerous, while most are steeped in uncertainty and the unknown of what is behind the door. From the start of the pandemic social workers reported encountering the unexpected, such as one who found a father who was not supposed to be in the home hiding in the bedroom behind a wardrobe, and in another case a man jumped out of the bedroom window on seeing the social worker. Another risky element was the threat of violence by some family members, but now with the additional risks of infection.
15. Social workers do two kinds of home visits: announced, where they are expected by families, and unannounced, where they visit without warning. Turning up unannounced is done so that they can find the family as they normally are and not after they have prepared for it and may stage-manage the encounter, coach children about what to say – and *not* say - and disguise behaviours that place children at risk. COVID particularly reduced the number of unannounced visits and their usefulness due to the need to phone the family in advance to check whether they had COVID symptoms. To reduce the time between phoning and seeing the family workers often phoned them from outside their home. Some never answered meaning access was denied, or it was delayed, providing time for the family to make some preparations for the visit. These difficulties that compromised unannounced visits persisted after May 2020 when lockdown restrictions were lifted and lasted for the entire period up to December 2020.
16. There were agonising examples of social workers on doorstep visits trying to establish whether children had been harmed but not feeling able to enter the home or touch the child. This is exemplified by a social worker who explained: 'On my visit the (two-year-old) boy had a bruise on his eye, mother was coughing away, I was on the doorstep, and mother went upstairs and left the child at the top of the stairs and I was trying to get him to come down the stairs, he didn't. She brought him down and put him in the hallway and I couldn't go in and get him because of the coughing and his older brother said he did it (caused the black eye) and I finally

got to see him closer up. So that was farcical. ... I was a bit closer than 2 meters.' When asked how effective they could be at ensuring such children are safe the social worker said, 'it's not very satisfactory because you can't go as far as you usually would OR you have to go for a full medical. You've got to underplay it or overplay' and in the former 'you are waking up in the night and wondering should I have seen more, have I done enough?'

17. A key reason social workers consistently said they continued visiting and entering homes throughout the pandemic was because of their professional ethics and commitment to having close, hands-on relationships with children and families, even at risk to themselves of catching the virus and spreading it to their own loved ones. As one social worker put it in April 2020: 'Children being safe is as important as Covid, I can't not go into houses, I can't not see children on their own'.
18. A practical barrier to social distancing, linked to poverty, was the small properties many families lived in, making two metre social distancing difficult. Social workers often responded imaginatively to the challenge of maintaining emotional closeness with children while trying to remain physically distanced. Some brought along resources such as card games to home visits, since these could be used while sat apart. A worker invented a game that involved jumping between bean bags placed two metres apart for a little boy who 'just thought it was great fun'.
19. When children were too young to understand the need for social distancing workers regarded it as impossible to maintain social distance inside homes. A typical example involved two pre-school children who had been the subjects of a sustained period of children's services involvement dating from before the pandemic. Their mother experienced physical assaults and controlling and coercive behaviour by the children's father. During the pandemic she fled the father and moved to a new local authority area where she was found accommodation but got no support from domestic abuse services due to the pandemic. The more the social worker and family support worker saw of the children in their new home during lockdown the greater their concern about if and how they were being fed. Their mother did not play or interact with them, and both children were developmentally delayed, with shutdown behaviour. Five months into the pandemic the children were taken into care, where they acted out traumatised behaviour, that included not expecting to be fed. They soon began to thrive, feel secure and progress towards reaching developmental milestones. The social worker

consistently did not observe social distancing guidelines because of how these young children would climb on to her, hug her, and put their head on her knee. Social workers often spoke of how abused children found comfort in such closeness. Children with additional needs, and those who struggle to contain their emotions due to past trauma and abuse, were particularly likely to seek physical contact and comfort from them. Social workers strongly resisted the idea that such tactile approaches from children could be rebuffed.

20. These attempts by children to gain physical as well as emotional comfort must be seen in the context of the withdrawal of other support and therapeutic services, not attending school and of the lack of human touch caused by social distancing.
21. This lack of services and a multi-agency strategy that sought to have children seen by a range of professionals both inside and beyond the home constituted a significant failure of governance. Health visiting, drug and alcohol support and domestic abuse services either mostly stopped, went online, or were diverted elsewhere, such as a majority of health visitors being re-deployed in hospitals. Just one in 10 parents of children in the UK aged under two saw a health visitor face-to-face during the first lockdown. Schools kept in touch with a lot of families and sometimes provided practical support. When schools remained open for children known to be at risk of abuse sometimes social workers saw children there. However, often parents on child protection plans refused to send their children to school, often citing fear of COVID as a reason. This stopping of services for at-risk children was a major error and should never be allowed to happen again. It denied infants the right to be seen and held and older children the right to have safe spaces to talk about their lives. Professionals making joint-visits to see families, such as social workers and health visitors do quite often to infants in 'normal' times, also ceased to be an option, **PHF/07 - [INQ000651715]**.
22. The net result was that social workers often ended up being the sole agency going into homes. And they too were sometimes refused access by parents who social workers suspected used COVID as another reason to try and avoid their surveillance. This left some pre-school and school aged children who were known to be at high risk effectively trapped within the home, locked down in every sense with their parents. Some mothers who lived with abusive men were similarly trapped.

23. The research found many instances where social workers skilfully and courageously managed to persuade such parents who did not want a service to allow them access to the home and effective woman and child protection followed. However, in some situations the challenges involved were beyond the efforts of a single agency and children did not receive the child protection service they needed. Some of this was unavoidable, and some of it avoidable. While social workers creatively improvised, coronavirus and social distancing imposed limits to child protection that no amount of innovative practice could overcome in all cases. This undoubtedly meant that some children were left exposed to risks of harm by their parents or other carers. In some situations, especially during the first lockdown, the children and family were only seen virtually by social workers, and never in person. This happened less frequently as the pandemic progressed.
24. Painful evidence for shortfalls in practice can be seen in the tragic deaths in England of 10 month old Finley Boden , six-year-old Arthur Labinjo-Hughes and 16 month old Star Hobson from horrendous parental abuse during the first phase of the pandemic. Arthur and Sky's deaths received huge public attention in December 2021 during the prosecution of their parents. The children were the subject of a major review into why social care, police and health professionals did not protect them. It is clear in the case of Star Hobson, for instance, that COVID played a part in that a 'virtual home visit' was conducted by a social worker instead of seeing the child in-person at what was a critical time when she had sustained injuries **PHF/08 - [INQ000651716]**. Prior to the pandemic there was growing recognition of the presence of so many involuntary clients and the complexity of working with what Laming (2009) called 'resistant and deceitful parents' and what the review into Arthur and Sky's deaths termed 'families whose engagement is reluctant or sporadic', **PHF/09 - [INQ000651717]**, p.88. COVID undoubtedly increased the complexity even more. Learning from the pandemic and planning for future ones must take account of these realities and challenges, .
25. The longer the pandemic went on and PPE provision improved, increased wearing face masks eased some of the challenges of gaining access to families and getting closer to children. As face mask wearing became normalised in workplaces, shops and many schools the more children and families involved with social workers accepted masks as part of the 'new normal'. Some social work management teams introduced new policies that required their use, particularly as infections started to rise again. Masks were generally disliked because some workers had experiences

of them scaring children, because of how they interfered with communication, and they could increase social workers' own sense of anxiety in uncomfortable situations. When social workers did wear masks many developed a variety of tactics to reduce their impact on their ability to communicate and connect with children. These included reusable masks with child-friendly patterns, showing their faces before masks were put on, and developing social stories to explain why mask wearing was necessary. Many social workers continually made context-specific judgements to wear or not to wear a mask, irrespective of what was in the national and local guidance. Month after month, some practitioners told us about occasions when they were interacting with children and they either never wore the mask or removed it because they felt it was getting in the way. This was done in full awareness of the ethical complexities of children and families being placed at risk of infection by workers, who often asked parents if they would prefer them to wear masks.

Kindness and humane practice

26. While some rejected child protection interventions, many families in the research were grateful for the kind, thoughtful help they received from social care during the pandemic. Being locked down together intensified stresses for many families and increased fuel and food poverty. This resulted in social workers providing a lot more material help than they were able to pre-pandemic, such as toys, educational resources, lap top computers, ipads, toys, food and money. Getting food parcels and other help to struggling families was easier and quicker because during lockdown the usual bureaucratic complexities of applying for vouchers to use food banks, for instance, were removed. Some social workers described this shift towards a more supportive and compassionate approach that could provide 'care' rather than 'control' as a revival of values and practices that had faded in recent decades. They linked this decline to a austerity-driven resource cuts, growing bureaucracy, managerialism, and the increasing reliance on statutory powers in social work and child protection. This renewed focus on community-based, supportive social work brought a sense of satisfaction to social care staff and helped foster a spirit of togetherness in communities and with a lot families.

Outdoor practice

27. A shift occurred during the pandemic away from pre-pandemic norms where the interior of the home was the primary and often only site where the family were seen

to workers using outdoor spaces. They went on walks with young people and sometimes parents and used parks and other open spaces near family homes to walk, play or just be together in. This was especially with older children and teenagers. Several social workers related how walking in relatively empty spaces helped young people to feel safe in sharing intimate disclosures and revealed risks and harms they previously did not talk about. Walking alongside children and other family members offers a form of 'side-by-side' communication that is highly productive, mirroring encounters in cars where service users often disclose more when on the move and not being directly 'face-to-face'. Some parents gave similar positive accounts of how they benefitted from outdoor encounters.

Hybrid practice: Integrating face-to-face and digital practices

28. In the initial months of the pandemic and lockdown the use of digital technologies in social work practice dramatically increased. There was widespread use of 'virtual visits' in casework where a video call to the children and family replaced a visit that would previously have taken place in-person inside the family home. During the first lockdown some families were only seen online and never in person. Our research observed some of these online encounters and saw how they enabled effective help to be provided for some parents and young people, **PHF/10 - [INQ000651718]**. Some parents in our study spoke positively of it.
29. Some older children and young people preferred digital communication and felt more able to relate through the screen. Social workers learned from this experience that virtual communication works best for some. This was confirmed for us by some parents.
30. However, we found that as a form of communication in child protection virtual ways of engaging children and families had limitations, a finding supported by other research (Cook & Zschomler 2020). A crucial deficit is not being able to see what was happening beyond the frame of what the camera showed on the screen, such as who else was present. Sensory cues emerged as a central aspect of assessing children's experiences and wellbeing and not being there prevented them from being picked up. Without doubt, there will always be a major role in child protection for in-person presence where the worker can see who is present with children, get close to them, have the option of holding them and being held by them and use all the senses to assess atmospheres, what is going on, the standard of the care being provided and what children and families need.

31. But digital communications still have the potential to play an important role in the future of child protection work. The research found that a striking feature of the way social work responded was by integrating a variety of modes of communication and ways of relating. This was achieved through the use of a hybrid approach combining audio telephone calls, video calls with the family, the use of photos and video films (via WhatsApp) and in person encounters (that included use of face masks and PPE by some). This enabled some social workers some of the time to get emotionally close and establish meaningful, helpful relationships with the children and parents.
32. It also illustrates an important finding concerning the changing use of time during the pandemic. Instead of the average 42-minute home visit every two to four weeks or so that I referred to above as being the pre-pandemic norm, the time spent with families was often spread out more over a range of contacts, which took place across different platforms. With the dramatic increase in the use of video and audio communications on computers and phones, it became quite common for families to be spoken to everyday. What emerged were shorter, frequent 'check-in' communications which were followed up with longer more substantial meetings. Practitioners learned from greater use of digital platforms and email how to use time more efficiently. For instance, during lockdowns some workers emailed materials to families and then discussed it with them on video calls. When they were able to make in person visits more safely once vaccines were available and infection rates dropped some social workers continued to email such material in advance and would be available for calls should the family need to process the information before the next physical home visit.
33. Interest in and use of virtual casework and digital platforms with children and families waned as restrictions on in-person visiting were lifted in 2020 (see below).

Remote working and multi-agency meetings

34. Pre-pandemic, multi-agency meetings, like case conferences which involve a range of professionals, always took place in person. When COVID hit they immediately went virtual and were offered by telephone or video conferencing. Virtual inter-professional meetings continued throughout the pandemic and a clear advantage of them was increased attendance, especially by professionals who traditionally were hard to get there due to travel time and other commitments.

There were legitimate concerns, however, about digital poverty and poor phone signals making the active participation of parents and older children meaningful or possible at all. Social workers worried about whether calling in from their homes meant that some parents did not understand the gravity of the issues and what was at stake. Court proceedings also now took place virtually, and our findings support other research that expressed grave concerns about the limitations this placed on the meaningful involvement of parents and other family in legal processes, **PHF/11a - [INQ000651719]** and **PHF/11b - [INQ000651720]**. For children in care, in-person family contact was initially halted, causing distress to children, families and social care staff, although re-established in some form or other in most areas once restrictions on multi-household gatherings eased.

Staff well-being and working from home

35. During the first lockdown social work offices closed and COVID required a rapid shift towards working from home. By late 2020 some space in some social work offices had reopened but working lives remained dominated by home working. Many social care staff missed the sociability and mutual support provided by being in the office and there was particular concern for early career staff who were missing out on spontaneous peer support and learning by observing colleagues. Most social workers struggled with the collapse of home/work boundaries as difficult online encounters with service users intruded into their home space and emotional and personal lives. They all worried greatly about the risks of catching COVID they brought into their own homes and families after home visits. It was common for them to remove their clothing once they got through the door and immediately shower. Some staff welcomed the greater flexibility home working offered, including the time saved by not commuting. But for many the absence of in-person peer support and increased personal risks meant that it was an isolating and highly stressful experience. This was despite the best efforts of team managers to provide online supervision and team meetings. The pressures on team managers and service managers to maintain oversight of high risk cases and support the needs of staff in such precarious ever-changing circumstances were immense.

Late-pandemic child protection, 2022: an 'in-between' state

36. In the February to May 2022 period covered by the follow-up study we found that child protection social work was now in a state of 'in-between' social distancing and

closeness. Some practitioners still described responding generously and getting close to children when they initiated hugs, tactile play and other forms of holding. But in general two years of social distancing had established new norms and habits of more distanced practice. Even some social workers who, prior to the pandemic, would get down on the floor to play and use physical touch and nurture as part of assessing and meeting children's physical and emotional needs were now less likely to initiate such contact. As a result, children who did not independently seek to play or have other kinds of physical contact with workers were most at risk of not having their safety and emotional needs understood and responded to. Our research report proposed a 'reset' was needed that clarifies the kinds of relating to children social workers are expected to provide.

37. The pattern of the pandemic accelerating forms of child protection practice that go on outside the family home through visits to places like parks and the use of walking conversations had largely been sustained. A policy issue that remains is that seeing children outdoors does not count as a statutory visit in child protection and because it is evidently an effective way of connecting with some older children and some parents it should be formally recognised as an available option.

A return to austerity

38. As was shown above, during lockdowns extra financial help and donations of food, toys, computers and so on enabled practitioners to help families quickly, relieve distress and helped them to form meaningful relationships. In 2022 these resources were no longer available, despite the 'cost of living crisis' meaning that increasing numbers of families were struggling. Not being able to provide meaningful help and support to families they knew badly needed it caused social workers moral distress and added to the stress they experienced.

Multi-agency working

39. In this late-pandemic period, online multi-agency meetings remained widespread. Their benefits, that included higher attendance by professionals, were being maintained while greater efforts were being made to try to ensure that the needs of parents, children and young people were prioritised. One common approach was supporting parents to attend in-person in an office or home environment and having a social worker with them while professionals video-called in and were visible on the screen. Such hybrid approaches present training needs for Chairs. Preparation should include a conversation between the Chair and the family

members involved to explore their preferences and how these may be met and any practical issues that may limit their involvement.

The decline of digital child protection work

40. By now the use of digital casework with children and families had almost completely waned. Some local authorities had gone so far as to no longer authorise the use of digital platforms and software. Age restrictions and data security limitations were poorly understood by leaders, managers and practitioners. This was accelerated by the new wave of public outcry and professional anxiety in relation to high-profile child deaths (Child Safeguarding Practice Review Panel, 2022) as seeing children in-person was equated with good practice. Getting close to children, physically and emotionally, is crucial to keeping them safe, but, as argued above, digital and remote communications can add something important, not least for those young people who respond well to it.

Staff wellbeing, organisations and support

41. By the late-pandemic period, all of the offices in our study sites had re-opened. There was a shared view that staff need to spend some time together in offices but no consensus about the best balance of office and home working.
42. By 2022, more than half of our practitioner sample had changed their job role at least once since the first fieldwork period (April-December 2020). Some had moved to the private or voluntary sector, others into managerial roles or changed team. Around a third had left child protection social work, which is in line with national workforce statistics that indicate significant retention problems of social workers and in recruitment **PHF/12 - [INQ000651721]**. Issues that pre-dated the pandemic, such as high workloads, bureaucracy, working to tight timescales, and managerial pressure, were being compounded by concern about the social impact of the pandemic, rising child and family poverty and cuts in support services, and increased anxiety concerning the risk of child deaths. These findings support other evidence that social worker wellbeing has been negatively impacted by the pandemic, particularly over time **PHF/13 - [INQ000651724]**.

Lessons learned and recommendations for future pandemic preparedness

43. Acceptance is needed that pandemics create risks and barriers that make the achievement of effective child protection practice extremely difficult. The emotional climate of fear and high anxiety for families and professionals compound the practical limitations that surround getting close to children while needing to stay physically distant. Local authority children's services departments were completely unprepared. At its most basic, future pandemic preparation must include having adequate supplies of PPE and hand gel.
44. Clarity is needed about the kinds of relating to children social workers and other professionals need to achieve. This should incorporate attention to closeness and uses of touch. Physical proximity and actual tactile contact are a crucial part of assessments of child safety and the therapeutic help social workers and other early help and safeguarding services provide for children. Distancing and no touch policies are not realistic because younger children will literally reach out for physical and emotional connection. In future pandemics ways need to be identified to meet these needs, while also endeavouring to keep families and workers safe from infection. This balancing of closeness and distance, safety and risk-taking will always be extremely difficult but at least future pandemics can be approached with greater knowledge of precisely what children at risk need and the costs of not proving it.
45. The redirection and effective withdrawal of services, such as health visiting, for at-risk infants was a major error and should never be allowed to happen again. If school-aged children cannot be seen in schools or in the home then other spaces for engagement must be created. What abused children need are safe spaces to talk about their lives. Leaving the task of keeping children safe largely to a single agency, social work, placed disproportionate responsibility on that profession. Social workers improvised and creatively re-made key aspects of their practice and many took enormous personal risks to get as close to children as they could. A coherent multi-agency strategy that anticipates the challenges and seeks to have children seen by a range of professionals is essential, **PHF/14 - [INQ000651722] and PHF/02 - [INQ000651710]**.
46. Similar initiatives are needed to provide safe spaces for women experiencing domestic abuse to disclose their experience and meet the safety needs of their children. Proactive police and criminal justice interventions that remove and sanction abusive men and prevent their access to their families are crucial.

47. Outdoor practice needs to be maintained, developed and recognised for the value it can clearly bring to children, young people and families. A reimagining of where children can and need to be seen alone needs to happen. Seeing children outdoors needs to be able count as a statutory visit in child protection. Seeing them and their living conditions at home needs to continue as well.
48. The findings support other research that shows the need for greater recognition of inequalities. System changes need to enable social care and other services to provide the necessary material support to vulnerable children and families within a social model of early help and child protection.
49. Getting close to parents and children, physically and emotionally, can be usefully complimented by the use of digital technologies and remote communications. Hybrid practice that uses phone texting, video calling, sharing of photos and videos, combined with in-person encounters can be beneficial for some young people and families, but their use has significantly declined since the pandemic. It should be reinvigorated, alongside a national training programme for all staff, building on existing evidence and initiatives **PHF/15a - [INQ000651725]** and **PHF/15b - [INQ000588045]**.
50. Managers and leaders need to recognise the invariably huge physical and emotional challenges faced by practitioners and the ongoing impact that working through the pandemic has had on the workforce. The effects of the huge demands the pandemic made on social workers have compounded problems in retaining them in child protection work. The particular needs of racially minoritised groups need recognition and action. Efforts to increase wellbeing, job satisfaction and staff retention requires tackling ongoing issues of workload, bureaucracy and providing time for rewarding relationship-based practice. At times of pandemic crises ways need to be found to balance personal safety by working from home and the provision of in-person support from managers, peers and more experienced colleagues.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed

Date: 13th August 2025