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The Unheld Child: Social Work, Social Distancing and the Possibilities and Limits to Child Protection during the COVID-19 Pandemic

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Abstract

The COVID-19 pandemic changed dramatically the ways social workers engaged with children and families. This article presents findings from our research into the effects of COVID-19 on social work and child protection in England during the first nine months of the pandemic. Our aim is to provide new knowledge to enable realistic expectations of what it was possible for social workers to achieve and particularly the limits to child protection. Such perspective has become more important than ever due to knowledge of children who died tragically from abuse despite social work involvement during the pandemic. Our research findings show how some practitioners got physically close to some children, whilst being distanced from others. We examine the dynamics that shaped closeness and distance and identify seven influences that created limits to child protection and the problem of 'the unheld child'. The article provides new understandings of child protection as embodied, multi-sensorial practices and the ways anxiety and experiences of bodily self-alienation limit practitioners' capacities to think about and get close to children. Whilst social workers creatively improvised to achieve their goals, coronavirus and social distancing imposed limits to child protection that no amount of innovative practice could overcome in all cases.

Keywords: child abuse, child protection, coronavirus, COVID-19 pandemic, home visits, reflective practice, social work, the body

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Introduction

From its early 2020 beginnings, the COVID-19 pandemic brought new risks of infection from a potentially deadly coronavirus, resulting in ‘lockdowns’ of the population in their homes, forbidding visitors from entering and imposing two-metre ‘social distancing’ which effectively banned touch between people not sharing a household. Following the announcement of the first lockdown on the 23 March 2020, government guidance in England sought to limit the need for social care staff to enter homes, suggesting ‘[T]here are many ways to keep in touch with a child, young person or family without physical face-to-face contact’ (Department for Education, 2020). A key early strategy was for social workers to see families by making ‘virtual home visits’ using video calling technology (Cook and Zschomler, 2020). Rapid risk assessments were made by managers and practitioners to ensure children on child protection plans and in complex need were visited at home in-person—inside the house, on the doorstep or in the garden—whilst children considered at lower risk could be seen virtually.

This sudden disruption of the taken-for-granted ways child protection was done raises vitally important questions about what could now be achieved? In this article, we present findings from our research into the effects of COVID-19 on social work and child protection undertaken over the first nine months of the pandemic. Our research asked: How can practices that have relied on achieving closeness keep children safe and help families in a period of institutionalised social distancing? One aim of the study was to provide knowledge to help social work organisations, regulators, politicians, policy makers and the public attain realistic expectations of what it was possible for social workers to achieve in a context of social distancing and the limits to child protection under such conditions. The need for such perspective has become all the more important due to public disclosure in December 2021 of the deaths of children in two families in England, six-year-old Arthur Labinjo-Hughes and sixteen-month-old Star Hobson. Both died as a result of horrendous abuse despite some involvement of social workers and other professionals.

Arthur and his father moved into his stepmother’s home at the start of the first COVID-19 lockdown in March 2020 and as soon as April 2020, it appears, his wider family had reported suspected abuse; social workers visited, but he died in June 2020 (*The Guardian*, <https://www.theguardian.com/society/2021/dec/03/arthur-labinjo-hughes-timeline-of-events-that-ended-in-his>). Star died in September 2020 meaning that key interactions between her, her family and professionals also went on during the early phase of the pandemic. Reviews of the practice of professionals in both cases are under way and aim to inform policy and practice nationally. It was striking how the furious public and political

response to these tragedies underestimated or totally ignored the impact of the pandemic on social workers' capacities to keep children safe.

These cases increase the need for better understanding of the real possibilities and limits of social work and child protection in a pandemic. We have reported elsewhere on how social workers improvised to get as close as possible to children and support families by using video calling, messaging and walking interviews in fresh air spaces beyond the home (Ferguson *et al.*, 2022). We found that there was no single pattern to, or consequence of, the mandate for physical distancing, and it did not necessarily keep social workers remote from children and families. Children, parents and even objects like toys, became untouchable, whilst simultaneously physical closeness and touch were creatively used within nurturing responses to some children. Thus COVID-19 had complex effects that, despite—and even because of—social distancing, saw some practitioners getting physically close to and tactile with some children, whilst staying physically distant from others. We argue then that these interactions between social workers and service users are best understood through exploring the dynamics of closeness and distance, what influences them and their impact on the effectiveness of child protection. Our data suggest that COVID-19 and social distancing imposed limits to child protection that no amount of creative, innovative practice could overcome in all cases, leaving gaps that children could fall through.

We argue that these limits and gaps can usefully be explored through the notion of 'intimate child protection practice' (Ferguson, 2011) and in terms of the problem of 'the unheld child' (Ferguson, 2017). The latter concept encapsulates how effective social work is not just about ensuring children are 'seen' and heard but that entering the child's world involves getting down to their level, using physical closeness, play and where appropriate touch to learn about their experience and help them. The pandemic seriously disrupted the possibilities for achieving such intimate child protection practice.

From intimate child protection practice to the unheld child

The literature on social work and the COVID-19 pandemic is already extensive. A systematic literature review of publications during its first year identified 256 outputs (Cheung, 2022). In the second year of the pandemic the literature grew significantly, covering COVID-19 implications across different countries, service user groups and all aspects of social work education, practice, staff well-being, ethics, inequalities and policy. Our focus here is on relational practice in child protection and studies of a key aspect of that, the digital and casework through video calls, show that some service users prefer this, whilst often social

workers feel that their assessments are adversely affected by what they cannot see going on beyond the frame of the screen and the absence of the sensory experience of being in service users' homes (Baginsky and Manthorpe, 2020; Cook and Zschomler, 2020; Pink *et al.*, 2022).

Yet, there has been little research into these sensory experiences and the nature and dynamics of in-person relating between social workers and children and families during the pandemic, and the focus of this article is on the actual embodied practices that were engaged in and the lived experience of providing and receiving social work services. The literature on social work and relationship based practice largely leaves out consideration of corporeality, of the 'body' (Green, 2017, 2021), especially as it is used and experienced in practice interactions (Cameron and McDermott, 2007; Phillips, 2014). Kong *et al.* (2021) argue that COVID-19 has made visible social workers' 'sensuous bodies', concluding from their secondary analysis of survey data that social workers' bodies 'have been suspended, displaced and re-constituted during the first UK national lockdown'. Green and Moran (2021) argue that the pandemic led to a 'scientisation' of touch in social work where its emotional constituents and the actual practices of touch have been silenced under impersonal scientised terminology such as 'social distancing'. In going beyond such terminology, our data show how child protection social work must be understood as embodied, multi-sensorial practices that depend upon hearing, smell and touch, as well as sight, on movement as much as being still.

To understand the impact of the pandemic on child protection it is crucial to place it in the context of pre-pandemic practice. Prior to COVID-19 ethnographic research that observed practice showed that children were most commonly seen in the family home and effective relationship-based practice involved getting physically and emotionally close to them, especially on home visits (Winter *et al.*, 2017; Ferguson *et al.*, 2020a). Different degrees of closeness to children and families occurred and in a minority of cases children were ignored altogether, despite being in front of social workers—they were not only 'invisible' but 'unheld' children due to an absence of tactile contact, play and holding (Ferguson, 2017). Some encounters and relationships with children were close and intimate. A typical example is a case researchers shadowed for a year, where the social worker held the infant on all of the ten home visits she was observed on, regularly moving by getting down on the floor to the child's level. The worker's rationale was that touch was an important sense to use in relational work and as a way of checking children's well-being and safety. By getting physically and emotionally close to children such intimate child protection practice was central to creating a 'holding relationship' that benefited parents as well as children (Ferguson *et al.*, 2020b).

However, tactile closeness was not the only way that practitioners established intimacy that kept children safe. With older children

emotional connection was achieved through talk, photos and other things in their bedrooms, encounters in the car, cafes, on computers and through mobile phones and social media (Simpson, 2017). With younger children closeness from a distance occurred by workers speaking to them and connecting through smiles and other gestures such as clapping hands in unison. Such effective rapport and relationship building had an emotional feel, which in psychotherapy has been called 'non-physical touch, through energetic attunement' (Bloom, 2005, p. 58). As we will show non-physical holding through energetic attunement had to become crucial to child protection work during the pandemic.

Methodology

The originality of our contribution lies in part in our qualitative longitudinal methodology. Between April and December 2020, we conducted interviews with forty-eight social care staff: twenty-nine social workers, nine family support workers and ten managers from four local authority areas in England. Forty-one were women and seven men and seven participants identified as Black, Asian or Minority Ethnic. Twenty-one social workers and six operational managers worked in long-term child protection and 'child in need' teams, whilst five were from initial assessment teams, three worked with children with disabilities, two were from children in care teams. A core sample of social work practitioners were interviewed seven or more times, approximately every month. Interviews were conducted through video calls and occasionally by telephone and we explored practice issues arising from the pandemic and also tracked social workers' experiences of working with a subsample of families over the nine months. We interviewed twenty-one parents and one grandparent, most of who (seventeen) were involved in these longitudinal case-studies. We also observed four video recorded interactions between social workers and parents. The data enable us to show the dynamics of closeness and distance in individual encounters and longer term relationships. All interviews were audio-recorded, fully transcribed and analysed using NVivo 12 Plus, identifying key themes across the interviews and the case-studies of longer term work with families. The study obtained ethical approval from the University of Birmingham research ethics committee and the participating agencies. All of the participants gave verbal consent to being involved. All information that could possibly identify participants and research sites has been changed.

Understanding the possibilities and limits of child protection in the fearful, anxious conditions caused by the pandemic requires a theoretical framework that enables understanding of embodied, sensory and mobile experiences and gathering data that explore what social workers and service users said and did and the atmospheres of the encounters, their

moods, emotional texture, smells, sounds—in essence, how they ‘felt’ (Page, 2021; Pink, 2015). The body can be understood as ‘a “medium” or “mediator” between the reflective self and the world’ (Rosa, 2019, p. 83). The world exists in our consciousness only through our bodies, whilst consciousness itself must be understood as bodily. Our findings show how social workers’ anxieties about COVID-19 and restrictions on movement and closeness caused experiences of what Rosa (2019, p. 105) calls ‘bodily self-alienation’. Here, the body becomes an enemy or an unknown stranger and how it behaves runs contrary to our intentions by blushing, sweating, smelling, belching, refusing to move and so on, meaning we no longer feel comfortable in our own skin (Rosa, 2019, p. 105).

Such bodily alienation is deeply connected to disruptions of social workers’ minds, their use of the reflective self and how they are able to think—or not think—about service users. The theory of reflective practice holds that practitioners should reflect in action and then afterwards reflect on what they did and why (Schon, 1983). It is a flawed theory, however, because it places no limits on what is it possible to think about and to feel when in the heat of practice (Ferguson, 2018a). The ‘self’ therefore is conceptualised as an unproblematic entity that has an unlimited capacity to absorb emotion, that the worker goes into in order to connect to their feelings, thoughts, values and how they are relating to service users. Much more relevant to our research is the psychoanalytical concept of the ‘defended subject’ or self (Briggs, 2005, p. 23). Here, the self is understood as being conflicted and principally concerned with maintaining tolerable, manageable levels of anxiety. We argue that in our study not reflecting in action was a vital strategy practitioners adopted to avoid them becoming overwhelmed by unbearable anxiety. Not thinking about the danger and complexity they were in whilst they were in it helped social workers defend the self and get through encounters with service users, especially in the riskiest COVID-19 domain of all, their homes, but this made it much more difficult to think about and hold children in mind.

Findings

Our data reveal seven key influences on the dynamics of closeness and distance that made child protection work more complex and prone to limitations than it was pre-pandemic: pandemic emotions; the complexity of the home as the key site of practice; ‘frazzled’, defended states of mind; untouchable bodies and things; hostile relationships and the home as a fortress; the effects of facemasks and social working in isolation.

Pandemic emotions and atmospheres of fear and danger

As levels of fear and anxiety have fluctuated during the pandemic depending on levels of infection and deaths, it is easy to forget just how frightening the initial emergence of coronavirus was. The first death from COVID-19 was recorded in England on 2nd March 2020 and by the end of that year 72,178 people in England were officially known to have lost their lives to coronavirus ([Public Health England, 2022](#)). An intense atmosphere of uncertainty and danger existed at the time of the first lockdown between late-March and June 2020, when staying at home and away from others was held to be the safe way to avoid infection. Yet, social workers were still required to enter family homes, where the smallness of these spaces, taking in of residents' breath and contagion from surfaces, all in a context of no vaccines and low population immunity was regarded as extremely dangerous. This fear is typified by a social worker who undertook many in-person visits during the first lockdown:

I do worry driving home in my clothes, wondering what I am carrying. ... [a colleague] and me removed 2 children and they sat in my own children's car seats. You couldn't get closer to my family... we are potentially super-spreaders.

Using a car like this was only allowed in emergency situations. Because social work offices closed practitioners were forced to work from home and to return there from home visits to the intimate places like bedrooms that they worked from home in, putting at risk their own and their family's health. We heard frequent stories of workers on arrival home stripping in the hallway and going straight for a shower. Personal protective equipment (PPE) provision was intended to promote worker and family safety but its availability early in the pandemic was generally poor and policies directing when it should be worn were contested and confusing ([BASW, 2020](#)).

Yet, the pandemic prompted a passionate commitment to social work values and selflessness which manifested in a powerful commitment to being helpful through home visits, even when personally anxious about the risks.

That's the drive: helping families, helping children, so for me to drop back I know in my head that there's this Covid that many ethnic minority people have. On the news we've been told that more of them have died, they've succumbed to this illness, but knowing that and then in my heart, the heart that I have to help is kind of overriding ... the knowledge about this Covid-19 and the risks.

Risks from COVID-19 were greatest for black and minority ethnic families and workers and this Black British social worker was here reflecting on the risks she was taking in the first lockdown.

We heard many stories about how impossible it was to maintain the expected two metre distance inside homes, because younger children did not understand it. Here, a social worker explains how a four year old girl ‘likes to come and put her head on my knee, I think it is almost like a comfort thing, I think she slightly understands that I am there trying to help.’ Social workers invariably reciprocated by providing the comfort children needed, revealing how closeness and actual tactile contact are a crucial part of the nurture and therapeutic help social workers provide for children.

Home visits are often calm, congenial affairs, but some are volatile and dangerous, whilst most are steeped in uncertainty and the unknown of what is behind the door (Ferguson, 2018b; Page, 2021). 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.

I think our risk ... remains the same, ... we are going into people's houses. I got a Dettol spray and every visit I do I spray myself ... [and] the physical risk of being threatened by parents, sometimes teenagers, I think that's still there.

As Page (2021) notes service users' homes are also sites ‘of potential breakthrough, requiring work that is founded upon intuition and feelings as much as protocols and procedures.’ The pandemic both intensified the feelings and made such breakthroughs harder to achieve. There were agonising examples of social workers on doorstep visits trying to establish whether children had been harmed.

On my visit the boy [two years old] 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 [the bruised 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 told us ‘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?’

'Frazzled' states of mind and body

Thinking and reflecting in action in social work have always been challenging but COVID-19 made them considerably harder. An example typical of our sample involves a social worker we call Monica. The referral about the Martinez family concerned a twelve-year-old boy having a black eye that his mother allegedly caused, in response to being hit by her son. It was Monica's first time stepping into a family home during the pandemic and we interviewed her thirty minutes after the visit. She had spent just under an hour on the visit, during which she saw the other child of the family, a seven-year-old girl, on her own spending time in the garden, the sitting room, and upstairs in her bedroom so she could show the social worker her dolls. She thought the child had 'probably been prepared by mother for the visit.' Initially, the worker and child sat on the 'medium-large sofa, about a meter and a half apart, she sat at one end I sat at the other, I was perched on the edge of the seat. Then we sat outside briefly at a large garden table on chairs, approximately 2 metre distance, then inside around a dining room table, opposite each other.' When in the child's bedroom, the social worker 'knelt on the floor near the door way, she [the child] was about a metre or two away playing on the floor, she had her back to me most of the time.'

The twelve-year-old boy was in his bedroom and when the social worker entered he continued playing with his x-box. She saw he had a black mark on his eye, but he shrugged to everything she asked. The social worker, 'felt like I was trying to convince him what social work is about, ... he'd made his mind up he wasn't going to talk.' The boy was sitting on the end of his bed and she 'walked into the room, initially stood in the doorway and stood about a metre from him, as I needed to take a photo of his injury.' Mrs Martinez was quite open about what had happened, that she had hit him and showed the social worker 'the bad bruises' on her arms, caused by him.

Despite the barriers, the social worker managed to achieve at least some of her aims. She established some rapport with the seven-year-old, elicited a cooperative response from the parent, saw the mark on the boy's eye, but did not get him to engage. There was however a disoriented quality to the social worker's experience in the family home, as if part of herself and mind were absent. Directly afterwards she could not remember certain details that normally she felt she would have easily recalled. Her demeanour was weary and her thinking ponderous, as she stared into the distance on the video call and tried to make sense of the experience she had just had.

Funny I forgot the process, not big things, like where the children sleep, I can't remember if ... Funny because I was just so aware of what I was wearing. ... I took the mask off because the child was upset. ... It's true

what colleagues were saying, you get really hot really quickly. ... You soon forget or I did anyway the social distancing, it all goes out of the window.

When we spoke to Monica again ten days after she did the above visit she began without prompting by awkwardly describing herself as having been in a 'frazzled' state when we spoke to her that late afternoon. Her unease and embarrassment spoke to a sense of disorientation that sometimes afflicted social workers during COVID-19, making thinking in action very difficult. Seeing families in their gardens was one way of gaining respite from the risk of the virus but this also became a place of unease for Monica because the neighbours were also in their garden and had a noisy aggressive argument which drove the social worker and the family indoors again. The social worker said the commotion next door was part of a series of things that 'threw off the visit'. Monica was interviewed nine times for the research and in December 2020 still spoke anxiously of having to wear PPE and 'maintain social distancing, knowing that I do feel time pressured, I don't feel as relaxed with children.'

This shows how precarious relating to children and families was, how interactions could be 'thrown off', but also how some connection could still occur. There was a heightened uncertainty and tension between connection and disconnection that very often caused a sense of a lack, of not being able to fully trust in what had been done to try and keep children safe. Monica experienced what she called 'forgetting of the basics'. Our analysis suggests two ways of accounting for this. The first is that it was due to the impact of anxiety on the mind and body. The sensation of the overheating body and feeling she had forgotten she was supposed to social distance were signs of 'bodily self-alienation' (Rosa, 2019) and how the worker did not feel at home in or have control over her body. As another social worker Patricia expressed it in October 2020:

I never think about it [Covid] when I'm in people's homes. I think about it before I go in ... and when I go in I go into automatic pilot doing my visiting. You're talking to children, trying to find out how they are, Covid is not on the radar when you are in there.

There appears to be a contradiction here between social workers being afraid of the effects of COVID-19 whilst also claiming not to think about it once they were engaging with children. However, we see these responses as complimentary: Reverting to not thinking about COVID-19 when interacting with children was a strategy for managing the anxiety it caused. This is how we interpret Patricia's reference to 'going into automatic pilot' when home visiting.

What is evident here is how the limits to child protection were informed by the messy difficulties of implementing reflective practice when in the heat of the work. The findings show how during the pandemic social workers could think about some aspects of what they were

doing whilst they were doing it, but there were limits to how far practitioners could reflect in action and sometimes chose to. The complex practical and emotional demands of COVID-19 and face-to-face work were so great at times that workers could not think about or allow themselves to feel that complexity whilst they were in it, if they were to be able to focus on service users' needs. Non-reflection and 'forgetting' arose from the self needing to defend the worker from unbearable levels of anxiety (Ferguson, 2018a). Not reflecting in action was a vital strategy practitioners adopted, to a degree consciously, but more unconsciously, to get them through encounters with service users.

The second way of understanding disoriented frazzled thinking is through the concept of 'liminality'. A home visit involves stepping across a boundary into another world and liminality is an 'in-between' state that evokes a sense of normlessness from moving from one state to another (Turner, 1969). The doorstep, hallway and porch straddle the threshold between public and private worlds, where they are neither in nor out and for this reason carry danger. Within them, we experience the world differently, not knowing where we stand. It is common for hallways to have mirrors to allow us to glance at ourselves to reorient to who we are (Rosselin, 1999). Little wonder then that doorstep visits could be so challenging. What Monica described—and embodied—was how lockdowns intensified home visiting as a liminal experience, involving a state of disorientation that could last for the opening minutes of a visit or persist for its entire duration.

When Jeyasingham (2018) shadowed practitioners as they moved around the areas where service users lived, he found social workers often experienced these spaces as 'uncanny'. The uncanny can be the eerie feeling of a place being haunted, whilst for Freud (2003 [1919]) it was 'the jarring sensation that comes when something familiar is encountered in an unexpected context or vice versa'. It makes itself felt 'through a creeping sense of disquiet' (Jeyasingham, 2018, p. 85). Home visiting was very familiar to these social workers but their experience of it had changed. Due to COVID their work now happened in uncanny spaces with a heightened sense of liminality, greatly increasing the risks of disoriented frazzled thinking that made it very difficult to think clearly and adequately hold children in mind.

Untouchable things and the sense of a lack

It was not just bodies but surfaces and all everyday things that were regarded as potentially contagious and could not be touched. This included pens and paper, which limited communication and:

if you are playing a game, that is not feasible at the moment because of the cross-contamination, like if we pick up the same pieces. So, that is tricky and in terms of our resources we are limited.

Social workers' freedom to move was also restricted. As one social worker put it, pre-COVID-19:

I would be all over: in the kitchen looking in the cupboards and holding stuff, and now we are being told that touch should be very minimal to prevent cross-infection. So, yeah, I find the way we are working now is restricting my practice compared to how I've practiced before. So, [pre-COVID-19] you'd sit by the table or on the floor with the child; you'd be close to them and doing direct work or talking to them, things like that.

How and where to sit so as to maintain physical distance and the role of touch had to be completely rethought. Yet, there were no absolutes. Some workers told us they 'would rather get in there and play and you know drive the cars around and ask them about their toys, like touching every toy', because they knew that play was an important way to enter the child's world.

This sense of a lack pervaded social worker's sensibilities and can also be seen in casework that had been effective. A powerful example is the relationship Sandra developed with the Williams family, who by the start of the pandemic she had known for five months. Three of their children had previously been removed from them into care. The pre-birth assessment for the new baby was positive and when she was born at the start of lockdown she was allowed home. For several months after the birth Sandra spoke to the parents daily, by phone or WhatsApp video. There was also frequent messaging and she visited them in person quite regularly. Elsewhere, we have characterised this practice as a classic form of hybrid digital and in-person social work that emerged during the pandemic (Ferguson *et al.*, 2022). The worker provided humane care to the parents and developed a relationship with the baby despite not being able to physically hold her. Sandra told us how 'In normal times I would certainly have had a cuddle by now and would try and get her to have a look at me and follow my facial expressions, she does recognise my voice now and mum and dad say she does recognise me. Were it not for the pandemic I'd be a bit more hands on, I'm a natural hugger.'

Wanting a hug emerged from the worker's 'natural' inclination to touch and her preferred 'hands-on' style of relating to children. She adapted to social distancing by attuning to and developing a meaningful relationship with the infant based on non-physical touch: through observation, voice, eye contact and being playful from a distance. Although the child was physically unheld, emotionally and energetically she was held in mind by the worker. By the end of our fieldwork in December 2020 the plan was for social work involvement to soon end.

Sandra had helped the parents to keep their child, yet for her there remained a doubt, a lack, relating to that unfulfilled part of the work where the child was physically unheld.

During lockdowns home visits were generally shorter and social workers saw children on their own, in their bedrooms for instance, much less frequently than pre-pandemic because this would have prolonged the time they spent inside the home and make maintaining distance from children more difficult. When schools were closed due the pandemic, except to vulnerable children, when parents did not send them as often happened seeing children on their own and for long enough was extremely difficult. The hybrid 'little and often' (Kong *et al*, 2021) approach that emerged with relatively short in-person encounters sometimes complimented by video calls and messaging could be helpful to some families (Pink *et al*, 2022). However, in high risk child protection situations where seeing the children and the family in-person remained the priority, practice generally lacked the immersive quality, the intimacy, that makes it possible to establish how safe children feel and are.

Hostile relationships and the home as a fortress

Whilst many families in our study were grateful for the thoughtful help they received during the pandemic, social workers also visited homes where they were unwelcome. Practitioners suspected some families pretended to have COVID-19 symptoms to stop them visiting. One example was social worker Linda's experience with the Stafford family. The children, aged nine and eleven years, were being home schooled and by August 2020 had not been seen by the social worker for five months, since the start of the pandemic. Refusing to let social workers in was not new, but COVID-19 lent it a new impetus. Linda finally persuaded the family to come to the office in October 2020, when she said: 'They wouldn't even sit down. Mother was very angry, she had the frown, I could only see part of her eyes, the glare felt much more intense over the mask.' The concern was about 'emotional harm by mum ... Even now we don't know what these children's lived experience is.' This was the kind of 'hostile relationship' that involves huge challenges (Ferguson *et al*, 2021) to which COVID-19 added another layer of difficulty. There was not enough evidence to remove the children, for whom the limitations of child protection ran deep.

Disconnection and disorientation: The use of face masks

Another powerful narrative about the effects of COVID-19 was how mask-wearing caused 'disconnection' and 'disorientation'.

I hate wearing the mask, it's horrible, I feel frustrated and flustered in it, it does impact on my concentration, you get hot even if not wearing full PPE ... you want children to see your expressions. When sitting at a table or living room and facing down at work they are doing, they sometimes look up and catch your facial expression. ... I feel disconnected.

This could lead social workers to rush the work. As one exemplified it: 'With the mask I almost want to get the visit over and done with, when you take it off the visit feels much better. I feel disoriented, don't remember things as well. ... At times I get used to it but I usually feel more disconnected.' Some creativity was used to get around these barriers: 'I went to see a baby the other day and I was really trying to smile at him with my eyes.' However, mask wearing not only interrupted the normal 'facework' that goes on, it could affect workers' minds by causing flustered thinking, reduced concentration and bodily self-alienation in the form of agitated overheated bodies—disruptions that imposed yet more limits on child protection.

Working in isolation

Social workers consistently reported that many early help, health and therapeutic services either shifted online or were withdrawn. Whilst professional networks continued to meet online at case conferences and schools provided some in-person or doorstep support and the police visited in emergencies, during the first lockdown social workers were often the sole agency going into homes. Most health visitors were redeployed onto COVID-19 hospital wards and just one in ten parents of children in the UK aged under two years saw a health visitor face-to-face during the first lockdown (Saunders and Hogg, 2021). This compounded how babies and pre-school children were unheld, increasing the danger of at-risk children being missed, whilst similar risks existed for older children whose parents did not send them to school, closing off a vital space where children could be seen alone. The capacity of social work teams to meet these higher demands was affected by episodes of staff sickness and self isolating due to COVID-19, larger workloads and at some of our sites increases in time-consuming court work due to more children being taken into care.

Working in isolation was exacerbated by working from home. In normal times the office and the team are a secure base within which workers can offload anxiety and difficult feelings (Cook *et al.*, 2020), but this could no longer happen in person during lockdowns. One social worker characterised this as 'missing the niceness of being around friendly faces that know what the work is like if you are doing something unpleasant. [With COVID-19] you hold on to more.' Some social workers spoke of

a reluctance by managers to openly discuss workers' emotional and visceral experiences. Instead at some of our research sites managers anxiously insisted on extensive case recording in anticipation of inspection by the regulatory body Ofsted, even though inspections were suspended during the early pandemic phases. Front line workers felt the extra stress this caused during a global pandemic was deeply unfair. Whilst managers feared the shame that comes from a failed Ofsted inspection, such insistence on bureaucratic tasks involves the imposition of what Menzies Lyth (1988, p. 50) called 'ritual task performance' that occurs when anxiety becomes 'intense and unmanageable' and attention is displaced on to what can be controlled. Feelings were avoided for psychological, unconscious and defensive reasons arising from the need for not just individuals but organisations to defend themselves against anxiety and unbearable feelings (Whittaker, 2011). At a time when workers' need for emotional support, containment and help to understand how they were thinking—or not thinking—and relating to children and families was never greater, the opportunities for them receiving it had literally never been so remote.

Discussion

The range of influences we have drawn out from our data shaped the dynamics of closeness and distance in child protection work during the pandemic. We are not claiming to have provided an explanation for how it was that children such as Arthur Labinjo-Hughes and Star Hobson died at that time despite social work involvement. At the time of writing, the circumstances surrounding attempts to protect them are largely unknown and are the subject of case reviews. What we are arguing is that the influences on the dynamics of closeness and distance we have identified provide the context within which the work was done and that must be taken into account in any evaluation of what it was possible for social workers to do and not do in keeping children safe during COVID-19. A strength of our methodology and analysis is that it captures how social work was done and experienced in real time, thus avoiding the pitfalls of hindsight.

Influences on closeness and distance manifested in different ways, either singularly or in combinations. The more of these influences were present and the more potent the interplay between them, the greater the potential limits were to effective child protection. So, in situations where social workers defended the self by suspending reflection in action and their thinking was frazzled, they avoided closeness and touching children, toys and other surfaces, they became rushed and sweaty due to facemasks and uncomfortable in and alienated from their own body, where home visiting was a disorientating, liminal experience, families

were hostile to involvement, other things happened that ‘threw off the visit’ and there was limited organisational support to enable them to process their visceral and emotional experience and think clearly, the more likely it is that children could not be protected. Many children were left unheld, who in pre-pandemic times would not and should not have been. This does not mean that social distancing rules meant that touch was not used by social workers, but that it was engaged selectively, mostly when children initiated it. Babies and infants who are unable to walk over to and initiate contact with adults were at particular risk of missing out. Detached, disconnected practice was not the preferred approach of the social workers, who ached to get close to children and often took significant personal risks in doing so. As [Green \(2017\)](#) shows, the meaning and use of touch in social work is not fixed or static. The pandemic has created an intensified awareness of the centrality of touch and physical nurture to social work practice, for intimate child protection practice, and this learning must be taken forward. This needs to go hand-in-hand with a deep understanding of the sensuous nature of the body and its role in practice ([Kong *et al.*, 2021](#)).

To say some children were left unheld does not mean casework was never effective, that children were not kept safe, or families not helped. Many were and key to this was how the dynamics of distancing were minimised and the dynamics of closeness stretched to the limits resulting in relationships where children, whilst not proactively held physically, were held in mind through psychological holding and energetic attunement. This closeness-from-a-distance was achieved when social workers improvised in highly creative ways. Yet, fears from the virus and social distancing imposed limits to child protection that no amount of innovative practice could overcome in all cases, creating gaps that children could fall through, with—we now know—at worst tragic consequences.

Conclusion

Some limitations to the research must be noted. The most rigorous way to find out how practitioners relate to service users is to use an ethnographic approach to observe these encounters. Participants are not always fully aware of what they did and did not do and their interview narratives may struggle to convey the nuances of what occurred and how it felt ([Ferguson, 2016](#); [Forrester *et al.*, 2008](#)). However, COVID-19 risks prevented us from getting physically close to practice. Our sample of four local authorities may also mean there were experiences in other places that our study missed. However, our frequent in-depth interviewing of participants over the nine month period meant that we did manage to get as close as it is possible to be to social workers’ lived

experiences without being there. This has enabled us to show that whilst child protection has always been complex, COVID-19 made it much more so.

The pandemic provides very important learning about the risks and complexities of child protection practice and new opportunities to conceptualise it, that we have taken here in terms of embodied practice. As O'Sullivan (2019) shows, keeping children safe requires that the embodied experiences and emotional and physical well-being of frontline workers, managers and leaders receives careful analytical attention in supervision and organisational support. Child protection whilst social distancing raises complex practical and moral issues and dilemmas. Children need protection. Vulnerable parents need support. And children's social care workers have the right to physical safety for themselves and their loved ones. Social workers need to know that when they cannot get as close to children and families in their practice as they normally would, that employers, politicians, policy makers and the public recognise their hard work, courage and skill, their achievements and the high risks they take and fully understand and accept the realistic limits to child protection during a global pandemic.

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References

- Baginsky, M. and Manthorpe, J. (2020) *Managing through COVID-19: The Experiences of Children's Social Care in 15 English Local Authorities*, London, NIHR Policy Research Unit in Health and Social Care Workforce, King's College London.
- BASW (2020) 'Gaps in infection prevention and PPE advice and requirements for social workers', Open letter to the Director General for Global and Public Health, Department of Health and Social Care', Dated 3 April 2020, available online at:

- https://www.basw.co.uk/system/files/resources/BAS_W%20letter%20to%20public%20health%2006%2004%202020%20%28002%29.pdf (accessed April, 2020).
- Bloom, K. (2005) 'Articulating preverbal experience', in Totton, N. (ed.), *New Dimensions in Body Psychotherapy*, London, Routledge.
- Briggs, S. (2005) 'Psychoanalytic research in the era of evidence-based practice', in Bower, M. (ed.), *Psychoanalytic Theory for Social Work Practice*, London, Routledge.
- Cameron, N. and McDermott, F. (2007) *Social Work and the Body*, New York, Palgrave Macmillan.
- Cheung, J. C-S. (2022) 'Responses to COVID-19 in major social work journals: A systematic review of empirical studies, comments, and editorials', *Research on Social Work Practice*, **32**(2), pp. 168–85.
- Cook, L. L. and Zschomler, D. (2020) 'Virtual home visits during the COVID-19 pandemic: Social workers' perspective', *Practice*, **32**(5), pp. 401–08.
- Cook, L., Zschomler, D., Biggart, L. and Carder, S. (2020) 'The team as a secure base revisited: Remote working and resilience among child and family social workers during COVID', *Journal of Children's Services*, **15**(4), pp. 259–66.
- Department for Education (2020) 'Coronavirus (COVID-19): Guidance for children's social care services', UK Government, available online at: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/> (accessed April, 2020).
- Ferguson, H. (2011) *Child Protection Practice*, Basingstoke, Palgrave.
- Ferguson, H. (2016) 'Researching social work practice close up: Using ethnographic and mobile methods to understand encounters between social workers, children and families', *British Journal of Social Work*, **46**(1), pp. 153–68.
- Ferguson, H. (2017) 'How children become invisible in child protection work: Evidence from day-to-day social work practice', *British Journal of Social Work*, **47**(4), pp. 1007–23.
- Ferguson, H. (2018a) 'How social workers reflect in action and when and why they don't: The possibilities and limits to reflective practice in social work', *Social Work Education*, **37**(4), pp. 415–27.
- Ferguson, H. (2018b) 'Making home visits: Creativity and the embodied practices of home visiting in social work and child protection', *Qualitative Social Work*, **17**(1), pp. 65–80.
- Ferguson, H., Warwick, L., Cooner, T. S., Leigh, J., Beddoe, E., Disney, T. and Plumridge, G. (2020a) 'The nature and culture of social work with children and families in long-term casework: Findings from a qualitative longitudinal study', *Child & Family Social Work*, **25**(3), pp. 694–703.
- Ferguson, H., Warwick, L., Disney, T., Leigh, J., Cooner, T. S. and Beddoe, E. (2020b) 'Relationship-based practice and the creation of therapeutic change in long-term work: Social work as a holding relationship', *Social Work Education*. <https://doi.org/10.1080/02615479.2020.1837105>.
- Ferguson, H., Disney, T., Warwick, L., Leigh, J., Cooner, T. S. and Beddoe, E. (2021) 'Hostile relationships in social work practice: Anxiety, hate and conflict in long-term work with involuntary service users', *Journal of Social Work Practice*, **35**(1), pp. 19–37.
- Ferguson, H., Kelly, L. and Pink, S. (2022) 'Social work and child protection for a post-pandemic world: The re-making of practice during COVID-19 and its renewal beyond it', *Journal of Social Work Practice*, **36**(1), pp. 5–24.

- Freud, S. (2003 [1919]) *The Uncanny*, London, Penguin.
- Forrester, D., McCambridge, J., Waissbein, C. and Rollnick, S. (2008) 'How do child and family social workers talk to parents about child welfare concerns?', *Child Abuse Review*, **17**(1), pp. 23–35.
- Green, L. (2021) 'Investigating the sense of smell and its relevance to embodied social work practice: Exploring the literature', *Australian Social Work*, **74**(2), pp. 222–34.
- Green, L. (2017) 'The trouble with touch? New insights and observations on touch for social work and social care', *British Journal of Social Work*, **47**(3), pp. 773–92.
- Green, L. and Moran, L. (2021) 'Covid-19, social distancing and the 'scientisation' of touch: Exploring the changing social and emotional contexts of touch and their implications for social work', *Qualitative Social Work*, **20**(1–2), pp. 171–78.
- Jeyasingham, D. (2018) 'Place and the uncanny in child protection social work: Exploring findings from an ethnographic study', *Qualitative Social Work*, **17**(1), pp. 81–95.
- Kong, S.-T., Noone, C. and Shears, J. (2021) 'Social workers' sensual bodies during COVID-19: The suspended, displaced and reconstituted body in social work practice', *British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bcab207>.
- Lyth, I. M. (1988) *Containing Anxiety in Institutions: Selected Essays*, vol. 1, London, Free Association Books.
- O'Sullivan, N. (2019) 'Creating space to think and feel in child protection social work: A psychodynamic intervention', *Journal of Social Work Practice*, **33**(1), pp. 15–25.
- Page, D. (2021) 'Atmospheres, spaces and job crafting: Home visits in Alternative Provision', *Research Papers in Education*. <https://doi.org/10.1080/02671522.2021.1961292>.
- Phillips, C. R. (2014) 'Seeing the child beyond the literal: Considering dance choreography and the body in child welfare and protection', *British Journal of Social Work*, **44**(8), pp. 2254–71.
- Pink, S. (2015) *Doing Sensory Ethnography*, London, Sage.
- Pink, S., Ferguson, H. and Kelly, L. (2022) 'Digital social work: Conceptualising a hybrid anticipatory practice', *Qualitative Social Work*, **21**(2), pp. 413–30.
- Public Health England (2022) *COVID-19 confirmed deaths in England (to 31 December, 2021): report*, London, Gov UK Publications.
- Rosa, H. (2019) *Resonance: A Sociology of Our Relationship to the World*, Cambridge, Polity.
- Rosselin, C. (1999) 'The ins and outs of the hall: A Parisian example', in Cieraad, I. (ed.), *At Home: An Anthropology of Domestic Space*, New York, Syracuse University Press.
- Saunders, B. and Hogg, S. (2021) 'Babies in Lockdown', Best Beginnings, Home-Start UK, and the Parent-Infant Foundation.
- Schon, D. (1983) *The Reflective Practitioner: How Professionals Think in Action*, New York, NY, Basic Books.
- Simpson, J. E. (2017) 'Staying in touch in the digital era: New social work practice', *Journal of Technology in Human Services*, **35**(1), pp. 86–98.
- Turner, V. (1969) *The Ritual Process: Structure and anti-Structure*, London, Allen Lane.
- Whittaker, A. (2011) 'Social defences and organisational culture in a local authority child protection setting: Challenges for the Munro Review', *Journal of Social Work Practice*, **25**(4), pp. 481–95.
- Winter, K., Cree, V., Hallett, S., Hadfield, M., Ruch, G., Morrison, F. and Holland, S. (2017) 'Exploring communication between social workers, children and young people', *British Journal of Social Work*, **47**(5), pp. 1427–44.