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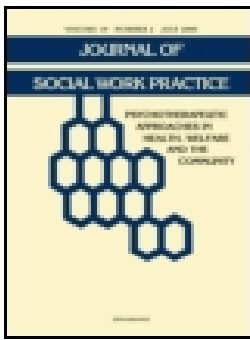
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# Social work and child protection for a post-pandemic world: the re-making of practice during COVID-19 and its renewal beyond it

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## ABSTRACT

The Covid-19 pandemic presented social workers and managers in child protection with complex practical and moral dilemmas about how to respond to children and families while social distancing. This paper draws on our research into practice during the pandemic to show some of the ways social workers changed their practice and to provide theories and concepts that can help to account for how such change occurs. Drawing on anthropological uses of the concepts of 'contingency' and 'improvisation' and Hartmut Rosa's sociological work on 'adaptive transformation' and 'resonance' we show how social workers creatively 're-made' key aspects of their practice, by recognising inequalities and providing material help, through digital casework, movement and walking encounters, and by going into homes and taking risks by getting close to children and parents. It is vital that such improvisation and remaking are learned from and sustained post-pandemic as this can renew practice and enable social workers to better enhance the lives of service users.

## KEYWORDS

Social work; COVID-19 pandemic; child protection; improvisation; touch; digital social work; relationship-based practice

## Introduction

The COVID-19 pandemic and the requirement for social distancing disrupted social work and child protection profoundly. This paper draws on research that explored the impact of the pandemic on children, families and child protection practice and shows how it led social work practitioners to improvise in creative ways. We followed the same sample of social workers, managers and family support workers in four local authorities for 9 months, from April 2020 soon after the pandemic began, until December 2020, gathering their views and experiences of the impact of COVID-19 on their work. We also interviewed parents in several of the same cases we tracked with practitioners. Golightly and Holloway (2020, p. 1297) have recognised how social distancing restrictions posed 'a significant threat to the relationship-based skills on which social work has traditionally relied and reasserted the importance of in the last decade'. But acknowledging this leaves open the vitally important question of what could be and was possible, despite social distancing and restrictions on normal services and in-person encounters.

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Early research identified how ‘virtual home visits’ (Cook & Zschomler, 2020) were adopted by child protection social workers in England during the first few months of the pandemic. Other innovative forms of online working emerged, such as using digital communication tools or popular platforms like TikTok and Instagram to engage young people at risk of exploitation (Racher & Brodie, 2020), with professionals reporting that some children and families were readier to engage with multi-agency meetings or support services online (see also Driscoll et al., 2020). Agencies involved in multi-agency safeguarding observed that the immediacy of online communication lent ‘increased speed and urgency’ to existing processes (Pearce & Miller, 2020, p. 289). Early research also showed how multi-agency working using video conferencing platforms brought benefits in terms of increased attendance by professionals, but sometimes difficulties for family participation (Baginsky & Manthorpe, 2020; Baginsky et al., 2020). Neal et al.’s (2020) study found that during the first month of lockdown (April 2020), where ‘family time’ meetings for children in care occurred it was mostly through video contact and that the effectiveness of this was shaped by various factors including digital competencies, the age and ability of children, whether child-friendly strategies were adopted on calls, and the quality of the child’s existing relationship with their parents. Similar concerns have arisen about limited access to justice via remote court hearings (Byrom, 2020; Ryan et al., 2020a), although there is evidence that the longer the pandemic has gone on practitioners have become more optimistic about fairness and justice being achieved (Ryan et al., 2020b).

Our longitudinal methodology enables us to build on existing knowledge by showing how social workers in child protection and their organisations initially responded to COVID-19 and to provide original insights into practices, innovations and relationships as they developed over the first 9 months of the pandemic. This paper will summarise observed changes in practices and also provide theories and concepts that can help to account for how such change occurs. Drawing on anthropological uses of the concepts of contingency and improvisation (Akama et al., 2018) and Rosa’s (2019) sociological work on ‘adaptive transformation’ and ‘resonance’ we will show how social work creatively ‘re-made’ key aspects of practice. Contingent circumstances – in the sense of the future suddenly being experienced as profoundly uncertain – defined life under COVID-19 and it was through improvisation that social workers remade relational practice, their capacity to be kind and practice humanely, and attempts to achieve closeness in the context of social distancing. We argue that it is crucial that such improvisation and remaking are learned from and sustained post-pandemic as this can renew practice for the better and make it more likely for social workers to enhance the lives of service users.

## **COVID-19 restrictions in context**

To place the effects of social distancing in context, it is vital to account for what is known about the patterns and norms of practice pre-pandemic, when closeness was possible. A key theme in pre-pandemic literature on child protection was attempts to learn from inquiries into cases where children have not been protected and died, or experienced prolonged sexual abuse and exploitation (Munro, 2020). Influential literature suggested that a significant barrier to closer relationships with families was organisational, due to ‘audit culture’ and how procedures, timescales for completing work, micro-management

of practitioners and increased bureaucracy reduced the time available to spend with children and families and the discretion and scope for creative practice (Broadhurst et al., 2010; Munro, 2004). Increasing attention has also been given to the impact of poverty on families and the need for social work to take far greater account of inequalities (Featherstone et al., 2018).

Another emerging strand of research has examined practice close-up by using ethnographic methods of participant observation, providing insights into social workers' actions and the nature and experience of day-to-day child protection practice. This work shows that in the years immediately prior to the pandemic, seeing children in the family home was the taken for granted way most child protection work was done (Ferguson, 2016; Forrester et al., 2019; Henderson, 2018; Noyes, 2018; Ruch et al., 2017; Winter et al., 2017). A study of long-term casework 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 (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 (Ferguson, 2016; Winter et al., 2017). Closeness and touch, whether done playfully 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 of social work with children and families (Ferguson, 2011). Other ethnographic research has revealed a restricted use of space and time and a narrow focus on the home, with 'no evidence of social workers engaging in more community-oriented work, working in places that made them more accessible to families, using a wider range of communication strategies with children and their families or even just spending more time with them' (Jeyasingham, 2019, p. 15).

## Methodology

Against that background, the key research question for our 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 the following: What innovative digital methods are being adopted and how can they be most productively used during and after the pandemic? What are service users' experiences of social work during the pandemic? What is it like for staff working almost exclusively from home? Our focus in this paper is on practice and relationships over time, while working from home and organisational issues will mostly be addressed elsewhere.

The research adopted a qualitative longitudinal approach that followed the experiences of a sample of practitioners and managers during the pandemic by interviewing them approximately every month between April and December 2020. 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. Twenty of the social workers and six operational managers worked in long-term child protection and 'child in need' teams, five social work staff were from initial assessment teams, three worked with children with disabilities, two were from children

in care teams and one was in an intensive intervention team. Forty-one of the sample were women and seven men. Seven participants identified as Black, Asian, or Minority Ethnic (BAME). As our primary focus was on practitioners' and families' experiences, managers were interviewed less frequently, and a core sample of social workers were interviewed seven times over the 9 months of data collection. Interviews typically lasted an hour.

Due to how the pandemic made in-person research encounters unsafe, our data was gathered remotely on video calls, using a range of platforms (WhatsApp video, FaceTime, Skype, Teams, Zoom). We also video-recorded interactions between social workers and families on a small number of video calls, with the aim of deepening understanding of digital communication (Pink et al., 2021). All interviews were audio-recorded, fully transcribed and have been thematically analysed using NVivo 12 Plus. The study complied with the ethics procedures of the participating universities and agencies and gained ethical approval. Any information that could identify participants or the research sites has been changed.

Our longitudinal design included a case-study approach (see Ferguson et al., 2020b), where we tracked the work that was done by social workers with selected families over the 9 months. We also interviewed 21 parents and one grandparent, most of whom (17) were involved in these longitudinal case-studies. Where family support workers and social work assistants were involved with the families, they too were interviewed. This has enabled us to assemble case-studies that represent the experience of a range of key actors over time and to track how relationships were formed, and sustained, or not. We captured the experiences of our sample as they came to terms with the first 'lockdown' and stay-at-home guidance (23<sup>rd</sup> 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. Our participants were remarkably generous in making themselves regularly available throughout the pandemic despite huge additional anxiety, workload pressures and extra demands on their personal lives from having to work from home (such as, for some, homeschooling their children).

## **Improvisation and social work**

The study drew on theories from anthropology, sociology, psycho-social studies and social work. Organisationally, social work practice is heavily influenced by the law, procedures, government guidance, inspection by regulatory bodies and the bureaucratic requirements to write up case records and court reports. For instance, timescales for seeing children who are on Child Protection Plans on 'statutory visits' to their family homes are embedded in national and local policies. One effect of these bureaucratic demands is that they can limit the time available to spend with families and ways in which social workers practice face-to-face (Broadhurst et al., 2010). Another effect is that 'audit cultures' (Strathern, 2000) become established that insist on compliance to rules and procedures and that are not particularly flexible or adaptable to the contingencies of practice in real everyday life contexts (Pink, 2017). They can lead to anticipatory regimes where managers insist on compliance and practitioners adjust their behaviour in anticipation of how their work will be regulated – in

England, for instance, by the regulatory body Ofsted – where a judgment of ‘inadequate’ is greatly feared and regarded as shameful (Gibson, 2019).

Theoretically, the emphasis in these strands of work is on systems, bureaucracy, power and structural forces that constrain workers and oppress families. While child protection social work exemplifies how such regulatory frameworks are developed to manage the inevitable risks involved in dealing with uncertainty and the contingency of the future, it is very important to avoid a one-dimensional analysis where only the effects of audit and compliance on practice are considered. Bureaucracy and managerial oversight are just one aspect that shapes what social workers do in encounters with service users and how they do it. Rosa (2019) distinguishes between two responses to the existential uncertainties of everyday life: one that seeks to bring it rationally under control, to ‘master it’, often at the expense of establishing meaningful relationships; and a second kind of response that is to ‘adapt’ to the world by being ‘geared toward creative, reciprocal interactions’ (Rosa, 2019, p. 11) and engaging in what Rosa refers to as ‘adaptive transformation’ of the self, everyday life and institutions. Compared to the alienating effects of seeking mastery and control, adapting in transformative ways generates meaningful encounters and relationships and heartfelt experiences of what Rosa calls ‘resonance’.

The research we discuss in this article brings this into focus during the COVID-19 pandemic, a moment of dramatic disruption, which amplified and brought into view the importance of professional’s and service user’s everyday practices and creativity in making what social work is. Our findings support our previous research which shows that how social workers use the time they have with service users on home visits, or elsewhere, is to a significant extent determined by them and families and is shaped by the circumstances of the home and other environments (Ferguson, 2018). This requires social workers to be craftspeople (Sennett, 2008) and improvisers (Ingold & Hallam, 2007) and to draw on their skill, intuition, ritual and courage as much if not more than organisational rules. The tensions between improvisatory practice and institutional procedure became particularly obvious during COVID-19 in how, for instance, overnight social workers had to adjust their practices to account for how coronavirus made homes both safe spaces to retreat to in order to avoid contact with possibly infected people and places of danger as professionals visiting homes risked coming into contact with contaminated surfaces, air and infected people.

One of the many examples in our data was a social worker who could not physically visit a family. It was nearly the end of the week, and she improvised a way to anonymously use her own smartphone to video call the child in a situation where her work phone was inadequate for the task. While the use of personal smartphones was not allowed by agency policy due to data protection rules, the social worker chose to take the risk of using her own phone to keep a child safe, rather than putting the child and social workers at risk of COVID-19 (and possibly even death) through a physical home visit. We suggest that what this social worker engaged in was an improvisational act of adaptive transformation, geared as it was towards creative, reciprocal interactions. Another route into exploring adaptive transformation is to understand how social work is ‘made’ in the sense of being skilfully crafted by drawing on Ingold’s (2011) concept of ‘making’. Ingold argues that the skill of the craftsperson lies in how they constantly have to improvise. He shows for instance, how when carpenters make things by sawing wood, the strokes of the saw may look the same, but in fact no two pieces of wood are identical and their skill and craft lie in how they

improvise to achieve their goals (Ingold, 2011, pp. 216–17). The work health and social care professionals do can similarly be seen as practices of ‘making’. Community nursing home visits, for instance, are governed by socio-legal frameworks and guidelines for worker safety, but what nurses actually do in them, how they actually interact with service users, is also heavily shaped by the ways they sense what is needed and carry out the improvisatory practice that is involved in doing their jobs to their service users’ and their own satisfaction (Pink et al., 2014).

In this paper, we pair this concept of improvisation with that of contingency. Both concepts account for the continually emergent state of the world itself, everyday life within it and professional practices as part of this (Smith & Otto, 2016). Anthropologists have emphasised the contingency of these contexts, which can dramatically change with the introduction of new elements or through the making of particular decisions (Irving, 2017); and the improvisatory actions (Ingold, 2011) that people take to move forwards through these uncertain circumstances. These concepts recognise that while much of life as lived appears routine, and is lived according to taken for granted habitual patterns, in which practitioners feel comfortable and competent, in fact the same thing is never repeated. Every day professional practice, like personal life, has to be *made*. Therefore, we focus on the specificity of what social workers did from day to day during COVID, in service users’ homes, on the streets, through walking interviews, and in having to work from their own homes and how they improvised as they moved through those spaces. Fundamentally, this means exploring how social work practice is constituted at this interface between regulatory frameworks and improvisational practices, between mastery and adaptive transformation, involving encounters that are brought to life through movement and stillness, resonance and the physical, emotional and sensory experiences of places like homes, offices, streets, parks and digital devices.

Over time improvisatory actions can become embedded and thus adjust routines in such ways that ultimately become familiar themselves and in the case of social work formally adopted by organisations and the government. While it is as yet unclear whether the changes in how practice is performed will become embedded in social work post-pandemic, this paper shows the creativity and improvisation that came to constitute social work practice through the contingent circumstances of the massive disruption caused by COVID-19, and suggests these emergent practices could renew social work beyond the pandemic.

## **Disruption and adaptation**

Throughout February and early March 2020, the spread of what was then called ‘the novel coronavirus’ came to dominate the UK news cycle. The Prime Minister’s statement announcing a national lockdown with the closure of schools and non-essential businesses from 23 March 2020 was by then far from unexpected. Social workers in our sample had anticipated being told to work from home, and social work managers’ narratives suggest organisations did what they could to prepare. For practitioners at all levels, the early weeks of the pandemic were chaotic and frightening.

From a managerial perspective, social work organisations used to complying with various statutory duties, procedures and practice guidelines were required to rapidly adapt service provision *prior* to the issuing of national 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' (Department for Education, 2020a). Given this context, it is unsurprising that a team manager told us: 'I mean, the first week it was just ridiculous, it was email after email', or that another commented: 'you don't realise this job can get any harder until a time like this, but it has been pretty hard going'.

The specifics of local policies and guidance around preferred methods of visiting children and families, what could be considered a 'statutory visit', time spent on visits, and whether Personal Protective Equipment should be worn by social workers or family members during home visits varied between the areas in our study and continued to evolve over time, as managers responded to the regular updates to national guidance (see also Department for Education, 2020b) and new situations encountered by practitioners. As one team manager commented: 'I think as a whole service, we have been really receptive to . . . adapting to what is going on'. From a frontline perspective, the initial pace of revised guidance and change was so rapid that social workers welcomed just a few days of calm. As one interviewed towards the end of April 2020 put it: 'policy hasn't changed for a few days which is quite nice. Yes, so we're getting there'. Most of our research sites were quick to introduce some form of digital home visiting using video calls (see also Cook & Zschomler, 2020), while high-risk cases continued to be visited in person, with or without protective clothing and hand gel as many local authorities could not initially provide sufficient PPE. Social workers in our initial wave of interviews in April 2020 expressed considerable anxiety about the new administrative and emotional work associated with managing change and its impact on their ability to perform their normal role. As one put it: 'I think we are having to just adapt as and when and adapt how we can to the situation. [INT: Like on the spot?] Yes, yes essentially on the spot I think . . . we would do that in normal situations anyway I think, but this . . . to some extent our work has become more about coronavirus and safety planning during that than actually the general work'. As the death toll from the pandemic mounted, it soon became evident that risks from COVID-19 were greatest for black and minority ethnic families and staff (Public Health England, 2020). We heard mixed experiences from our BAME participants, some feeling that managers were ensuring more was done to keep at-risk families and workers safer, while others felt let down.

Although over time the pace of strategic change slowed, social work organisations continued to expect social workers to implement policies that attempted to predict and manage the traditional risks to children along with new risks posed by COVID-19. Senior managers continued to press for compliance with statutory visit targets, timescales and accountability through speedy recording of casework, causing some workers and frontline managers to express further anxiety and claim this was unfair during a global pandemic. We found that seeking to achieve such mastery of situations in accordance with managerial and government guidance did not support workers in situations where they believed that it threatened their ability to perform their work well and often they took other improvisatory actions instead. Through the examples we discuss below, we show the limits of regulatory bureaucratic frameworks in shaping interactions between social workers and families and how the contingency caused by the pandemic highlighted

the improvisational nature of social work practice and how social workers engaged in adaptive transformation and experienced resonance in their work with service users.

### **Hybrid practice: integrating face-to-face, digital and humane practice**

To protect workers and families from COVID-19, 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 of visiting, or to remain outside, on doorsteps or in gardens. Where the risks to the children were assessed as high, social workers continued to visit in person, including entering the home. Social workers were required to contact families prior to a visit to ask whether symptoms were present. Where needed and when it was available, they were expected to carry and use PPE, particularly masks. Meetings, like case conferences which involve a range of professionals, were offered by telephone or video conferencing, and this continued throughout the pandemic. Court proceedings took place remotely, and our findings support other research that has expressed grave concerns about the limitations this placed on the meaningful involvement of parents and other family in legal processes (Baginsky et al., 2020; Ryan et al., 2020a). 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. Support and therapeutic services – such as health visiting, drug and alcohol support and domestic abuse services – either stopped or went on-line, but multi-agency work continued through online case conferences and other meetings. While schools kept in touch with families and sometimes provided practical support, the net result was that social workers often ended up being the sole agency going into homes. In some situations, especially during the first lockdown, the children and family were only seen virtually by social workers, and never in person.

The familiar routines and contexts of their work, through which they habitually evaluated their own effectiveness, were replaced with uncertainties about their own safety and standards. As one social worker expressed it:

And when we were on duty the other week, whereas we would have been out and see every single child during the duty week, we were often doing WhatsApp calls, and which doesn't give you the same sense of safety. On the ones we were really, really worried about we did visit and you know we had to wear PPE . . . however we weren't doing it to the same standard that we would have been doing it before.

Our own and other research (Cook & Zschomler, 2020) supports such concerns about the limits of the digital, in that there will always be a role in child protection for in-person presence where the worker can see who is present with children and use all the senses to assess what is going on, at home or elsewhere. However, our findings suggest that a striking feature of the way social work responded to the contingency of the pandemic was by improvisation through the integration of a variety of modes of communication and ways of relating. An example of such innovative casework was carried out by a social worker we will call Sandra with the 'Williams' family.

The ‘Williams’ parents had three children removed from them in the past. When lockdown began in March 2020, Sandra had known them for five months during which she completed a pre-birth assessment. Her view was that their mental health was much improved, they have a good support network, and have ‘detached from any contact with their family and that was the risky . . . bit, their families’. The baby was born at the start of lockdown, and over the subsequent 3 months Sandra spoke to the parents daily, either on the phone or by WhatsApp video call. She also visited them in person regularly, including making some weekend visits during the first full lockdown. Aware of the problems lack of money and transport to go shopping created, ‘I nipped to [name of shop] and got some formula milk and dropped it in’. She would go into the house, wearing PPE – an apron, gloves and mask. ‘I still maintain my distance, when I am in the flat . . . but I do come quite close, close-ish to the baby’. When, for instance, the baby was having her nappy changed, Sandra would get ‘alongside, it is quite sort of handy to be able to get eyes on completely, but I haven’t held her myself’.

Having previously had children removed from them, the parents worried a lot that they would be perceived as not keeping to the child protection plan. In May 2020, the social worker observed:

I think it is a good relationship. . . . They will you know sort of contact me a lot. . . . Shortly after the birth . . . they were sending me daily photographs, daily updates [via WhatsApp] . . . if they had been unsure they have felt that they could contact me. . . . The other weekend . . . I think it was about twenty to ten at night [a text] said, ‘oh can you, are you free to call us?’ And they just needed a little bit of reassurance and you know some discussion and the baby was absolutely fine . . . they just needed a little bit you know to build that confidence and just get a second opinion because they couldn’t get hold of anyone on their support network so they are certainly sort of reaching out and working really well with us. And I, yes I don’t feel you know particularly anxious about the care they are giving the baby because the baby is really thriving, she has got a really good bond with both of them . . . if it was normal times I would certainly have had a cuddle by now and sort of been trying to engage with her, get her to look at me and focus on me and see if I could get her to sort of follow my facial expressions or things like that, you know. She does know my voice now though you know, both Mum and Dad have said that when I ring on WhatsApp she definitely recognises my voice, which is nice. . . . I would be a bit more hands on, put it that way, I am not very hands on at present, and it is very difficult when I am a sort of a natural hugger.

The worker’s relational preference is to get close and tactile, so social distancing stopped her from holding and touching the baby in the way she normally would. But despite maintaining physical distancing, the social worker’s narrative suggests she did get emotionally close and established a meaningful relationship with the baby and parents. 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. While the worker could not hold the baby physically, through her virtual and in-person availability, her kindness and reliability, she held her and her parents ‘in mind’ and this generated a trusting relationship that promoted parental esteem and skills, self-efficacy and contributed to healing past traumas (Ferguson et al., 2020b; Ruch et al., 2018). On-screen relating and the achievement of ‘digital intimacy’ (Pink et al., 2021) was a vital part of this.

This resonant relationship-based practice had a positive impact and helped the parents to develop and change. When they were both interviewed for the research in June 2020, their perspective was very similar to the social worker's. As the father explained:

[Sandra has been] really supportive. She like helped us with our confidence and things like that, that helped us build it back up. Because what happened with our last three kids [being removed] we felt like we didn't do anything right and she's given us confidence to say like we can parent again. . . . She would speak to us in like a nice calm way and explain how we're doing it. If there's a different way we could do it she'll try and explain that to us, like give us better options on how to do things and then leave us to make the option. And if we have any doubts with ourselves she's always at the end of the phone to speak to us about them. . . . We have called her up once or twice, [the baby] was ill just after she was born and she was the first person we phoned.

The family continued to make excellent progress and by the end of the research fieldwork in December 2020, the baby, now 8 months old, had come off the child protection plan. The social worker expected to close the case in 2–3 months: 'the baby is delightful and they've done really well, she's a credit to them and all the changes they've made'. Hybrid practice continued to the end: 'They still send me films and little pictures of what she's done lately. . . . Relationships are at the heart of this. I do respond to those messages'. And the worker notes with satisfaction the scale of the transformation she has helped to bring about: 'I must admit when I first got the case I thought this is going to be one where I'll have to take the baby away, so it's lovely that it's turned around and they are doing so well. I will feel sad closing it'. Despite and because of all the potential alienating effects of organisational procedures, record keeping, facemasks and social distancing rules, what the social worker and family managed to achieve together were creative, reciprocal interactions that were transformative because they contained what Rosa (2019) calls resonance: listening, empathy, the development of self-efficacy and an openness to being changed.

While some parents we interviewed felt that they had more negative experiences during the pandemic than previously, the story told here of humane social work with a positive outcome is just one of several in our data. The Williams case-study also illustrates an important finding concerning the changing use of time during the pandemic. Instead of the average 42 minute home visit every 2–4 weeks or so that we 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 via telephone, 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. Upon returning to make in-person visits, they continued to email such material in advance and would be available for calls should the family need to process the information before their next physical home visit. This saved time that was previously spent with them reading while the worker was on the visit, thus being able to use the time they had together more efficiently and productively. In such ways throughout the pandemic, social workers improvised to re-

make elements of their practice, to the extent where they were able to feel increasingly confident and effective in the judgements and evaluations they could form.

### **Closeness through kindness: humane social work**

The Williams family also illustrates another way in which the character of practice changed in how the welfare and support dimension of the social work increased during the early stages of the pandemic, when being ‘locked down’ together from late March 2020 intensified stresses for many families, including food poverty. This resulted in social workers providing a lot more material help than previously. As a social worker expressed it in early May 2020:

So the support that we would provide seems to be a lot more intense, it is a lot more about meeting the basic care needs in terms of providing food, providing medication, because they haven’t got the access to that. I think a lot of families are really, really struggling.

Getting 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. As such, it also opened up the possibility for social workers to improvise as they go along, in response to the emergent circumstances of the pandemic and the contingencies faced by different families as their priority needs shifted. As one worker said: ‘the number of like food bank referrals I have done has been the highest it has ever been and problems with like gas and electric have been numerous’. This capacity to deliver food to families’ doorsteps, as well as things like toys, digital devices, and covering wifi and energy bills, helped with rapport-building, not least in situations where there was no prior relationship and the family came into the service after lockdown. Family support workers in some areas spent significant amounts of time queueing to purchase food and essential items for shielding or self-isolating families, including trying to provide small luxuries, like a family’s favourite chocolate. Some social workers, especially in referral and assessment where new cases had dropped by up to a half due to the usual agencies that referred cases not seeing families, had more time available to do this kind of work. Yet it was not just about the time available but due to a redefinition of role with greater emphasis on the caring, welfare, aspects.

Some social workers referred to this move towards a more supportive, kinder practice – ‘care’ rather than ‘control’ – as a rekindling of values and approaches that have struggled to be used in recent decades due to the impact of bureaucracy and managerialism (Broadhurst et al., 2010). As one social worker put it, what was re-entering practice was ‘all of the direct stuff that social workers took a step back from when the paperwork increased’. While more ‘direct stuff’ was going on pre-Covid than this allows for (Ferguson et al., 2020a), the pandemic brought to the fore power relations and structural inequalities and opened up possibilities for a social model of child protection and an ethics of critical practice that tackles head on the effects of poverty, racism and other injustice (Featherstone et al., 2018; Keddell, 2020). This finding concerning the new possibilities for humane practice is supported by other research that considered the initial social impact of Covid-19 (Driscoll et al., 2020; Racher & Brodie, 2020). By allowing these improvisatory modes of responding to and anticipating families’ needs to take

precedence, the experience of the pandemic has shown the effectiveness of such techniques of care by incorporating them into the routines of social work practice. Thus, raising the question of how they might be effectively maintained moving forwards post-pandemic.

### **Closeness through values driven intimate practice within the home**

The number of in-person home visits varied from area to area. In one of our local authority sites, for instance, staff were not issued with smartphones 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 made a lot more in-person visits. However, across all the research sites the main reason social workers consistently told us they continued visiting 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'. As well as acting more benevolently by providing material support, they also practiced authoritatively by for instance, placing boundaries around teenagers at high risk of criminal and sexual exploitation, challenging men who were perpetrating domestic abuse, and addressing the complex combination of addiction and mental health difficulties that undermine women's parenting and result in child care problems and neglect.

In these circumstances social work practice took on an improvisatory mode as social workers had to determine and enact safety in new situations on home visits. A practical barrier to social distancing, again linked to poverty, was the small properties many families lived in, making 2-m social distancing difficult. Social workers often responded imaginatively to the challenge of maintaining emotional closeness with children while trying to remain physically distanced. As one put it, to try and ensure social distancing it was helpful to 'sort of pre-empt what their reactions could be so . . . you can then manage that visit'. Some brought along different 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 2 m apart for a little boy who 'just thought it was great fun'.

When children were too young to understand the need for social distancing, we heard countless stories describing how impossible it was to maintain 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. The children were on a child protection plan; their mother alleged controlling and coercive behaviour and physical abuse by the children's father in the past. During the pandemic, the mother fled the local authority area, where she was eventually offered accommodation but no support from domestic abuse services. The social worker was visiting her weekly and fielding almost daily phone calls from the father trying to locate the family. The more the social worker and family support worker saw of the children in their new homes during lockdown, the greater their concern about if and how they were being fed. Their mother did not appear to play or interact with them, and both children

were developmentally delayed, with shutdown behaviour. At the start of our research, the local authority had told the parents they were seeking legal advice. Five months into our fieldwork 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 by the end of our fieldwork had begun to meet developmental milestones.

Every month she was interviewed while the children were living with their mother the social worker gave accounts of how she consistently did not observe social distancing guidelines:

They came over and smiled at me and I was playing peekaboo with the little boy, he was putting his face on the floor and then jumping up and smiling but he was quite close to me when I was doing it, I didn't touch . . . I tried not to touch either of them on Friday, but the visit before and the little girl had come and put her head on my knee. It is really difficult with little children because they just don't understand, and you don't want to frighten them because you're there to help them.

The worker often spoke of how these and other children found comfort in such closeness. This is a common theme within the data, which shows how physical proximity and actual tactile contact are a crucial part of the therapeutic help social workers and other early help and safeguarding services provide for children. Several social workers observed that 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 approaches could be rebuffed. As another worker put it: 'you can't. If I push her away, she's already a rejected child that has significant emotional needs'. In some cases where children's emotional needs became better met during our period of fieldwork, whether due to more involved parenting or being placed with different carers, social workers observed that the children sought less frequent physical contact from them.

As the Williams case-study has already shown, whether or not to have physical contact with babies and infants who cannot crawl or walk up to social workers and insist on being touched presented real dilemmas for social workers. The use of PPE enabled social workers to get closer and, in the most serious situations, physically pick babies up to remove them from their parents. Much more typical were the many instances in our data where, by wearing PPE – masks, sometimes gloves and less often aprons – social workers got close enough to emotionally hold infants and be helpful to parents.

The use, and often non-use, of face masks is a compelling example of improvisation in practice. 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. 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 with 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. The longer the pandemic went on, and mask wearing became normalised in workplaces, shops and many schools, the more children, families and 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. 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 about whether to wear or not to wear a mask, irrespective of what was in the national and local guidance.

Here, safety – of social workers and families from COVID-19 and of children in need of protection – is defined and enacted through the improvisatory actions of social workers, as they navigate the material and social circumstances of their meetings with families, and the regulatory frameworks that shape their practice. Our findings emphasise the need to keep future guidance open to the values and benefits of such improvisation, which enabled practitioners to get close to many children and families over extended periods, and be helpful to them, despite all the extra challenges the pandemic brought. It also raises very important questions about the responsibility of managers and organisations to keep their staff safe by preventing them from taking excessive risks that endanger their own lives.

### **Beyond the interior of the home: mobile visits and walking interviews**

While going into homes continued where it was regarded as absolutely necessary, door-step and garden visits were a key way that COVID-19 infection risks were managed and a 2-m gap maintained – although they did not always succeed in this when young children ran out the door or across the garden to be with the worker. Sometimes social workers also observed children through windows or over garden walls. While such visits may reduce risk of infection, they presented new concerns about privacy and confidentiality: as one worker put it, ‘as soon as you turn up for one it’s like Piccadilly Circus, neighbours and delivery drivers and somebody has then decided to come and wash their car right next you or something’.

Such visits did offer opportunities for meaningful relational work, through a shift that occurred away from pre-pandemic norms where the interior of the home was the primary and often only site where the family were seen. This was evident in how workers 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. Using other environments provides new spaces and opportunities for connection, discussion and getting to know children, parents and families. A social worker and a co-worker arranged a ‘walking visit’ with a family they had been intensively supporting via telephone and video call during the first lockdown period. They walked alongside and spoke to this mother and did the same separately with her two teenage children in a ‘woody foresty area’ near to the family home:

We found that with the young people . . . they felt more relaxed in that open space rather than sitting in a home and sitting in a living room and you’re talking face-to-face with them. I think they felt more relaxed . . . didn’t feel so oppressed being in the home and the tensions that were in the home. They felt more relaxed being in that open space and they were able to share a lot more.



Several social workers related how walking in relatively empty spaces had helped young people feel safe enough to share intimate disclosures and reveal risks and harms they previously did not talk about. One social worker based in an initial assessment team took weekly 'quite long' walks in a beautiful park with a child who was experiencing considerable distress after being sexually assaulted during the lockdown period. The mental health team at this local authority were not offering face-to-face visits, and the young person was not receptive to video support. In mid-May 2020 the Government's stay-at-home message was relaxed to 'stay alert', with some easing of lockdown restrictions, and the young person offered practitioners positive feedback about her experience of social work and the freedom she felt to disclose. For the social workers, the young person's perception of choice and her embodied experience of movement through a sunny park directly contributed to the emotional openness of the encounters:

We're concerned around CSE with this young person, and she is part of a group [where many] have had social workers and she was very much referring to her friend saying, 'you know I have told her, this is nothing like what she said having a social worker was like. . . . she always said it was awkward, you know, she was in a room in school or she was at home . . . and actually I have found this really easy . . . and I found talking to you really easy'. We were talking about the differences and she said she felt that being out in the community, being away from school and home gave her the privacy that she wanted to talk, whilst not feeling locked away, not feeling like, you know, when you're in a room, there is only one door, there is one entrance, one exit. She kind of felt more free in herself to be able, you know, she was very much choosing to walk beside me, choosing to sit on the grass whereas she wasn't in a room with a shut door, so I think there is something about what that symbolises for her.

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'. In this case, the social worker suggested that walking with the mother was also productive, allowing her to disclose her partner's coercive and controlling behaviour, which meant additional support could be put in place. While walking interviews/encounters appear to have similar dynamics and therapeutic effects to what occurs in cars, the effects also of being directly in nature while walking must not be underestimated. Social workers spoke a lot in interviews about the importance of car journeys to their pre-pandemic practice, particularly when working with older children and saw walking encounters as offering a similar form of communication:

Sometimes when you're not just sitting and directly asking kids questions you get so much more. It is a bit like being in the car with children isn't it? When you're not looking at them directly.

This manager suggested that the pandemic had helped her team become more resourceful when planning work with children:

I think that this has helped them to see that they can be a little bit more resourceful. So taking kids out on bikes, taking kids out on a socially distancing picnic up at the field, just lots of different stuff where we're not so . . . we're so rushed with our assessments that we just like sometimes very quickly do direct work with children rather than quality. So I think that we took this opportunity to do some more quality work, direct work with children. And I think that's been really, really helpful.

Some social workers were frustrated when COVID-19 related restrictions closed down spaces they previously would have used to relate to children and young people, for instance, preventing the sharing of meals and drinks in cafes or playing pool. These mobile ways of working were not entirely new (Ferguson, 2011), but their use increased significantly and constituted a vital adaptive transformation of practice during the pandemic, as workers became more aware of how they can be creative in using space and movement and that they can empower children and young people by allowing them to take the lead in choosing locations and routes.

## Conclusion

In this paper we have argued that our data collected during the first 9 months of lockdowns and social distancing in England during COVID-19 show some key aspects of how social work was practiced during the pandemic. Our approach has been to focus on the improvisation and creativity of social workers' practice, in the face of huge disruption and contingent circumstances. We are aware that this has meant having to leave out critical attention to some adverse effects the pandemic had on practice, such as where some children who were taken into care or were already in care were allowed limited or no contact with their parents and wider families. There is a broader political context that warrants attention too. Calling for the profession to take viruses and global environmental concerns and disaster expertise seriously, Dominelli (2021, p. 7) emphasises how social workers and social care workers have risen to the challenges in the context of 'the degraded physical environments, socio-economic and political contexts that intensify precariousness and constraints that neoliberalism imposed on professional capacity before and during this health pandemic'.

The research has limitations. As a qualitative study based on four local authorities in one country involving a modest number of practitioners and service user participants, caution is needed in making generalisations and drawing wider conclusions. It is very possible that participants elsewhere had some different experiences. However, there is evidence emerging that supports some of our findings. For instance, the majority of responses to Department for Education (2020d, 2021b) consultations reporting in August 2020 and March 2021 were in favour of extending the option of 'virtual visits' and acknowledged that they were sometimes beneficial. Many professionals and consulted children were in favour of the kind of hybrid approach to their future use, combining in-person and digital relating, that this paper has highlighted.

Methodologically, by taking a longitudinal ethnographic approach where the same participants were interviewed up to seven times over 9 months we wanted to achieve a deep understanding of social workers' experiences of the pandemic and how they were working with children and families as it unfolded in real time. Our aim was not only to describe what was happening and 'change in the making' as the pandemic was happening but to theorise aspects of how change occurred by drawing on theory and concepts that provide ways of accounting for how people improvise and 'make' their practices and lives. Because social work services were significantly disrupted, attempts by the government and managers to lead and direct responses increased, which might suggest that practice was predominantly made from the top down. We have argued, however, that in

some crucial respects social work was ‘re-made’ during the pandemic by adaptive transformation and the improvisatory modes of (inter)actions of frontline practitioners and service users as they navigated the uncertainties and contingencies of everyday life in the pandemic.

These changes to social work practice were framed by changing local and national strategic guidance (e.g. Department for Education, 2020c, 2021a), which – at least at the local level – stipulated how and how often children and families should be visited and what new precautions should be taken. Such organisational and regulatory frameworks did have significant consequences, such as when at the end of the first lockdown government guidance advised that children on child protection plans should be seen in-person and digital casework was framed as a last resort and their frequency reduced. However, as we have shown, practitioners’ values and passion to be helpful by relating to and connecting with service users and the craft and improvisations they used to do so were also crucial in shaping everyday interactions and outcomes for children and families. This meant that the contextualised and negotiated actions of participants were not always in line with organisational guidance. We have demonstrated how through adaptive transformation meaningful encounters and relationships that resonated with care and humanity happened. Practice could become more generous by being more explicitly tied into the welfare state and providing resources for families who could not afford to eat, or get to the necessary shops. Spatial shifts were created by becoming mobile, moving beyond the home, walking and getting closer to nature. This represents a significant change when compared to the limited use of public space pre-pandemic revealed in Jeyasingham’s (2019) research. A temporal shift also occurred where instead of one relatively long home visit, time spent was often shorter, more frequent and spread out across various in-person and digital media. This enabled the achievement of a hybrid of digital and in-person intimacies, where face masks were used or not used in response to the particular circumstances of each case.

Looking forwards beyond the pandemic, it is unclear how far social work will go in embedding the creative innovations we have highlighted and ‘remake’ itself in an overarching structural sense, where hybrid digital and in-person casework and walking interviews, for instance, become routine. What can be said, however, is that the continuation post-pandemic of the kinds of day-to-day improvisational and creative remaking of social work we have illustrated in this paper have the potential to renew policy and practice over the longer-term and provide resonant relationships and improved outcomes for children and families.

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