



COVID-19 AND EARLY INTERVENTION:
UNDERSTANDING THE IMPACT,
PREPARING FOR RECOVERY

Covid-19 and early intervention

Understanding the impact, preparing for recovery

June 2020

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About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

About Action for Children

Action for Children protects and supports children and young people, providing practical and emotional care and support, ensuring their voices are heard, and campaigning to bring lasting improvements to their lives.

EIF IS PROUD TO BE A MEMBER OF
THE WHAT WORKS NETWORK



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Foreword

The warning contained in this report is stark: ‘school closures, social distancing and the lockdown have seriously affected the ability of services to support children and families at the very time that these families are facing even greater challenges.’ As the country starts to draw up and roll out plans to ease the lockdown and inch towards normality, it is clear that early intervention and early help must be an integral part of the Covid-19 recovery.

Our research paints an ominous picture of a wave gathering pace beneath the surface. Beyond the immediate impacts of the lockdown on issues such as children’s mental health, levels of family conflict, academic progress or the effects of social isolation – many of which are visible and widely recognised already – our interviewees have highlighted the compounding risks created by a period when traditional face-to-face social services and interventions have been radically reshaped, severely constrained or simply cut off altogether. As pressing as the immediate concerns are, we must also look further ahead, to the problems that are being stored up by this systemic disruption. As lockdown conditions are eased, services face a double hit, not only from more families needing more support to deal with a wider range of problems, but also from the knock-on consequences of fewer people having received the support that would usually have been available at key moments in their lives. These consequences will leave a lasting mark on the lives of many.

Early intervention and early help have long played a crucial role in identifying and providing additional support to children and families who need it. While many of these non-statutory services have been continuing to support families remotely or digitally through the lockdown, we know that frontline professionals are concerned that some vulnerable children may have fallen below the radar. The subtler signs of abuse, neglect or domestic violence, for example, are simply much harder to spot without home visits or other face-to-face contact. Only as the lockdown is more widely eased will the full extent of the impact of Covid-19 on children and families become apparent. This will almost certainly result in an increase in referrals to children’s social care and other specialist services – but that won’t be the right answer for all families. Early intervention has a vital role to play in helping to identify those facing new or escalated needs for support, and in providing appropriate, accessible support.

Understandably, and rightly, there will be calls for acute services, including children’s social care, to receive extra funding and support. This is correct and necessary, as these children will continue to need individual support and protection.

However, it will not be sufficient. Acute services cannot simply absorb the additional burden created by a swell of demand as the lockdown eases. And as our research makes clear, there will be increased demand from families who don’t meet the criteria for support from statutory services, but who are wrestling with new and pressing needs created by the strains of the lockdown, or the effects of previous support having been withdrawn. The early help system for children and families below the threshold must be funded to expand to meet this need, so that children and families are able to bounce back strongly. We cannot allow

“As lockdown conditions are eased, services face a double hit, not only from more families needing more support to deal with a wider range of problems, but also from the knock-on consequences of fewer people having received the support that would usually have been available at key moments in their lives.”

early intervention to be squeezed out at precisely the moment when demand for specialist services spikes and there are even more claims being made on precious public funds. To do so risks placing an even greater burden on our hard-pressed acute services, and allows the new or intensified problems in children's lives to linger and do harm long after the lockdown has passed.

There is good news here too. Our interviewees tell vivid stories of adaptation and innovation happening across the country, of new partnerships and collaborations seeded and grown, of silos between agencies broken down, of old inertia cast off. It is vital that the lessons from

“We cannot allow early intervention to be squeezed out at precisely the moment when demand for specialist services spikes and there are even more claims being made on precious public funds.

this burst of adaptation are learned and retained, and that precious gains – such as schools working more closely with early help services – are banked for the future. The old normal is not returning any time soon, and the approaches conceived and honed under lockdown conditions will have a vital role to play for many months yet.

The keys here are testing, evaluation and information-sharing, so that the best of these innovations are identified and spread, and so that local decision-makers and service-users alike can have confidence in the new forms of support that have sprung

up. For instance, some children and families appear to be benefitting from the move to virtual or digital delivery of services. It is critical that these approaches are evaluated, and that decisions on which changes to service delivery to keep are made with this in mind.

Many of our interviewees were proud of how their local services have responded, and rightly so. What is clear, however, is that the consequences of this lockdown and the disruption it has brought will not be confined to the present or near future, but will emerge over the months and years ahead, in ways that are complex and unpredictable. Our national and local services must be funded and supported to meet that challenge.

A huge number of questions remain. How can we mitigate the long-term impacts on children? How can local places track the impact of Covid-19 on children through the recovery period and beyond, to help plan future services? How should local monitoring and data practices adapt to reflect the changed environment? How can local areas support their recovery by prioritising early intervention as part of their social infrastructure investment? We and others will be examining some of these questions over the coming months, so that the recovery has effective, evidence-led early intervention at its heart.

Dr Jo Casebourne

Chief Executive

Early Intervention Foundation (EIF)

Summary

The Early Intervention Foundation (EIF) and Action for Children carried out qualitative research with a range of professionals delivering local early intervention services between March and May 2020, exploring the impact of the Covid-19 pandemic on early help services.¹ The research explored the response of local services to the immediate challenges and the challenges on the horizon.

The impact of Covid-19 on vulnerable children and families is likely to be profound. It was clear from our research that school closures, social distancing and lockdown measures have seriously affected the ability of services to support children and families at the very time when these children and families are facing even greater challenges.

The response of local services to the situation has been characterised by innovation and rapid adaptation. The overall sense was one of dedicated professionals, and in some cases the wider community, pulling together in an extraordinary effort to protect vulnerable children and support families in this time of crisis.

Risk assessment and referral in a virtual environment

Our interviewees were quick to identify the potential gains from this rapid recalibration of services. For some, longstanding barriers to effective partnership working had been overcome, at least temporarily. Many service providers had also seen some advantages in a move away from home visiting and into virtual service delivery, including increased capacity and increased engagement from some parents, and were beginning to think about how to retain some of these new ways of working.

There was enthusiasm among interviewees to understand, evaluate and build on the innovative approaches to partnership working seen during the Covid-19 period. This will help to ensure that the progress made around information sharing and multi-agency working is embedded and the current momentum maintained.

There were also many concerns expressed. Immediate concerns centred on the difficulties of protecting vulnerable children when home visits were severely restricted, and many vulnerable children were not in school or early years provision. Interviewees highlighted that low school attendance had interrupted usual safeguarding mechanisms: teachers were no longer seeing many of the children they may have been concerned about, and so were less able to spot new problems as they emerged. Professionals were also concerned about their ability to identify children who may become vulnerable as a result of the pandemic and emergency lockdown measures.

Virtual and digital delivery of early help

Beyond this, confidence in the quality and effectiveness of virtual support for children and families was varied. Some interviewees were very positive about the move to virtual support, and suggested that some young people and parents felt more comfortable opening up to support workers through digital means. These interviewees were keen to retain these positive aspects of new ways of working in the longer term.

Others raised challenges and questioned the suitability and effectiveness of virtual delivery for some families. Some services were beginning to think about how they could monitor the impact of this move to virtual support, but there was little or no evidence yet of the impact of these rapid changes in delivery models on outcomes for children and families.

¹ Early help services are non-statutory and fall between universal services and statutory social work support. Early help often includes targeted support from universal services such as schools or the NHS, as well as targeted family support (including that delivered through the Troubled Families Programme).

It is clear that the benefits and the challenges presented by the move to digital early help services during the pandemic need to be considered fully. EIF has recently published a report providing a rapid assessment of the impact of digital interventions to support local areas in this process.² There is a unique opportunity here to improve the evidence base on virtual delivery of early intervention for children and families through seizing the opportunity for testing and evaluation. This will have value well beyond the current crisis and the immediate decisions facing local services.

The longer-term view

Our interviews also painted a picture of widespread apprehension about the future. Put simply, the professionals we spoke to were concerned about the impact of the pandemic on the lives of children who were already vulnerable, and concerned that the full extent of the hardships faced by families had not yet become apparent.

The professionals we spoke to were also concerned about the ability of early help and wider family support services to manage a potentially significant increase in demand once the lockdown measures were eased. It is clear to us that ensuring local authorities and their partners are funded at a level that enables them both to meet the anticipated increase in demand for statutory child protection services *and* early help services will be a critical part of the pandemic recovery phase.

Introduction

This report explores the impact of Covid-19 on early help: the range of services that would ordinarily be supporting vulnerable children and families below the threshold for statutory local authority support, including targeted support provided by universal services. It considers the response of local services across England to the immediate challenges presented by Covid-19, and the challenges on the horizon.

This work was undertaken by EIF and Action for Children between March and May 2020. It is based on 32 semi-structured qualitative interviews with heads of early help services, lead practitioners, and head teachers.³

By way of context, the government's Covid-19 guidance for children's social care services⁴ places the responsibility firmly on local authorities to make judgments about the best ways to safeguard vulnerable children during the pandemic. The focus of the guidance is on the continued provision of statutory support, including for children in care, on child protection plans, or children classed as 'in need' under section 17 of the Children Act. There is no specific advice for local authorities about the provision of non-statutory early help and wider family support services.

In this context, it is perhaps unsurprising that our research found considerable variation in the way that local services had responded to the challenge of providing early help for vulnerable children and families during the lockdown and social distancing measures taken to control the pandemic.

2 See Martin, J., McBride, T., Masterman, T., et al (2020) *Covid-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery*. London: Early Intervention Foundation. <https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery>

3 For more details about the methodology please see annex 1.

4 See: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>

Responding to the challenge of risk assessment and referral in a virtual environment

The professionals we spoke to were acutely aware of the challenge of identifying changes to risk and vulnerability when many of the usual mechanisms had been severely impacted by the pandemic. They were particularly concerned about the significantly reduced contact that universal services would have with children and families, and the impact that this may have on referrals into early help services.

Most interviewees recognised a particularly significant challenge in identifying children who may become vulnerable as a result of Covid-19, or during the lockdown, but who were not currently known to any service. These 'out of sight' children were seen as potentially the most vulnerable.

'We are less concerned about children in the children's social care system, and more concerned about the children who aren't – who aren't in touch with any services.'

CHILDREN'S SERVICES MANAGER, EAST MIDLANDS

Ensuring effective virtual pathways

The professionals we spoke to were acutely aware of the need to ensure that referral pathways were working as effectively as possible in a context in which home visits were restricted to the essential, face-to-face meetings involving different agencies were impossible, and the contact that universal services could have with families was severely curtailed.

Local responses to these challenges were characterised by innovation and rapid adaptation. Several interviewees told us that different agencies had worked together to develop comprehensive lists of the children and families identified as vulnerable by different services, and to arrive at a shared assessment of the current level of risk these families faced and the nature of the support they would need.

Beyond this, some local partnerships had rapidly moved referral processes and early help assessments entirely online. One area had set up an online joint referral system for health visitors and other practitioners to refer into early help. Another had established virtual processes for joint triage between health visitors, children's centres and early help. Others had enabled self-referral routes, such as universal advice lines working across local authority departments.

There was a strong sense from local authority interviewees in particular that partnerships had pulled together in this time of crisis, and that partnership working had improved significantly. For some, the crisis had, at least temporarily, unblocked longstanding issues in relation to data-sharing between public health, schools, children's centres and local authority early help services. There was a desire to retain some of these gains in the longer term, although interviewees acknowledged that they had yet to be evaluated.

'In the past, this would have taken months ... because of constraints in place within the local authority. Partners are being open to innovation which will help to leave this legacy.'

EARLY HELP LEAD, EAST MIDLANDS

Impact of the pandemic on early help referrals

It was difficult to develop a clear picture of the impact the pandemic was having on referrals into early help services. Some areas had seen an increase in referrals as they had expected. This gave them some confidence that the new virtual arrangements were working to identify children and families who needed support, including those who may become vulnerable as a result of the pandemic.

Others told us that referrals were significantly lower than they might have expected. For example, some interviewees had expected to see an increase in domestic violence reflected in referrals to early help, but this had not materialised.

Where referrals to early help services had reduced, the general view was that the primary reason was the closure of schools and early years settings, and the reduced contact that other universal services were having with children and families. Although universal services were striving to maintain contact with children and families they knew to be vulnerable, they were not necessarily able to pick up on emerging vulnerability or increasing vulnerability in the way that they usually would.

Some interviewees felt that self-referral mechanisms were of limited value in identifying vulnerable families, because many parents would not proactively seek support beyond help with immediate essentials.

‘[Families have been seeking] support for everyday essentials, food, utility bills, replacement of broken cookers ... Far fewer are proactively seeking support for wellbeing needs.’

SERVICE MANAGER, WEST MIDLANDS

Interviewees also pointed to the challenge of identifying increased risk and vulnerability even where families were being supported by services. Most early help was being delivered virtually, and this made it harder for professionals to pick up on the subtler signs of abuse, neglect or other risks that may necessitate a ‘step up’ into children’s social care. The identification of domestic abuse was highlighted as an example, with local authority, school and midwifery interviewees suggesting that without face-to-face contact it was more difficult for them to notice bruises or speak to those at risk alone.

Finally, several interviewees highlighted the challenge in supporting expectant and new mothers during the pandemic, given the significant reduction in contact with midwives, health visitors and GPs, as well as the reduction in peer support (such as infant feeding support). One interviewee suggested that it was difficult for the local authority to know if expectant mums, who might be vulnerable in other ways, were receiving the support they needed.

Virtual delivery of early help services

Our interviews suggested considerable geographical variation in the nature of early help or targeted family support available to children and families during the pandemic. All those we spoke to had moved to some form of virtual delivery of early help, with very few maintaining face-to-face support as part of their early help offer. Some areas had redeployed staff from other early help or youth work services to support virtual delivery.

There had been some practical challenges for staff in shifting to digital methods. Some interviewees highlighted IT issues slowing down work; others talked about the challenge of adapting to virtual team environments, without the informal communication methods of the office. Some areas noted that having a digital strategy prior to the lockdown had helped to mitigate teething issues.

The nature of this virtual delivery varied considerably. Some local authorities already had online parenting offers in place, but many areas were adapting the delivery of face-to-face programmes (such as group parenting programmes) to use online videoconferencing. Others were focusing on regular one-to-one telephone or videoconferencing check-ins, offering practical support in response to the immediate needs of families. For some, this meant a shift towards signposting and helping families to cope with the immediate practical challenges of Covid-19, and away from providing parenting programmes or other interventions with longer-term goals.

Almost all those we spoke to told us that they had embraced the use of social media to offer general advice and support to families of the kind that they would previously have offered through children's centres. Some services had created new parenting support apps. Other areas had brought parenting advice from multiple agencies together into online hubs, enabling greater consistency of messaging during the pandemic and lockdown, and providing a central way to disseminate information to parents. Some of those we spoke to saw this use of social media or parenting apps as a step-change in the way councils communicate with parents and a means to dramatically increase their reach. Anecdotally, the resources promoted through social media seemed to have been well received by parents, and there was an appetite to evaluate the impact of these new modes of delivery. EIF is currently offering support to areas wanting to understand the impact of their new delivery models.⁵

Perceived impact of the move to virtual support

Several interviewees told us that the move to virtual and digital support and the decrease in home visits had meant that capacity to deliver early help had increased. They had been able to offer support to more families, including those previously on a waiting list.

However, there was a view among interviewees that while the move to virtual and digital provision had increased the accessibility of early help and wider family support services for some, it had reduced it for others. There was a fundamental concern that the likelihood of families with multiple complex needs accessing the digital support on offer would be extremely limited.

The most prominent barrier to accessing digital support was the availability of technology within the home. Digital provision was recognised as inadequate for young people and parents who did not own a laptop or those that may only have access to a phone with limited data. This point was emphasised by schools and local authorities, who had in some cases been providing laptops for families who needed them.

There was also concern about the accessibility of the content of provision for certain groups who ordinarily would receive more tailored support, including disabled children or those with special educational needs. Similarly, interviewees felt that certain groups of parents would be at a particular disadvantage during this time. Those with English as a second language, for instance, may find it difficult to access parenting advice through online tools, and may find phone calls more difficult than face-to-face communication.

More broadly, interviewees told us that frontline staff had sometimes found it challenging to engage and build a relationship with families who were new to a service, or to cultivate positive interactions online, particularly in group situations.

However, several interviewees also talked about the benefits for some families in the move to virtual delivery of family support. It was clear that some of the families already working with services had responded positively to this, and that teenagers in particular had found it an easy transition. Some young people appeared to find digital communication more comfortable and this had seemed to have a positive impact on their relationship with support

5 See: <https://www.eif.org.uk/about/get-involved#eif-support-on-evaluation-of-online-or-digital-service-delivery>

workers. Similarly, some parents appeared to be responding well to these changes, with some seeming to engage more on a virtual basis.

‘[We are] considering continued digital delivery via Teams, partly because it can improve engagement with parents who have anxiety or other mental health issues ... meaning that retention could be improved.’

CHILDREN’S CENTRE COORDINATOR, NORTH EAST ENGLAND

Maintaining face-to-face delivery where essential

The nature of face-to-face support for families had changed dramatically due to the pandemic and social distancing requirements. Essential home visits were still being carried out, but typically by social workers rather than family support workers as part of an early help service. Some of those we spoke to were carrying out ‘doorstep visits’ where necessary. Others were finding innovative ways to ensure some level of face-to-face contact or sight of vulnerable children while observing social distancing, such as taking ‘support packs’ of home education resources out to families, or delivering food parcels or free school meals.

Most areas participating in our research had had to close children’s centres and family hubs. However, some had kept a small number open and were using them flexibly as hubs for multi-agency support to families. This support included face-to-face support from social workers or family support workers for particularly vulnerable families, along with support for children with special educational needs, or midwifery and health visiting services no longer able to work out of hospitals or health centres.

Others had used children’s centres as emergency hubs providing food and other essential supplies to families. The flexible use of community buildings to provide an integrated service offer was noted by a number of local areas as an example of strong partnership working and something to capitalise on moving forward.

Closure of school and early years provision

Interviewees talked about two broad issues in respect of the closure of schools and early years provision: the low take-up of places offered to vulnerable children, and the probable impact of time away from school or early years provision on disadvantaged children.

Take-up of places offered to vulnerable children

In common with the national picture – at the time of writing, only 14% of vulnerable children were attending school and only 11% attending early years settings⁶ – those we spoke to told us that take-up of school places and places in early years settings by these children was extremely low.

The head teachers and other school-facing professionals we spoke to were extremely concerned about the possible implications for these children.

‘I’ve got children on a Child Protection Plan who are now at home and not coming into school ... That’s really depressing and that’s what’s keeping me awake at night.’

PRIMARY HEAD, LONDON

6 See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886118/Covid19_attendance_in_education_settings_data.pdf

A range of theories were offered about why the take-up of places for vulnerable children was so low, ranging from parents feeling anxious about the risks to their child of mixing with others or practical issues around getting children to school or early years settings, through to deliberate attempts to hide issues at home, including outward signs of abuse or neglect.

‘Public perception [is] that actually it’s not safe to go into day care because the government has been very much ‘stay at home’. And so ... we have struggled to make them feel that it’s a safe place to be.’

EARLY YEARS INCLUSION OFFICER, YORKSHIRE AND THE HUMBER

‘They can’t ... physically get some of the children out the house or dressed, their behaviour is escalating. Because they haven’t got an Education, Health and Care Plan, then they’re not entitled to transport from the local authority – so that is a real barrier for these families.’

EARLY YEARS INCLUSION OFFICER, YORKSHIRE AND THE HUMBER

‘Parents would say they were self-isolating. You can’t argue with that.’

PRIMARY HEAD, LONDON

Head teachers told us that there was little they could do to get vulnerable children into school beyond working with social workers to keep in contact with these families and encourage them to take up places. While schools were attempting to maintain more frequent telephone contact with vulnerable children who were not in school as a way of checking in, they had to be careful not to blur the boundaries with social work themselves.

‘We are educators, we’re not social care.’

PRIMARY HEAD, LONDON

Impact of time away from school or early years provision

Alongside the immediate and serious concerns about the risks facing vulnerable children who were not in school or early years provision, there was a strong sense that a bigger group of disadvantaged children would fall behind significantly while they were away from school or early years provision. Some schools thought that this would be the majority of their pupils.

‘We have an expectation that children aren’t going to learn anything over this term of school closure ... Lots of children will have gone backwards. There are lots who won’t have spoken any English.’

PRIMARY HEAD, LONDON

‘In our school we have 90% of pupils who have language delay and I am very concerned about their development during this time.’

PRIMARY HEAD, NORTH WEST ENGLAND

While schools had moved quickly to think about home learning, they were aware that many children would not have a home environment that enabled this. One head told us that she could not expect her parents, many of whom did not speak English, to deliver any new

curriculum content. Practically, very few of the children at her school had their own bedrooms or another space to work, and for many the only internet access was through a parent's phone.

Schools had tried to respond to these barriers as best they could: We heard about schools providing paper-based learning packs or taking school laptops out to families. However, they described the challenge inherent in this rapid rethinking of ways of teaching.

**'We've had to completely remodel how we educate our children.
In 48 hours, basically.'**

PRIMARY HEAD, LONDON

Several interviewees spoke about challenges for children beyond their academic progress. While their focus had been on trying to put the basics of home learning in place, they were also conscious that children's social and emotional development may suffer, and that behaviour could become an issue. One school was offering support with behaviour through regular calls with parents.

Minimising the disadvantage gap on return to school or early years provision

At the time of our interviews (before the 1 June date for a phased reopening was announced), schools and early years settings were clearly struggling to plan how to reintegrate children and address the expected disadvantage gap. They had little information to work from, and saw key choices – such as whether to continue this year's curriculum or begin next year's – as decisions that individual heads or providers would need to take.

In relation to early years provision, some local areas were focusing on the potential provision of summer holiday support to disadvantaged children who would be transitioning into reception in September, and on encouraging and supporting take-up of the entitlement to early education for disadvantaged 2-year-olds.

Interviewees were very conscious of the scale of the adjustment that some children would need to make when they returned to school and early years settings, and the fact that this would go well beyond the need to catch up academically. For instance, they told us that some children would find it difficult to leave their parents – either because they were concerned about them or because they had been with them for so long.

**'It's going to be a massive culture shock when they do come back
to school.'**

PRIMARY HEAD, LONDON

One head urged caution about trying to predict which children would need extra support on return. They had already RAG-rated the children in the school based on an assessment of their level of vulnerability. There was a risk that these children could be 'pigeonholed' as children who would not be able to transition back easily or quickly, and might then be held back as a result. At the same time, this could lead to staff missing signs that other children needed extra support on their return.

**'One of the risks is that we make assumptions. Children will fall into
a range of categories. Some will be so pleased to be back that they
crack on and it's fine. Educationally, it's a question of some rigorous
assessment pretty quickly.'**

PRIMARY HEAD, LONDON

Head teachers also foresaw challenges in terms of their own staff, who may be concerned about returning to school and have their own anxieties. For some this might be because they were shielding family members or because they had underlying health conditions themselves.

‘You’re going to be taking a lot of vulnerable staff and a lot of vulnerable families back.’

HEAD OF SCHOOL, SOUTH WEST ENGLAND

The longer-term viability of early years settings

Several local authority interviewees talked about the need for intensive, ongoing work with small, private and voluntary providers of early years childcare and education to help them negotiate guidance from the Department for Education on their funding situation and to stay afloat. This guidance was described as rapidly changing and was seen as unclear by many interviewees.

Several interviewees were concerned at the closure of many smaller private and voluntary settings and the longer-term impact on the supply of places, particularly in disadvantaged areas. They also spoke about the impact on the early years workforce from a prolonged period of closure and the impact this could have on the supply of qualified staff, and subsequently on the overall quality of early years provision.

The longer-term view

‘However challenging it is now, it won’t be nearly as challenging as when we start recovering.’

HEADTEACHER, SOUTH WEST

An anticipated surge in demand for services

The stark message from our interviews with heads of service, head teachers and practitioners was that the biggest challenges were yet to come. There was a widely shared view that this period would be hugely challenging for many families, and that the implications for them and for support services could be widespread and longlasting.

Professionals suspected that there would be many families who had not previously been identified as vulnerable and who would not have accessed support during this time, either because they had not tried to, or because support had not been available. The assumption was that there would be a significant spike in early help and social care referrals once lockdown measures have eased and schools and early years provision reopened, and the full extent of what children have experienced starts to come to light. Increased investment in these services will be necessary to meet this need. Some were already preparing by increasing staffing capacity. Interviewees also told us that they anticipated a spike in demand for other specialist services, including mental health and domestic abuse services.

‘[I] worry that lockdown is storing up problems for the future: 10 years of economic disadvantage.’

DIRECTOR OF FAMILY SERVICES, LONDON

One interviewee suggested that they felt continuing investment to manage the return to normal would be vital to deal with the upsurge in demand for social workers and specialist services for children. Others were concerned that the anticipated increased demand on statutory services could negatively impact investment in early intervention moving forward.

The potential for longer-term, beneficial changes to service delivery models

‘[The] pandemic is breeding ... a lot of innovation at the moment, with people being really creative.’

EARLY HELP LEAD, EAST MIDLANDS

Local responses to the challenges presented by Covid-19 to the delivery of support for children and families were characterised by innovation, rapid adaptation and nimble partnership working. Many of the professionals we spoke to saw opportunity here: there was a strong sense that rapid progress had been made in some areas, and that this should be retained.

Overall local areas suggested that they were starting to think about their longer-term planning and adapting to the ‘new normal’. This involved reflecting on how successful traditional delivery methods were, and making decisions about which elements of their adapted offer they wish to continue as lockdown and social distancing was eased.

‘It’s making us question whether this absolute reliance on home visits is necessarily something that we should just return back to. Whether that reliance on home visits again tries to locate a family’s problems always in the home and not in a much wider contextual world where so many of the problems are ... structural issues like lack of money, like lack of support networks, like instable work, like overcrowding.’

HEAD OF EARLY HELP, LONDON

Several interviewees talked about opportunities for longer-term changes to service models. For example, some talked about retaining an increased level of digital delivery of parenting support, including through parenting apps or virtual parenting classes, or offering one-to-one telephone support to those who preferred this method of communication.

Some areas did recognise that although they thought at least some elements of their digital and virtual provision had proved popular, they did not yet have evidence about how effective it had been. Others were unsure about how to interpret their monitoring data, which was largely unadapted during this period. This meant most local areas felt they did not have sufficient evaluation data on the effectiveness and impact of their digital services. Some noted that they would be taking this time as an opportunity to understand whether some of the perceived efficiencies described in this report could be maintained.

Conclusion

The pandemic has necessitated rapid adaptation of the way that services support vulnerable children and families. While there has been an almost wholesale transition to virtual or online contact, local partnerships have found innovative ways to retain some element of face-to-face provision for families who need it.

Professionals were quick to identify the potential gains generated through this period of rapid adaptation, and keen to retain elements of these new ways of working that they thought were both increasing their capacity to deliver support to families, and working well for those families. They were conscious of the need to test and learn so that decisions

about future service delivery models could be informed by a clear understanding of their impact. There is a unique opportunity here to improve the evidence base on virtual delivery of early intervention for children and families through seizing the opportunity for testing and evaluation. This will have value well beyond the current crisis and the immediate decisions facing local services.

At the same time, the professionals we spoke to were concerned about their ability to support vulnerable children and families and to identify escalating risk without home visits and without regular face-to-face contact with universal services. Innovative processes to mitigate these risks and provide safety nets had been put in place, but there was a recognition that some children and families who became vulnerable or became more vulnerable during the lockdown period would inevitably be missed. Schools were particularly concerned about their lack of face-to-face contact with children they knew to be facing challenges at home.

Our research also identified a clear sense of apprehension among professionals about the longer-term impact of the pandemic and particularly the lockdown period on vulnerable children and families, and about the ability of services to cope with the demand that this will create. This must be considered urgently as part of the pandemic recovery phase. It is clear to us that local authorities and their partners will need to be funded at a sufficient level to allow them to meet their child protection duties and manage demand for children's social care, while also allowing meaningful investment in the kind of high-quality early help that is vital in getting families back onto their feet and preventing problems from getting worse.

Annex: Methodology

Research objectives

- To develop a ‘real-time’ picture of the unfolding impact of Covid-19 on early intervention (including universal provision and targeted family support).
- To get a sense of the critical questions that local decision-makers and service providers have at this time.
- To gather views on how EIF and Action for Children may be able to lend support to local decision-makers.
- To use this information to inform the shape of EIF’s work programme over the rest of the year.

This report presents our findings of the first two of these points.

Sample

Covid-19 has triggered a multitude of rapid changes. This report tries to understand how the pattern of service delivery to support children has changed across local areas. In particular, this report sought to understand how local areas continue to protect vulnerable children. An open-ended qualitative approach was chosen to understand the nuances of difference and to understand how different areas responded to the new challenges.

To get a comprehensive picture of the variety of pressing issues local areas are facing, between March and May 2020, we conducted interviews with stakeholders across a variety of settings. We recruited a diverse group of respondents through EIF and Action for Children’s networking to recruit a opportunity sample consisting of service managers and heads representing local authorities, schools, not-for-profit organisations, and midwifery services from all nine regions of England. The table below details the posts, organisations, and regions who were represented in the sample.

Job title	Organisation	Region
Early Help Transition Lead & Principal Practitioner	Local authority	East Midlands
Children’s Services Managers	Action for Children	East Midlands
Children’s Centre Development and Integration Manager	Local authority	East of England
Director of Family Services	Local authority	Greater London
Head Teacher	School	Greater London
Children’s Centres Manager	Local authority	Greater London
Early Years/Primary Strategic Lead	Local authority	Greater London
Assistant Director of Early Help	Local authority	Greater London
Director for Education Services	Not for profit	Greater London
Head of Family Support and Complex Families	Local authority	Greater London
Children’s Centre/School Readiness Team Manager	Local authority	North East England
Early Help Service Managers	Action for Children	North East England
Children’s Centres Coordinators x2	Action for Children	North East England
Head of Service, Early Help and Support & Early Help and Support Manager	Local authority	North West England
Head of Service for Early Help Services	Local authority	North West England
Families Programme Manager	Local authority	North West England
Head of Service for Early Help & Service Manager Early Help	Local authority	North West England

Head of Service, Early Help, Neighbourhoods and Early Years Service	Local authority	North West England
Children's Services Managers	Action for Children	North West England
Acting Headteacher	School	North West England
Locality Manager (West)	Local authority	South East England
Operations Director of Children's Services	Action for Children	South West England
Senior Manager, Support & Intervention (Improving Performance) & Early Years Funding Manager	Local authority	South West England
Principal	School	South West England
Head of Family Services	Local authority	West Midlands
Service Manager	Midwifery	West Midlands
Community and Parenting Manager	Action for Children	West Midlands
Children's Centres Coordinators	Action for Children	West Midlands
Head of Early Help	Local authority	Yorkshire and Humber
Senior School Effectiveness Officer	Local authority	Yorkshire and Humber
Locality Service Manager (Central & East), Family Hubs	Local authority	Yorkshire and Humber
Early Years Inclusion Officers x2	Local authority	Yorkshire and Humber

Interviews were conducted between March and May 2020, and were approximately 30 minutes in length.

Data collection and analysis

After we explained the purpose of our research, each interviewee consented to being interviewed, to their interview being recorded and used to inform our research, and to anonymised quotes being used within the report.

Five EIF interviewers and one interviewer from Action for Children conducted a total of 32 semi-structured interviews. Interviewers wrote up these conversations and used verbatim transcription to capture key points. An analysis framework was developed, capturing the key themes and agreed by the interviewers. Information from each interview was then matched with the themes identified. These key themes informed the content of this report.

Limitations

This work was undertaken rapidly, and as such there are a number of limitations to consider.

- Using a qualitative approach has meant the findings in this report are not representative of the breath of experience across England, and therefore represent the subsection of views expressed by interviewees.
- Using an opportunity sample meant that we were only able to speak to stakeholders already known to us, or accessible through EIF or Action for Children channels. This will have limited the breath of views represented in the report. However, the sample was monitored to ensure a range of stakeholders and regions were represented.
- Rapid thematic analysis was undertaken. However, with additional time, a systematic analysis of full interview transcripts would have enabled further subgroup analysis. Increasing the number of interviews without certain subgroups would have also allowed for this.