Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Child protection plans in the COVID-19 pandemic in Germany: Maintained, adjusted, or suspended?

Birgit Jentsch*, Christine Gerber

Nationales Zentrum Frühe Hilfen (National Centre for Early Prevention) / Deutsches Jugendinstitut e. V. (German Youth Institute), Nockherstraße 2, 81541 München, Germany.

**ARTICLE INFO**

Keywords:
- COVID-19 pandemic
- Child protection system
- Child protection social infrastructure
- Emergency childcare
- Child protection plans
- Family support
- Family monitoring and scrutiny
- Germany

**ABSTRACT**

**Background:** COVID-19 infection prevention measures have enhanced risks of abuse and neglect for children and youth. Simultaneously, they have affected the practice of child protection, especially impacting the social infrastructure on which child protection work tends to rely, as well as the ability of practitioners to meet with family members face-to-face and in their homes.

**Objectives:** This article focuses on the ways in which infection prevention measures have shaped child protection plans in Germany, i.e. family support and counselling, which is accompanied by monitoring and scrutiny.

**Methods:** The article is based on a qualitative study, in which 40 semi-structured interviews were held with first-line management representatives of German Youth Welfare Agencies between July and October 2020.

**Results:** The study's results show that protection plans have either been maintained, modified or (temporarily) suspended. Several influencing factors were identified. First, the extent to which the social infrastructure relevant for child protection could be maintained, or emerging gaps be filled in a timely fashion by child and youth welfare organisations. Second, the degree of effectiveness of the working relationship between practitioners and parents under the new conditions, including practitioners' ability to resort to flexible, digital or hybrid communication methods with families proved important. Moreover, everyday practical help from Youth Welfare Agencies and family service providers could often change the parental perception of these professionals for the better, thereby strengthening the relationship between practitioners and parents.

**Limitations:** A key limitation of the study comprises the fact that the study findings are limited to the earlier phase of the pandemic.

1. **Introduction**

The COVID-19 pandemic reached Germany in January 2020. A first epidemic curve could be observed from March to the end of April 2020, with a peak in early April at an incidence of 44 - ‘incidence’ referring to the number of confirmed coronavirus infections per 100,000 inhabitants within the past 7 days. Infection numbers declined towards late spring 2020 to rise again in July (RKI, 2021; Schilling et al., 2021). The second wave of infections started at the end of September 2020, with the highest level of incidence (217) occurring at the end of December 2020 (RKI, 2021; Schuppert et al., 2021). By September 2021, two more COVID-19 waves had...
occurred (RKI, 2021). Different phases of lockdown accompanied these COVID-19 developments, requiring infection prevention measures, such as restrictions on social contacts and economic activities, as well as the closure of schools and daycare centers. Pandemics and the steps taken to control infection often result in increased psychosocial stress, existential fears and conflicts in families, so that the well-being of children can be significantly impacted (Kelly & Hansel, 2020; Sistovaris et al., 2020; The Alliance, 2019). These effects are also observed in COVID-19 times. Especially when schools and daycare centers are closed and support options from informal networks starkly reduced, parents have to take care of all the needs of their children by themselves. In addition, parents often have to continue fulfilling employment commitments, while possibly also caring for older family members, who may be shielding or unwell (Katz et al., 2021, 9; SCIE, 2021; Romanou & Belton, 2020).

These excessive demands and strains, combined with social isolation, can lead to negative coping mechanisms and child maltreatment (The Alliance, 2020; The Children’s Society, 2020). In particular children who were already known to social services before the pandemic due to their adverse family experiences, and/or whose families were affected by poverty, overcrowded housing and mental disorders, are exposed to greater risk of maltreatment (Driscoll et al., 2021; Knabe et al., 2021).

Findings in Germany indicate that the number of cases of child and domestic violence rose in 2020. For example, the Outpatient Clinic for the Protection of Violence (Gewaltschutzambulanz) of the University Hospital Charité in Berlin recorded an 8% increase in patients, i.e. victims of child and domestic abuse, in the first half of 2020 compared to the same period of the preceding year. (Senatsverwaltung JVA, 2020). Similarly, in the period from May 2020 to March 2021, Youth Welfare Agencies addressed a higher number of child protection cases (§ 8a Verfahren) – an increase by a total of 9% - than in the corresponding months of 2019 (Erdmann & Mühlmann, 2021, 4).

However, a trend of increasing case numbers had already occurred well before the pandemic, so that between May 2020 and March 2021, this rise continued at a level similar to the years preceding COVID-19 (Erdmann & Mühlmann, 2021, 4). Some variations occurred around phases of lockdown, notably from May to August 2020 and from January to February 2021. Schools and childcare facilities had reduced their reporting in these months, mainly due to these institutions' limited or temporarily ceased operation. When contact restrictions were relaxed and mobility increased again, ‘catch-up effects’ ensued (Erdmann & Mühlmann, 2021, 5). As to the the most common type of child maltreatment, child neglect, statistics indicate that in 2020, the number of cases remained stable at around 60% of all types of child welfare risks, similar to previous years (Destatis, 2021).

Independent of these developments, child safeguarding challenges have been compounded by infection prevention measures associated with the pandemic, which tend to considerably affect the ability of child welfare services to mitigate welfare risks. Children have fewer interactions with these services and are thus receiving only a small portion of the usual support and monitoring (Driscoll et al., 2020; Romanou & Belton, 2020). Moreover, the quality of professionals contacts with children and their families tend to be affected, even where child and welfare organisations have managed to continue their operations in some adjusted manner (Ferguson et al., 2020a).

At the same time, child protection practitioners can no longer rely on the social infrastructure of universal and targeted services, which normally functions as a key means of identifying child welfare concerns. In the German context, key components of such an infrastructure comprise childcare facilities and schools, as well as home-based family services to strengthen parental child-rearing competences. Furthermore, there are daytime residential groups for children and adolescents still living at home, but receiving support from social services after school until the evening (Tagesgruppen), and residential care provisions for children and youths who, for a variety of reasons, cannot live with their parents any more (stationäre Hilfen) (Gerber & Jentsch, 2021; Macsenaere, 2017).

If practitioners in these organisations have concerns regarding a child’s welfare, they will inform Youth Welfare Agency (Jugendamt) staff, who – amongst other responsibilities - have a statutory child protection mandate: Youth Welfare Agencies have to carry out investigations to determine whether a child is endangered (§ 8a SGB VIII), and they are responsible for emergency placements of children and adolescents (Inobhutnahme) (§ 42 SGB VIII) (Witte et al., 2016).

In COVID-19 times, Youth Welfare Agency staff have lost important sources of information on children's welfare. Moreover, in child protection cases, where children need to be physically seen and their living conditions inspected, the agencies' professionals have found themselves having to balance contact restriction requirements with child protection routines. Hence, the pandemic has significantly re-shaped the basic conditions for child protection work, especially during phases of lockdown (Jentsch & Schnock, 2020; Mairhofer et al., 2020).

This article provides, first, an overview of what can be gleaned from the literature on the extent to which the closure of childcare facilities and schools could be compensated for by the development of emergency childcare provisions; and on the new challenges which have arisen for child welfare service providers when practicing under lockdown conditions. Following this literature review, our own qualitative study, which explored the ways in which child protection plans were affected by the pandemic, will be presented. The Conclusion focuses on how professionals balanced child protection and infection prevention and highlights forms of family support introduced in times of COVID-19, which may prove helpful also once the pandemic has been overcome.

1.1. Addressing the closure of childcare facilities and schools: emergency provisions

A range of endeavours were undertaken to compensate for some of the coronavirus-related constraints to child protection work. For example, the closure of schools and childcare facilities constraint was countered with the set-up of emergency childcare provisions. However, even in communities where emergency childcare and schools were introduced almost immediately following lockdown, at least initially, places were mainly accessible to a small proportion of children whose parents were regarded as core workers (e.g. in the medical field or food supply) (Beckmann & Berneiser, 2021; Meiner-Teubner, 2020; Langmeyer et al., 2020). Available data from the federal states (Bundesländer) on the utilization rates of emergency childcare indicate that at the beginning of lockdown (from the 3rd
week of March 2020), fewer than 5% of the children, who had normally attended childcare services regularly, now attended emergency childcare. This percentage rose in almost all states by mid/end of April 2020 to between 5% and 15% as the allocation of places became more flexible and was gradually expanded. Between May and June the rates increased to between 20% and 65% (Meiner-Teubner, 2020, pp. 20–21). When full operation resumed - in most cases shortly before the state-specific summer holidays - the rate rose to up to 80% (Meiner-Teubner, 2020, pp. 20–21).

An exploratory study examined the admission criteria used by childcare facilities to regulate access to emergency care in Germany. It found that these criteria were oriented more towards parents’ than children’s need for support. For example, childcare facility managers cited the following criteria on which decisions about the allocation of places in emergency care were based: 93% named ‘parent who is a core worker’ as a criterion; 84% ‘parents who are core workers’; 71% ‘single parent’; and only 48% referred to ‘a risk to the well-being of the child’ as a relevant criterion (Fläming & Kalicki, 2020, p. 27). While these access criteria can be regarded as inadequate from a child safeguarding perspective, evidence from the UK highlights a problem linked with emergency schools in general, and the access criterion of ‘vulnerable child’ in particular. Although the group of the so-called ‘vulnerable children’ were principally able to access ‘emergency schools’, well under 10% of the children in this category actually attended in the first weeks of lockdown, despite school staff and social workers encouraging parents to take advantage of the offer (Driscoll et al., 2020; NSPCC, 2020; Weale, 2020).

Reasons for this poor take-up included the fact that many parents kept their children at home for fear of infection; due to the inability to access a place; or because of children’s refusal to attend (Driscoll et al., 2021). In addition, the problem of the stigma of being viewed as ‘vulnerable’ was cited as a hurdle - a term that refers either to families supported by social workers, or to children for whom a health and care plan has been drawn up due to their complex special educational needs (Weale, 2020). In short, studies in Germany have demonstrated that, especially at the beginning of the pandemic, emergency places in childcare facilities and schools were not easily accessible to children whose welfare was at risk. The international evidence suggests that such provisions have not necessarily been viewed as a desirable or practical option by parents and children.

1.2. Challenges for Youth Welfare Agencies and contracted family support service providers

As mentioned above, the closure of schools and childcare facilities has presented Youth Welfare Agencies with new challenges. Children and adolescents are no longer in regular, personal contact with the staff of these facilities, who are normally well placed to detect signs of welfare concerns, and who are key sources of information to the agencies (Mairhofer et al., 2020). Consequently, not only was it necessary to create opportunities for children to return to an institutional context, where they could be seen regularly (i.e. emergency childcare and schooling). In addition, new communication and interaction channels with families had to be created, which complied with contact restriction regulations (Mairhofer et al., 2020; Baron et al., 2020).

Face-to-face contacts proved problematic, in part because of the scarcity of personal protective equipment (PPE) in general, and its inaccessibility for social workers in particular. Especially at the beginning of the pandemic in Germany (as elsewhere), health and social care workers had privileged access to these materials, while social workers often had to do without (AGJ, 2020; Dominelli, 2020; Paritätische Gesamtverband, 2020). Indeed, an online-survey of Youth Welfare Agency management, the DJI- Jugendhilfe@rometer survey, which included 371 out of a total of 575 such agencies in Germany, aimed to assess the challenges Youth Welfare Agency staff were experiencing in the pandemic. Over the period of data collection from the end of April to mid-May 2020, accessing PPE was regarded as the third hardest challenge (following the items of ‘recognizing and prioritizing needs for help’ and ‘maintaining participation opportunities of the addressees’) (Mairhofer et al., 2020).

In this context, social workers looked for alternative and safer settings for seeing family members, such as outdoor meetings, for example, at the doorstep of families’ homes, or in gardens (Berrischen, 2020; Ferguson et al., 2020c). It also proved beneficial that in recent years, the digitalization process in social work has progressed, thereby facilitating the ability to meet virtually (Kutscher, 2020). However, it became clear in the pandemic that this progress has occurred in a very uneven manner. Child welfare service providers have been shown to be unequally equipped for the use of digital channels of communication with families. The spectrum has ranged from a complete lack of technical resources to the almost exclusive use of such channels (DJÜf, 2020a). The inadequate technical equipment of some agencies has been found to have hampered the maintenance of contact with children and families in some cases (Beckmann & Berneiser, 2021).

Notwithstanding such problems, the online DJI-Jugendhilfe@rometer study indicates that Youth Welfare Agencies persisted in carrying out their child protection duties as a matter of priority. Almost all participating agencies (99%) stated that temporary protective measures (i.e. taking children into care) continued to be implemented. In order to assess possible risks to children, 98% of the agencies continued to visit families at home despite the stipulated contact restrictions. (Mairhofer et al., 2020).

Although Youth Welfare Agencies provide some youth welfare services themselves, many services are contracted out to non-governmental agencies (Freie Träger der Kinder- und Jugendhilfe), which offer, for example, daytime residential groups for children and youth, and home-based family support services (Beckmann & Berneiser, 2021, 7) - as mentioned above, key pillars in the social infrastructure relevant for child safeguarding. According to the online DJI-Jugendhilfe@rometer, 91% of Youth Welfare Agencies stated that home-based family support continued to be provided to new families by the contracted service providers, despite the increased effort this took due to infection prevention requirements (Mairhofer et al., 2020).

To summarize, while Youth Welfare Agencies and the contracted service providers seemed to have largely continued their operations in the pandemic, the scope and format of this support varied. These variations were partly rooted in the different decisions taken at institutional and individual levels on how to adjust services to infection prevention measures, and partly related to the varying degrees to which technical resources were available to child protection professionals.
1.3. Implications for family support and monitoring: child protection plans

Valuable insights have been gained through individual, primarily quantitative studies of the impact of COVID-19 on the work of Youth Welfare Agencies and contracted family service providers. However, there are currently no studies that deal specifically with the extent to which child protection plans have been shaped by infection prevention measures. In the German context, such plans are (ideally) developed jointly by child welfare professionals and parents in order to avert risks to the child's well-being, and are primarily used in cases in which in-home family support is provided, or where children attend daytime residential groups. Child protection plans consist of family support and counselling, which is accompanied by monitoring and scrutiny (Lenkenhoff, 2015). The latter is to ensure that minimum requirements for the protection of children, who continue to live in the parental household, are being met. Examples of such requirements are regular visits to pediatricians, personal contacts with and home visits by family support professionals, as well as regular childcare and school attendance, with feedback from institutions if the child is absent. In practice, given that support measures are delivered in families’ homes and thus enable insights into their lives and circumstances, support and monitoring elements cannot always be clearly separated.

2. Aims and methods of the study

The Child protection in Times of COVID-19 (Kinderschutz in Zeiten von Corona - KiZCo) research project examines the effects of the COVID-19 pandemic on child protection work. This article presents the results of a sub-study of the project, which focused on the extent to which infection control measures shaped child protection plans. Forty city and district Youth Welfare Agencies were recruited through purposeful sampling: for each of the country’s 16 Bundesländer, at least one Youth Welfare Agency was included. The selection of the remaining 24 agencies occurred in such a way that the number of participating agencies in the different states was in proportion to the size of each state’s population. For example, the most populous Bundesland of North Rhine Westphalia had six agencies included, the least populous, Bremen, one. An additional selection criterion comprised the existence of a track record in quality development in child protection, for example, practice development projects. Moreover, Youth Welfare Agencies in both, urban and more rural areas were included.

One semi-structured telephone-interview was conducted with a first-line management representative from each selected agency. This person was heading a team, which addresses reports on child maltreatment, and which is generally also responsible for the development of child protection plans. The team leader is in close and regular contact with the frontline workers about the development of their cases. Indeed, the team leader’s supervision in case consultation processes constitutes an important quality standard in the work of Youth Welfare Agencies. The interviewees were thus likely to have a comprehensive overview of the front-line workers’ activities.

In four Youth Welfare Agencies, in which maltreatment reports and protection plans were dealt with in separate units, group interviews were carried out with the two team leaders. In total, 40 interviews were conducted with 44 Youth Welfare Agency staff between July and October 2020 by a group of six researchers. Of the 44 interview partners, 27 were female and 17 male. Their average age was 48.6 years. Their work experience in social work ranged from five to 36 years, and in child protection practice from three to 34 years. The study participants were asked about their daily work in child protection since the lockdown on 23 March 2020.

Following the transcription of all interviews, a thematic data analysis was conducted based on the framework method (Gale et al., 2013; Ritchie & Spencer, 1994; Spencer et al., 2003). The transcripts were coded using MAXQDA software. The codes of the first seven transcripts were grouped into overarching thematic categories by one researcher, and an initial coding frame developed. This work was reviewed by all six interviewers: the relevance and comprehensiveness of the categories and codes were discussed, and the coding frame refined accordingly. The remaining transcripts were indexed by four research team members, using the existing coding frame, with more codes being added as they emerged. In this process, potentially new as well as existing codes were regularly discussed in the team with regard to their relevance and appropriateness. The analytical framework was in its final version after the coding of the last transcript had been completed.

The two authors of this article, whose expertise lies in the areas of child protection practice and early childhood intervention, applied the finalised analytical framework to all interviews, with a focus on the specific topic of the development of child protection plans in the pandemic. At the stage of interpretation, the characteristics of, and the differences and similarities between, the analytical categories were explored, and the relevance of their contexts examined.

3. Findings: the developments of child protection plans

Through the data analysis and interpretation, three categories emerged which reflect the development of child protection plans following the first lockdown that began in mid-March 2020. Protection plans were (1) predominantly maintained; (2) modified; or (3) (temporarily) suspended. These categories have fluid boundaries and are thus not mutually exclusive. Nonetheless, each category can be distinguished by a core of key characteristics and influencing factors, which the subsequent sections will discuss. (See also ‘Overview of the key factors determining the development of child protection plans’ in Appendix 0).

3.1. Child protection plans were predominantly maintained

3.1.1. The social infrastructure remains intact

In a minority of cases, interviewees reported that the existing child protection plans could be continued largely unchanged during
the lockdown period. This applied when child protection professionals had access to emergency childcare places almost immediately following lockdown (‘from the very beginning, in the first week’ (YWA 29)), and were able to fill these places at their own discretion. Under these continuity conditions, the child's regular institutional contact as an element of the protection plan could be maintained.

Furthermore, previous arrangements between Youth Welfare Agencies and childcare providers were updated and adapted to the new circumstances. This was to ensure, for example, that Youth Welfare Agency practitioners received reliable feedback regarding parents' degree of compliance with the agreement that a child would make regular use of such care. In some cases, this still required extra efforts on part of the Youth Welfare Agency's staff, since previously established routines could not always be followed any more.

“This emergency child care was set up in a real rush. Then there were different staff and you didn't know, will they tell us reliably when the child is missing? Will they inform us straight away, the same day? Although we had requested this from them, needless to say. But the matter-of-course cooperation was lacking. But more because of a lack of knowledge, rather than because they didn't want to, or something. So we had to ask again and again, if we hadn't heard for a few days, is everything still alright, is the child there? And so on, yes.”

YWA 5

Another central factor, which contributed to protection plans being maintained, was the continuation of home-based family support measures by the service providers contracted by the Youth Welfare Agencies.

Study participants emphasized that the way in which service providers contracted by the Youth Welfare Agencies had dealt with the situation, in particular their staff's willingness to continue visiting families, was essential for the smooth and uninterrupted running of child protection work. In the same vein, the willingness of Youth Welfare Agencies' practitioners themselves to continue with home visits, for example, in order to physically see an infant, was important. Similar to the employees in childcare facilities, schools and other organisations, these practitioners had to assess and weigh up the welfare risk to the child with their own (as well as the families') risk of infection and disease.

“We have very committed employees, who also go out and willingly accept the risks associated with the infection, because they say: 'It's important that I make home visits regardless.' I find this very remarkable, many have not spared themselves here.”

YWA 25

In other words, many social workers were willing to risk their own health due to their professional values, which prioritized family support. It is worthwhile pointing out that interviewees emphasized that staff were not placed under pressure to make home visits, but the decision was left to the individual. This approach is in accord with the International Federation of Social Workers' (IFSW) ethical principles that social workers cannot be forced to work in conditions which present health hazards (Wehrmann, 2020). Our interviewees reported that where staff members refrained from engaging in personal contacts, critical cases were passed on to colleagues who were prepared to continue seeing families face-to-face.

Another important factor, which contributed to protection plans being maintained, was the continuation of daytime residential groups, even if they had adapted their operation to comply with infection prevention measures. For example, a larger number of rooms was used by resorting to free space in schools, and staff numbers were increased. Similarly, being able to maintain residential care provisions (stationäre Hilfen) was crucial, as was their spare capacity with which places could be made available for children in need of them as required.

3.1.2. The practitioner-parents relationship and its effectiveness

In addition to the operation of the social infrastructure, as in non-COVID-19 times, it is the willingness and ability of parents to accept help, which has a significant impact on the planning and implementation of support. Some interviewees reported that both, the acceptance of help and the working relationship with some parents had changed for the better during lockdown. For example, many parents welcomed emergency childcare offers unreservedly.

“A mother thanked me, she said: 'Thank you, thank you, I didn't know what to do anymore.' So amazing, yes. It was a different, it was a really different situation. So, that was the first two weeks [after lockdown began].”

YWA 15

Furthermore, home-based family support did not only continue to be accepted by some parents, but was also seen in a new light in the challenging situation of distance learning. First, the practitioners’ offer of technical equipment to families, such as notebooks or printers, allowed some children to partake in distance learning, or at least made distance learning easier. Second, the children were also kept busy and supported in their learning by these professionals, so that the conflict potential between parents and children could be defused.

“I think this was really well received by the families, and they just felt that it was a relief when someone comes and keeps the children busy or possibly even takes over the challenge of doing the stupid homework.”

YWA 36

Practitioners' offer of practical help and relief with everyday tasks went above and beyond their common practice, which focuses on counselling and help for self-help. It thus contributed to a change of parents' views of the practitioners' work: where parents had previously experienced the work of Youth Welfare Agencies and their contracted service providers as an unreasonable imposition, this support was now gratefully accepted. In fact, parents' willingness to cooperate in the face of new challenges, which had arisen due to
closed schools and the resulting need to learn from home, was even strengthened in some cases. This occurred when child protection workers had not only retained their conventional role, but had flexibly expanded it to cover the needs that had newly, or more visibly, emerged in families.

These results are in accord with the findings of a qualitative study in the UK, in which social workers shared their experiences in child protection during the pandemic. Here, too, families were increasingly given practical support, including for meeting basic needs (e.g. a supply of food, medication and other essentials) (Ferguson et al., 2020; Moore & Churchill, 2020). According to the practitioners, this had strengthened the welfare element of their work, leading to a more humane and “kinder practice” instead of control. Since the families also saw the professionals more in their caring and supportive role now, rather than as using their power, the relationship became more partnership-like (Ferguson et al., 2020).

However, there were also some cases in our study where interviewees reported that parents were less positive about the services, even if protection plans could still be maintained through a certain degree of persistence on part of the practitioners. In some cases, reference to the possibility that the family court would be involved resulted in parental cooperation. (If youth welfare offices cannot ensure the protection of the children with their own resources, e.g. because the parents refuse to cooperate, then they are obliged to involve the family court). More precise conditions for ensuring the cooperation of parents unwilling to work with the practitioners remain unclear.

3.1.3. Key factors influencing the maintenance of child protection plans

To summarize, the following key factors allowed for the maintenance of child protection plans: Youth Welfare Agencies were able to access emergency childcare places, which child protection practitioners could fill at their own discretion. At the same time, all relevant child welfare services continued their operation with only small adjustments being made. While practitioners' child protection concerns took center stage, infection prevention measures remained in the background.

Furthermore, the (involuntary) intensive family time, combined with the challenges of distance learning in lockdown, led to a high degree of compatibility between the needs of parents for practical support, and the ability and eagerness of practitioners to provide it. This compatibility, and the parental perception of the practitioners as caring and supporting (rather than controlling), contributed to an exceptionally amicable and constructive cooperation between families and professionals.

3.2. Child protection plans were modified

3.2.1. Re-organisation of the social infrastructure

The majority of our interviewees reported that protection plans had to be modified in some ways. For example, delays in setting up emergency childcare in childcare facilities and schools, or the limited influence of Youth Welfare Agencies on the allocation of places, resulted in gaps, which had to be filled by both, the agencies and their contracted service providers. This was attempted, for example, by arranging more frequent meetings with families. However, some study participants made clear that this intensification of contact did not compare with regular school or nursery visits.

“I think there is another quality to it, whether the protection plan states that the child attends nursery regularly, or whether families feel that they are dealing with us every day.”

YWA 19

Another change to child protection plans occurred when the responsibility for contacts with the family shifted from the contracted service providers to the Youth Welfare Agencies. As already mentioned, home-based support measures, which are mainly implemented by independent service providers, are an important pillar to maintaining protection plans. Our study participants reported that they either systematically contacted these service providers with regard to each child protection case, or asked the providers to inform the Youth Welfare Agency in writing should they be unable to put agreed protection plans into practice. In cases where plans could not be maintained, for example, because service providers' staff belonged to a coronavirus risk group or had to carry out care tasks in their own family (see also Mairhofer et al., 2020), the Youth Welfare Agencies' staff assumed the responsibility for maintaining (a minimum of) contact with the families.

In addition, in particular cases, Youth Welfare Agency staff took over the responsibility from the contracted service providers for maintaining personal contacts with families. This applied where parents refused contact with the service providers, referring to the risk of infection. As Youth Welfare Agencies command greater legal authority, parents are more likely to give up their resistance to cooperate. In these cases, Youth Welfare Agency staff undertook home visits as regarded necessary, mainly depending on their assessment whether a family's situation required face-to-face contact and an inspection of the children's well-being and living conditions.

3.2.2. A variety of modes of communication between practitioners and family members

As Youth Welfare Agencies and their contracted service providers had to balance infection protection and child protection regularly, they explored alternative modes of communication to face-to-face contacts.

“We do not want to endanger citizens, yes, and not unnecessarily expose them to danger, but, of course, first and foremost, our non-negotiable mandate is that we must ensure the protection of the child, and for that purpose, contact must be maintained. So in this area of conflict, we had to keep on examining again and again what we should be doing. So that was a lot more reflection.”

YWA 10
Our interviewees described significant differences in the approaches practitioners took to stay in contact with families. The continuum ranged from routine personal encounters with the families - in most cases adjusted (e.g. shorter in time, or conducted outdoors) - to changes, in which rare telephone calls remained the only contact with families (see also Section 3.3.1 Temporary, irreplaceable loss of child protection plans). To place this qualitative data into a wider context, the on-line DJI-Jugendhilfe@romter study showed that at least until mid-May 2020 (the end of the study’s data collection), two thirds of the Youth Welfare Agencies participating in the study had continued to maintain direct personal contact (albeit probably often in an adjusted manner) (Mairhofer et al., 2020). Hence, the latter scenario described above, in which practitioners kept in touch with families through no more but rare phone calls, is likely to reflect only a small proportion of cases.

Our own data shows that Youth Welfare Agencies had often agreed with service providers of home-based family support to limit (or in some cases suspend) personal encounters, and instead, or in addition, to maintain telephone as well as digital contact with them. It was also agreed that service providers were allowed to deliver ‘equivalent services’, that is, deliver services “as they can or is possible for them.” (YWA 6) In these cases, a hybrid practice sometimes emerged, which integrated digital contacts with face-to-face interactions.

Three particular challenges had to be overcome in cases where digital contacts with families was the chosen way of proceeding, or included in a range of contact formats. First, the technical preconditions had to be established and data protection hurdles overcome. Some child protection professionals chose to ignore data protection concerns and gave priority to keeping in contact with parents.

“Many got themselves video equipment, put data protection aside a bit and said: ‘WhatsApp is not really wanted, but that’s our medium now so that we can keep in contact with the families and that’s the way we are doing it now.’ So many family-based service providers were very resourceful and very creative.”

YWA 16

The second challenge consisted of making digital media useable for the implementation of monitoring and scrutiny measures. For example, professionals tried to replace analog inspections with digital media and “photo or video documentation”, so that parents were asked to send photos of the contents of their refrigerator to the child protection practitioners where food security was an issue in the protection plan; or a video of the apartment was requested in order to be able to assess the hygiene of the living conditions. In addition, video calls were used to gain a clearer impression of the domestic situation and atmosphere in real time.

The third challenge posed by the digitization of contacts with families was the question of how to implement family support measures. On the one hand, professionals succeeded in staying in digital contact with families, who might otherwise have been inaccessible due to (genuine or ‘feigned’) concerns about infection. On the other hand, these encounters tended to be insufficient for a provision of support in the sense of professionals and families jointly working on sustainable change in the family. As a result, modified protection plans focused primarily on the aspect of monitoring a child’s welfare (e.g. by ensuring that the child was physically being seen). Help in the sense of advice and guidance tended to take a lower priority, or was regarded as difficult to put into practice. This also applied when digital media was used to compensate for a modified home visit format, i.e. where home visits had been shortened in time or reduced in number to reduce infection risks.

“But since you obviously don’t have that long in the family or such intensive contact, you just scratch the surface, and you actually have to say: Okay, then in some places, all that’s left is to ensure this minimum level of monitoring.”

YWA 25

The need to reconcile infection protection and child protection seems to have occurred at least partially at the expense of working on sustainable changes through advice and support for families.

While telephone contacts and digital practice was a key strategy to keep in contact with clients, many practitioners experienced the lack of physical encounters with families as a great challenge to their work.

“Trained to look at the whole body, to coordinate facial expressions and gestures, to assess their credibility by looking at body signals, to observe agreements between the mother and the father, (...) to see how they address the child, yes, all that is lost.”

YWA 290

Professionals missed non-verbal elements of communication and observable inter-action as additional source of information. Digital practice, such as video-calls, does not easily allow for assessing the atmosphere in a room and is thus not on par with a face-to-face interaction in a family’s home. Practitioners also sometimes struggled with poor quality video images, which could make it difficult to observe facial expressions; and children could move in and out of the reach of the video camera. On this basis, building trust, and facilitating the joint development of solutions with families, especially in the face of parental resistance, was seen as more demanding. An assessment of the credibility of parental accounts was regarded as particularly challenging where the inter-action with families was confined to telephone communication, which was considered to more easily facilitate concealment and deception. Practitioners felt more confident using telephone or digital communication when they worked with families whom they knew well from before the pandemic so that they could place the family’s accounts into a larger context.

Concerning both analog and digital contacts with families, some interviewees reported that the focus had been mainly on parents, since children could not easily be reached without the presence of the parents. As schools were closed during lockdown, a neutral and undisturbed place for conversations between practitioners and children had vanished. However, many respondents also stated that a certain level of contact with the children had been maintained. When meeting a family outdoors or in their home, some practitioners continued seeking opportunities for private conversations with children, especially older ones. In some cases, a walk in the park, sitting on a bench or on the grass was especially appreciated by youths, who saw these settings as an attractive alternative to a meeting in the
Youth Welfare Agency’s office.

3.2.3. Key factors influencing the modification of child protection plans

In a nutshell, where protection plans were modified, Youth Welfare Agencies were able to compensate to some extent for the gap which had arisen through the closure of schools and childcare facilities, and the (temporary) lack of sufficient emergency care provisions. Moreover, Youth Welfare Agency staff adapted their responsibilities and tasks according to the extent to which the contracted family support providers were able to continue fulfilling their role. Furthermore, new formats of communication with families were introduced to ensure at least a minimum level of contact, even if this was not always sufficient to satisfactorily cover all dimensions of the child protection plan. A British study with social workers practicing in the field of child protection found that most of the study participants were rather pessimistic about the achievements possible under social distancing conditions (Ferguson et al., 2020b). In our study, child protection work seems to have largely been reduced to the aspect of scrutiny (e.g. physically seeing children). Support in the sense of initiating and accompanying change through advice and guidance had been difficult to put into practice, mainly due to the necessity to resort to new modes of communication and to shorten personal encounters. This rendered core parts of social work – relationship work and counselling – more difficult, especially because practitioners had very limited experience with on-line counselling. This limitation seems to be the inevitable consequence of an approach which seeks a compromise between infection prevention and child protection, striving to ensure both to a minimum.

3.3. Suspension of child protection plans

3.3.1. Temporary loss of the social infrastructure

A minority of interviewees also reported about cases in which child protection plans largely collapsed: Families neither received the necessary support nor could the accompanying measures of monitoring and scrutiny be implemented. In such situations, some study participants commented that the loss of schools and regular childcare provisions could not be compensated for by emergency childcare, citing two reasons: first, a comparatively long delay until such care had been set up; and second, where provisions did exist, the places were exclusively reserved for children of critical workers, leaving Youth Welfare Agencies without access.

Similarly, when regular school attendance was the key element of a protection plan (for example, in the case of a truant youth), and this requirement could not be fulfilled any more due to school closure, child protection plans were suspended.

“When there were youths who didn’t attend school, there is, of course, also the problem that schools are closed. So that measures, which would ensure their school attendance, can’t be implemented. We had this problem that there were gaps there.”

YWA 38

This could mean that children and youths were not being seen in any institutional context until the protection plan had been updated, which tended to take significant time and effort. In all these cases, social services were at least temporarily unable to fill the gap.

Regarding in-home family support, there were providers who had comprehensively reduced, or completely discontinued, their services and only gradually resumed their operation.

“There were service providers who didn’t send their employees to the clients’ homes. This was communicated openly and transparently, but we have little authority to issue instructions. We just had to put up with it. Of course, we then tried to do the work through phone contacts or the colleagues, who provide home-based support, tried it, which is obviously only possible to a limited extent. Yes, our ability to monitor the situation was certainly constrained. That’s probably true.”

YWA 23

If the loss of childcare facilities and home-based family support could not be compensated by Youth Welfare Agencies, then central components of the protection plan were suspended - at least temporarily.

This also applied to children and adolescents in residential care, some of whom were sent home from their facility as lockdown commenced, without Youth Welfare Agencies having been informed, and without a new child protection plan having been drawn up. Possible reasons for this situation can be found in the results of a nationwide online survey of 1867 social work employees, who were asked about their pandemic-related employment situation. The respondents highlighted difficult working conditions in residential care. They complained about the lack of protection for employees and the impossibility of meeting the stipulated hygiene standards in residential care. Hence, it was decided to let the residents go home in order to comply with infection prevention measures (Buschle & Meyer, 2020). This response added a further problem mentioned by interviewees: some parents of the children who had been home to visit their family found it subsequently difficult to return them to the residential group due to the infection risk, and extra effort was required to persuade them.

3.3.2. The quantity and quality of communication between professionals and families

In addition to these structural factors, some parents’ persistent refusal to use emergency childcare in cases in which it was available for their children, also posed a challenge for child protection professionals. After all, the parental behavior could be rooted in both, an understandable concern about infection risks for the child, as well as an attempt to free themselves from mandatory institutional contacts (DUJuF, 2020b). This difficulty of “distinguishing between the genuinely anxious and the avoidant” (Driscoll et al., 2021, p. 411) was also noted in a UK study. Our data shows that practitioners identified some cases where they assessed infection concerns to be
clearly genuine, for example, where the coronavirus pandemic led to the deterioration of a mentally ill mother, who “viewed it [COVID-19] objectively as an absolute threat” (YWA 29). By contrast, cases, where child protection professionals suspected that the pandemic was used as an excuse for avoiding contact with Youth Welfare Agencies were characterized by long-standing difficulties with parental cooperation.

Addressing this challenge, practitioners were faced with the question of how they should respond in a manner which was professionally qualified and proportionate. Many practitioners did not want to ‘imply that the parents, ‘oh, they absolutely want to get rid of us.’” (YWA 9). Hence, study participants stated that in the context of the pandemic, they were generally “more generous” as an authority. They tended to refrain from taking measures, such as appealing to the family court, as in the following case, where parents had refused the offer of emergency childcare.

“This means you can strongly advise the parents, but if they don’t accept it, this is not a reason to take a child out of there [the family]. Or we would have had a lot to do. But, of course, we always tried to motivate the parents, but we, too, reached our limits, for sure.”

YWA 1

The suspension of child protection plans sometimes went alongside extremely restricted communication possibilities with parents, for example, when personal contacts were seen as inappropriate by professionals due to infection risks, and digital contacts were either not possible due to lack of technical equipment, or refrained from because of data protection issues. In these isolated cases, only telephone contact could be kept with families, significantly reducing the possibility of even upholding the monitoring element of protection plans:

“Of course, we then tried to put this [monitoring] in place as much as possible by telephone contact, or the colleagues of the home-based support tried it by phone, which is, of course, only possible to a limited extent. Yes, monitoring was restricted there. I guess that’s true.”

YWA 23

3.3.3. Key factors influencing the suspension of child protection plans

To summarize, child protection plans were suspended when the institutional cornerstones of the plan had collapsed and could (temporarily) not be replaced. In addition, parents’ lack of cooperation, which they justified by referring to infection risks, presented a barrier, which was difficult to overcome. In some cases, the inability to engage parents may also have occurred due to a lack of persistence by practitioners, as well as insufficient professional methods of dealing with resistance - as reflected in regular findings in case reviews (Gerber & Lillig, 2018; Ofsted, 2011; Sidebotham et al., 2016). In contrast to cases in which protection plans were modified and families’ situation could be monitored to some extent through the use of digital media, where protection plans were suspended, communication was reduced to telephone contacts. This hardly allowed for any element of child protection plans to be maintained.

4. Limitations

As applies to all qualitative research, our findings are not generalisable in a probabilistic way, but are likely to provide insights into the experiences of other child protection professionals in comparable situations to those of our interviewees. Other limitations of the study include the fact that the findings are confined to the earlier phase of the pandemic. It is probable that child protection plans were affected differently during the height of the pandemic.

The study participants - first-line management representatives from Youth Welfare Agencies - were selected as they are in regular and close exchange with their team's staff, who work with the families. The interviewees were thus able to give an overview of the different experiences and ways of working in their team. The interviewees only reported on the work of the front-line staff as they had understood it from discussions, and such understanding may sometimes have lacked contexts and nuances of the practitioners’ experiences.

Another limitation refers to the different disciplinary backgrounds of the six interviewers (e.g. psychology, social work, social policy, psychology) and a relatively broad interview schedule. The different interview topics were sometimes pursued to different degrees, reflecting the varied expertise. Early reviews of interview transcripts and regular discussions amongst the interviewers were used to work towards alleviating this problem.

5. Conclusion

At the beginning of the first lockdown in the coronavirus pandemic, all professionals involved in child protection practice had to adapt to new working conditions in a very short time span. Since they could neither draw on experiences nor on any contingency plans, it needed ingenuity and improvisation to reconcile infection prevention and child protection. To make matters worse, in many cases, PPE, which could have facilitated personal encounters between professionals and families, as well as technical equipment (such as smartphones and notebooks) for the digital maintenance of such contacts, could only gradually be made available. The unequal technical set-up of Youth Welfare Agencies and the need to raise the technical standard of agencies fallen behind has thereby emerged as a key issue, which must be addressed. Moreover, the International Federation of Social Workers (IFSW) demand that outreach social work must be adequately supplied with PPE (Wehrmann, 2020) – a demand that could initially not be met, and which underlines the
importance that better safeguards must be put in place to protect the safety of this essential workforce.

Reflecting on child protection professionals’ review and adaptation of protection plans in the first half year of the pandemic, two broad patterns of proceeding have emerged:

1. Weighing up child protection and infection prevention: After professionals' initial review of a case and an assessment of the level of risk posed to the child, a weighing up or balancing process occurred. This included balancing the measures deemed necessary to protect the child with the best possible infection prevention. This area of conflict between child protection and infection prevention was in most cases navigated in the following way: the greater the perceived risk to the child, the less attention was paid to infection prevention measures. Hence, many practitioners neglected their own infection risk and prioritized the protection of children. Conversely, if the child was assessed to be at low risk, greater weight could be given to infection prevention measures in order to protect the practitioner and the families. The quality of risk assessments was therefore crucial, as reduced contacts also meant that there was less opportunity to become aware of escalating situations.

2. Mix and match: Similarly based on the type and extent of the risk to the child, the aim was to use a range of still available analog as well as digital contact options, support services and protective measures (i.e. a mix) to draw up a suitable protection plan for the family's situation and the requirement of the child's safety (i.e. the match). If all support services were still available, the protection plans could be maintained. However, if parts of the infrastructure were lost and/or contact and service options were restricted, for example, by limited technical equipment, protection plans were adapted accordingly, with the aim to still find ways to do justice to the case.

The interview data demonstrates that both, at the institutional level of the agencies and service providers, as well as at the individual level of the practitioners, child protection continued to have high priority. Many practitioners neglected their own infection protection or went new, creative ways to stay in contact with the families. At the same time, our data also makes clear that there was a tendency towards a shift away from counselling and support towards monitoring and scrutiny, particularly in the context of modified protection plans. This occurred largely due to the circumstances created by COVID-19, rather than because of workers' choice. Given the request to reduce personal contacts to a minimum, it was more feasible to monitor families, for example, through a brief or virtual visit of their home, than undergoing the process of counselling and support for parents.

The practitioners recognized that the parental perception of the Youth Welfare Agency and the contracted service providers often changed for the better where concrete, everyday practical support and relief was provided. This insight can be used for the further development of child protection practice also post-COVID-19, whether this may involve the offer of limited material support to families, help for parents to get a break from everyday life, or educational support for children. The study indicates that the working relationship between professionals and families can be strengthened when families' practical needs are addressed. It also suggests that supporting families hands-on in their everyday life, thereby relieving parental strain, is an important addition in child protection to counselling and guidance, the current focus of social workers' practice in Germany.

Funding source

The authors are Senior Research Fellows at the National Centre for Early Prevention, German Youth Institute [Nationales Zentrum Frühe Hilfen (NZFH), Deutsches Jugendinstitut (DJI)] and are members of the project 'Quality development in child protection' [Qualitätsentwicklung im Kinderschutz]. The NZFH is a cooperation of the Federal Centre for Health Education [Bundeszentrale für gesundheitliche Aufklärung (BZgA)] and the German Youth Institute [Deutsches Jugendinstitut (DJI)]. It is funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth [Bundesministerium für Familie, Senioren, Frauen und Jugend] (BMFSFJ).

Acknowledgements

The authors would like to thank the KiZCo project team (Susanne Witte, Thomas Meysen, Lydia Schönecker, Brigitte Schnock, Sylvia Sperger, Jessica Weber and Heinz Kindler), for contributions to the data collection and first stage of analysis, as well as for helpful comments on an earlier version of this article. Thanks are also due to the reviewers for their constructive advice.

Appendix A

Overview of the key factors determining the development of child protection plans.

| Key factors | Examples from interviews |
|-------------|--------------------------|
| Social infrastructure remained intact | • Emergency childcare was (almost) immediately available for children on child protection plans |

(continued on next page)
### 1. Child protection plans predominantly maintained

| Key factors                                                                 | Examples from interviews |
|-----------------------------------------------------------------------------|--------------------------|
| **Home-based family support measures were continued**                       | “Right at the beginning, from the first week, we organised the nurseries and some of the schools in such a way that for all children for whom we had developed child protection plans, emergency childcare was secured.” (YWA 19) |
| **Practitioner-parents relationship proved to be effective**                | “We have very committed employees, who also go out and willingly accept the risks associated with the infection because they say: ‘It’s important that I make home visits regardless.’ I find this very remarkable, many have not spared themselves here.” (YWA 25) |
| **Constructive or even strengthened cooperation between professionals and parents** | “A mother thanked me, she said: ‘Thank you, thank you, I didn't know what to do anymore.’ So amazing, yes. It was a different, it was a really different situation.” (YWA 15) |

### 2. Child protection plans were modified

| Key factors                                                                 | Examples from interviews |
|-----------------------------------------------------------------------------|--------------------------|
| **Re-organisation of social infrastructure**                                | “Emergency childcare had already been in place for children of core workers. And there were then discussions about the extent to which children at risk could possibly also access these emergency childcare places, where this is normally part of the protection plan. And this was improved in [name of place] in the coronavirus regulations. So they could join then as well.” (YWA 22) |
| **Variety of modes of contacts between practitioners and parents**          | “Many equipped themselves with video, put data protection aside a bit and said: ‘WhatsApp is not really wanted, but that's our medium now so that we can keep in contact with the families and that's the way we are doing it now.' So many family-based service providers were very resourceful and very creative.” (YWA 16) |
| **Practitioners faced challenge of making digital media useable for the implementation of monitoring and scrutiny measures.** | “But since you obviously don't have that long in the family or such intensive contact, you just scratch the surface, and you actually have to say: 'Okay, then in some places, all that's left is to ensure is this minimum level of scrutiny.'” (YWA 25) |
| **Telephone and digital contacts reduced non-verbal information and hampered social workers' relationship work** | “Trained to look at the whole body, to coordinate facial expressions and gestures, to assess their credibility by looking at body signals, to observe agreements between the mother and the father, (...) to see how they address the child, yes, all that is lost.” (YWA 29) |

### 3. Child protection plans were suspended

| Key factors                                                                 | Examples from interviews |
|-----------------------------------------------------------------------------|--------------------------|
| **Temporary loss of social infrastructure**                                | “In the daycare center, there was always only emergency staffing, and then, [...] they only admitted children of core workers. Nobody was willing to be of any support there. [...] And you didn't need to call them, because nobody answered the phone.” (YWA 37) |
| **Key elements of child protection plan (such as regular school attendance) had to be abandoned** | “When there were youths who didn't attend school, there is, of course, also the problem that schools are closed. So that the measures which would ensure their school attendance, can't be implemented. We had this problem that there were gaps there.” (YWA 38) |
| **Home-based family support measures were comprehensively reduced, or completely discontinued** | “There were service providers who didn't send their employees to the clients' homes. This was communicated openly and transparently, but we have little authority to issue instructions. We just had to put up with it.” (YWA 23) |
| **Practitioner-parents relationship and its effectiveness**                | “This means you can strongly advise the parents, but if they don't accept it, this is not a reason to take a child out of there [the family]. Or we would have had a lot to do, it's not possible. But, of course, we always tried to motivate the parents, but we, too, reached our limits, for sure.” (YWA 1) |
| **Parents' refusal to cooperate in the context of infection risks could not be successfully addressed** | “Of course, we then tried to put this [monitoring] in place as much as possible by telephone contact, or the colleagues of the home-based help tried it by phone, which is, of course, only possible to a limited extent. Yes, monitoring was restricted there. I guess that's true.” (YWA 23) |
| **Modes of communication reduced to telephone contact as personal contacts regarded as risky while lack of technical equipment or data protection issues could not be easily overcome** | “Phone, which is, of course, only possible to a limited extent. Yes, monitoring was restricted there. I guess that's true.” (YWA 23) |
Schuppert, A., Polotzek, K., Schmitt, J., Busse, R., Karschau, J., & Karagiannidis, C. (2021). Different spreading dynamics throughout Germany during the second wave of the COVID-19 pandemic: a time series study based on national surveillance data. In S. The Lancet Regional Health - Europe (p. 100151), 2021.

Senatsverwaltung für Justiz, Verbraucherschutz und Antidiskriminierung. (2020). Anstieg häuslicher Gewalt und Kindesmisshandlung im Zuge der Corona-Pandemie, 02 July 2020 https://www.berlin.de/sen/jusva/presse/pressemitteilungen/2020/pressemitteilung954959.php (last accessed 27 August 2020).

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., Harrison, E., Retzer, A., & Sorensen, P. (2016). Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014. Final report May 2016. London: Dept. of Education.

Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Mishna, F., Sokolowski, M., & Stewart, S. (2020). Child Welfare and Pandemics. Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development. University of Toronto.

Spencer, L., Ritchie, L., & O’Connor, W. (2003). Analysis: Practices, principles and processes. In J. Ritchie, & J. Lewis (Eds.), Qualitative research practice. Thousand Oaks, CA: Sage.

Statistisches Bundesamt (Destatis). (2021). 9% mehr Fälle: Jugendämter melden 2020 Höchststand an Kindeswohlgefährdungen. Pressemitteilung Nr. 350 vom 21. Juli 2021. Wiesbaden: Statistisches Bundesamt.

The Alliance for Child Protection in Humanitarian Action (The Alliance). (2019). Minimum Standards for Child Protection in Humanitarian Action (2019 ed.) (2019 ed., 2019 https://handbook.spherestandards.org/en/cpms/#ch001 (last accessed 27 August 2020).

The Alliance for Child Protection in Humanitarian Action (The Alliance). (2020). End Violence Against Children, UNICEF, WHO, COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home. Version 1. May 2020 https://www.unicef.org/media/68711/file/COVID-19-Protecting-children-from-violence-abuse-and-neglect-in-home-2020.pdf (last accessed 27 August 2020).

The Children’s Society. (2020). The impact of COVID-19 on children and young people. London: The Children’s Society. https://www.childrenssociety.org.uk/sites/default/files/the-impact-of-covid-19-on-children-and-young-people-briefing.pdf, last accessed 23 July 2021.

Weale, S. (2020). Fears for child welfare as protection referrals plummet in England. The Guardian, 8 April 2020 https://www.theguardian.com/society/2020/apr/08/fears-for-child-welfare-as-protection-referrals-plummet-in-england (last accessed 23 July 2021).

Wehrmann, C. (2020). Ethical decision-making in the face of COVID-19. International Federation of Social Workers (IFSW) (last accessed 26 August 2020) https://www.ifsw.org/wp-content/uploads/2020/04/Option-A-Ethical-Decision-making-in-the-face-of-COVID-19.pdf.

Witte, S., Miehlbradt, L., van Santen, E., & Kindler, H. (2016). Briefing on the German Child Protection System. Hestia. Sep. 2016 https://welfarestatefutures.files.wordpress.com/2016/11/hestia-whitepaper-german-child-protection-system-aug2016.pdf (Last accessed 23 July 2021).