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ORIGINAL ARTICLE OPEN ACCESS

# Innovating in the Time of Covid: Adapting Services for Young People Experiencing Extra-Familial Risks and Harms

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## ABSTRACT

This paper explores how seven organisations from the children's social care sector in England adapted their service during the Covid-19 pandemic restrictions to better meet the needs of young people experiencing extra-familial risks and harms. Particularly, it focuses on these organisations' experience of attempting to transform services in a unique crisis context and considers what insights this situated study offers into the processes of innovation and practice improvement in the sector. Twelve respondents from these seven organisations participated in semi-structured interviews, which were analysed both narratively and thematically. Six of these participants were interviewed longitudinally over 6 months, enabling consideration of barriers encountered within their innovation journeys and the factors and conditions that facilitated the process. From these, three longitudinal narrative accounts were selected, highlighting themes emblematic of the overall dataset. The findings indicate that, unencumbered by the usual constraints of bureaucracy, organisations could adapt service provision with unprecedented speed, to respond in more youth-centred and welfare-oriented ways to young people's needs. Rapid cycles of iterative development in response to young people's feedback suggested a surprising potential for agility and responsiveness in the children's services sector, raising questions about whether and how this might be mobilised outside of crisis conditions.

## 1 | Introduction

On 23 March 2020, the United Kingdom entered a national lockdown (HM Government 2020) to stop the spread of Covid-19 within a global pandemic. The impact on public services was immediate. Within the social care sector, most public attention focused on the impact on older people within care homes (Milne 2020). Less visible was the effect of public health restrictions on children's social care, social workers and the populations they served (Baginsky and Manthorpe 2021). While international guidance might imply that the emergency nature of social work, its commitment to social justice

and human rights and its specific role in supporting the most socially vulnerable groups would place practitioners on the frontline of the pandemic response (Amadasun 2020), social workers were subject to the same lockdown restrictions as everyone. Following the relaxing of 10 sets of regulations governing the statutory duties of children's social care services in England, only the most vulnerable children received in-person visits as the requirement to visit children in care every 6 weeks or hold reviews of the care of 'looked-after children' at specified intervals was removed (Baginsky and Manthorpe 2021; Cook and Zschomler 2020). These radical reforms to statutory duties, implemented without proper consultation with public

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bodies and communities of concern, went largely unnoticed by the media.

As social work professionals wrestled with the new reality of Covid-19, our research team, funded by the Economic and Social Research Council in the United Kingdom, was in the early stages of a 4-year project researching the processes of innovation in children's social care. It was exploring these through studying how statutory services and voluntary organisations were innovating to respond more effectively to young people experiencing safeguarding harms beyond the home and family, such as child sexual and criminal exploitation, peer-to-peer abuse and serious youth violence ([www.theinnovateproject.co.uk](http://www.theinnovateproject.co.uk)).

The rationale for our overall study was twofold. First, these extra-familial risks and harms were posing new and escalating challenges to social care and related agencies at the interface of safeguarding and criminality, and there was an urgent need to identify how services, singly and working together, might be (re-) designed to prevent, detect and address such risks (Association of Directors of Children's Services 2018; Firmin, Warrington, and Pearce 2016).

Second, despite significant investment in the design, diffusion and evaluation of innovative safeguarding practice models and systems, understandings of the conditions and organisational capabilities that innovation entails and requires in the social care sector were still emergent (Brown 2015; Sebba et al. 2017; Spring Consortium 2016). Relatively limited information was available regarding how innovation might be mobilised, implemented, embedded and diffused within children's social care and how it differs from innovation processes and requirements in other public sector and social innovation contexts (Brown 2015; Kaye et al. 2012). Arguably, this is because, in the United Kingdom, innovation-related research in children's social care has primarily centred on the evaluation of interventions, offering insights into the following: their operational feasibility; whether they achieved intended outcomes; and how they were experienced by young people and families (FitzSimons and McCracken 2020). There has been less focus on system capability requirements, resourcing needs and how to mobilise innovation and enable it to flourish within a challenging sectoral, economic and social context (Hampson, Goldsmith, and Lefevre 2021; Sebba et al. 2017).

In these early weeks of the Covid-19 lockdown, our networks in the social care sector, and our engagement with social work groupings on social media, alerted us to how the crisis created by the pandemic, and its concomitant public health response, was triggering a wave of new approaches within children and youth services. Organisations and practitioners were rapidly transforming their ways of working to support and safeguard children and young people affected by these extra-familial risks and harms (hereafter EFRH).

Surmising this as a unique opportunity within our broader study to learn about situated innovation in response to a crisis, we issued an invitation over social media for service leaders to contact us for interview if they were developing and trialling new and different approaches in response to EFRH and defined their activities as innovation.

We subsequently conducted longitudinal interviews during 2020 and 2021 with managers of 12 services across seven sites in

England. The interviews explored their subjective impressions of the innovation process, inquiring into: how their practice or system responses to young people experiencing EFRH changed once the Covid-19 lockdown regulations came into force; what had supported or hindered this process; whether these changes were considered feasible and beneficial; and whether they were sustained beyond the initial lockdown measures.

This paper presents longitudinal narrative accounts of three reflexive innovation journeys from these sites that we consider to be emblematic of this dataset. While the data discussed here comprises a small strand of a much larger study, involving an opportunistic sample, this paper does provide a unique qualitative encounter with situated innovation in a very specific crisis context. By exploring the factors that enabled innovation in these sites, and the barriers which challenged it along the way, the paper adds to the growing body of work into how innovation might be stimulated in children's service settings and what is needed to ensure it can flourish.

## 2 | The Context for Social Care Innovation During the Pandemic

Innovation has become a 'buzzword'. It has become the dominant framework for practice and system improvement in children's social care over the past two decades in the United Kingdom, resonating with the pre-eminence of this concept in other areas of public policy and public services management, where it started to appear in the 1980s (Osborne and Brown 2011). Innovation's journey to the social care zeitgeist in England can be tracked through a policy steer to address sector problems such as recruitment and retention, and practice deficiencies such as social workers undertaking too little direct work with children and families, through innovative re-envisioning of practice models and systems (Department for Education and Skills and Department of Health 2006). The pilots of 'remodelling social work' and independent 'Social Work Practices' were early examples of government-funded innovation programmes (Baginsky et al. 2011; Stanley et al. 2012). A review of child protection in England, which attributed at least some of the problems in practice to a heavily bureaucratised and overly compliant sector that lacked innovation (Munro 2011), was an important trigger for the introduction of the Children's Social Care Innovation Programme in England. This government-sponsored initiative, investing £200 million between 2014 and 2020 in 98 innovation projects within the statutory and voluntary sector (and their evaluations), nine of which were designed to transform services for young people facing EFRH (Department for Education 2021), marked the dominance of the concept and language of innovation into children's social care.

Noteworthy, innovation in the sector over the last decade has been promoted against a backdrop of considerable challenges: rising demand for services; significant and sustained reductions in local authority budgets and grants to charities; increasing numbers of children growing up in poverty; and a social environment decayed by austerity policies (Cooper and Bailey 2019; Featherstone, Gupta, and Morris 2020). While innovation is often presented as a value-neutral activity (Papaioannou 2019), our earlier literature review noted

that innovation policy and practice are heavily value-laden (Hampson, Goldsmith, and Lefevre 2021). If problems such as staff churn, too little direct practice and poor outcomes for children are thought to be resolvable through innovation, then the implication is that social inequalities and the politics of austerity are nothing to do with increasing social problems and the rising need for welfare services. This perspective risks innovation becoming ‘a political tool to create a system shaped by the logics of neo-liberal governance, irrespective of the potential for detriment to service users and/or the general public’ (Hampson, Goldsmith, and Lefevre 2021, 201). Jones (2018) has further suggested that this policy drive towards innovation has been an attempt to hide ideologically driven efforts to privatise children’s services and mask the impacts of deliberate attempts to constrain the public purse within a competitive market economy.

Despite these reservations, funded initiatives such as the Children’s Social Care Innovation Programme have largely been welcomed by the sector. This may reflect the opportunities to access resources in an otherwise austere environment and/or a desire to find new ways of doing more or better for less (Jordan 2014). But in fields such as EFRH, it is also likely a recognition that incremental forms of practice improvement cannot alone create the complex, multi-faceted, integrated systems and interventions required to respond adequately to ‘wicked’ social problems (Luke 2017). Innovation enables the kind of radical re-visioning of paradigms, design features and/or aspired outcomes that are needed to challenge and overturn system conditions and principles that may be perpetuating inadequate or unhelpful practices. Such transformational processes are likely to be disruptive, requiring additional ring-fenced funding to meet existing service commitments while new systems or interventions are developed (Mulgan et al. 2007). Access to innovation funding can thus be an important ‘pull’ factor to enable important radical change (Murray, Caulier-Grice, and Mulgan 2010).

Innovation can equally be mobilised by ‘push factors’. These may occur: at a local level, such as a critical Ofsted report or budgetary crisis (Brown 2015); in relation to matters of national significance, such as the public outcry following inquiries into child sexual exploitation which led to the conceptual transformation of sexually exploited adolescent girls into victims deserving a safeguarding response (Secretary of State for Communities and Local Government 2015); or at a global level, such as the crisis created by the Covid-19 pandemic.

Given the largely positive reception of innovation discourse in the sector, it might be expected, then, that local authorities and organisations seeking to respond to a serious health and environmental challenge, which prevented its usual safeguarding responses to young people, might turn to innovation as a framework for service adaptation—or, at the very least, badge that adaptation as innovation.

### 3 | The Innovation Journey

The idea of the innovation journey has long been used in the technology and design industry as a conceptual frame that can contain the ‘messy’ complexity and multi-faceted nature of the innovation process (Van de Ven et al. 2008). Journeys are visualised ‘as a non-linear cycle of divergent and convergent activities

that may repeat over time and at different organizational levels’, demonstrating ‘patterns of commonality’ (Oeij et al. 2019, 245). This frame has been increasingly applied within the social innovation literature over the past two decades, surfacing factors which enable an innovation to thrive, or not, and structuring guidance for different phases (Mulgan et al. 2007; Murray, Caulier-Grice, and Mulgan 2010). The second and third authors of the current paper have previously reviewed existing trajectory frameworks from the social innovation literature to create a synthesised model of the stages of innovation that has relevance for children’s social care (see Lefevre, Hampson, and Goldsmith 2023). Some of that literature presents the ‘innovation journey’ in a normative and prescriptive fashion, almost as a manual for what should be done at particular points to achieve a specific outcome. Yet as other social innovators point out, there is a complex, dynamic interplay between a social innovation, its specific context and the wider policy landscape which affects what needs to happen, when and how (Mulgan et al. 2007; Murray, Caulier-Grice, and Mulgan 2010). Hence, our synthesised model offers more of a directional mapping of the aims and considerations commonly observed at particular stages of the innovation journey and offers reflective questions for innovators that can assist with planning and review. We summarise these stages here:

- i. *Mobilising*: Innovation is prompted by push and pull factors; understanding is sought of the practice problem and potential transformative solutions; a case is built to achieve buy-in from across the system.
- ii. *Designing*: Different ways of operating are explored, involving the generation of entirely new approaches or importing promising models from different contexts; their suitability and feasibility for the local context needs to be determined.
- iii. *Developing*: New tools, methods and systems are piloted, tested for their viability and improved.
- iv. *Integrating*: Attempts are made to implement the new approach in its entirety, with the aim of embedding it so that it sustains over time.
- v. *Growing*: Promising or effective approaches are diffused to other contexts to determine their potential transferability at scale.
- vi. *Wider system change*: Where appropriate, the new approach is reflected in national guidance or macro systems (see Lefevre, Hampson, and Goldsmith 2023).

After presenting our data analysis, we return in the discussion section to this synthesised model to consider whether and how it aligns with the innovation journeys described by our research participants and what the findings might indicate about the common processes of innovation in children’s social care.

### 4 | Methodology

The research received ethical approval from the University of Sussex Social Sciences & Arts Cross-Schools Research Ethics Committee in April 2020. To minimise pressure on professionals, we deployed a light touch, three-fold recruitment strategy: posts on our project Twitter account calling for potential



participants; a question in a wider survey simultaneously issued to the social care sector asking for details of approaches taken to adolescent safeguarding; and an email to those who had registered on our website—comprising individuals from practice, research and policy. Participants were eligible if they had been involved in transforming their service approach to young people affected by EFRH in response to the pandemic restrictions and termed this as innovation. Fourteen individuals made initial contact and were followed up with an email that clarified the nature of the commitment and standard arrangements to store data securely and preserve confidentiality and anonymity. Potential participants were offered the opportunity of an initial semi-structured interview that could be followed by a series of shorter interviews over the ensuing six months. The first interview established key information such as: how the service supported young people pre-pandemic; how this changed following the Covid-19 restrictions; factors that had helped or hindered service transformation; how staff had overcome any barriers; and why they considered these changes to constitute innovation. In follow-up interviews, participants considered the processes of service transformation as it unfolded over time and what they learned about innovation and practice improvement processes.

Between May and October 2020, 12 of the 14 respondents who made contact signed a consent form and took part in the initial interview (see Table 1). Collectively, they represented seven large organisations. No demographic data were collected. Six participants completed three interviews between June 2020 and January 2021. Participants were further contacted in 2022 and offered to participate in another interview, but this was unfruitful: Two people did not respond; one was on maternity leave; one responded to say they had moved roles; and the other six had bounce-back emails advising that person no longer worked for the organisation. All interviews were conducted by telephone or on Microsoft Teams and audio recorded.

The 20 transcripts were analysed both thematically and narratively. Drawing on Braun and Clarke's (2006) approach to reflexive thematic analysis, this paper's three authors initially read all the transcripts to sensitise themselves to the data and generate open codes inductively. These were compared and integrated in a process of reflexive discussion by the three authors and then further consolidated into categories by drawing on the

earlier work of Lefevre and Goldsmith on the common stages of innovation in children's social care (Lefevre, Hampson, and Goldsmith 2023) and our elaboration of the contextual and systemic factors that drive decisions about innovation in children's social care (Lefevre et al. 2024). Peace then coded the transcripts using this coding framework.

To better reflect the innovation journeys taken by the five organisations where three longitudinal interviews had been conducted, the trajectory of each site was also mapped narratively (Oeij et al. 2019) and compared with findings from the thematic analysis. The authors then selected three sites whose narrative journeys were foregrounded as emblematic of the wider dataset in order to provide a thick description of their innovation journeys. These three longitudinal narrative accounts provide what we describe as an 'impressionist picture' (rather than an exact map) of the sites' innovation journeys in the unique context of Covid-19. A layering of thematic and narrative analysis enabled larger themes to be established, and it is those which are set out in this paper (Table 2 shows the themes identified across sites.)

#### 4.1 | Limitations

The small sample of respondents can provide only a very limited picture of activities within children's services in England during the pandemic. Nonetheless, the rich longitudinal narratives provided by five of the participants offer useful insights into situated innovation over time, during a period of crisis. As a majority of participants were from the voluntary sector, it cannot be assumed that all findings would have resonance for the statutory sector, but services did constitute an important part of the vanguard of responses to young people experiencing EFRH both before and during the pandemic.

### 5 | Findings: Three Reflexive Narrative Accounts of Innovation in a Crisis

#### 5.1 | Site 1

Site 1 was a local authority children's social care department in a metropolitan borough council located in the North of England. During the first national lockdown in March 2020,

**TABLE 1** | Participants' profiles.

	Type of organisation	Participant role	Interview 1	Interview 2 <sup>a</sup>	Interview 3
Sites selected for their narrative journeys	Local Authority	Principal Social Worker	x	x	x
	Voluntary Sector	Assistant Director	x	x	x
	Children's Trust	Assistant Director	x	x	x
Rest of dataset	Voluntary Sector	Partnership Lead	x		
		Senior Development Role	x		
		Senior Development Role	x		
	Local Authority	Team Manager	x	x	x
		Principal Social Worker	x	x	x
		Principal Social Worker	x		
	Voluntary Sector	Director	x		
Voluntary Sector	Practice Lead	x	x	x	

<sup>a</sup>Six of those initially interviewed did not respond to follow-up invitations, and one had moved role.

**TABLE 2** | Frequency of key themes from the three selected narrative accounts across the wider dataset.

Key themes identified	Number of sites
Online or hybrid service delivery	7
Benefits and challenges of online working	7
Organisations became more agile	7
Practice adaptation became more responsive to the needs of children and families	5
Young people and families were more meaningfully involved in innovation processes	5
Sector-wide barriers to innovation	4

this site shifted its services to online delivery. Practitioners supported young people remotely, apart from the multi-agency screening team and small pods of social workers with high levels of manager oversight which remained in the office on a rota basis. Virtual child protection conferences, reviews of looked-after children and virtual courts were established. Some visits to children's homes and foster placements were conducted online, while some were maintained at the doorstep with social distancing for young people deemed to be most vulnerable. As lockdown restrictions eased, this site adopted a hybrid model of service delivery, gradually increasing house visits and holding some child protection conferences in person.

### 5.1.1 | The Mixed Picture of Online Engagement

The shift to online service delivery was described by this site, and across the dataset, as the most immediate and evident change significantly impacting how practitioners were able to support and maintain relationships with young people and families. The respondent from this site observed that online engagement was well received by some young people:

We've had situations where kids have really enjoyed the virtual contact and have been much more forthcoming with information.

Although online services had clear benefits for some young people at a time of a crisis, this respondent's views about the positive aspects of online engagement became more mediated in later interviews as particular challenges surfaced (this was reflected across the dataset with respondents describing online engagement overall as a 'mixed bag'). According to this respondent, online-only engagement painted an incomplete picture of young people's lives, at times complicating or distorting safeguarding assessments:

You're not absolutely certain of what's happening within families and we've always got to balance that kind of engagement with the safeguarding role.

The inability to visit young people and their families proved particularly challenging for engaging with more vulnerable young people or building new relationships. Nonetheless this site, like

all in our dataset, wished to retain a flexible approach to working, consisting of a mixed-model of online/office work going forward to best suit the needs of individual young people and families—with careful considerations as to when it might be appropriate or not.

### 5.1.2 | A New Focus on Welfare

As direct work became limited by social distancing, practitioners took on a monitoring role, checking on families and ensuring that they had what they needed. This was experienced by some as contrary to their practice ethos of collaborative working:

We're monitoring them, but we're not actively working with them in the same way.

While many practitioners in this site felt this limited their ability to work with young people and their families, one respondent observed that families had welcomed the attention given to their material situation. According to them, and echoed by Featherstone et al. (2018) among others, the focus on welfare, basic needs and financial stress had been largely lost from social work over the last 40 years:

[Before the pandemic] I don't think we would have talked in the same way about finance, debts and all those things. We might have commented on it but I think there was a shift away from dealing with welfare, benefits and things like that and getting much down to you know the business of the child protection plan, rather than thinking, 'actually the thing that might be worrying this family most is that there's no food'.

### 5.1.3 | Adapting Services With Unprecedented Agility

Like organisations across the dataset, this site adapted its services with unusual speed and agility. Reflecting on what adapting to a crisis had taught them about innovation, the respondent foregrounded the urgency of the context as a key catalyst to action:

If you have to and you're forced into a situation, you can adapt and ... you're not so held back by thinking about the impact.

## 5.2 | Site 2

The second site was a voluntary sector organisation supporting young people affected by abuse and exploitation. It adapted its approach to provide online consultations or online group work with young people. A new service was created to coordinate a sector wide response for young people most affected by the pandemic. This programme supported those who became vulnerable to EFRH through losing support during lockdown from networks they could no longer draw upon: peer groups, at school or in the community. These were young

people who had not met the threshold for statutory support. This programme, funded via government ring-fenced funding for charities, was described by the two respondents from this site as innovative in two ways: It offered a broader range of services and practical support to young people, marking a shift from the organisation's traditional focus on 'higher risk' therapeutic work, and it was delivered by a range of partner local community organisations.

### 5.2.1 | Building Relationships Online

Like Site 1, the transition to online services was very quick. This marked a shift for an organisation that had been described by respondents as traditionally risk-averse to online working with young people. The two interviewees remarked on the benefits of engaging young people online, which led to some reaching out more frequently and spontaneously to their worker (as illustrated in the first quote) and opening up more readily about their experiences of abuse (as illustrated in the second quote):

Children can just reach out and ping you a WhatsApp or a text and say, 'you got five minutes to talk'. We were like, 'yeah, course we can'.

Children started to talk to us about things that they otherwise wouldn't, if we hadn't have gone to digital (...) Children were telling us actually 'this is what we're encountering in those on-line spaces' and because we were meeting with them digitally, they felt like a way of them talking about their on-line experiences more authentically.

Over time, this organisation became more cognisant about where online working was helpful to practitioners and young people and where it posed limitations—namely, around practitioners' inability to work with families on a deeper interpersonal level and the difficulty of building new relationships over digital platforms. These limitations were highlighted across the dataset.

### 5.2.2 | Reaching Young People in New Ways

The service set up by this organisation in response to new vulnerabilities posed by Covid-19 was established very swiftly and represented a new approach to preventatively engaging young people at risk of exploitation through youth work approaches. One respondent highlighted the benefits of this approach in engaging new groups of young people:

We're learning so much from children when we're going to speak to them in spaces and places and doing street-based work. These are kids that are miles away from school, they're not going back to school any time soon, but we're still reaching them, we're understanding the needs in their community.

A key driver of this new programme, explained this respondent, was the disproportionate impact of Covid-19 on young

people who were Black, Asian or from other minority ethnic communities, which prompted their organisation to reflect on their lack of reach with non-white young people. To address this gap, the organisation partnered with a wide range of community organisations who had a reach into these communities, allocating funds to these organisations and building their capacity to deliver services. This new approach to partnerships was seen by respondents as enabling them to broaden their reach and adopt more culturally sensitive approaches to their work. Moreover, both respondents emphasised that the context of uncertainty created by the pandemic made it possible to trial these new ways of working. Innovating in the context of a crisis had allowed more room for trial and error in a sector that is traditionally risk averse. In the quote below, one respondent refers to the competitive environment of the funding grant 'market', which can place considerable pressure on charities and curtail creativity:

There's a pressure to get it right first time, every time (...) I think there's another end of saying, 'actually if we tried this and we failed safely', you know, 'what are the lessons we could have learnt from that'. And I think the market ... it snips those safety nets away from you.

### 5.2.3 | Becoming More Responsive to the Needs of Young People and Families

Without evidence of 'what works' when adapting services to a pandemic, and lacking time for formal consultations, this organisation adopted a more participatory and informal approach to developing and evaluating their service adaptations. One of the respondents explained how this context enabled experimentation and 'rapid feedback loops' about young people's experiences of online services, enabling iterative adjustments to delivery. They saw this as innovative because it shifted the collection of data and measurement of outcomes from a commissioner-led perspective to one directed by young people's needs and concerns.

I really feel like we have changed how we respond to need. We have brought a real focus, what is it that children need. This hasn't been led by what commissioners want. So I think the closer you can get to the needs of your user, the more likely you're hitting something innovative and you're not presuming what they need or what they want.

This new emphasis on needs led the organisation to reconsider their 'business as usual' during and beyond the pandemic to focus not just on the impact of the harm itself but consider how the long-lasting effects of Covid-19, compounded by a declining economic context, are impacting young people and families—and how their services might offer them holistic and sustained support. Yet both respondents noted that this shift opposes the pervasive market culture within the commissioning of children's services that they described as restricting agility and creativity. For example, one respondent shared their concerns that some

commissioners saw online service delivery as a ‘final product’ to maintain for cost-effectiveness purposes—whereas this respondent saw online engagement instead as a tool that can offer support to some, but not all, young people. The organisation has to navigate between expectations of cost-efficiency from commissioners and the limitations of online work, particularly for young people and families with more complex needs.

#### 5.2.4 | Diverging Views on What Makes ‘Innovation’

We noted diverging views between the two respondents from this site about whether the new programme developed in response to the pandemic counted as innovation, reflecting the fuzziness about what constitutes innovation in children’s social care. One understood it as doing something *novel for that context*, in line with definitions of innovation (Murray, Caulier-Grice, and Mulgan 2010):

I think they’re innovative in a way that you know we’re trying to do things differently.

By contrast, their colleague felt the programme was not innovative because it reflected a return to a social model of social work, something they had seen many years prior. In this way, they did not see the practice adaptations in response to Covid-19 as novel in the context of their long career in the sector:

I wouldn’t want to say it’s innovation because I think actually if you take it down to its component parts, it’s really good basic practice, with some really good ethics and values of social justice and equality and diversity underneath it.

### 5.3 | Site 3

The third site was a children’s trust commissioned to deliver statutory services across councils in the Southeast of England (including child protection, juvenile justice and youth work services). This site also transitioned to online service delivery while retaining some in-person contact for young people risk-assessed as being most vulnerable to EFRH. For example, its Youth Offending service branch developed a system of rating each young person as either ‘red’ (high-risk), ‘amber’ (medium-risk) or ‘green’ (low-risk) to determine whether they would best be supported online, via a blend of online/in-person contact, or through in-person visits. In summer 2020, with restrictions easing, practitioners gradually returned to the office and saw more young people in person. Following a new lockdown in December 2020, the site returned to primarily delivering services online and stopped in-person group work.

#### 5.3.1 | New Opportunities for Engagement

Like Site 2, the pandemic enabled Site 3 to support young people in new, creative ways. For example, online engagement enabled youth workers to provide targeted one-to-one support and referral pathways into children’s social care, creating new opportunities for engaging young people who might otherwise not have come to a drop-in centre. Yet echoing many sites in our

dataset, this respondent observed that online-working suited some young people but was more challenging for others and noted how some had felt led down by the lack of face-to-face services and the closing of youth clubs during the lockdown periods:

Children are basically saying, ‘this has changed nothing for us, we’re still here, we still need support, you know, where are you basically?’

To maintain some of its in-person services, this site co-located its Youth Offending services at a youth club that remained open. For the respondent, this facilitated the engagement of young people deemed as ‘high-risk’ who were otherwise less likely to engage in an office setting:

I’ve got a child who finished their statutory order, really high-risk young person. The next day he just walked into the youth club, I (...) asked him, ‘I thought you finished your order yesterday’, ‘what are you doing?’. And he said, ‘I really like the youth club and it’s really helpful for me’. Now that never would have happened if he’d been coming to a sterile, almost clinical setting of the council office.

#### 5.3.2 | A Sector That Restricts Innovation

The respondent from this organisation described these changes as innovative but felt pessimistic about whether they could be maintained and lead to further innovation. They identified a number of factors restricting innovation in the social care sector, including how its risk-orientated approach, deficit-based inspection frameworks and the administrative burdens and culture of the child protection system, combined with the complexities of working with vulnerable youth, places considerable strain on practitioners.

Our statutory system and process and then the expectations of an [regulatory body] inspector, who’s looking at how we’ve managed risk for that child, knocks any innovation out of those social workers, because they’re spending 95% of their time copying and pasting from one document to another to evidence a strategy meeting or whatever they’ve had to do.

They further commented on how the restrictive ‘done-to’ lens of an inspection framework can permeate practice with children and families:

If relationships are what make the difference to children and young people, in terms of change, then organisationally we need to model that with each other, and inspectorates should model that with who they’re inspecting ... because you’re actually(!) just modelling a very much a ‘done-to’ approach and that makes us ‘do-to’ the children and families we’re working with.



## 6 | Discussion

These three narrative longitudinal accounts of innovation processes during the Covid-19 pandemic offer a perspective on the ‘innovation journey’ in crisis conditions (Figure 1). We next consider the resonance of the insights they offer for social work innovation more broadly by considering the extent to which the phases they indicate align with our previously published work on the six common stages of innovation in social care (Lefevre, Hampson, and Goldsmith 2023), which is summarised in the earlier section on the innovation journey in this paper. We then go on to consider the ethical issues these unprecedented innovation journeys generated.

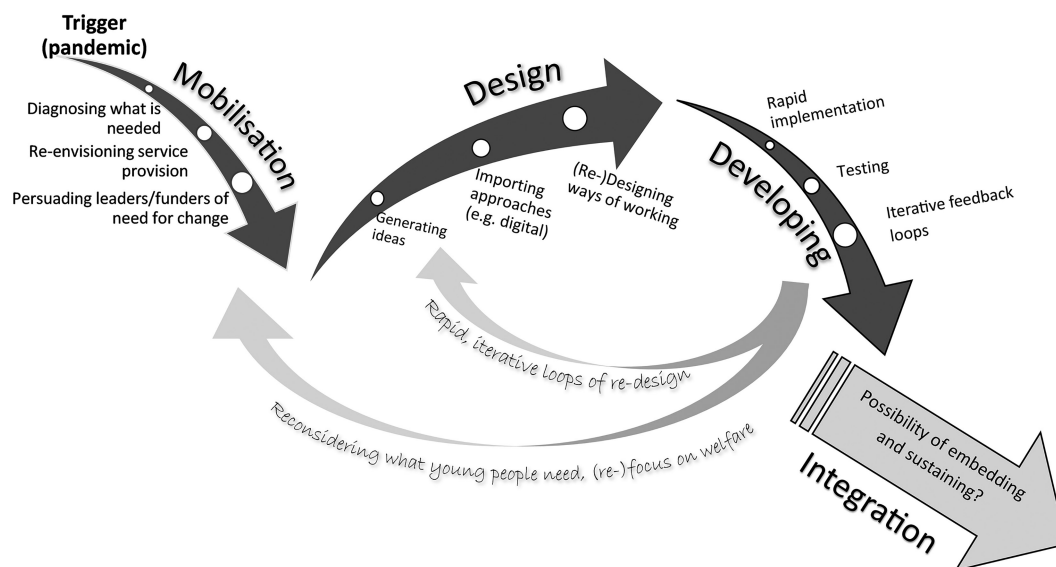
We propose that the sites’ narrative accounts of their innovation activities during Covid-19 echo the early-to-middle stages of Mobilising, Designing and Developing in our synthesised directional map. These phases were accelerated and condensed within a unique crisis context that suspended the barriers to innovation that are usually encountered: risk aversion, silo thinking, bureaucracy, aversion to change and fear of failure (Bason 2018; Mulgan et al. 2007; Murray, Caulier-Grice, and Mulgan 2010). The first national lockdown in March 2020 had activated the entire sector on an unseen scale, forcing organisations to develop an extremely quick understanding of the situation and rapidly convince stakeholders of the need to adapt practice. Hence, *mobilising* support for change in this unique context was unusually swift and unencumbered by bureaucracy as the overarching sense of urgency made the need to adapt unquestionable; for the first time, the risk of inaction became greater than the risks associated with change. *Designing* and *testing* happened equally fast. In the absence of pre-existing models and guidance, some organisations became more attuned to the needs of young people and families when considering the desirability of their new practice responses. They relied on a rapid cycle of reflection and evaluation to adapt and develop their services, creating new opportunities for collaboration with young people and families.

When discussing how they adjusted their practice to the public health restrictions, the majority of respondents described these

changes as being more than mere functional practice adaptations to a crisis. From their perspectives, their organisations were able to respond with unusual agility to the pandemic and took opportunities provided by uncharted practice territories to consider what young people and families truly wanted and needed. This newfound nimbleness and responsiveness was perhaps what was seen as being the most innovative and transformational aspect of these changes because it marked a shift in a sector characterised by a rigidity that tends to stifle agility (Munro 2011). The need for swift and flexible responses led organisations to draw on the experiences of young people and families to inform and shape service adaptations, demonstrating a participatory ethos not always found in more carefully planned service developments (La Valle et al. 2019). In these ways, the crisis enabled the voices of experts by experience to help drive change. Organisations became more focused on outcomes related to young people’s needs, rather than primarily rooted in evidence-based models.

While this generative period of creative adaption clearly wrought a number of benefits, the disruption and urgency created by the pandemic seemed to leave little room for organisations to reflect on the ethical implications of the changes they were making at the time. The absence of discussion on ethics was noted not only in the initial interviews early in the pandemic but in the follow-up interviews up to 6 months after. This lack of ethical consideration is understandable in a crisis and given the considerable challenges that organisations grappled with. The general lack of attention to the role and position of ethics in public sector innovation is also notable (Hampson, Goldsmith, and Lefevre 2021; Jordan 2014). However, it is important to highlight its absence given the high stakes at play in the context of a pandemic.

This lack of ethical framing when discussing service transformation was particularly salient in relation to sites’ position on risk-taking. All participants were clear that inaction in the face of the crisis represented a risk for young people, but the language was framed within the lens of risk management—largely concerned with limiting risks (including to the reputation of the organisation) rather than improving young people’s service experiences



**FIGURE 1** | Looping phases of agile iterative innovation in crisis conditions.

and outcomes through considered risk-taking. As we have seen, many organisations in this study adopted a more collaborative and informal approach to creating change. This contributed, to some extent, to redressing power dynamics between organisations and young people and, hence, could be seen as an ethical outcome of these practice adaptations. Yet the need for enhanced collaboration seems to have been essentially driven by the context of uncertainty brought on by the pandemic and the absence of pre-existing models or formal evaluation mechanisms. In some ways, these new forms of participation and collaboration could be seen as unintended (albeit positive) outcomes of the innovations, rather than prerequisite characteristics.

Moreover, the transition to online services surfaced important ethical challenges, such as (1) limiting practitioners' ability to build trusting relationships with young people or to support young people and families to the same extent; (2) unequal access to technology for young people and families; and (3) the struggle for many staff to maintain a balance between professional and personal lives at home. Yet these considerations, too, were framed as practice challenges rather than ethical questions.

## 7 | Conclusion

These three narrative longitudinal accounts of innovation and practice adaptation during the Covid-19 pandemic offer an original perspective into how social care innovation may be mobilised within a crisis context and what factors may prevent new approaches flourishing and sustaining once the immediate crisis is past. The findings add to the scarce empirical evidence base on the processes of innovation in statutory and third sector social work settings and will be of particular benefit to innovation theorists and those commissioning, designing and implementing innovation on the ground.

Our findings indicate that the process of adapting services to respond to young people within the context of Covid-19 restrictions resonated with the early-to-middle stages of the innovation journey in social care, as elaborated by our previous work (Lefevre, Hampson, and Goldsmith 2023), and that the organisations described by participants in this study moved through those stages with newfound speed, flexibility and reflexivity. Services in both the statutory and voluntary sector set aside the usual slow and bureaucratised governance processes and mobilised rapidly towards experimentation, design and re-design to find ways to respond to the needs of young people experiencing EFRH. Services also involved young people and families in designing services to a larger extent than was common; as a result, they became more receptive to their needs and youth-centred in their approach. The crisis of Covid-19, then, revealed a surprising potential for agility and responsivity in the children's services sector. The findings invite us to reflect on whether, and how, this agility in service development, combined with greater involvement of young people and families, can be facilitated outside of crisis conditions.

A particular limitation of this study was that more of the organisations were in the voluntary rather than statutory sector and that might account for some of the flexibility experienced by these organisations. During the pandemic the voluntary sector, too, had received additional government funding to boost its services to vulnerable families, which eased some of the financial

pressures, at least. However, all voluntary sector respondents did signal that their experience of innovating had been as similarly beset by bureaucracy pre-Covid-19 as for those respondents in the statutory sector.

Our data collection ended in January 2021 while organisations were still in the 'Developing' stage of innovation, and we were unable to reach participants for subsequent follow-up; hence, we were unable to explore the later stages of their journeys in relation to the 'Integrating' and 'Growing' stages elaborated by our 'stages of innovation' model. It would have been useful to know whether or not these new approaches embedded and sustained as Covid-19 restrictions gradually abated during 2022, given that respondents felt that some of the changes would be useful to keep.

The literature suggests that the later stages of innovation in children's social care tend to be complex and riddled with challenges (FitzSimons and McCracken 2020; Godar and Botcherby 2021). Our unsuccessful attempts at following-up with the participants do suggest that high staff turnover in the sector likely constitutes one of such challenges. Another may have been the lack of funding to enable responses to embed and sustain. While the social, educational, health and emotional impacts on a generation of children affected by Covid-19-related restrictions is yet to be fully understood (NSPCC 2022), it was clear that the services designed to support them had been adversely impacted by the decade of austerity that preceded Covid-19 (Cooper and Bailey 2019). The current funding landscape, combined with the new 'cost of living crisis' in the United Kingdom since late 2021, is likely to exacerbate existing challenges to supporting and protecting young people and provoke new ones.

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### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The interview data collected in this study have not been archived for re-use, as the individuals involved in this study wished recordings and transcripts to remain confidential. This was due to the sensitive nature of their social care services and the possibility that they and their organisations could be potentially identifiable should full transcripts be accessed by others.

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