Article

Business as Usual in Unusual Times: An explorative study of Norwegian child welfare workers' experiences during the COVID-19 pandemic

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Abstract

Background: The COVID-19 pandemic has severely affected the daily lives and well-being of children and families. During the lockdown of Norway in spring 2020, many families were socially isolated and left with little support from their networks. Children and young people had limited contact with teachers, peers and other positive social contacts. The lockdown also affected the daily running of the Norwegian child welfare services (CWS), which are obliged to provide help and support to children at risk and their families.

Aim: The aim of this study was to explore how leaders and staff in the CWS balanced their two-part mandate to protect children from harm, and to provide support and care during the first lockdown in Norway.

Design and method: The study has a qualitative approach with a descriptive and explorative design. Thirty-six CWS workers and nine leaders participated. Focus groups, dyadic and individual qualitative interviews were used for data collection. The data were analysed with a thematic analysis.

Findings: 1) 'Running the services during a pandemic' deals with the practical organization of staff and child welfare cases, and 2) 'The quality of child welfare work during lockdown' describes qualitative aspects of the child welfare work.

Conclusions: The study revealed the prioritization of acute cases and a reduction in CWS contact with children and families. CWS staff worried about whether at-risk children were receiving the help they were entitled to. The study shows how the crisis led to innovative approaches and teleworking solutions. The CWS had to decide how to organize and run the services in a way that ensured both acute assessments and the long-term aspects of the CWS mandate. Considering the strain the long-term pandemic has placed on children at risk, the further organization and running of the CWS is of great importance.

Keywords: child welfare service, COVID-19, qualitative, relationship, leadership

The COVID-19 pandemic has strongly affected the daily lives and well-being of children and families. The Norwegian lockdown in March 2020 left children and young people with limited contact with significant others such as teachers, peers and other positive social contacts. Furthermore, many families were socially isolated, remaining with little support from informal and formal networks. This situation raised particular concern for children at risk of domestic violence, abuse and neglect (Ali et al., 2020; Campbell, 2020). Simultaneously, the lockdown and infection control measures affected the daily running of child welfare services (CWS), which are obliged to provide help and support to these children. In this study, we explore how child welfare workers and leaders experienced having to balance priorities in their daily work with at-risk children with infection control precautions during lockdown.

Introduction

The Norwegian Child Welfare Services are legally required (Child Welfare Act, 1992) to provide whatever help is necessary to ensure that children and adolescents receive the care they need. Their mandate is twofold: 1) to protect children from neglect and abuse, and 2) to provide help and support to ensure a secure and caring environment for children. Each municipality has a local branch of the CWS, which performs the day-to-day tasks required by the Child Welfare Act (1992). Child welfare is predominantly relational work, developed through meetings and interaction with children, families and their networks. The tasks include conducting investigations, home-based assistance, out-of-home placements, monitoring out-of-home placements and the approval of foster homes (Norwegian Directorate for Children, Youth and Family Affairs, 2021).

The CWS opens a case when they receive a referral of concern. Within three months, they have to complete an investigation and an assessment of the child's situation. Following this, they must initiate home-based assistance, make a care order or close the case. In nine out of 10 cases they establish home-based assistance, which may include financial support for activities for the child and advice and counselling to the parents (Kojan & Kristiansen, 2018). Such parental guidance is systematic, and involves frequent home visits to observe and advise the parents in their home.

Child welfare services during COVID-19

As the COVID-19 pandemic hit Europe in early 2020 with the ensuing lockdown, the ability of CWS in various countries to run services as usual was drastically altered. Several international papers have reported that a huge majority of child welfare workers were working from home during the lockdown in spring 2020 (Baginsky & Manthorpe, 2020; Cook & Zschomler, 2020; Ebsen & Petersen, 2020; Norwegian Association of Local and Regional Authorities, 2021). Many child welfare workers reported this as a positive experience, but some missed their colleagues, and it was especially difficult if the workers' children also needed to be cared for at home (Ebsen & Petersen, 2020). Some staff even reported feeling more supported than usual, as a result of using alternative means of communication, particularly when leaders had allowed them to work flexibly, in order to balance work and caring responsibilities. However, there were also reports of negative aspects of working from home, such as the loss of face-to-face contact and informal peer discussions (Cook & Zschomler, 2020). There were also reports of a reduction in guidance and supervision from leaders. Working from home was reported as particularly difficult for early career social workers, who were more dependent on colleagues' support and collaboration with more experienced practitioners (Baginsky & Manthorpe, 2020).

International research reports a significant reduction in referrals of concern to CWS during lockdown (Baginsky & Manthorpe, 2020; Baron et al., 2020; Cook & Zschomler, 2020; Ebsen & Petersen, 2020; Norwegian Association of Local and Regional Authorities, 2021; Whaling, 2020). This reduction was explained by social distancing and the closure of schools and various services for children and youth (Baron, 2020; Campbell, 2020; Jentsch & Schnock, 2020). Child care workers were worried that children exposed to maltreatment, violence and neglect may have been overlooked.

There are also reports of fewer investigations, fewer proceedings instigated and fewer children placed in care (Baginsky & Manthorpe, 2020; Ebsen & Petersen, 2020; Norwegian Association of Local and Regional Authorities, 2020). Moreover, there was a significant reduction in contact and face-to-face meetings with children and families (Jentsch & Schnock, 2020; Cook & Zschomler, 2020; Ebsen & Petersen, 2020). Many CWS developed risk assessment procedures to determine whether a

case should be carried out virtually or face-to-face (Baginsky & Manthorpe, 2020). Only cases defined as high-risk were obliged to have face-to-face contact. Home visits often took place at the doorstep or in the garden (Baginsky & Manthorpe, 2020). All articles reported that a significant proportion of child welfare work was carried out on virtual platforms.

Child welfare workers normally have face-to-face meetings, especially on home visits providing family guidance and counselling to parents (Cook, 2020; Ferguson et al., 2020). However, the COVID-19 pandemic forced CWS to suddenly change to digital communication (Berg & Nøkleby, 2020; Levine et al., 2020; Jentsch & Schnock, 2020; Self-Brown et al., 2020). Several studies have reported that child welfare workers were comfortable with digital tools, and that these tools were efficient (Berg & Nøkleby, 2020). Virtual home visits can be time-saving, and allow social workers to be more responsive and flexible in meeting service users' needs (Cook & Zschomler, 2020). Some child welfare staff have found that virtual communication enabled more engagement and bonding, particularly with adolescents (Pink et al., 2020). Even so, serious concerns and limitations of virtual communication have also been raised (Baginsky & Manthorpe, 2020; Cook & Zscholmer, 2020; Pink et al., 2020). Some of the nuances of communication related to body language, facial expressions and subtle social cues risk being lost in virtual communication. Researchers also highlighted that sensory experiences of the home, the atmosphere and emotions at play were partially lost during virtual visits. A concern about overlooking risk and danger, specifically domestic violence, has been raised (Baginsky & Manthorpe, 2020; Cook & Zschomler, 2020; Jentsch & Schnock, 2020). Another significant limitation of virtual communication is the disparities and structural inequality related to access to digital tools, an adequate internet connection and a private space to conduct a virtual conversation (Chen et al., 2020). Virtual conversations also pose additional risks in terms of confidentiality and safety.

Organizing and running child welfare services during the lockdown
To manage CWS during a lockdown is to perform leadership in times of crisis. CWS leaders had to demonstrate remote leadership (Wilkins et al., 2020). To perform effective remote leadership, leaders should be both flexible and supportive. Remote leaders need to be visible, give feedback and pay special attention to the well-being

of staff. Crises often call for leaders to embrace new solutions, risk-taking and innovation, and to balance this with stability, normality and regularity (AlKnawy, 2018). In a crisis, Stoller (2020) found that successful leaders model the way, as colleagues look to leaders to guide their responses. Boin et al. (2013) argue that crisis management is about organizing, directing and implementing actions that minimize negative impact. Public leadership in times of crisis is about making things happen, getting the job done and also fulfilling a symbolic need for guidance and direction.

Wilkins, Thompson and Bezeczky (2020) found that working from home reduced effective communication between colleagues and opportunities for informal conversations. Such poor communication limits the ways in which ideas and information can circulate through the team. Wilkins et al. (2020) warn that virtual communication between team members could also reduce the availability of interactional and social cues, which could be a barrier to team cohesion. Thus, working from home during a lockdown calls for a leadership which enables both informal and formal conversations between colleagues.

Children at risk are particularly vulnerable during the COVID-19 pandemic. Other studies (Baginsky & Manthorpe, 2020; Cook & Zschomler, 2020; Ebsen & Petersen, 2020; Jentsch & Schnock, 2020) have found significant changes in running CWS during the pandemic in several countries. The Norwegian CWS has a twofold mandate to protect children from neglect and abuse, and to ensure a secure and caring environment for them. The COVID-19 pandemic and associated lockdown led to a situation in which infection control measures had to be balanced with the needs of children at risk. In this study, we wished to explore how CWS leaders and staff in Norway balanced their two-part mandate during the first lockdown in spring 2020. In this article, we pose the following research questions:

> How did CWS workers and leaders experience the balance between infection control and child welfare work?

> How did CWS workers and leaders experience organizational changes during the COVID-19 lockdown in 2020?

Method

This study forms part of the broader study, 'The child welfare services' priorities and daily work during the COVID-19 pandemic.' The study has a qualitative and inductive approach, and a descriptive and explorative design.

Participants

Two child welfare workers and five leaders helped to recruit participants. The criteria for participation were as follows: 1) a child welfare worker in a 20-100% position in CWS, 2) a leader in CWS, and 3) working during the lockdown in spring 2020. Thirty-six workers and nine leaders agreed to participate. Seven men and 38 women, working in 12 different local CWS in South-Eastern Norway participated in the study.

Data collection

Eight focus groups, four dyadic and two individual qualitative interviews were used to obtain data. Leaders and staff were interviewed separately, with the interviews conducted in April 2020. The interview guide was open-ended and based on the research questions, focusing on themes such as 'how the child welfare workers' everyday work had changed' and 'how they had made priorities'. The first author conducted all interviews, while the second and third authors co-conducted six interviews each. The Zoom virtual platform was used. Virtual interviews have been used more frequently in recent years (Lobe & Morgan, 2020; Stewart & Shamdasani, 2017; Tuttas, 2015), and were the obvious choice of data collection method during the pandemic. Interviews lasted 75 to 90 minutes, and were audio recorded.

Ethical approval

All participants received a written description of the study, and were assured of confidentiality. Ethical approval for the study was granted by the Norwegian Centre for Research Data.

Analysis

Braun and Clark's (2006) thematic analysis was used to analyse the data based on the research questions. The analysis could be described as a back and forth movement between parts and the whole of the data (Brinkman & Kvale, 2018). We used an inductive approach to develop themes from the data. The themes could

therefore be understood as patterns aimed at capturing participants' experiences of their child welfare work during the pandemic. We tried to identify different views, understandings and aspects of these experiences. All interviews were transcribed verbatim, and the data were imported to the NVivo software programme for coding and analysis. The first step was familiarization with the material; the authors listened to the audiotapes and read all the data, noting down their initial thoughts. The first and third authors coded and analysed the data from the child welfare workers, whereas the second and fourth authors did the same with the data from the leaders. Emerging sub-themes were developed from the codes in these separate analyses. All of the authors collaborated in collating the codes and emerging sub-themes from these two analyses. We discussed, developed and revised sub-themes in a joint analysis of the total data. The analysis was finally arranged into the two main themes and six sub-themes presented in the findings.

Methodological reflections

The virtual interviews enabled participants from different local CWS to participate in joint focus groups. Several participants found it interesting to listen to experiences from workers from other CWS branches. We experienced more interaction between participants in interviews with two to four participants, which concurs with Lobe and Morgan's (2020) findings. However, we also found that a broader variety of topics emerged in the larger focus groups. While three of the authors co-conducted the interviews, the fourth author joined later for the analysis. This could have been a limitation, as this author did not know the study in detail from the beginning. On the other hand, this author viewed the data with fresh eyes, and brought in her professional perspectives as a former child welfare worker.

Findings

The findings were arranged into two main themes: 1) 'Running the services during a pandemic', and 2) 'The quality of child welfare work during lockdown.' The first theme concerns the practical organization of staff and child welfare cases, while the second describes the more qualitative aspects of child welfare work.

Running the services during a pandemic

A main theme was the participants' descriptions of the daily running of the local CWS branches during the first lockdown of the pandemic. They described how they had reorganized the work, and how risk assessment and infection control measures had been a pivotal part of the job. This theme reveals experiences of how inter-professional collaboration was reduced, and how child welfare workers found they were left with a greater workload while other services were closed.

Organizing the work on a daily basis

Both leaders and staff described huge changes in their everyday work during the lockdown, as the leaders described how they had worked hard to reorganize everyday work in the services. One leader explained:

> When we realized how contagious it was, and that we might not be able to go to work, we started to develop an emergency plan to maintain our most vulnerable work, our vital work. To be able to continue working if people fell ill and there were fewer of us available at work.

All CWS branches arranged for their staff to work from home. In some cases, all employees worked from home, whereas in others, staff were divided into teams working alternately one week from home and one week in the office. In all the CWS branches studied, establishing technical and digital solutions was found to be crucial. Only a few had teleworking solutions up and running when the pandemic struck, and the leaders described spending considerable time and resources to set up the digital solutions. One of them said:

> 'A lot changed, but I think we managed quickly, many of our employees didn't have technical solutions for teleworking, they didn't have laptops. So we had to provide a whole lot of devices to prepare for working from home.'

The child welfare workers described how digital communication became an important tool for collaboration. One explained how they collaborated in meetings: 'Fifty percent are here at the office, the other fifty percent attend meetings digitally.' Nonetheless, some child welfare workers described still waiting for adequate technical solutions, even after six weeks: 'I go to work two days a week, and I haven't got a laptop at home. We've only got four laptops for 50 people to share… so you won't get the job done properly.' Several staff reported feeling stress, and found it difficult to combine working from home with taking care of their own children who were home schooling.

The leaders were also concerned about these issues, but described some positive experiences:

> Those who have young children and challenges, we've talked about it, and some of them have worked in the evenings. And spent time with their children during the daytime; it's a challenge to get everything done, but I think they've been absolutely great!

Infection control versus child welfare

The participants described how they had to prioritize between child welfare and infection control. They performed risk assessments not only for children's care situations, but also for infection control measures. All CWS branches used a risk assessment tool, which categorized children's situations at different risk levels: red, yellow and green. Priority was given to red cases, which included domestic violence and a serious concern for the neglect of babies. One child welfare worker explained: 'When you actually go to the office you really have to make priorities. You have to put away paperwork and take action in the most serious cases…' The staff described how the most serious cases were handled: 'When it comes to the emergency cases, we have the possibility to meet the families. But we have to make priorities all the time, find out how serious the case is before having an in-person meeting.' However, how the cases categorized as yellow and green were handled was less clear. Both leaders and staff described challenges in balancing priorities in child welfare and infection control. Several staff found such risk assessments difficult, and felt lonely doing this from their home:

> It hasn't been easy. It is easy in some cases. Some cases are definitely red cases. Others are more in the grey area. And who am I to predict which children should get more attention than others in this situation? It's really hard.

The leaders also described difficulties in balancing infection control measures for their staff and for the families involved. One leader articulated the complexity and challenges in assessing the risk of infection:

> I think it's been a bit difficult, and we've been thinking hard about it for the whole period really. The conflict between 'infection protection' and 'the child's best interest'. What is the most important?…. If we go to a home because we feel we have to because the child is at risk of neglect, we're in a serious situation, because if we then brought the virus to this home….. And we put ourselves at risk of infection…

Another leader described the dilemmas she experienced in balancing the authorities' requirements for 'infection control' and for child welfare work:

> When is it OK to bring clients in to our office? And when can we visit clients at home? When is it serious enough to cover our backs? To be able to do what we're actually

supposed to do? …They say: 'Business as usual'… and they expect us to do the work. …..And I think sometimes this conflicts with the infection control procedures. I don't think it's easy… to know when it's ok and when it isn't…

Inter-professional collaboration changed 'overnight'

Some child welfare workers described experiences of positive collaboration with schools and kindergartens. Yet, most of them felt that there had been a significant reduction in inter-professional collaboration with schools, child psychiatric services and others with whom they normally collaborated.

One explained:

> We're encouraged to keep collaboration to a minimum… no, what I really mean is that we're not supposed to meet each other. A lot of meetings are cancelled, some have been arranged as video conferences. Another thing is that it's difficult to get hold of teachers and child psychiatry services.

Several of the leaders had quite different views of the inter-professional collaboration. One leader said: 'I think we collaborate really, really well. With kindergartens, schools and … I'm actually impressed. Almost better in COVID times… you know…' They described how they had arranged for meetings with school leaders and established good collaboration. One leader said: 'Collaboration actually flourished with schools and kindergartens and day-care facilities for schoolchildren.'

Both leaders and staff expressed frustration over other social services that were initially closed, such as child psychiatric services, family counselling services, women's shelters, acute CWS units and some child welfare facilities. They described how they had taken over the tasks of several of these services by providing family counselling, temporary shelter and performing emergency checks in children's homes.

One leader explained:

> Several services were closed, the ones we collaborate with: ' The Family Welfare Service' and 'Alternative to Violence Service'. It was a problem… and we see it now, the referrals that involve conflicts … because the services that could have prevented this have been closed. So the CWS were left alone in these cases, and didn't shut their doors…

However, the overall main concern for both leaders and staff seemed to be the lack of referrals from partners. One child welfare worker expressed it as follows: 'The

hardest thing is to think about the ones we don't prioritize… and we're really wondering what happens when we don't get them [referrals] from schools and kindergartens... and what will happen afterwards?'

The quality of child welfare work during lockdown

The second main theme concerns the participants' experiences of the quality of their daily child welfare work during lockdown. The participants described how they had mobilized and needed to find innovative solutions on short notice. They explained how virtual contact and a lack of meetings changed their everyday work. The potential consequences of the pandemic led to worries about opportunities for professional development and the training of child welfare workers in the long run.

Mobilization and creative solutions

Both CWS leaders and staff described how they had mobilized to find novel solutions in their daily work. There were many practical challenges that needed to be solved rather quickly. The leaders described having experienced a good attitude among their staff, and praised their efforts. One leader stated: 'I have to say I'm really impressed. I think they adjusted really quickly to the situation and not only the ones in the CWS, but the others around us too.' They also described how their staff had worked hard to find innovative solutions. One leader explained: 'The staff have been incredibly creative… they've met clients in the playground, gone for walks with the children, done observations outdoors……there are so many ways to solve this…... I really think they've been great.'

The workers themselves explained how their everyday work had changed 'overnight'. Many meetings with clients were cancelled. Still, they had found creative ways of communicating, meeting and doing observations: 'I take the children out for long walks. We made a barbeque, played boccia and skittles, and we brought hammocks and were creative. Contact with parents has mainly been conversations on the doorstep.'

Another child welfare worker said: 'We've had family counselling on a bench in the park and at the playground…We're not supposed to visit families at home, but go out with them.'

Many child welfare staff described these novel and creative ways of meeting as positive and a refreshing change. Yet, their primary worries were how the children whom they would normally meet in person were actually doing. As they did not meet during the lockdown, they were unsure about the situation for several families and children. Many were also concerned about how to maintain confidentiality when they were talking to families outdoors.

Lack of face-to-face meetings

The child welfare workers described how their contact with clients had changed; face-to-face meetings were reduced to a minimum, particularly during the first weeks of the lockdown. They reported having kept in touch with the children and their families with phone calls and virtual platforms. One explained:

> In the first few weeks, we really only had in-person contact with clients in the first meeting and in serious cases. Otherwise, it was video or phone calls. So there are some big changes. Several staff had experienced that in some cases the digital tools could be effective and a positive way of developing contact, particularly with adolescents.

However, they also expressed a great deal of concern about digital tools, pointing out that several clients had neither the access nor the skills needed to use them. Even so, their main concern was the lack of face-to-face meetings, and they described how digital contact was often an obstacle to developing relationships. One child care worker explained:

> So this is a huge change, everything has to be done by phone. With unaccompanied minors, we also have language problems in those cases, so it hasn't been easy. I'd say it's been really hard. …… I needed a couple of weeks to find the best strategy, because a lot of my work is about relationships.

They also expressed considerable concern about the children and families they would normally meet for frequent counselling: 'In some cases we normally meet two or three times a week, but suddenly it was zero. And I found that really hard… and nobody else has seen the children.'

Generally speaking, the leaders offered more positive perspectives of the virtual contact with clients. They pointed out how digital meetings were more effective, and described how some children benefitted from virtual school and meetings. One leader said:

> We've had some positive experiences, we had a meeting about an adolescent, and he didn't want to participate. But when his mother took part, using the computer in the living room, he came over… if we'd had the meeting in our office, he probably wouldn't even have shown up.

Nevertheless, the leaders also mentioned some worries about clients who did not have access to digital tools, and how this had been a barrier to home schooling and contact with child welfare staff. Some local CWS had helped these families and provided internet and suitable devices, while others found the lack of internet and devices to be a challenge and an obstacle particularly prevalent in poorer areas.

Worries about the longer term effect on professional development

The participants described the absence of the usual everyday informal discussions of cases and strategies between colleagues at work. One child welfare worker said: 'The difference is that we're at separate places, in our homes, and we don't have the ongoing discussions and contact that we normally have.' The leaders reported spending much of their time advising their staff by phone or in virtual meetings. One said:

> I've been giving my staff a lot of advice and guidance, because they're at home, and they don't meet each other every day. Several of them haven't seen each other for weeks. In addition, we've set up chat rooms, groups where we can discuss, not cases of course, but issues.

Many staff expressed satisfaction with their contact with the leaders. However, several also felt lonely and described how they missed their leaders, collaboration with colleagues and daily discussions. One said: 'I miss more communication about how we're supposed to do the work… you're very much left on your own.' Another stated: 'In our office, I experienced total lockdown. Since Friday the 13th March 2020 I haven't seen one leader at work.'

Several leaders expressed worries about both the work environment, and how to pass on knowledge and train new staff. They pointed out that the virtual solutions could not replace the training and professional development they normally had. One leader said:

> We have staff meetings in Teams; it doesn't allow for much dialogue. And it's not the same as supervision, which is more dynamic in a group. Teams is rather unsuitable for discussing reflections. So I'm rather worried about the long-term prospects.

Another leader was worried about keeping up spirits at work if the situation continued for a long time: 'I'm worried about a kind of apathy and fatigue. And if there's fatigue, there will be less creativity. I think I'll just have to work to prevent that.'

Discussion

The aim of this study was to explore how CWS leaders and staff balanced their twofold mandate to protect children from harm, and to provide children with support and care during the first lockdown in Norway. The findings show how both leaders and staff organized their work, and how they engaged with children and families. Based on the findings, our discussion revolves around 'Leadership in times of crisis' and 'Relational child welfare work under a lockdown'.

Leadership in times of crisis

Our findings showed that CWS leaders and staff had several common concerns, such as frustration over other services that were closed, and the challenge of balancing infection control procedures and child welfare work. Still, we sensed a more optimistic narrative of crisis management from the leaders as they explained how they had quickly reorganized the services, and how their staff had managed to work during the lockdown. They allowed staff to be creative, and implemented new working methods and forms of organization very rapidly. This way of encouraging creative and innovative solutions is in line with recommendations for successful crisis management (AlKnawy, 2018). Scholars have identified the important characteristics of successful crisis leaders, such as providing encouragement and motivation (Stoller, 2020; AlKnawy, 2018). Leaders primarily work through others, and may identify their own performance with staff performance. When staff do a good job, leaders may take some of the credit. When staff are innovative and find new solutions at work, it may indicate a leadership that allows new practices. Cummins and O'Boyle (2014) argue that leadership is a relationship between leaders and team in a social group, and this will therefore always influence the energies and passions of others. In this way, leaders' positive attitudes will potentially influence their staff. This could be especially effective in times of crisis when they are facing completely new challenges. Yet, different perspectives of leaders and staff may also be a pitfall if their views are too diverse. A leader will usually have more information about a situation, and often more choices of action. A child welfare worker facing children and

their family may feel greater pressure in the situation and engage more personally, as he/she will have first-hand knowledge of the problem (Krane, Ausland, & Andvig, 2021). The same actions that the leader explains as innovative and creative will perhaps be considered as risky and coercive by the worker.

Normally, child welfare workers collaborate and discuss cases with their colleagues in teams. In our findings several participants highlighted how they felt lonely doing risk assessments from home. This finding agrees with that of Baginsky and Manthorpe (2020), who found that poor team communication and cohesion are barriers to effective remote leadership. Several other studies, in agreement with our participants, have pointed out how working from home could be particularly challenging for child welfare workers new to the job (Cook & Zschomler, 2020; Baginsky & Manthorpe, 2020; Ebsen & Petersen, 2020). Tacit knowledge (Rosen & Zeira, 2000) is an important part of child welfare work, and could be very difficult to pass on when informal discussions are scarce. Several staff in our study pointed out a poor communication between CWS workers and leaders during the lockdown, while others described a frequent contact between workers, leaders and teams. CWS staff have been described as critical workers during the pandemic. They face new and complex challenges, as well as decisions on priorities in balancing child welfare and infection control. These are serious decisions involving legal and ethical considerations that affect vulnerable children, who are at particular risk during the pandemic. Thus, it is vital that child welfare staff are not left alone with such complex decisions. In a crisis such as the lockdown, leaders should provide relationship-based support (Wilkins et al., 2020), which involves frequent contact with their staff, as some of the participants explained. Some leaders described how they arranged team meetings and virtual informal discussions. This can strengthen team cohesion, minimize the sense of loneliness and relieve some of the burden on the leader (Cook & Zschomler, 2020; Wilkins et al., 2020). Several leaders expressed concerns about how to maintain professional development and quality work in a potentially long-term pandemic. Teleworking involves a need for leaders to spend more time than usual to promote collaboration and trust, and to solve conflicts. It requires a considerable effort from leaders, as they need to be visible and maintain communication with employees.

Relational child welfare work under the lockdown

This study shows how CWS workers and leaders strove to find solutions, and used creative and innovative methods during the first lockdown of the COVID-19 pandemic in Norway. We will discuss how the sudden change in assessment, counselling and contact with children and families affected CWS relational work.

Wampold and Imel (2015) refer to extensive research emphasizing how all types of treatment and counselling depend on a good relationship to be helpful. Child welfare techniques and practices work through relations, in which content of the work and the quality of the relationship must interplay to be effective (Michelet & Klevan, 2020; Wampold & Imel, 2015). Hence, establishing and maintaining relationships plays a crucial role in the two-part mandate of the CWS: to protect children from neglect and abuse, and to provide help and support to ensure a secure and caring environment for children.

The CWS workers in the present study had concerns about being unable to discover and assess acute risks for children during the lockdown. Child welfare work involves acute assessments and standard procedures, with professional discretion playing a key role (Heggdalsvik et al., 2018; Munro, 2019; Samsonsen & Willumsen, 2014). Such processes and practices may be difficult to standardize and streamline. According to Ferguson (2017), parts of child welfare work could be perceived as 'intimate practice'. This involves having relational capacities such as the ability to listen, talk, see and feel in order to get close to children and families, and to understand their experiences. Therefore, in order to achieve the required intimacy, an important aspect of child welfare work is the ability to establish and maintain relationships (Cook & Zschomler, 2020). However, it seems that developing intimate practices and relationships based on empathy, warmth and commitment might be challenging through digital communication. In virtual conversations with children, the child welfare workers did not know if others were present, nor did they know much about the context outside the camera angle. This finding underscores a particularly important challenge in risk and safety assessment in cases of domestic violence. This concurs with other studies warning of the danger of performing risk assessments based on exclusively virtual communication (Baginsky & Manthorpe, 2020; Truell, 2020). Regardless, the finding also involves a relational aspect, as it will be

impossible to establish a safe relationship if the child is being monitored by an abusive parent during a virtual conversation (Jentsch & Schnock, 2020). If children are in a potentially threatening and dangerous situation, they could experience such a virtual conversation as a double betrayal by both their parents and the CWS (Allnock & Miller, 2013; Thulin, Kjellgren, & Nilsson, 2020). This emphasizes the importance of not placing children in situations where they could be exposed to pressure or danger. Moreover, many CWS clients may have been in a serious crisis due to the effects of the pandemic. When people are in a crisis situation, their ability to give and receive information will often be impaired (Drugli & Onsøien, 2010), which necessitates even clearer information and more frequent contact. However, some participants in our study reported only having one meeting with new clients. It could be argued that just one face-to-face meeting is insufficient to develop new relationships with children and families in crisis, and to assess potential risks to children. In line with this concern, Cook and Zschomler (2020) argue that virtual home visits should not replace in-person visits, but represent a 'little and often' approach.

The CWS also provide ongoing help and support for families to provide a secure and caring environment for children and adolescents. For those at risk, supportive relationships can provide positive subjective experiences and outcomes (Curry, 2019). As seen in other studies (Pink et al., 2020; Baginsky & Manthorpe, 2020), several of our participants emphasized that virtual communication could help to build relationships, in particular with adolescents. However, they also raised serious concerns, and saw virtual contact as an obstacle in establishing relationships. Relational aspects particularly appreciated by children in a social work context are empathy, being a good listener, warmth, honesty, showing interest, commitment, respect, dependability and a willingness to take action (Cossar et al., 2014; Husby et al., 2018; Moore et al., 2018). An important part of relational work also involves encouraging listening, being attentive to the child's signals and interpreting the child's forms of expression (Cossar et al., 2014; Husby et al., 2018). These aspects are clearly more difficult to convey through virtual platforms. It might appear that virtual communication prioritizes people with a well-developed ability to verbally express their situation and needs clearly and concisely, as body language and other kinds of non-verbal communication are captured to a much lesser extent. This can be highly

problematic in contact with children, as young children are especially less verbal, and often depend on other means of communication (Husby et al., 2018; Jentsch & Schnock, 2020). Other studies have pointed out that virtual contact is more suitable in contact with children and families with whom child care workers have already established a relationship (Ebsen & Petersen, 2020). Yet, our participants raised concerns about the possible long-term consequences of the pandemic for relational work with children and families, as there was a reduction in contact and in-person meetings. Some of our participants were worried that the reduced contact with families they normally met several times a week could lead to negative developments in the families. In our findings, participants also described creative ways of meeting children and families outdoors for observations, and for walk-and-talk interviews. Creative activities and play are well known but often overlooked approaches to build relationships between childcare workers and children (Husby et al., 2018). A focus on standardized methods often ignores these more informal and creative ways of developing positive relationships. However, the use of creative resources in communicating without solely relying on verbal communication can be crucial in building good relationships with children (Husby et al., 2018). Meeting children and families outdoors, and in more informal settings than the CWS office may promote positive relationships. Our participants also found these approaches positive and a refreshing change. Nevertheless, outdoor meetings also raised concerns of confidentiality; furthermore, standard assessments may be more difficult to use in such situations.

In the present study, participants described several benefits of innovative ways of working, such as virtual communication and outdoor activities. Hence, virtual communication could be argued to be an effective and practical way of organizing work during a pandemic. Although some of the findings indicate positive aspects of virtual communication in building relationships, the participants also raised serious concerns about the lack of face-to-face meetings. Even so, the lockdown enabled the CWS workers to work in more innovative ways out of office. They appreciated these approaches, which may have led to a renaissance of out-of-office CWS work.

Conclusion

This study has highlighted how the Norwegian CWS needed to make rapid changes due to the first COVID-19 lockdown. At the onset of the pandemic, there was little knowledge of how contagious and serious the disease was, and how to take reasonable precautions. This uncertainty complicated decisions and priorities, and led to a strong focus on infection control. Simultaneously, other support services were closed. This implied a complex and multifaceted task for the CWS. The study revealed a prioritization of acute cases and a reduction in CWS contact with children and families. Child welfare workers worried about whether at-risk children were receiving the help they were entitled to.

The study shows how teleworking solutions for the child welfare staff led to loneliness and a lack of teamwork. Worries about professional training and development were presented, which called for a proactive leadership to help promote collaboration, and to further professional development.

The study further revealed how the crisis led to innovative solutions in child welfare work. Creative outdoor activities can promote positive relationships, and should have its rightful place in CWS, and also work in the future. The sudden change to virtual contact showed a potential of being effective in some respects. However, this study also revealed serious concerns and limitations in establishing virtual relationships with children and families, and shows that face-to-face contact cannot be substituted.

In this study, we explored the CWS during the first lockdown of the COVID-19 pandemic. Considering the long-term development of the pandemic, and the strain this has placed on children at risk, the further organization and running of the CWS is of great importance. Decisions must be taken on how to organize and run CWS in ways that ensure both aspects of their mandate: acute assessments and long-term contact.

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