Part of
Education and childcare during coronavirus

Department for Education

Guidance

Coronavirus (COVID-19): guidance for children's social care services

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This guidance is about safeguarding and protecting the welfare of vulnerable children. It is for all those delivering or with an interest in children's social care, including local authorities, social care trusts, those who have corporate parenting responsibilities, all adoption agencies, independent fostering agencies and children's homes, and local safeguarding partnerships who work together to safeguard and promote the welfare of all children in their area. It is also for social workers, residential care providers and staff, and those with safeguarding responsibilities.

Everyone involved in promoting the welfare, protection and care of children is working extremely hard in the face of unprecedented challenges to support the most vulnerable during this period. We recognise that the children's social care workforce and multi-agency partners are supporting and caring for some of our most vulnerable children and young people every single day and are, as always, providing a vital service during this time. We appreciate the dedication and determination of all those who are working to protect vulnerable children, facing challenges that they have never had to face before in these extraordinary times.

The coronavirus (COVID-19) pandemic represents a time of severe pressure across society, which we know presents heightened levels of risk for some children. It is, therefore, especially important that these children continue to receive the services and support they need, although the way in which this is delivered will need to continue to change and adapt to reflect the current circumstances. At the same time, we recognise that the challenging context means that in some circumstances local authorities, providers, agencies, and partners may find it more difficult to meet the full range of statutory duties relating to vulnerable children. We have therefore made some temporary amendments to certain regulations to reflect this.

This guidance should be used to support children's social care services and providers to work with children and families during the coronavirus (COVID-19) pandemic. It is underpinned by a set of principles which should inform local decision-making and day to day practice with children and families. It also recognises the approach that many local authorities and providers are already taking.

Main changes to previous guidance

We have updated this guidance to:

- clarify that all primary and most secondary legislation remains unchanged and that this guidance relates to the limited secondary legislative changes made to children's social care, as well as broader children's social care practice during the coronavirus (COVID-19) pandemic, which is not related to statutory changes
- clarify that we have made temporary and time-limited amendments to secondary legislation and that these should only be relied upon as set out in this guidance
- reflect the recent changes on social distancing and eligibility for, and access to, testing
- add sections on missing children, testing, technology initiatives and social care services for disabled children and young people and their families
- provide more information in the vulnerable children, alternative provision, residential provision and care leavers sections
- clarify the needs of the child must be the first consideration in the mental health of looked after children section
- revise the court section to provide further information
- provide further information in the fostering section and revised the question to look at what steps have been taken to ensure that children are found foster homes in an emergency
- revise the adoption section to provide clarity on panels as well as updating to reflect the easing of restrictions

Duties in primary legislation are unchanged

The duties to our most vulnerable children that are set out in primary legislation (such as in section 22(3) of the Children Act 1989 and section 1 of the Adoption and Children Act 2002 and section 11 of the Children Act 2004) remain in place and local authorities and other bodies must continue to comply with these duties. This guidance and the secondary legislative changes made on 24 April 2020 seek to respond to the challenging context that coronavirus (COVID-19) poses to the normal operation of services.

This guidance should be read alongside existing primary legislation and regulations that remain unchanged, as well as those that have been amended. You should also read relevant statutory guidance including working together to safeguard children, and:

- Volume 1 - Children Act 1989: court orders
- Volume 2 - Children Act 1989: care planning, placement and case review
- Volume 3 - Children Act 1989: transition to adulthood for care leavers
- Volume 4 - Children Act 1989: fostering services
- Volume 5 - Children's homes regulations, including quality standards: guide

Amendments to regulations

The amendments are temporary. Given reductions in the prevalence of coronavirus (COVID-19) the government has indicated that subject to consultation, the vast majority of the flexibilities they provide will expire on 25 September 2020 other than provisions relating to virtual visits, inspections and the timing of medical reports in the fostering and adoption processes.

On this basis, and to support the transition back to the regulations that were in place prior to April, we expect that there should no longer be a need to use the vast majority of these flexibilities outside of those we have proposed to extend and that local authorities and providers will return to usual practice for new cases covered by the temporary flexibilities as soon as practicable.

The amendments made on 24 April 2020 are to regulations relating to:

- residential care
- local authorities
- private fostering
- care planning
- fostering and adoption

They do not reduce the responsibility that local authorities have towards protecting children from significant harm and protecting their welfare which is why all primary legislation remains. This includes section 22 of the 1989 Act, which sets out a local authority's duty to safeguard and promote the welfare of any child they are looking after, and section 1 of the Adoption and Children Act 2002 which states that the child's welfare is paramount in all decisions on adoption. This also recognises that the requirement for local authorities to ascertain and give consideration to the views of children, young people and families under section 22(4) of the Children Act 1989 remains unchanged.

The amendments provide for extra flexibility in some circumstances which arise as a direct result of coronavirus (COVID-19). They should only be used when absolutely necessary, with senior management oversight, and must be consistent with the overarching safeguarding and welfare duties that remain in place. Any use of the amendments should be time-limited and regularly reviewed.

Principles

The coronavirus (COVID-19) pandemic continues to present significant challenges to the country, including the way in which children's social care services are delivered. In order to respond to the realities of social distancing and restrictions on movement, we want local authorities, local safeguarding partners and regulated services to work in the most effective way possible, within the statutory framework, to support families and protect children to the best of their abilities.

We know that local authorities, local safeguarding partners and providers are working as hard as possible to meet their statutory duties despite the current circumstances. These duties remain unchanged, other than in the very specific circumstances where changes have been made to secondary legislation, as are outlined and explained in this guidance.

The circumstances where local authorities, working with their partners and providers, may want to make use of the additional flexibility that the secondary legislation amendments provide include:

- where staff shortages, due to sickness or other reasons, make it difficult or impossible to meet the original requirements
- where making use of flexibilities to take a different approach is the most sensible, risk-based response in light of other demands and pressures on services, this might involve focussing services on those most at risk
- where there is a consequential reason to make use of flexibilities, for example, due to limited capacity in other providers or partners making it difficult or impossible to comply with the original requirements

The overarching approach to making use of these legislative flexibilities should be approved at chief officer level in local authorities, and where appropriate top tier management level in other services and providers. Where it becomes necessary to utilise any of these flexibilities, it is important that this is properly recorded, along with the reasons for doing so and communicated to the other safeguarding partners and providers. Each local authority and provider should set out the local circumstances that have given arise to the need to use the flexibilities they have been afforded and should keep their use under review.

Local authorities may make a decision in principle about the flexibilities that they intend to use, taking into account local circumstances. The use of any flexibilities in individual cases and the overall impact on an individual child must be considered as part of their overarching safeguarding and welfare duties towards that specific child. This is to ensure that the local authority is continuing to safeguard and promote the welfare of the child or to ensure that the child's welfare remains paramount even when using the flexibilities.

Ofsted will take note of any use of these flexibilities, so providers should be ready to explain why their use was necessary, for what length of time and how any possible longer-term impacts were mitigated. This should be available to share with Ofsted, and others such as Independent Reviewing Officers, as appropriate. The records may be used for Ofsted's annual engagement meetings as well as subsequent inspection activity. Ofsted will review the relevant records if they receive any complaints or concerns or whistleblowing.

The difficult and complex decisions that need to be taken during this period should be made in the spirit of the following principles:

- child-centred – promoting children's best interests: nothing is more important than children's welfare; children who need help and protection deserve high quality and effective support as soon as help is identified
- risk-based – prioritising support and resources for children at greatest risk
- family focussed – harnessing the strengths in families and their communities
- evidence informed – ensuring decisions are proportionate and justified
- collaborative – working in partnership with parents and other professionals
- transparent – providing clarity and maintaining professional curiosity about a child's wellbeing

Many authorities have told us their children's social care services are risk-assessing and then reviewing the circumstances of every family they are currently working with, ensuring that those at highest risk are visited the most frequently.

The coronavirus (COVID-19) pandemic is continuing to cause great social and economic upheaval and the social circumstances of many families are changing. Local authorities, as one of the statutory safeguarding partners, must continue to fulfil their responsibilities to work with other partners to ensure that vulnerable children are effectively safeguarded at this time. It is particularly important that all authorities have arrangements in place to ensure proper scrutiny of the safety and well-being of children.

Government is working to provide as much support as possible to local government at this time. This includes more than £3.2 billion of funding, announced for local authorities to meet extra demand and costs arising from coronavirus (COVID-19), including within children's social care.

Delivery of services

We want to support the effective delivery of all children's social care services at this time, whilst always ensuring children's safety is paramount.

Local leaders, local safeguarding partners, the social care workforce, and the wider children's workforce understand the needs of the children in their area and have the skills and knowledge to make decisions in their best interests. As social contact begins to increase, and in line with government advice, local authorities, providers and local safeguarding partners should consider how to create the best working environments for their teams whilst prioritising face- to- face contact with children where possible. It is important for employers to consider how to create and maintain a safe working environment for all staff and those they support, in particular those who are at increased risk.

To help them deliver the vital services they provide, the government designated social workers and other social care workers as critical workers in its guidance for maintaining education provision. This means that their children are eligible for an education or childcare place, even if they are not in the eligible year groups which have returned to school.

The Secretary of State for Education agreed with Ofsted to suspend routine inspections of children's social care services. Ofsted is, however, continuing to act as a regulator and inspect any service where there are concerns.

In response to coronavirus (COVID-19), the Home Office and the Disclosure and Barring Service (DBS) have put temporary arrangements in place, to provide standard and enhanced DBS checks and fast-track emergency checks of the adults' and children's Barred Lists, free-of-charge. This applies to the children's social care workforce in England and Wales, being recruited in connection with the provision of care and treatment of coronavirus (COVID-19), or those being recruited to backfill roles because of the impact of the pandemic.

We have also taken steps to streamline contact with local authorities and minimise burdens on them while they are under the additional pressure of coronavirus (COVID-19). We have consolidated DfE teams that have regular contact with local authorities, including Ofsted, to enable us to co-ordinate our engagement with local authorities more efficiently. We are continuing to provide support to local authorities through the use of advisers and commissioners.

Children's social care

How should local authorities prioritise activity under the current pressure?

Local authorities know the needs of their children and families best, and, in line with normal practice, will be able to make sensible, child-centred, risk-based judgements about where to focus their efforts. As outlined in working together to safeguard children, this approach means keeping the child in focus and working in partnership with them and their families. The principles set out above should guide local decision making in these circumstances.

Should social workers change how they visit children and families?

There should be no blanket changes to social work practice, but coronavirus (COVID-19) brings additional risk and complexity and may necessitate some different ways of working which should always be risk-based. Further details can be found in our safe working in education, childcare and children's social care guidance.

As restrictions on social distancing and contact are relaxed, local authorities can revert to considering broader family networks as sources of support and respite for children and families. Wider support networks can provide an important protective factor for children at risk and should be prioritised, within the broader framework set by government guidance on social distancing.

Do children's social care staff need to use personal protective equipment (PPE)?

Guidance for infection prevention and control in children's social care settings, including the specific circumstances where PPE should be used, can be found in the guidance on safe working in education, childcare and children's social care settings.

How can children's social care workers get tested for coronavirus (COVID-19)?

Anyone in England and Wales who has symptoms of coronavirus (COVID-19), whatever their age, can now ask for a test through the NHS website.

As essential workers, children's social care staff are prioritised over the tests available for the wider public through the NHS. We suggest staff continue to use the self-referral test booking route for essential workers when booking tests for themselves and their households.

If you need further guidance and support on issues related to testing, please contact the Department for Health and Social Care (DHSC) at opshub@dhsc.gov.uk. Employees who have been referred for a test can seek assistance from the Coronavirus (COVID-19) Testing Helpdesk on 0300 303 2713 for any technical issues related to their booking.

If the person who has symptoms has a positive test result for coronavirus (COVID-19), the NHS test and trace service will ask them to share information about their close recent contacts. If they work in – or have recently visited or attended – a care setting or school for children with special needs, following NHS test and trace: workplace guidance, the contact tracing process will be escalated to local public health experts, who will liaise as necessary with the manager of the relevant setting.

What happens if families refuse entry to social workers, including if they are self-isolating?

Children and families may feel anxious about infection risks. Where this is the case and families are reluctant to engage with social workers, social workers should explain why it is essential that they have access to the home, or that they see and speak to the children, to ensure they are safe and well. This need not always be by means of a face-to-face visit, but it should be sufficient to meet the intended purpose of the visit whether that is safeguarding or promotion of the child's welfare.

Social workers should consider the different needs of babies and young children, as well as disabled children, who may not have verbal communication abilities.

It is also important to note that existing general duties on local authorities under section 17 of the Children Act 1989 in relation to safeguarding and promoting the welfare of children in need in their area remain unchanged. This is also the case for duties under section 47 of the same Act as regards investing cases where the local authority has cause to suspect that a child is or is likely to suffer significant harm.

There may, of course, be other reasons why families may refuse access. Where they do, and there is a risk to the life of the child or a likelihood of immediate serious harm, local authorities should follow the immediate child protection procedures set out in working together to safeguard children.

How is the Get Help with Technology initiative helping children's social care during the coronavirus (COVID-19) pandemic?

Between May to July 2020, the Get Help with Technology scheme provided a laptop or tablet to care leavers, and children and families with a social worker if they did not already have one.

This is helping social workers to maintain virtual contact with children and families, during a period when social distancing has reduced the number of face-to-face visits, and is enabling children to participate fully in decision-making about their lives.

Care leavers are able to stay in touch with their personal adviser through the programme and – more generally – families, children and care leavers can access the practical and emotional support and services they need online to maintain their wellbeing.

The programme is also enabling children and young people to access remote education. There is also support available for those requiring internet access through free BT wifi hotspots and increased mobile data allowances.

Should local authorities be encouraging vulnerable children to attend their educational setting?

Educational settings have remained open and safe for vulnerable children and young people throughout this period. As schools open more widely, we expect educational providers and other relevant partners to work with and support the relevant families and pupils to return to school, where attendance is appropriate. Being at an early years setting, school or college can be an important lifeline for many vulnerable children and young people, particularly where their needs cannot be met safely at home.

Vulnerable children and young people for the purposes of continued attendance during the coronavirus (COVID-19) pandemic are those across all year groups who:

- are assessed as being in need under section 17 of the Children Act 1989, including children and young people who have a child in need plan, a child protection plan or who are a looked-after child
- have an education, health and care (EHC) plan and it is determined, following risk assessment, that their needs can be as safely or more safely met in the educational environment
- have been identified as otherwise vulnerable by educational providers, local authorities (including children's social care services) or other multi-agency partners (such as health care professionals, youth services and the police), and for whom attending early years, school or college would be protective and/or helpful at this time - this might include children and young people on the edge of receiving support from children's social care services, adopted children, those at risk of becoming NEET ('not in employment, education or training'), those living in temporary accommodation, those who are young carers, those who would benefit from attendance because of a mental health need and others at local-level discretion

The term 'all year groups' in this context for attendance purposes refers to children under 5 eligible for early years entitlements and children and young people aged 5 to 18 (or aged 5 to 25 for children and young people with an EHC plan).

Vulnerable children and young people's attendance is expected, where it is appropriate for them (that is, unless the child/household is shielding or clinically vulnerable, and/or following a risk assessment for children with an EHC plan) so that they can gain the educational and wellbeing benefits of attending.

Vulnerable children and young people – regardless of their year group – that have not been attending in the recent period are expected to return to nursery, early years, school or college provision where this would now be appropriate for them to do so.

A brief summary of attendance expectations across the different groups of vulnerable children and young people is as follows:

- for vulnerable children and young people who have a social worker, attendance is expected unless the child/household is shielding or clinically vulnerable (see the advice for households with possible coronavirus (COVID-19) infection, and shielding and protecting people defined on medical grounds as clinically extremely vulnerable)
- for vulnerable children and young people who have an education health and care (EHC) plan, attendance is expected where it is determined, following a risk assessment, that their needs can be as safely or more safely met in the educational environment
- for vulnerable children and young people who are deemed otherwise vulnerable, at local-level discretion, attendance is expected unless the child/household is shielding or clinically vulnerable (see the advice for households with possible coronavirus (COVID-19) infection, and shielding and protecting people defined on medical grounds as clinically extremely vulnerable).

For all these groups, we encourage educational providers (generally led by their designated safeguarding lead or deputy), local authorities and social workers (where applicable) to work together closely to consider factors, such as the balance of risk, including clinical vulnerabilities, family circumstances, risks outside the home, and the child or young person's assessed special educational needs, where relevant.

Education providers, social workers, local authorities and other professionals will want to work together to ensure adequate and appropriate arrangements are in place to keep in touch with vulnerable children and young people (whether they are attending provision, or not attending for an agreed or non-agreed reason), such as by phone, visit or letter. Further information on attendance can be found in the guidance on recording attendance in the school attendance register during the coronavirus (COVID-19) pandemic.

Should local authorities continue to meet the statutory timeframes for representations and complaints procedures?

Local authorities must continue to follow the statutory procedure when considering representations made to them about the services they provide to children and young people.

In order to provide more flexibility to complainants and local authorities during this period, we have made amendments to the statutory timeframes of some regulations in The Children Act 1989 Representations Procedure (England) Regulations 2006. These amendments provide greater flexibility for complainants and local authorities around the complainants' right to request a review panel where they are dissatisfied with a local authority's response. Requests must be made within the statutory timeframe of 20 working days, or as soon as is reasonably practicable. The amendments also provide greater flexibility by allowing:

- local authorities to convene a review panel within the statutory timeframe of 30 working days, or as soon as is reasonably practicable
- review panels to send their report to local authorities within the statutory timeframe of 5 working days, or as soon as is reasonably practicable
- local authorities, together with an independent person, to consider the review panel's recommendations, determine next steps and to send their response to the complainant - these steps must be taken within the statutory timeframe of 15 working days, or as soon as is reasonably practicable

Are local authorities required to provide advocacy support for looked after children?

The ongoing provision of advocacy for looked-after children is of critical importance and, as such, local authority duties to provide it remain unchanged. The DfE funded Always Heard safety net service continues to be fully operational and can be contacted at 0808 800 5792. The Children's Commissioner's Help at Hand service is also available on 0800 528 0731.

What support should local authorities be providing to children who have a social worker?

Safeguarding and promoting the welfare of children remains of paramount importance. For many parents, carers and children, access to support, including the services offered by other safeguarding partners, educational settings or the third sector, can be invaluable in helping to keep children safe and families supported. Multi-agency support should continue, with appropriate flexibility in how this is delivered, for example, via telephone or online support rather than face-to-face meetings, where necessary. Where face- to- face contact can be provided safely, this is preferable.

Local authorities should be conscious of reduced protective factors from abuse and neglect available to children and families and increased stressors as a result of coronavirus (COVID-19), and work with local safeguarding partners to ensure continuity and consistency of support.

Should multi-agency child protection conferences go ahead?

Yes. Local authorities, other safeguarding partners and regulated services are working incredibly hard to deliver their statutory duties in ways that are consistent with social distancing requirements and restrictions on free movement.

Multi-agency working is crucial to ensuring the protection of vulnerable children, and multi-agency child protection conferences should, therefore, go ahead, using video conferencing or conference calling solutions where appropriate. We welcome the commitment shown by local authorities and their partners in ensuring that vital information sharing and joint risk assessments continue to benefit children.

Child protection conferences and multi-agency front door assessments of referrals are particularly critical to protecting vulnerable children. We recognise that there may be instances where multi-agency working will need to be done differently during this period, within the framework set out in law and statutory guidance, and we encourage local authorities and safeguarding partners (including the police and health service) to make use of alternative technological solutions in the circumstances to ensure they are able to make timely decisions in the best interests of the child.

What barriers are there to sharing information where there are concerns about a child?

Practitioners will be aware of the importance of sharing information in a timely way, particularly in the current circumstances. Any practitioner working with a child can share relevant sensitive personal information lawfully, including without consent, if it is necessary for the exercise of functions imposed by legislation such as:

- safeguarding or promoting welfare
- in order to keep a child safe from harm
- to protect their physical, mental and emotional well-being

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 do not prevent, or limit, the sharing of information by those with safeguarding or welfare duties towards children for the purposes of keeping children safe.

Practitioners are reminded that if they are concerned about a safeguarding data sharing matter, they are advised to seek advice from legal representatives where appropriate, from other practitioners, or from the information governance lead, in line with guidance on information sharing for practitioners providing safeguarding services.

Have local authorities' responsibilities for missing children changed?

No. Local authorities have a statutory duty under Section 47 of the Children Act 1989 to investigate if they have reasonable cause to suspect that a child in their area is suffering, or is likely to suffer, significant harm. This duty would apply to a missing child in their area, regardless of where they went missing from. This can be from home or from a care setting if they are a looked-after child.

Responsibilities to missing children remain unchanged and we expect local authorities to use their judgement on a case by case basis, to find suitable ways to meet their statutory duties, guided by the principles set out in both this and the children who run away or go missing from home or care guidance. Unaccompanied asylum seeking children can be particularly vulnerable to going missing. Local authorities should continue to refer to the statutory guidance on the care of unaccompanied migrant children and child victims of modern slavery regarding action to mitigate risks to unaccompanied asylum seeking children.

Alternative provision (AP)

Is the expectation that all alternative provision (AP) schools and providers must remain open?

Alternative provision (AP) settings and pupil referral units (PRUs) serve a small number of children and young people, a high proportion of whom meet the definition of vulnerability and are well-placed to cater for their needs. This would be difficult to replicate elsewhere. AP settings have remained open for vulnerable children and the children of critical workers.

Since 1 June, we have asked AP settings to follow the same principles and guidance as mainstream schools and welcome back all children in Reception, year 1 and year 6. From 15 June, AP settings should also offer some face-to-face contact for students in year 10 and year 11 (as they do not have a year 12) to supplement their remote education, as they are approaching key transition points. In line with the advice for mainstream provision, settings should keep students in small groups as set out in our guidance on implementing protective measures in education and childcare settings. Any settings that closed during the initial period of the coronavirus (COVID-19) pandemic have been asked to reopen so that they are able to cater for vulnerable children and young people, alongside children of critical workers and those in returning year groups.

Hospital schools should work towards a phased return of more children and young people without a focus on specific year groups and informed by risk assessments. Those hospital schools on hospital sites should use their discretion about providing education, including how and where this is carried out and which pupils should be prioritised. We expect that hospitals and NHS trusts will continue to work closely with headteachers so that children and young people in hospital schools are able to access their education, including through access to hospital classrooms. The hospital infection prevention and control team must be consulted about this because there will be many infection prevention and control and safety considerations to be taken into account. Mainstream schools should continue to support their pupils in hospital in order to minimise the impact of their hospital stay on their education.

What should happen to vulnerable children and young people if their education provider is closed?

If an educational provider had closed during the initial period of the coronavirus (COVID-19) pandemic, they should have informed the local authority to discuss alternative arrangements for vulnerable children and young people. These providers have now been asked to work reopen so that they are able to cater for vulnerable children and young people, alongside children of critical workers and those in returning year groups.

Where a setting is closed, the provider should notify the local authority/social worker that they are closing.

Where a school has permanently excluded a child who is vulnerable, the school should notify the local authority/social worker immediately and work with the local authority to ensure that the child is quickly found a place in another educational setting. During any gap in provision, education providers, social workers (where applicable), local authorities and other professionals will need to work together to ensure adequate and appropriate arrangements are in place to keep in touch with vulnerable children and young people.

Once their usual educational provider reopens, children and young people in the priority groups (vulnerable children and the children of critical workers) should return there, where their attendance is appropriate.

Social care services for disabled children and young people

Have any changes been made to short break services (also known as respite) and what are local authorities doing to deliver this support to families?

Families caring for a disabled child or young person are entitled to short breaks services (also known as respite). We recognise the challenges for local authorities and providers in providing short breaks throughout the coronavirus (COVID-19) pandemic, as well as the significant impact of reduced provision on families and on children and young people themselves.

We are encouraging local authorities to prioritise support for disabled children, and to consider flexible and pragmatic options to deliver that support; for example, some local authorities have made more use of direct payments beyond their usual criteria. Direct payments may be used to enable families to purchase respite care and equipment to use at home, for the child or young person and/or their siblings. Direct payments could also be used to support families with a disabled child whose usual services have been suspended or reduced.

Local authorities and respite providers will need to work together to risk assess and adapt short break services which have been suspended or reduced so that they can resume vital provision for disabled children/young people and families. This includes disabled children and young people who have been advised to shield due to being clinically extremely vulnerable. Further information on care for people who are shielding can be found within the guidance on shielding and protecting people who are clinically extremely vulnerable from coronavirus (COVID-19).

How are social workers involved in risk assessments for children and young people with an education, health and care plan?

Where a child or young person with an education, health and care (EHC) plan has a social worker, the social worker should be involved in maintaining their risk assessment.

This assessment is intended to guide the decision on them attending on-site education and the support (including social care support) they should receive at home, noting that circumstances, such as the child and family's mental wellbeing, may change.

Where a child is looked after, the local authority virtual school head should also be involved.

Full advice on risk assessment for children/young people with an EHC plan is found within the guidance on supporting children and young people with SEND as schools and colleges prepare for wider opening.

Child safeguarding practice review panel

Does the child safeguarding practice review panel still need to be notified when there is a serious incident involving children and young people?

Yes. Understanding any changes in the nature and complexity of serious incidents as a result of the current situation will be critical in how the government responds and reacts to support safeguarding partners.

The duty to provide a notification of all serious child safeguarding incidents within the current timescales (5 working days) remains with the local authority; however, statutory safeguarding partners should follow local protocols relating to the identification, notification and reviewing of all serious incidents.

The online notification system remains active and available 24 hours a day.

Are safeguarding partnerships still required to undertake a rapid review and submit a report to the panel within 15 working days?

A rapid review continues to be a vital tool for learning from serious incidents locally and nationally. If the 15 day target for undertaking and reporting a rapid review is not achievable, for example, because partners cannot be drawn together or other operational demands prevent this, our expectation is that local safeguarding partnerships should make decisions locally on how quickly they can undertake a rapid review in the current circumstances, and inform the panel of any delays at mailbox.nationalreviewpanel@education.gov.uk.

We ask that the rapid review is expedited where there is a child death or serious injury in the context of abuse and neglect and coronavirus (COVID-19) is a strongly related factor, and where local safeguarding partners think other partnerships could learn from this in line with guidance on undertaking a rapid review in child safeguarding practice review panel: practice guidance.

Do local child safeguarding practice reviews need to be initiated and published within 6 months?

The expectation remains that in-depth practice reviews should be completed within 6 months wherever possible.

We ask safeguarding partners and/or local authorities to inform us of any decisions about initiating and/or publishing a review at both:

- mailbox.cpod@education.gov.uk

- mailbox.NationalReviewPanel@education.gov.uk

Residential provision: children's homes, residential schools registered as children's homes, and foster care

How do I keep my young people and workforce in residential settings safe from coronavirus (COVID-19) and how do I mitigate the risk of it spreading?

Local authorities and providers can refer to:

- safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)
- isolation for residential settings and safe working in education, childcare and children's social care
- NHS test and trace: workplace guidance

Providers should recognise that children may be feeling anxious as their normal routines are disrupted and they may have less or limited contact with their family, friends and people who are important to them.

Providers should also recognise the challenging conditions that staff are working under and support them to continue to deliver the most appropriate care that they can. This could, for example, include, if possible, reducing the number of hours staff work in one shift, or providing more time away from the home.

Providers should limit the number of unnecessary visitors to the home but should continue to carry out effective quality assurance checks and visits, to ensure that the care provided is safe and staff feel supported. Providers should consider whether any of this activity can be carried out remotely.

Staff should follow social distancing guidelines where feasible and possible. Where possible, staff should ensure that food and other essential items are delivered. Within the home, frequently touched surfaces, including bathrooms, toilets and kitchens should be cleaned more often, and everyone should carry out more frequent handwashing. Towels used for hand-drying should be regularly changed.

What steps should local authorities and providers take if they believe it is necessary to restrict a child's movement if they become symptomatic or are confirmed as having coronavirus (COVID-19)?

Anyone in England and Wales who has symptoms of coronavirus (COVID-19), whatever their age, can now ask for a test through the NHS website.

If it is suspected or confirmed that a young person in residential care has become infected with coronavirus (COVID-19), it will be necessary for them to self-isolate.

Advice to support local authorities and providers managing isolation for individuals or groups, in the event that a child, young person or staff member either shows symptoms of coronavirus (COVID-19), or is confirmed as having the disease can be found in the guidance on isolation for residential educational settings.

Local authorities and providers should discuss the care planning arrangements to determine whether the child can be safely cared for at their home (the children's home), or whether alternative arrangements are required, for example, a temporary move to alternative provision, or a move of other children who are well to an alternative temporary placement. In all cases, we would hope that this could be done with the co-operation of the young person and their understanding of the significant risk of spreading infection.

Stability for children is paramount at this time, and we encourage providers to prioritise this when making decisions about whether symptomatic children should be moved. We are clear that a temporary move to an alternative placement should only ever be considered as a last resort. However, we understand that there may be significant health concerns relating to a symptomatic child or to another child in the home.

As far as possible, arrangements for restrictions should be put in place with the consent of the young person and all professionals involved in the care of the young person are encouraged to explain how and why the temporary restrictions are being applied. The restrictions should last for no longer than is necessary and must be kept under careful and constant review.

If the young person refuses to follow sensible public health guidance, as a last resort, advice can be sought from Public Health England on the possibility of imposing restrictions on an individual who is potentially infectious under the Coronavirus Act 2020. This gives Public Health Officers power to impose proportionate requirements (including screening and isolation) on any person suspected or confirmed to be infected with coronavirus (COVID-19). Children and young people have the power to appeal the decision and should be given information about accessing advocacy support.

If decision makers agree that there is no alternative and the proposed restrictions are necessary and proportionate, then contact should be made with local health protection teams.

Contact information can be found at find your local health protection team in England.

We have amended regulation 20 of the Children's Homes (England) Regulations 2015 to provide that where it is agreed that restrictions on a child's movement amount to a deprivation of liberty, then this can be enforced temporarily where Public Health Officer powers under the Coronavirus Act 2020 (including a requirement for a person to remain in a specified place or to remain isolated) are being exercised. We would expect that any decisions relating to the exercise of these powers must be recorded and carefully monitored, with the placing authority informed in accordance with the requirements to keep records in accordance with regulation 35(3) of the Children's Homes (England) Regulations 2015.

Does the amendment to regulation 20 cover cases where a young person is not symptomatic or confirmed as having coronavirus (COVID-19)?

The powers under the Coronavirus Act 2020 cannot be used to generally enforce restrictions on movement that amount to a deprivation of liberty. In all other cases where it is determined through care planning discussions that restrictions of movement that mean a child is not free to leave a place and is under constant supervision which amounts to a deprivation of liberty, local authorities must apply for a court order. Local authorities should always consider the least restrictive care and treatment arrangements and, if appropriate, arrangements should be altered so they no longer amount to a deprivation of liberty.

What can we do to manage a young person's behaviour if they are not complying with social distancing guidelines in residential provision (children's homes and foster care)?

We appreciate how difficult understanding and following social distancing guidelines can be for children. If a young person is not complying with social distancing guidelines, the response should be considered on a case by case basis. In the first instance, we would encourage those who know these young people best, to continue to engage with them on this issue, including residential care staff, foster carers or social workers.

Where this is a persistent problem for those responsible for the child or young person, they should discuss with the child's responsible authority to develop a plan to encourage the child to comply. Providers should also support those who are caring for the child to find alternative ways and/or incentives to encourage children to comply with the overall restrictions in place at the time. Restraint should not be used to ensure children and young people comply with social distancing measures.

Ofsted has published guidance about physical intervention and restrictions of liberty.

Are there any changes to the knowledge and skills requirements for staff delivering care in children's homes?

Regulation 6(3)(c) of the Children's Homes (England) Regulations 2015 has been amended. The amendment means that where non-NHS care is being provided to meet a specific health or developmental need, such as speech and language therapy, the requirement on the provider is to use reasonable endeavours to ensure it can still be delivered by a person with the skills and knowledge specified in the regulations. This amendment is in recognition that, during this period, providers may experience difficulties in accessing specialist care staff and this flexibility allows for providers to use all reasonable endeavours to ensure this specialist care continues. Any such difficulty should be related to coronavirus (COVID-19) and we do not expect this to be used to accommodate more general staffing difficulties.

If the provider cannot arrange for the specific care to be delivered by someone with the appropriate skills, the provider should seek the support of the placing authority to secure an alternative wherever possible. In exceptional circumstances, the placing authority may need to consider reviewing whether the child continues in the placement or the necessity of continuing the specific care at this time. Providers must also continue to ensure that the care is approved and kept under review by the child's placing authority.

The legislation and guidance are clear that at no time should staff be employed or used in the care of children without suitable skills or training. Regulation 32 of the same regulations sets out the requirement of the fitness of workers in children's homes. No amendments have been made to this regulation.

Are there any changes to the requirements for staff in children's homes to support young people with their education?

Regulation 8(2) of the same regulations has been amended so that the ways in which staff in children's homes ensure children make measurable progress towards achieving their educational potential enables them to "use reasonable endeavours".

Looked-after children and young people are expected to attend educational provision, unless their social worker, in discussion with healthcare professionals and parents or others involved in the child's life as appropriate, decides that they are at less risk in their placement, for example, due to underlying health conditions.

However, we know that some vulnerable children, including those in children's homes, may not be attending school at this time. Staff should encourage children to engage in remote education and continue to try and find alternative ways to engage children in their education and learning.

Are children's homes still required to facilitate face to face contact for families and friends on the premises?

Regulation 22(1) (contact and access to communications) of the Children's Homes (England) Regulations 2015, has been amended in relation to children meeting their parents, friends, and relatives. A children's home is required to make sure that suitable facilities are provided within the children's home for such meetings. This may not be possible or practical in the current circumstances, but it is important that children are allowed to maintain contact with their families and people who are important to them. During this period, the regulations now provide that where meetings cannot take place face- to- face at the children's home, facilities should be made available to enable such private meetings to take place over the telephone, a video-link or via other electronic communication methods. We encourage providers to explore ways to achieve this sort of contact.

Face-to-face contact should continue to happen, taking account of social distancing guidelines, and children should be supported to manage this, but it is only where this is not possible that other ways to facilitate contact should be provided. Providers should be as flexible as possible in finding ways for children to have visits. Where it is necessary for safeguarding or welfare purposes to impose conditions, restrictions or prohibitions on a child's contact with family or friends this remains possible under regulation 22.

Is an independent person still required to visit children's homes on a monthly basis?

We have amended regulation 44 of the Children's Homes (England) Regulations 2015 to provide greater flexibility during this period. This amendment means that providers should use reasonable endeavours to ensure that an independent person visits the children's home at least once each month. The requirement to secure an independent visitor remains and is an important safeguarding measure, however, we accept that it may not be possible to secure a visit as frequently as once per month during the pandemic.

As measures ease, providers should actively consider when physical site visits are feasible or if these can be used in combination with some on-site and some off-site activity.

If unable to secure a monthly visit, providers must be able to demonstrate what reasonable efforts they have made to facilitate such a visit. Technology, such as video calling, could be used to enable remote visits where possible and appropriate, although the expectation is that visits should return to being on-site as soon as practically possible. The regulation 44 activity should continue to cover the aspects set out in regulation, including speaking to children, as far as is reasonably practicable. Reports should still be sent to Ofsted irrespective of whether there was an on-site visit or a remote visit.

What should we do if one of our children's homes does not have enough members of staff to operate?

Local authorities and providers have been working closely with children's homes on continuity plans to ensure they can safely remain open and should remain in close contact.

You should continue to notify Ofsted if your home is going to close. Where you have an immediate or impending staffing shortage, which may lead to the closure of your home, you should discuss that as a matter of urgency with the relevant placing local authorities. You should also notify Ofsted, who may share this information with DfE.

In case of staff shortages and the requirement for symptomatic children to isolate, how can we ensure suitable placements for those children and young people who are entering the social care system and need a suitable fostering or residential place?

Local authorities should work collaboratively with each other or with private and voluntary sector providers to ensure that they have sufficient placements to meet demand. Ofsted is prioritising applications for registration of children's homes and requests to increase the approved number of places, where homes have restrictions on the number of children they can care for.

The government announced more than £3.2 billion of un-ringfenced funding for local authorities to help them address pressures arising from coronavirus (COVID-19). This funding can be used to support children's social care to secure additional placements of all types should that be needed.

If placements in children's homes or foster care cannot be found, is it acceptable to use unregulated provision?

Local authorities will need to ensure that the accommodation provided to children meets their needs to the best of their ability given the current context. Placements in independent and semi-independent provision can be the right choice for some older children, acting as a stepping-stone to adult life but only where it remains in the best interests of the young person. Local authorities must continue to do all they can to safeguard and promote the welfare of looked-after children and must continue to ensure that the placement is safe and suitable for the individual child.

Any setting that accommodates and delivers care wholly or mainly for children, and meets the definition of a children's home set out in the Care Standards Act 2000, should be registered with Ofsted as a children's home. Ofsted are fast-tracking registrations that are from local authorities or existing providers in order to boost children's home placement capacity as quickly as possible.

What regulatory changes are being made for children who are placed out of area?

The 2010 Regulations always allowed foster placements out of area without nominated officer approval where the child was being placed with a connected person who had been temporarily approved as a local authority foster parent (under regulation 24) or with a foster carer who had been approved as a local authority foster carer by that particular local authority. In both of these scenarios, the local authority making the decision about the placement will have been involved in assessing the suitability of the foster carer (whether temporarily or otherwise).

The amendments to out of area placements reflect the extension of temporary approval under regulation 24 to non-connected persons. Non-connected persons must still be assessed in the same way as connected persons – from being assessed on suitability to care for the child (including the suitability of the proposed accommodation and other adults in the household) and also assessed against the criteria in Schedule 4 of the 2010 Regulation, which includes looking at medical history, family history, particulars of any criminal offences and the nature of their neighbourhood and resources in the community (amongst other requirements).

This means those individuals will be thoroughly assessed by the local authority, making the need for a further check by a nominated officer unnecessary and likely to cause further delays where it is in the child's best interests to be placed as soon as possible.

Unaccompanied asylum seeking children (UASC)

Where can symptomatic UASC, and newly arriving UASC, self-isolate and what is being done to increase capacity for UASC self-isolation?

Where a UASC arrives in England the local authority receiving them will need to take steps to ensure that they are placed in suitable accommodation in isolation from other people, in line with guidance on how to self-isolate when you travel to the UK. If a UASC is symptomatic of coronavirus (COVID-19) on or after arrival, the local authority with responsibility for them will need to take steps to place them in isolation in accordance with the self-isolation guidance for households with possible coronavirus (COVID-19) infection.

We encourage local authorities to engage with their existing service providers to find suitable premises and staff to enable the self-isolation. We recognise that if this is required for significant numbers of UASC, it will put some local authorities under pressure. DfE has consulted a range of local authorities to understand what arrangements they are putting in place, and how we can best support them to deliver their statutory duties and protect these vulnerable children during these difficult times. We will continue to stay in contact with local authorities as the situation progresses. Local authorities can also now source accommodation through central government Crown Commercial Services, supported by Calder Conferences and Corporate Travel Management Limited (CTM). Both CTM and Calder Conferences provide 24/7 services and both aim to respond with options within 24 hours. Due to the nature of the requests Calder Conferences handle (large scale/block booking or exclusive use), they may occasionally require longer than 24 hours but they will inform the local authority if this is the case. Local authorities may refer to the guidance on finding temporary accommodation during coronavirus (COVID-19) for details on how to use these services.

Who has legal responsibility for UASC in self-isolation accommodation?

As with any spontaneous arrival, the local authority that initially collects the child (for example, from the police station or from Border Force) should assess the child's needs as they would do in normal circumstances. The local authority must find suitable accommodation for the young person and if the child is accommodated for more than 24 hours by that local authority they will be responsible for the child as a 'looked-after child'. The child should be placed in suitable self-isolation accommodation if they are exhibiting symptoms. This is in line with PHE guidance and will allow them to be placed in their longer-term placement after isolation.

Care leavers

How should local authorities meet their responsibilities to care leavers?

We recognise that care leavers are a particularly vulnerable group of young people. Coronavirus (COVID-19) heightens this, because care leavers may be financially vulnerable and at risk of increased levels of anxiety and isolation.

Local authorities must continue to meet their statutory responsibilities towards care leavers, such as providing personal advisers, or preparing and reviewing pathway plans. Personal advisers should proactively reach out to care leavers during the pandemic, including care leavers aged over 21 who are eligible for support up to age 25, but who were not accessing support before the pandemic.

Local authorities should be clear about what additional support is available to care leavers - over and above their existing published local offer - to help them overcome any additional challenges they face due to coronavirus (COVID-19), including access to discretionary funding if needed.

We understand that local authorities may have to adapt the way they support care leavers during this period. As always, local authorities should carefully assess care leavers' needs and prioritise support to the most vulnerable, including care leavers who are living independently.

The government has announced additional funding for local authorities to help them address pressures arising from coronavirus (COVID-19). We would encourage local authorities to utilise some of this funding to provide discretionary payments to care leavers to cover items such as food, utilities and rent during this period if required.

Given the financial vulnerability of many care leavers during this period, local authorities should make arrangements for discretionary payments to be authorised and paid to care leavers at short notice if necessary and with minimal administrative burdens. Other forms of financial support for care leavers including setting up home allowances should continue to be available during the coronavirus (COVID-19) pandemic.

Are personal advisers still expected and able to visit care leavers?

Care leavers may be particularly vulnerable during this time. We encourage personal advisers to keep in touch with young people in the most effective way for the individual young person, including through technology such as phone or video. Face-to-face visits will be necessary to provide the right help to some young people, and these should continue, taking account of Public Health England (PHE) advice on social distancing and minimising the spread of infection to protect staff and the care leavers they are visiting.

Personal advisers should carefully assess what is the right level and frequency of contact with each care leaver, taking into account each young person's particular circumstances and levels of vulnerability. They should always consider the individual wishes and feelings of care leavers.

Should children in care and care leavers continue to move into independent living when they turn 18? Can care leavers still be moved between different accommodation settings if necessary?

Young people who have left care, or are just about to, are especially vulnerable right now. All decisions about their future should be carefully considered in the light of the pandemic and with an overriding objective of supporting them during this period and minimising any additional stress for them. In particular, we expect local authorities to take account of coronavirus (COVID-19) when making decisions about leaving care, and to ensure that no one has to leave care during this period. As set out in Regulation 39 of the Care Planning Regulations, when considering ceasing to look after a young person, local authorities should carry out an assessment, including ascertaining and giving consideration to the young person's wishes and feelings. The same principle should apply to young people who are in staying put arrangements and in relation to decisions about care leavers who were due to make a planned move into new accommodation.

While young people will still be able to move out of care into suitable accommodation, where this happens the move should be right for that young person and take account of their wishes and feelings.

Care leavers can also be moved between different accommodation settings, provided that the move is in accordance with the wishes of the young person and that the local authority is assured that the setting they are moving into is safe in relation to risk factors arising from coronavirus (COVID-19). Local authorities should ensure that accommodation is suitable, taking account of the young person's needs, and to ensure it is safe and that steps are put in place to mitigate any risks to the young person's health and wellbeing. Personal advisers should be in regular contact with young people who move setting, including after the move has taken place, given the current circumstances and potential lack of contact from other services during this time.

What are you doing to ensure care leavers don't experience loneliness and isolation during this period?

We have set out a new offer of devices and connectivity for certain groups of children and young people, and published guidance on technology support for children and schools during coronavirus (COVID-19). Many care leavers are at increased risk of isolation and may not already have internet access. They are therefore a priority group for laptops, tablets and 4G hotspot devices, that have been allocated to local authorities, as care leavers need access to reliable technology that can help them keep in touch with people who are important to them and gain access to online support services.

We have also provided funding for three care leaver charities (Become, Drive Forward Foundation and the Care Leaver's Association) to provide extra support to help care leavers to reduce loneliness and isolation and their impact on young people's emotional health and well-being.

Mental health of looked-after children

What support is available to promote the mental health of looked-after children?

Local authorities as corporate parents have a duty to safeguard and promote the welfare of the children they look after including their physical, emotional and mental health. Local authorities and their health partners must work together during this time to ensure that the health needs of looked-after children continue to be met. The statutory guidance on promoting the health and wellbeing of looked-after children sets out the duties and expectations for local authorities, clinical commissioning groups (CCGs) and NHS England in supporting the health of looked-after children, including children placed out of authority.

Where looked-after children are placed outside of their current CCG area during this time, arrangements should continue to be made through discussion between the 'originating CCG', those currently providing healthcare and new providers to ensure continuity of healthcare. CCGs should ensure that any changes in the healthcare provider do not disrupt the objective of providing high quality, timely care. The needs of the child should be the first consideration.

There will be particular issues arising from coronavirus (COVID-19) that will affect looked-after children, for example, changes to contact with birth families. Local authorities should be alert to these issues and the impact they may have on looked-after children's mental health and wellbeing. Local authorities should continue to encourage looked-after children to speak to their social worker, carer or other trusted adult about how they are feeling and any mental health and wellbeing needs they have so that they can ensure they get the help and support they need.

Social workers may also want to make carers aware of Public Health England's general guidance for parents and carers on supporting children and young people during the coronavirus (COVID-19) pandemic and NHS England's general guidance on looking after children and young people during the coronavirus (COVID-19) pandemic. Both sets of guidance also contain helplines and websites which children and young people can access directly, including for anonymous support. Additionally, Become has a dedicated Care Advice Line for looked-after children and care leavers.

More generally, we recognise that the coronavirus (COVID-19) pandemic, and the measures taken to respond to it, may have a significant impact on both demand for and capacity to deliver support for people with mental health needs, a learning disability, or autism, including for community and crisis mental health services for children and young people, adults and older adults. Mental health continues to be a priority for the NHS and the NHS remains open to support everyone. NHS mental health services, including those for children and young people, are considering the increasing use of digital, non-face to face assessment and treatment where possible. NHS England and Improvement has asked all mental health trusts to review advice lines to ensure that 24/7 advice is available to people of all ages, including children and young people, through a single point of access. NHS England and Improvement has published guidance for services on mental health, learning disabilities and autism.

Courts

What is happening with the courts during this coronavirus (COVID-19) pandemic?

We are working hard across government and with the judiciary to make sure that the family justice system continues to operate during this unprecedented time. In March 2020, the Family Courts issued guidance on moving towards delivering remote hearings. In June, the President of the Family Division also published The Road Ahead which establishes a broad framework for Family Courts and the hearing of cases in the coming months.

What about court orders related to contact for children in care?

We expect that contact between children in care and their birth relatives will continue. It is essential for children and families to remain in touch at this difficult time, and for many children, the consequences of not seeing relatives would be traumatising.

Contact arrangements should, therefore, be assessed on a case by case basis taking into account a range of factors, including the government's current social distancing guidance and the needs of the child. However, we expect the spirit of any court-ordered contact in relation to children in care to be maintained.

Where it may not be possible, or appropriate, for the usual face-to-face contact to happen at this time, keeping in touch will, for the most part, need to take place virtually. In these circumstances, we would encourage social workers and other professionals to reassure children that this position is temporary. We would also expect foster parents and other carers to be consulted on how best to meet the needs of the children in their care and to be supported to facilitate that contact, particularly if those carers are shielding or medically vulnerable.

We recognise that some young children may not be able to benefit from virtual contact with their family, because of their age or other communication challenges. In these circumstances, local authorities should work with families to identify ways to have safe face-to-face interactions, whilst still adhering to social distancing guidance.

When considering the most appropriate ways for children to stay in touch with their families, social workers and carers should seek the views of children who may welcome different forms of contact, including less formal and more flexible virtual contact with their birth families.

Fostering

What happens to foster children if foster carers are self-isolating or become ill?

We recognise the importance of maintaining a permanent stable setting for children wherever possible. In most cases, we expect that children will continue living with their foster carers, observing government guidance on self-isolation and social distancing.

If foster carers develop symptoms of coronavirus (COVID-19), the foster home should follow the guidance for households to avoid the spread of infection, and the fostering service should follow the guidance on safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE).

In circumstances where this is not possible, we would expect fostering services to identify alternative temporary placements with other carers, or respite carers for the duration of the foster carer's illness. We would then expect the child to return back to their usual home. We have amended the regulations to help fostering services identify alternative short-term placements such as extending temporary approvals to non-connected persons, where there are no other appropriate placements available, and extending the time a child can stay in an emergency placement, to prevent unnecessary further upheaval.

If a foster carer is in a vulnerable health group, should the foster child continue to attend their educational setting?

Vulnerable children and young people continue to be able to attend educational settings and being at an early years setting, school or college can be an important lifeline for many of them.

Looked-after children and young people are expected to attend provision. Advice for clinically vulnerable groups is available in the guidance on shielding and protecting people defined on medical grounds as extremely vulnerable.

We appreciate that decisions on attendance will likely be based on finely balanced discussions between the education provider, the foster carer, and others, including parents where appropriate, social workers, local authorities, and other relevant professionals where applicable. They will want to ensure that children have a say in these discussions and that their views are taken into consideration.

Local authorities should subsequently make decisions about whether it is beneficial and appropriate for children and young people to attend educational settings. In doing so they will need to consider the balance of risk, including health vulnerabilities, family circumstances and the child or young person's assessed special educational needs.

What if there are not enough foster carers to care for additional children or provide respite for other foster carers who have become ill?

We continue to expect fostering services to prioritise placing a child with someone whom they already know first, where possible. We know that fostering service providers have drawn up contingency plans with foster carers to ensure the continuity of care for children with familiar adults or other foster families should they become ill.

To help unlock capacity and build flexibility in the system during this period, we have made amendments to the Care Planning, Placement and Case Review (England) Regulations 2010. This includes an amendment to allow non-connected people to be approved as temporary foster carers for emergency placements and for these placements to last for up to 24 weeks.

This can be used whilst formal foster carer assessment and approval is completed, an alternative placement is found, or they return to their usual home. These changes have been made to make it easier to identify potential placements, particularly in emergency situations, and to minimise unnecessary instability for children caused by multiple placement moves. This allows foster placements to be made with people other than relatives, friends and other people connected with the child. There have been no changes to the requirement to assess the suitability of the individual to act as a foster carer. The overarching principles of making children centred decisions that are in children's best interests remain.

Assessment and approval of temporary foster carers are undertaken locally following the process set out in the Care Planning, Placement and Case Review (England) Regulations 2010. This has not been changed and we expect the process to deliver the usual rigorous scrutiny when approving someone to care for a child in an emergency.

We might need to recruit and approve more foster carers in the short term. What has been done to change the regulations related to fostering panels and assessments?

We recognise that fostering services may want to bring in more emergency foster carers to help build capacity within their services in case of additional demand during this period. We would encourage them to do this. Whilst they will want to ensure that assessments and approvals are thorough and comply with regulations, we do not want these to be unnecessarily delayed. There is already sufficient flexibility for fostering services to convene remote panels. Panels do not make decisions but make recommendations to the decision-maker. The decision-maker still must properly scrutinise applications and make decisions in the best interests of the child – this has not been amended in the regulations.

In order to help speed up the process in anticipation of increasing demand and where places are required more urgently, the Fostering Services (England) Regulations 2011 have been amended to minimise any delays. It is now for the fostering service provider to decide whether to refer applications for potential foster carers, ongoing suitability assessments of existing foster carers and any cases where a foster carer is not deemed suitable to a fostering panel for a recommendation. In cases where panel meetings are conducted, the number of people required to be part of the panel meeting has been reduced to allow for likely staff shortages during this time. Where panels are used, they must consist of at least 3 members:

- a chair or vice chair
- a social worker with at least 3 years' relevant post-qualifying experience
- one independent member

Panels can be conducted remotely and there are examples from around the country of this happening.

Generally, we would still expect a panel to be convened (making use of remote meetings and the flexibility provided around panel membership) but where a panel cannot be convened, approval can take place without a panel. We would not expect this to be the norm.

Further amendments have been made so that foster carers can be assessed and approved without unnecessary delay. Regulation 26 of the same regulations has been amended so that the fostering service provider does not need to wait for a formal health report or DBS (criminal record) checks to be completed in order to continue with their assessment of suitability of the prospective foster carer and their household. The requirement for health information to be provided by prospective foster carers has not been removed altogether, but the requirement for it to be supported by a medical report has been. This allows fostering service providers to accept self-reported medical information. We expect fostering service providers to continue to seek formal medical reports as soon as reasonably practicable. These changes mean that the assessment process can continue to the second stage whilst awaiting medical information and DBS (criminal record) checks. Before making a final decision approving a person as suitable to foster, the fostering service will still need to have the medical information and DBS checks, along with the other information specified in Schedule 3 of the regulations.

Fostering services must continue to undertake a full risk assessment when considering approving new households. As part of this, they should consider how a home visit or face-to-face assessment meeting can take place and undertake a risk assessment with the prospective carer, ensuring the necessary precautions are taken to reduce the risks to the household and the social worker.

Can we change the number of children that a foster household can care for?

Foster carer approval terms, including age range and number of placements, may need to be flexible in the current circumstances. Schedule 7 to the Children Act 1989 currently allows for some flexibility in placing multiple children together by allowing local authorities to grant exemptions to the usual fostering limit in specific placements (explained further in fostering services: assessment and approval of foster carers). Schedule 7 also allows the usual fostering limit to be exceeded if the children concerned are all siblings.

Where fostering services are concerned about capacity, they could start identifying potential fostering households that may be able to accommodate additional children. As part of their contingency planning, they may wish to consider where it would be appropriate and safe for some children (for example, siblings) to share bedrooms to increase the space available in fostering households. They will need to have thorough, sensitive conversations with foster families and children as part of this planning. No foster carers should be expected to look after additional children without proper discussion and appropriate support. However, many will want to offer help and these families should be enabled to do so. Fostering services could also consider whether foster carers who have recently stopped fostering as a result of personal or environmental factors, such as work pressures or retirement, could come back into the service temporarily, as long as they are not in high risk or vulnerable health groups and they are offered the necessary support to do so.

What steps have you taken to ensure that children are found foster homes in an emergency?

We have made amendments to The Care Planning, Placement and Case Review (England) Regulations 2010 to ensure that children are moved quickly into safe placements. In cases where it is not possible to prepare a placement plan before the child is placed, we have removed the requirement for a formal placement plan to be prepared within 5 days from the start of the placement. Local authorities should still make every effort to agree a placement plan before the child is placed. Where this is not possible, local authorities must now prepare the placement plan ‘as soon as reasonably practicable' from the start of the placement. This means that a placement plan must be made as soon as the local authority is able to after the start of the placement, if they have not been able to issue that plan prior to placement. We expect this to be the case only in very exceptional circumstances, where the placement is urgent and no advance placement preparation has been possible.

The local authority must be satisfied that it is the appropriate placement for the child and, that it will safeguard and promote their welfare. They must also be satisfied that the child's wishes and feelings have been ascertained and given due consideration and that the Independent Reviewing Officer (IRO) has been informed.

It is essential that any information that the foster carer(s) need to provide safe care to the child is available to them at the start of the placement.

What if we are unable to complete reviews and visits within the time set out in regulations because of potential staff shortages, illness and reduced resources?

We continue to expect local authorities to conduct visits and regular reviews of children's care plans within the existing timeframes. We know there are examples of good practice emerging that mean these are continuing to happen to timescale and in line with social distancing guidelines, including virtually.

We have made the following amendments to the Care Planning, Placement and Case Review (England) Regulations 2010 to offer some additional flexibility in the case of significant staff shortages as a result of coronavirus (COVID-19):

- Regulation 28 has been amended to allow visits from the child's responsible authority to be conducted as soon as reasonably practicable where these visits cannot be made within the defined timescales - it has also been amended to allow these visits to be conducted by telephone, video-link or other electronic means
- the responsible authority is still required to review the child's case within 20 working days of the date on which the child becomes looked after and to carry out the second review not more than 3 months after the first - for the third and subsequent reviews, regulation 33 has been amended to allow these reviews to be carried out when reasonably practicable

A review must still be carried out if any of the criteria for a review in regulation 33(3) of the same Regulations are met for example if a child has been persistently absent from a placement or the IRO or in certain circumstances where the child requests a review.

We have also amended regulation 28 of the Fostering Services (England) Regulations 2011 to provide flexibility in the timescales for reviews of approval for foster carers. The amendment means a review of approval must take place within a year of the approval where this is now reasonably practicable, and thereafter whenever considered necessary (removing the requirement for these to be done at yearly intervals). Where social workers are seeking to make use of these flexibilities, we expect them to obtain approval from senior management and to set out in that approval the reasons for doing so in that approval.

What additional funding is being made available to support foster families during this time?

The government has announced more than £3.2 billion of additional funding for local authorities to help address pressures arising from coronavirus (COVID-19), including to support adults' and children's social care.

We are administering a national scheme to provide supermarket vouchers to the families of children who receive benefits-related free school meals. The vouchers, worth £15 a week, cover the cost of meals while schools are shut to some pupils due to coronavirus (COVID-19). Depending on their individual circumstances, some foster parents will be eligible for the scheme.

On 5 June, we announced £125,000 of additional funding for Fosterline to deliver free-to-access and specialist one-to-one support to foster families, in recognition of the additional support needed at this time to keep foster families together. Foster families will have free access to a range of specialist services, including behaviour management experts, access to independent social workers, advocacy services, plus fostering-specific tax and benefits services.

We are continuing to work with fostering services and sector organisations to better understand the specific challenges that foster carers are facing in order to ensure that the right level of support is put in place and to identify what other support might help foster families in the current time.

Private fostering

Have you made any changes to the regulations on private fostering?

We have amended some of the timeframes to the Children (Private Arrangements for Fostering) Regulations 2005 to provide more time for visits to take place during the coronavirus (COVID-19) pandemic. Under these regulations, initial visits to planned or existing private fostering arrangements must take place within 7 days of the local authority learning of such arrangements.

These regulations have been amended so that the visit takes place within 7 days or as soon as reasonably practicable, to allow for flexibility where it is not possible to conduct the visit within 7 days. Similarly, we are allowing for flexibility in the maximum interval between visits during the pandemic period – currently every 6 weeks in the first year, and every 12 weeks thereafter. Flexibilities should only be used where necessary, and where it is consistent with safeguarding and welfare duties.

Local authorities should keep clear records to capture the reasons for not being able to comply with the usual time limits.

Adoption

Should we stop all introductory meetings for children with new adopted parents?

Whilst we understand that these will be challenging in current circumstances, we are not proposing a blanket ban. There needs to be a case by case, risk-based decision about what is right in the circumstances.

Adoption agencies should consider utilising communication technology to continue with the adoption process and as restrictions are eased, consider whether some face-to-face introductory meetings could begin if all parties are comfortable with the arrangements, such as adopters visiting the foster carer's home and spending time in the garden with the child(ren) and vice versa.

We accept that for some children introductory meetings may have to be postponed for example, where someone in the foster family is shielding and that other ways may need to be found to prioritise permanent placements for children in line with their best interests.

Can we move to stage 2 of the adopter assessment process without having completed the health assessment or having disclosure and barring service (DBS) clearance?

We expect adoption agencies to take a common sense, risk-based approach during this unprecedented period. If prospective adopters would like to proceed to stage 2 and local authorities are happy to proceed without the health assessment and/or DBS clearance, they should do so as long as these checks are completed before the end of stage 2.

Currently adopters who are turned down in stage 1 because of DBS check or the health assessment cannot apply to the Independent Review Mechanism (IRM). Prospective adopters will still not be able to access the Independent Review Mechanism (IRM) if the reasons they are determined not suitable to adopt are linked to either their health assessment or their DBS check.

Do the 2 stages of the adoption assessment and approval process still have to be completed within six months?

We want assessments of prospective adopters to continue to be progressed as efficiently as possible. However, during this unprecedented period, we recognise that some aspects of the assessment and approval process will be more challenging. In light of this, we have amended the requirement to complete stage 1 within 2 months and stage 2 within 4 months, where it is not reasonably practicable to do so (regulations 27 and 30B of the Adoption Agencies Regulations 2005).

Agencies should take all reasonable steps to ensure there is no unnecessary delay.

What if adopters need to take longer than 6 months between stage 1 and 2?

Currently, prospective adopters must notify their agency that they wish to proceed to stage 2 of the assessment process within six months of the agency decision at the end of stage 1. We recognise that the circumstances we find ourselves in may mean that prospective adopters need to take additional time; they may, for example, be recovering from illness themselves or supporting others during this difficult time. For that reason, we have suspended the requirement that they must notify their agency within 6 months of a stage 1 decision.

Must we continue to use adoption panels for matching and approvals?

We know that agencies are utilising technology and holding virtual panels and the feedback is that these are working well. We would encourage these to continue where possible. However, we have listened to the concerns raised by the sector about the challenges of bringing together panels for matching and approvals due to sickness or other reasons.

We have, therefore, removed the legal requirement to have an adoption panel (regulation 4). These changes offer agencies flexibility to reduce the quoracy of their panels or to use their agency decision maker to approve matches and approvals and the agency adviser for quality assurance without first going to panel.

Where panels are used – virtual or not - they must consist of at least 3 members:

- a chair or vice chair
- a social worker
- one independent member

Medical, legal or professional advice can be provided in writing and the requirement to hold a central list remains.

A record should be kept of all decision making.

Are adopted children entitled to attend an education setting?

Educational settings remain open and safe for vulnerable children and young people and being at an early years setting, school or college can be an important lifeline for many of them.

Providers have discretion – working with other partners where appropriate – to continue to offer education provision to children and young people who they deem to be vulnerable. Further details can be found in guidance on supporting vulnerable children and young people during the coronavirus (COVID-19) pandemic.

This could include adopted children or previously looked after children who have left care under special guardianship orders, child arrangement orders or wider kinship placements. The needs of some of these children will best be met by attending education and this may prevent the placement from breaking down. Local authorities and education providers should therefore consider sympathetically any such requests from adoptive parents and special guardian carers. These should be assessed on a case by case basis, taking into account the additional needs of many of these children and advice from local authority Virtual School Heads.

Can we place a child with foster carers who are also approved adopters (a section 22C(9B)(c) placement) without nominated officer approval? What about the placement plan?

The requirement of nominated officer approval before placing a child in a s22C(9B)(c) placement (often referred to as a fostering for adoption placement) has been removed. Wherever possible, a nominated officer should continue to make these decisions. However, in the absence of a nominated officer, those making the placement decision must:

- be satisfied that it is the most appropriate placement for the child and that it will safeguard and promote their welfare
- be satisfied that the child's wishes and feelings have been ascertained and given due consideration, and that the Independent Reviewing Officer (IRO) has been informed
- where their whereabouts are known, notify the child's parent or guardian of the proposed placement
- keep a record of all decision making

Those making these decisions are expected to have requisite experience and a good understanding of care planning, including adoption and fostering.

Every effort should be made to agree a placement plan before the child is placed.

However, we recognise that it may not be possible to develop a full and detailed placement plan in the current circumstances. In recognition of that, we have removed the requirement for the placement plan to be prepared before the child is placed with foster carers who are also approved adopters. The placement plan must be prepared as soon as reasonably practicable from the start of the placement.

Details of the plans for contact between the child and the birth family, including arrangements for contact to be facilitated, should be clearly formulated and recorded within the placement plan. However, it is essential that any information that the foster carer(s) need to provide safe care to the child must be made available to them at the start of the placement.

What if we are unable to review the child's case because of social distancing restrictions or if the family are self-isolating?

We encourage agencies to consider ways to carry out reviews, using technology wherever possible to keep in touch with the child and family to ensure that the needs of the child are being met. In recognition of the current challenges, we have removed the requirement for adoption agencies to carry out a review when it is not reasonably practicable to do so.

Recent changes to the restrictions mean that it is possible for a review to be conducted face-to-face albeit outside and with social distancing being observed, although for sensitive or confidential conversations this may not be appropriate. However, decisions about reviews should be based on individual circumstances and must take account of any safeguarding concerns as well as the latest government guidelines on social distancing.

A record should be kept of all decision making.

Workforce

How can social workers who want to help return to frontline practice?

In collaboration with the Local Government Association (LGA) and Social Work England, we have launched the Social Work Together campaign to help local authorities and are working to help employers in need of additional social workers to get in touch with those who feel they can contribute. Social workers can register their interest via the Local Government Association website.

Social Work England has also written to all social workers who have left the profession in the last two years, setting out the process for re-registering and how they can help in these unprecedented times.

How can the quality of social workers returning to the profession be guaranteed?

Anyone who has had a fitness to practise case upheld will not be re-registered. Local authorities will be required to undertake their usual employment checks.

How can local authorities needing additional social workers get in contact with those wanting to return to frontline practice?

Local authorities can access the details of interested social workers through the LGA website local authority registration page.

How should local authorities handle DBS checks for social workers returning to the profession?

Social workers, and others, brought in for coronavirus (COVID-19) purposes are eligible for free, fast-tracked DBS checks.

Are student social workers able to support local authorities during this time?

Students on placements make an important contribution to local social work services teams and are considered critical workers. We do not currently think the emergency registration of students, allowing them to take up social worker roles before they have completed their training, will be necessary but this will be kept under review. More guidance is available from Social Work England.

Has coronavirus (COVID-19) changed the approach taken by the social work regulator?

Social Work England has provided information on how it has responded to coronavirus (COVID-19).

Ofsted

How are Ofsted and the Children and Family Court Advisory and Support Service (Cafcass) providing support for the coronavirus (COVID-19) response?

Government agencies are currently assessing priorities and recognise the challenges that local authorities may face during this time. If there is available capacity, social workers will be freed up in order to provide extra support on the front line.

Ofsted is working closely with the Department for Education to assess where local authorities need support or additional capacity to tackle issues arising from coronavirus (COVID-19). Where Ofsted staff are being deployed to local authorities it is to support frontline delivery. Ofsted staff will not be acting as inspectors in these circumstances.

Cafcass is continuing discussions about how to prioritise work in the family justice and local authority systems in order to ensure that the best interests of children are prioritised at all times.

What is happening with Ofsted inspections?

The Secretary of State for Education has agreed with Ofsted that it will suspend routine inspections of children's social care services and settings, and accordingly Her Majesty's Chief Inspector of Education, Children's Services and Skills (Fees and Frequency of Inspections) (Children's Homes etc.) Regulations 2015, which sets the minimum intervals for inspections, has been temporarily suspended. Urgent inspections where specific concerns have been raised will still go ahead, to ensure that children's safety is prioritised. These will take the format of a monitoring inspection focused on the issues raised and without an inspection judgement. Ofsted will also undertake regulatory work off-site wherever possible and may still take appropriate enforcement action. Further guidance is available in Ofsted's rolling coronavirus (COVID-19) update.

We have also amended the Education and Inspections Act 2006 (Inspection of Local Authorities) Regulations 2007 and the Children Act 2004 (Joint Area Reviews) Regulations 2015 that require local authorities to publish a written statement of the action they intend to take in light of the Ofsted inspection and joint area review reports. Previously, local authorities were required to publish these within 70 working days – now, the requirement is to publish within 70 working days "or as soon as reasonably practicable".

Ofsted's regulatory role and work is continuing, and it has taken a range of actions to ensure that it is responding proportionately to the current context. Ofsted is providing regular updates to educational and children's social care settings and local authorities on its approach to key issues.

We are in discussion with Ofsted about how to monitor risk and fragility in the system in the absence of routine inspection.

Is this page useful? Yes No Is there anything wrong with this page?

Coronavirus (COVID-19)

Coronavirus (COVID-19): guidance and support

The UK has left the EU

Check the new rules for January 2021

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