Part of
Education and childcare during coronavirus

Department for Education

Guidance

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

Updated 15 October 2020

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This guidance is about safeguarding and protecting the welfare of vulnerable children. It is non-statutory and should be used to support children's social care services and providers to work with children and families during the ongoing coronavirus (COVID-19) pandemic.

Information for providers of non-residential respite services (such as holiday clubs and out of school provision) is available in the guidance on protective measures for out-of-school settings during the coronavirus (COVID-19) pandemic and actions for early years and childcare providers during the coronavirus (COVID-19) pandemic.

Where providers need to offer transport to enable children with SEND to access respite services, they should follow the principles set out in the guidance on transport to schools and other places of education: autumn term 2020.

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. Our aim is to:

- continue to prioritise the safeguarding, and protect the welfare, of vulnerable children
- maintain delivery of children's social care during the recovery stage of the pandemic
- support continued effective operations of children's social care when public health measures may act as a barrier, for example as a result of local intervention measures

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 taking.

Main changes to previous guidance

We have updated this guidance to:

- reflect that the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 have expired
- update with the Adoption and Children (Coronavirus) (Amendment) (No2) Regulations 2020
- reflect the Health Protection (Coronavirus, Restrictions) (No. 2) (England) (Amendment) (No. 4) Regulations 2020 – the rule of 6

Principles

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-focused - 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

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 coming into force on 25 September seeks 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. 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

Important dates

This guidance will remain in force until the regulatory changes expire on 31 March 2021.

Adoption and Children (Coronavirus) (Amendment) Regulations 2020

As part of its response to coronavirus (COVID-19), the government carefully considered the flexibilities needed to support the effective delivery of children's social care services, while always ensuring children's safety and welfare remained paramount. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 came into force on 24 April 2020.

The Adoption and Children (Coronavirus) (Amendment) Regulations expired on 25 September. The regulations cannot be used after this date. However, new regulations will continue to provide some flexibility in relation to three areas – see section below on temporary regulations – and actions taken under some other provisions will continue to apply after this date, in relation to:

- adoption suitability assessments
- fostering suitability assessments
- private fostering notifications
- Children Act 1989 representations

Temporary regulations

The Adoption and Children (Coronavirus) (Amendment) (No 2) Regulations 2020 ('the temporary regulations') temporarily amend a series of 6 regulations.

The temporary regulations:

- allow visits to take place over the telephone, a video link or other electronic communication methods, where face-to-face visits are not possible due to coronavirus (COVID-19)
- change the rules regarding health assessment in the process for approving adopters and foster carers, as long as assessments are obtained and considered for the final stage and prior to approval
- suspend the minimum frequency of Ofsted inspections, recognising that assurance visits will be conducted using a risk-based approach

The temporary regulations are intended to be used where the flexibilities are still needed to provide effective support for children involved with children's social care services during the pandemic. These can be when:

- it would be contrary to any guidance relating to the incidence or transmission of coronavirus (COVID-19) published by Public Health England or the Secretary of State for Health and Social Care
- it is not reasonably practicable for a reason relating to the incidence or transmission of coronavirus (COVID-19)

The overarching approach to making use of these legislative flexibilities should include:

- approval at chief officer level in local authorities and, where appropriate, top tier management level in other services and providers, or
- properly recording the use, along with the reasons for doing so and communicating to the other safeguarding partners and providers
- each local authority and provider recording the reason(s) for use of a flexibility

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 to inform Ofsted's annual engagement meetings with local authorities and in any local authority or provider inspection activity. Ofsted will review the relevant records if they receive any complaints, concerns or whistleblowing.

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. 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.

The Secretary of State has agreed that Ofsted will undertake assurance visits in relation to children's social care establishments and agencies during an interim period from September 2020 until the end of March 2021 and minimum inspection intervals for these settings will remain suspended until April 2021.

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.

Children's social care

Social work practice

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 and the rule of 6 social distancing guidance

Within any restrictions on social distancing and contact, 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.

PPE equipment for children's social care staff

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.

Coronavirus (COVID-19) testing for children's social care workers

Education, childcare and children's social care settings and providers must ensure they understand the NHS test and trace process so that they know how to respond if anyone within the setting is suspected or confirmed to have coronavirus (COVID-19). They must also know how to contact their local PHE health protection team, and do so as soon as they have a confirmed case or an overall rise in suspected cases. Anyone who displays symptoms of coronavirus (COVID-19) should request a test. Tests can be booked on the NHS testing and tracing for coronavirus website or ordered by telephone via NHS 119.

Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Based on the advice from their local PHE health protection team, settings must ask those people who have been in close contact with the person who has tested positive to self-isolate for 14 days since they were last in close contact with that person when they were infectious.

Virtual visits - local authorities

The temporary regulations allow visits to a looked-after child, as required by the Care Planning, Placement and Case Review (England) Regulations 2010, to be carried out over the telephone, a video link or other electronic communication methods.

The use of virtual visits should be the exception and can be used as a result of public health advice or where when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include in the event of local restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

As good practice, children and young people should be told why a face-to-face visit is not possible and be advised of their right to advocacy or support.

This does not provide blanket cover for all such visits to be held virtually. Wherever possible, visits should be held face-to-face. This can include considering whether it is possible to move the time or location of the meeting within the statutory timescales.

The temporary regulations require any virtual visits to be held in accordance with any recommendations from the nominated officer. When making recommendations, nominated officers should consider:

- the wishes of the children and young people affected
- the ability of the child or young person to engage in a virtual visit due to reasons such as their age, disability, learning difficulty or use of English, for example with unaccompanied asylum seeking children
- whether there is an established bond between the social worker and the child or young person
- any other factors the nominated officer thinks relevant

All uses of this temporary flexibility must be recorded in individual case files. These records should include the reasons why a virtual visit was necessary, and the name of the nominated officer consulted. Local authorities and social workers should consider available guidance on the use of virtual visits such as that issued by the principal social worker network.

Social worker visits

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 child, to ensure they are safe and well. Visits should be face-to-face where possible and 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 investigating cases where the local authority has cause to suspect that a child is suffering 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 guidance.

Children Act 1989 representations - continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020

Where a complainant has engaged in the representations procedure under regulation 17 of the Children Act 1989 (Representations Procedure) Regulations 2006 and the local authority has considered those representations before 25 September 2020, if the complainant is dissatisfied with the outcome they continue to be able to request a review panel within the statutory time frame of 20 working days or as soon as is reasonably practicable. Additionally:

- the local authority can still convene a review panel within the statutory time frame of 30 working days, or as soon as is reasonably practicable
- the review panel can still send its report to local authorities within the statutory time frame of 5 working days, or as soon as is reasonably practicable
- the local authority, together with an independent person, can still consider the review panel's recommendations, determine next steps and send its response to the complainant within the statutory time frame of 15 working days, or as soon as is reasonably practicable

If the local authority has not considered the complainant's representations by 25 September 2020, the complainant, local authority and review panel must complete their actions within the statutory time frames in the Children Act 1989 Representations Procedure (England) Regulations 2006.

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.

Support for 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 expected.

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.

Responsibilities for missing children

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 and children at risk of going missing 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.

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.

Educational Setting

Vulnerable children attendance at educational settings

It is mandatory for all children to attend school from the beginning of the autumn term. This means that the usual rules on school attendance apply, including:

- parents' duty to secure that their child attends regularly at school where the child is a registered pupil, and they are of compulsory school age
- schools' responsibilities to record attendance and follow up absence
- the availability to issue sanctions, including fixed penalty notices in line with local authorities' codes of conduct

We have also published guidance on Improving school attendance: support for schools and local authorities which includes guidance on the responsibilities of virtual school heads (VSHs) in monitoring the attendance of looked-after children and previously looked-after children, and securing appropriate interventions for those who are persistently absent.

This guidance sets out expectations on social workers and family support workers to convey high expectations for attendance, make sure school attendance is prioritised within multi-agency plans and support children and families to overcome barriers to attendance where needed. We have published a toolkit of resources and guidance to help social workers in conversations with children and families about school attendance .

Social workers should be in communication with schools and, where possible, engaged in conversations with the school and parents to put in place strategies to reduce the risk of exclusion.

We have reiterated to schools that they should, as far as possible, avoid permanently excluding any pupil with an Education, Health and Care Plan or a Looked-After Child. Where a looked after child is at risk of exclusion, the VSH, working with others, should consider what additional assessment and support needs to be put in place to help the school address the causes of the child's behaviour and prevent the need for exclusion, and make any additional arrangements to support the child's ongoing education in the event of an exclusion.

Where a child has been permanently excluded, this will include rapidly securing new educational provision in line with the child's needs and Personal Education Plan (PEP). Where a school has concerns about the behaviour of a previously looked after child which could result in the child being excluded, advice may be sought from the VSH on strategies to support the child to avoid exclusion.

The tiers of restriction for education and childcare, summarised in annex 3 of the contain framework and in guidance on higher education, work alongside the local COVID alert level framework. At all local alert levels, the expectation is that education and childcare provision should continue as normal. The government has been very clear that limiting attendance at schools and other education settings should only be done as a last resort, even in areas where a local alert level is 'high' or 'very high'. Decisions on any restrictions necessary in education or childcare settings are taken separately on a case-by-case basis in the light of local circumstances, including information about the incidence and transmission of coronavirus (COVID-19).

Risk assessments for children and young people with an education, health and care plan

Following the March closure of schools and colleges to most pupils and students, local authorities and settings were asked to undertake risk assessments for children and young people with EHC plans. These risk assessments are no longer required.

Local authorities and educational settings should make their own judgements as to whether risk assessments continue to be useful for each child or young person after they have returned full time. They may for example prove useful to:

- help identify any additional support that pupils need in order to make a successful return to full-time education
- to help reassure pupils, families, and staff that it is safe for the pupil to be welcomed back to their setting in the event that children and young people have to self-isolate; or if there is a local outbreak of coronavirus (COVID-19)

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

Alternative provision (AP) schools and providers

Alternative provision (AP) settings (including pupil referral units, AP academies and AP free schools) are open for all pupils this autumn term and on-site attendance is mandatory. To support the return, AP settings have needed to comply with health and safety law requiring employers to assess risks and put in place proportionate control measures.

AP settings should continue to work through the system of controls, outlined in government guidance for the full opening of schools, embedding measures that help them meet each control to the fullest extent possible, in a way that addresses the risk identified in their assessment, works for their setting, and allows them to deliver a broad and balanced curriculum for pupils.

Multi-agency

Multi-agency child protection conferences

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 children at risk of harm, 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.

Barriers 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 wellbeing

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.

Social care services for disabled children and young people

Short break services (also known as respite)

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.

Information for providers of non-residential respite services (such as holiday clubs and out of school provision) is available in the guidance on protective measures for out-of-school settings during the coronavirus (COVID-19) pandemic and actions for early years and childcare providers during the coronavirus (COVID-19) pandemic. Where providers need to offer transport to enable children with SEND to access respite services, they should follow the principles set out in the guidance on transport to schools and other places of education: autumn term 2020.

Child safeguarding practice review panel

Notifying the child safeguarding practice review panel

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.

Local Authorities have a statutory duty to provide a serious incident notification of all incidents where a child dies or is seriously harmed, and abuse or neglect is known or suspected. Serious incident notifications should be sent to the Panel within five working days of the local authority becoming aware of the incident.

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

Rapid reviews

A rapid review continues to be a vital tool for learning from serious incidents locally and nationally. Whilst the non-statutory timescales were relaxed to support safeguarding partners' capacity during the coronavirus (COVID-19) pandemic (from 1 April 2020), it is important that rapid reviews are once again held in a timely manner. Therefore, from 1 October 2020, the 15-day expectation for undertaking and reporting a rapid review is reinstated and should be followed as stated in the Child Safeguarding Practice Review Panel: practice guidance.

Local Child safeguarding practice reviews

Local child safeguarding practice reviews should be completed and published as soon as possible and no later than six months from the date of the decision to initiate a review. Safeguarding partners must also send a copy of the full report no later than seven working days in advance of publication to the Panel and the Secretary of State for Education at:

NationalReviewPanel@education.gov.uk mailbox.cpod@education.gov.uk

Fostering

Suitability assessments – continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020

Where the fostering service provider has started the assessment process for a new foster carer before 25 September 2020 under regulation 26 of the Fostering Services (England) Regulations 2011, it must continue to assess that individual as though all the amendments in the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 that came into effect from 24 April 2020, to the 2011 Regulations remain in force. This means that the service provider can continue to choose whether to refer the case to the fostering panel for a recommendation on suitability.

It can still notify the applicant of a decision not to approve them as suitable to foster as soon as is reasonably practical, once all the relevant information has been gathered. This means that:

- a fostering service provider can continue to decide if it refers the case to a panel for a recommendation on suitability
- a panel can still go ahead under reduced quoracy (not having enough members to carry out business and cast votes)

This is to avoid restarting the assessment process for foster carers from the beginning when the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 expired on 25 September 2020.

Temporary approval – continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020

Where the responsible authority has started to assess a person as a temporary foster carer under regulation 24, or has approved a person under regulation 24, before 25 September 2020, the responsible authority can continue these assessments and approvals in accordance with the amendments made by the Adoption and Children (Coronavirus) (Amendment) Regulations 2020. This means that temporary approvals for non-connected persons can continue if the assessment was started before or on 25 September, and that these placements can continue for up to 24 weeks.

Assessments under regulation 24 started on or after 25 September must comply with the original regulations and as such can only allow the temporary approval of a connected person for a maximum of 16 weeks while an assessment of suitability is completed.

Self-isolating or ill foster carers

We recognise the importance of maintaining a 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 households with possible coronavirus (COVID-19) infection guidance 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.

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 continue to be concerned about available fostering capacity in their area, they could identify 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.

Support for foster families

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 have free access to a range of specialist services, including behaviour management experts, 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 as the country moves into recovery from the coronavirus (COVID-19) pandemic 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.

Medical checks - fostering

The temporary regulations allow fostering agencies to proceed to obtaining the information required under regulation 26(2)(a) of the Fostering Services (England) Regulations 2011 without having received medical reports.

The temporary regulations do not remove the need for medical reports as they still must be obtained before the fostering agency can consider the suitability assessment of the prospective foster carer and their household. A final decision cannot be made without a medical report being obtained and considered as part of the suitability assessment. If medical reports are available at the initial stage, they should still be obtained and considered then.

As good practice, agencies should let prospective foster carers know that if their application is progressed to the next stage, their medical information, when received, could affect the outcome. Equally, if agencies are aware of medical history that could affect the outcome of the application, they may decide not to progress the application until the relevant information has been received from the GP or other health professional.

The decision to use this flexibility must be recorded. Agencies may also find it helpful to keep a separate collated record of in which cases the flexibility has been used.

Notifications – continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020

For any notification received under regulation 3, 5 or 6 of the Children (Private Arrangements for Fostering) Regulations 2005 (the Private Fostering Regulations) before 25 September 2020, local authorities may act as though the amendments made by the Adoption and Children (Coronavirus) (Amendment) Regulations were still in force. For notifications received on or after that date, the time limits in the Private Fostering Regulations apply.

Adoption

Suitability assessments - continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations

Where an adoption agency is in the process of assessing the suitability of a prospective adopter before 25 September 2020 under Part 4 of the Adoption Agencies Regulations 2005, they must continue to assess that individual as though all the amendments in the Adoption and Children (Coronavirus) (Amendment) Regulations 2020, that came into effect from 24 April 2020, to the 2005 Regulations remain in force. This means that:

- an adoption agency can decide if it refers the case to a panel for a recommendation on suitability
- a panel can still go ahead under reduced quoracy (not having enough members to carry out business and cast votes)
- an adoption agency can move to stage 2 of the process while still waiting for medicals and DBS checks This is to avoid restarting the assessment process from the beginning for assessments in progress when the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 expired on 25 September 2020

Introductory meetings for children with new adopted parents

Whilst we understand that introductory meetings will sometimes be challenging in the current circumstances, 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. Agencies should consider whether 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 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 in a vulnerable category and that other ways may need to be found to prioritise permanent placements for children in line with their best interests.

Moving to stage 2 of adopter assessment process without medical reports

The temporary regulations allow an adoption agency to proceed to stage 2 of the assessment process without having received the medical report, where applicable, requested under regulation 26(b) of the Adoption Agencies Regulations 2005.

This does not remove the need for medical reports as they still must be obtained and considered before the adoption agency makes a final decision. If medical reports are available at stage 1, they should be obtained and considered then.

As good practice, agencies should let prospective adopters know that if their application is progressed to the next stage, their medical information, when received, could affect the outcome. Equally, if agencies are aware of medical history that could affect the outcome of the application, they may decide not to progress the application until the relevant information has been received from the GP or other health professional.

The decision to use this flexibility must be recorded. Agencies may also find it helpful to keep a separate collated record of in which cases the flexibility has been used.

The position under the new Amendment Regulations from 25 September is that a person cannot apply for a review to the Secretary of State of a decision that the person is not suitable for reasons related to medical information only.

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

Keeping residential settings safe from coronavirus (COVID-19)

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 service in the workplace

In considering how to keep residential settings safe from coronavirus (COVID-19) 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
- that staff are working under challenging conditions 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
- the need to follow any 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

Where a provider has an immediate or impending staffing shortage, which may lead to the closure of a home, they should discuss that as a matter of urgency with the relevant placing local authorities. Ofsted should also be notified, and they may share this information with DfE.

Effective quality assurance checks and visits should continue to be carried out, to ensure that the care provided is safe and staff feel supported. Independent person visits under regulation 44 of the Children's Homes (England) Regulations 2015 and face-to-face contact with families should still be prioritised. The use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practical to have a face-to-face visit. Any activity carried out remotely should be recorded.

Deprivation of liberty – continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020

On 25 September the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 expired. Relevant provisions continue to remain in force for limited cases where flexibilities were used before 25 September 2020.

The amendment made to regulation 20(3) of the Children's Homes (England) Regulations 2015 allowed a children's home to enforce a temporary deprivation of liberty where powers under Schedule 21 of the Coronavirus Act 2020 were being exercised in relation to isolation of a young person who was infectious or suspected of being infectious with coronavirus (COVID-19) to prevent the virus from spreading.

The savings provision means that where a child was being deprived of their liberty in a children's home as permitted by regulation 20(3) on 25 September 2020, this can continue as though the amendment made to regulation 20(3) is still in force. This will only be for the duration of the period that the child is subject to the relevant powers in Schedule 21 of the Coronavirus Act 2020. In general, the permitted maximum period for the exercise of powers in the Coronavirus Act is 14 days, unless the requirement has been set at a shorter period by a Public Health Officer or it is extended by a Public Health Officer. We would expect that any decisions relating to the exercise of these powers will continue to be recorded and there is a requirement for their use to be monitored.

Restricting a child's movements if they become symptomatic or are confirmed as having coronavirus (COVID-19)

Anyone in England and Wales who has symptoms of coronavirus (COVID-19) - which you can check here, 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 virus 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 (PHE) 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.

Rule of 6 in residential settings

The Health Protection (Coronavirus, Restrictions) (No. 2) (England) (Amendment) (No. 4) Regulations 2020 (rule of 6) introduced new restrictions limiting the circumstances in which more than 6 people can gather together. However, there are exceptions where groups can be larger than 6 people, such as for households, work or the provision of voluntary or charitable services. This means, for example, that social workers and independent visitors under regulation 44 of the Children's Homes (England) Regulations 2015 can continue to visit children.

The exemptions also allow for arrangements where children do not live in the same household as both their parents, even if this would mean that more than 6 people would be present. As noted above, anyone attending these contact meetings for work or volunteering purposes (for example, a social worker or key worker) would also be exempt and thus not count towards the limit of 6 people.

As per the guidance on isolation in residential settings, children's homes will usually be considered as 'households'. So, for example, if the children's home had more than six children living there, all the children would still be able to gather together alongside the adults who were working at the home (who would be exempt from counting towards the limit of 6 people for reasons of being at work). However, it may be that only parts of the whole setting should be considered to be a household. For example, if residential provision is spread across several separate buildings, it would be reasonable to treat these as different households.

Your approach to deciding what constitutes a household and who should self-isolate because they are part of this household will depend on the physical layout of the residential setting, considering who shares a kitchen/bathroom, bedrooms, and staffing arrangements. You can seek advice from PHE's local health protection teams if needed.

Virtual visits - children's homes

The temporary regulations allow meetings taking place under regulation 22(1) of the Children's Homes (England) Regulations 2015 to take place over the telephone, a video link or other electronic means. Suitable facilities are to be made available within the children's home to enable such private meetings to take place.

As good practice, children and young people should be told why a face-to-face visit is not possible and be advised of their right to advocacy.

The use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include in the event of local restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

All uses of this temporary flexibility must be recorded, for example in individual case records, and those records should include the reasons why a virtual visit was necessary. Providers may also find it helpful to keep a separate collated record in which cases the flexibility has been used.

Managing 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.

Placement – continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020

Where the responsible authority has, under regulation 19 of the Care Planning, Placement and Case Review (England) Regulations 2010, placed a child before 25 September 2020 with the child's parent, someone with parental responsibility for the child or someone named in a child arrangements order as a person with whom the child was meant to live, the 2010 Regulations will continue to apply to the placement as if all the amendments made to them remain in force. That means that the assessment of suitability and review of the child's case in accordance with regulation 17 can still be completed as soon as reasonably practicable from the start of the placement.

Where placements under regulation 19 are made on or after 25 September 2020, the responsible authority must comply with the original regulatory provisions and ensure that the assessment of suitability and review of the child's case is completed within 10 working days from the start of the placement.

Emergency placements under regulation 23 of the Care Planning, Placement and Case Review Regulations 2010 that were made before 25 September 2020 should be reviewed to see if they remain appropriate. They can continue to last for up to 24 weeks in accordance with the amendments made by the Adoption and Children (Coronavirus) (Amendment) Regulations 2020. Placements made on or after this date must comply with regulation 23 of the 2010 Regulations and must not last for longer than 6 working days.

Short breaks – continuing effect of the Adoption and Children (Coronavirus) (Amendment) Regulations 2020

Children who remain in a short break placement which started before 25 September may continue in that placement as long as the placements do not exceed 75 days in a 12-month period. The 2010 Regulations and the 2011 Regulations will continue to apply with the modifications listed at regulation 48(3) of the 2010 Regulations and regulation 42(3) of the 2011 Regulations.

For placements beginning on or after 25 September the original provisions apply and the length of any one placement will be limited to 17 days, with overall placements to not exceed 75 days in a 12-month period. The 2010 Regulations and 2011 Regulations will go back to also applying with the listed modifications to these placements.

Residential family centres

Face-to-face contact in residential family centres

The temporary regulations allow interviews with residents and staff at the residential family centre that are carried out by the registered provider in accordance with regulation 25(4)(a) of the Residential Family Centres Regulations 2002 to take place over the telephone, a video link or via other electronic communication methods.

The use of virtual interviews should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include in the event of local restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

All uses of this temporary flexibility must be recorded, for example in individual case records, and those records should include the reasons why a virtual interview was necessary. Providers may also find it helpful to keep a separate collated record of in which cases the flexibility has been used.

Care leavers

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.

The government has provided 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.

Personal advisers

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 staying alert and safe 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.

Independent living

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, Placement and Case Review (England) Regulations 2010, 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).

Loneliness and isolation of care leavers

During the summer term, devices were provided to local authorities and academy trusts to support families, children and young people most in need who did not have access to them through another source, such as their school. Laptops, tablets and 4G wireless routers were provided for care leavers, children and young people with social workers and disadvantaged year 10 pupils. The Department for Education is providing more laptops and tablets for disadvantaged children in certain year groups who are affected by disruption to face-to-face education at their school or have been advised to shield because they are clinically extremely vulnerable.

The government has published guidance on supporting children and young people's mental health and wellbeing. We have also provided funding for 3 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 and care leavers

Support for the mental health of looked-after children and care leavers

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. See, Hear, Respond can support children, young people and families (England only) who are struggling to cope with the impacts of coronavirus (COVID-19) online or by phone on 0800 157 7015.

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 crisis lines to ensure that 24/7 support is available to people of all ages, including children and young people, through a single point of access. Every mental health provider now has at least one line. NHS England and Improvement has published guidance for services on mental health, learning disabilities and autism.

Unaccompanied asylum seeking children (UASC)

Self-isolation

Where an unaccompanied asylum seeking child (UASC) arrives in England, the local authority receiving them will need to take steps to ascertain the countries they have travelled from and through and to ensure that, if necessary, they are placed in suitable accommodation in isolation from other people for 14 days, in line with guidance on how to self-isolate when you travel to the UK. This includes details on exemption rules and the position regarding transit stops. It is not always possible to ascertain which countries a young person has travelled through. In such circumstances, steps should be taken to isolate the young person as above.

As regards making provisions for isolation, local authorities should note that the regulations state that for a child, any person who has custody or charge of the child during the period of self-isolation must ensure, so far as is reasonably practicable, that the child self-isolates in accordance with this regulation (The Health Protection (Coronavirus, International Travel) (England) Regulations 2020 s4(11)).

If an unaccompanied asylum seeking child 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. 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 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.

On 16 July 2020, we announced £6 million in funding that will be made available to councils in England that (both):

- are most in need of support in meeting their duty of care to UASC
- have incurred additional costs resulting from the pandemic

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.

Courts

Courts during coronavirus (COVID-19)

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.

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 traumatic. We expect the spirit of any court-ordered contact in relation to children in care to be maintained. However, there may be local or individual circumstances where face-to-face contact may not be possible, including where members of households are isolating or continuing to take precautions due to clinical vulnerability.

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 guidance on meeting people outside your household and the needs of the child.

Under the current provisions for social distancing, there are exemptions from the 6-person limit for the purposes of arrangements for access to, and contact between, parents and children where the children do not live in the same household as their parents or one of their parents. However, the 6-person limit will apply to meetings with other relatives. Therefore, it may be necessary for children and other friends and family to make alternative arrangements.

Where it is not possible for the usual face-to-face contact to happen, keeping in touch will need to continue to take place virtually. 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.

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 ensure that they can have safe face-to-face interactions, whilst still adhering to social distancing guidance or restrictions.

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.

Workforce

Bringing social workers back into frontline practice

In collaboration with the Local Government Association (LGA) and Social Work England, we have the Social Work Together campaign 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. Local authorities can access the details of interested social workers through the LGA website local authority registration page.

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.

Quality of social workers returning to the profession

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.

Ofsted

Ofsted inspections

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.

The suspension of the minimum intervals for inspection of children's homes, residential family centres, voluntary adoption agencies, adoption support agencies, fostering agencies and holiday schemes for disabled children will now continue until 31 March 2021.

During the period of continued suspension, Ofsted will conduct assurance visits determined using a risk-based approach in order to ensure that children's safety is a priority.

Ofsted will arrange visits based on the most recent inspection judgements, other information it holds about the provider, the amount of time since the last inspection and whether the provider is newly registered and therefore not yet been inspected.

The visits will evaluate:

- the experiences and progress of children and young people, taking into account the coronavirus (COVID-19) context
- how well children and young people are helped and protected
- the effectiveness of leadership and management, including arrangements to meet the needs of children as restrictions are eased

During this period, if there are concerns raised about a provider, Ofsted retains the ability to maintain oversight and to undertake any necessary regulatory action.

Further information is available in Ofsted's guidance on social care common inspection framework and assurance visits. In addition, Ofsted will undertake focused visits to local authorities using the framework for inspecting local authority services (ILASC).

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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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