

COVID-19 series: briefing on children's social care providers, October 2020

Evidence from assurance visits to social care providers and focused visits to local authorities between 8 September and 15 October

Ofsted is carrying out [a series of 'assurance visits' to children's social care providers](#) as part of a phased return to routine inspection. The aim of these visits is to provide reassurance to parents, the public, commissioners and local authority social workers that children are safe and well cared for and that leaders and managers are exercising good leadership. The visits follow existing [principles for inspection](#). They result in a report that gives no graded judgement but does include requirements or recommendations for improvement and highlights any serious or widespread concerns.

Similarly, we are carrying out [focused visits to local authorities](#) (LAs). They focus on particular service areas or cohorts of children and aim to provide assurance about the quality and impact of practice. They do not result in a graded judgement, but the published letter may include areas for improvement or for priority action.

Data summary

In this briefing, findings are based on assurance visits to 284 social care providers under the social care common inspection framework (SCCIF) and focused visits to 11 LAs under the inspection of local authority children's services (ILACS) framework, carried out between 8 September and 15 October.¹

¹ SCCIF assurance visits were between 8 September and 15 October and ILACS focused visits were between 15 and 29 September.

Table: Number of visits in this analysis

Provider type	Outstanding	Good	Requires improvement to be good	Inadequate	No previous grade*	Total
Children's home	8 (3%)	71 (27%)	147 (56%)	7 (3%)	31 (12%)	264 (93%)
Local authority	N/A	3 (27%)	5 (45%)	2 (18%)	1 (9%)	11 (4%)
Residential special school	N/A	2 (22%)	5 (56%)	2 (22%)	N/A	9 (3%)
Total	8 (3%)	76 (27%)	157 (55%)	11 (4%)	32 (11%)	284 (100%)

*Providers that have no previous grade are usually new registrations or a local authority.

Main findings

- Better multi-agency working has often been a positive consequence of the pandemic, especially between education and LAs.
- Concerns about sufficiency, placement disruption and children entering care in an unplanned way have increased during COVID-19 (coronavirus) restrictions.
- Care leavers' personal advisers have shown strong commitment to them throughout the pandemic.
- Pressures on the family courts significantly impacted LAs' ability to issue care proceedings and to protect children. The backlog of public law cases has also made it harder to return children home or move them out of care.
- Contact between children and their families has largely been managed sensitively, in line with COVID-19 restrictions on a local and national level.
- Leaders did not always have a clear strategy to know which children known to social care should be attending school in person or to monitor attendance.
- There were differences in children's and young people's access to technology and therefore in their ability to engage in remote learning, access the job market or keep in touch with friends and family.
- Child and adolescent mental health services (CAMHS) often already did not have enough capacity to meet children's needs, and this worsened during the pandemic.
- LAs appear to have made little use of the temporary flexibilities in the regulations.

Methodological note

Social care providers

Information on social care providers in this briefing is based on assurance visits to children's homes and residential special schools. We will include other providers, such as secure children's homes and independent fostering agencies, in a future

briefing. Assurance visits lead to a concise narrative report, with no graded judgement.

The sample is large but not representative. We prioritised visits based on a risk assessment of each provider, considering:

- the most recent inspection judgements
- the amount of time since the last inspection
- whether the provider is newly registered and so has not yet been inspected
- any other information that we hold about a provider.

The focus on social care providers considered higher risk in the sample means that findings may not be representative and general conclusions should not be drawn.

Local authorities

Information on LAs in this briefing is based on focused visits. We prioritised visits according to the following:

- those judged inadequate at their last inspection
- those with an area for priority action
- those we have concerns about following information received since their last inspection/visit
- those that have not yet had a standard or short inspection under the ILACS framework
- a mix of authorities according to previous inspection outcomes, including some good and outstanding.

The analysis is based on only a small number of LAs and findings are not, therefore, representative of all LAs in England.

Overarching questions

This briefing covers **four** broad questions based on evidence from the visits:

1. To what extent are all children safe and protected from harm?
2. To what extent are children in care well looked after?
3. How are leaders and managers exercising their responsibilities?
4. How financially sustainable are LAs, children's homes and residential special schools?

Children's safety and well-being

Are children kept safe and protected from harm?

Help and protection for children at risk of harm

All agencies that work with children have a role in identifying children at risk of, or experiencing, harm, so that LAs can assess that risk and respond. Our initial findings suggest that harm to children has not yet been consistently identified across the country. When LAs are not informed of possible risks to children, for example through referrals, they are limited in what they can do to help protect children.

As has been widely reported, there was a drop in the number of children being referred to children's social care as being at risk of harm in the initial months of the first national lockdown.² There was understandably a large drop in referrals from schools when not all children were physically attending. Since then, referrals have not risen at a consistent rate across LAs. In some LAs, safeguarding referrals started to rise again as early as April. In others, they only started to increase in September, once schools re-opened fully.

The variation in referrals would suggest that risk has not been identified effectively enough in some areas. A good example of this is that some LAs reported an increase in referrals due to domestic abuse, while others did not.³

The majority of LAs that were aware of risks to children used high-quality risk-assessment procedures and responded in a timely and appropriate way. In part, this was because those LAs that experienced an increase in referrals anticipated the increase and managed this well. One LA had created a specific duty team to process COVID-19 risks and respond to queries about COVID-19 raised in the multi-agency safeguarding hub (MASH).⁴ Another LA used a risk assessment tool designed specifically for COVID-19 to assess the level of risk for children known to social care at the beginning of the pandemic. This LA then created short-term plans for how to protect these children.

In cases when there have been concerns that children may be at risk, they have usually been visited face-to-face by social workers and other professionals. When children have needed to be examined by a medical practitioner, for example as part of a child sexual abuse investigation, this also continued to happen in person.

² See also 'Children's social care referrals fell by a fifth during lockdown', Local Government Association, September 2020; www.local.gov.uk/childrens-social-care-referrals-fell-fifth-during-lockdown.

³ See also 'A perfect storm – the impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them', Women's Aid, August 2020; www.womensaid.org.uk/research-and-publications/evidence-briefings-the-impact-of-covid-19-on-survivors-and-services.

⁴ When there are concerns about a child, the MASH brings together key professionals (such as police, probation, health, education and social care) to facilitate quick information-sharing and decision-making to protect children.

Some better multi-agency working has been a positive consequence of the pandemic. Multi-agency meetings, such as child protection strategy meetings, being held online has resulted in better attendance from GPs and education partners. Virtual schools have been reported as being more visible and accessible, providing collaborative educational support and advice to schools, children in care and their carers. In one area, this was aided by some virtual school staff being redeployed to the duty team. Pastoral and teaching staff at schools sometimes carried out welfare checks on vulnerable children and were also able to pick up any concerns. However, some schools felt they were left to be responsible for protecting their pupils, without the assistance they needed from LA children's services.

Leaders in some areas created strategic meetings with partners to address concerns, leading to partners feeling more included. In one local area, for example, an increase in domestic abuse led to the director of children's services chairing a weekly strategic meeting with partners. In another area, education managers met with team managers in children's social care and reviewed every child on a child protection plan or designated as a child in need. Cases of concern were followed up by social workers, the education welfare service or the special educational needs team.

Keeping children in care safe

Decisions on when to visit children face to face were taken on an individual basis, following COVID-19 risk assessments and when it was important to protect children and/or meet their needs. When face-to-face visits happened, social workers could understand the effects of a change in circumstance or dynamic in the household and responded appropriately, such as the impact on a child of their older brother or sister moving out of the foster placement. For some children with additional needs, particularly those with autism spectrum disorder or other communication needs, face-to-face visits helped them communicate with their social worker. In some areas though, children placed out of authority received less contact and this led to increased isolation, which had a detrimental impact on care planning and children's experiences.

Some children went missing from their placements because they wanted to see more of their family. We saw good examples of social workers and children's homes sensitively reassessing contact arrangements and considering these children's wishes. However, sometimes the children's homes and police response focused on COVID-19 restrictions, rather than on understanding that children may be at risk of other harm, such as exploitation.

As reported in our previous briefing, some children in children's homes experienced improved mental health and were reported to be happier. Some staff identified that they had used this period to build better relationships with children. More recently, we have some seen evidence that the restrictions have led to increased anxiety, self-harm, low mood and/or drug and alcohol misuse for older children. School closures and isolation from friends have been particularly difficult for them, often exacerbating existing concerns. In one home, a child said that they felt suicidal because of the restrictions. In rare cases, staff did not manage all self-harm incidents

appropriately, for instance not following up on a child after an incident, or not updating assessments to take account of escalating risk. In some places, drug and alcohol misuse services were not available, which meant risks to children's health and safety were not identified or addressed.

It could be difficult to balance children's rights, safety and mental health proportionately in the exceptional circumstances of the pandemic. Although many homes managed this well, we saw some examples of children's rights not being respected alongside their safety. For example, a child who went missing was told on their return by the registered manager to self-isolate. They had their clothing and possessions removed from their room and were told to take a COVID-19 test. These practices and the rationale for them were often not recorded and made the children feel powerless and restricted their liberty.

Are children well cared for?

Children felt well cared for by foster carers, personal advisers, social workers and residential staff. Across many children's homes and residential special schools, experienced staff are committed to maintaining a high standard of care. There were signs of great efforts being made to ensure that everyday life continued as close to usual as possible. Children generally responded positively to the changes COVID-19 had brought about to everyone's lives, with staff making efforts to minimise the disruption.

Professionals' relationships with children

Children in care and care leavers experienced struggles and relied on positive relationships with people important to them for support. However, due to restrictions, this was not always possible.

Most children and care leavers had regular contact with their social worker or personal adviser. As discussed, this was sometimes in person but there was a greater reliance on remote communication through messaging and video calling. Professionals considered children's and young people's preferences about methods of communication. Some children's relationships with professionals improved with more frequent contact. Children's relationships with staff in children's homes and residential special schools benefited similarly by spending more time together. There were also examples of professionals creating shared experiences and memories for children during periods of isolation, including additional in-home activities such as a prom party and afternoon tea with the mayor.

We saw more examples of staff moving into children's homes to isolate with children when they displayed symptoms of COVID-19. This reflects the commitment of staff to the children they care for.

Personal advisers made specific efforts to keep in touch with vulnerable and isolated care leavers. These young people relied on good relationships and regular or increased contact with their personal advisers to provide practical (for example, accommodation, education and employment) and emotional support. It was

important that this was more than a 'safe and well' check. Many care leavers continued to make progress and live successfully independently. In one case, face-to-face meetings were particularly important due to the young person's deteriorating mental health. The personal adviser's persistent work enabled the young person to spend their birthday with them and receive the help they needed.

When children could not contact their social workers through calls or texts, or their workers changed frequently, this led to children feeling disillusioned and mistrustful. In one area, some children spoke about feeling 'abandoned'. Although some of these concerns were evident before the pandemic, they were magnified during it. This often had a detrimental impact on children's mental health and on their involvement in the progression of their plans. When contact was made, it often focused on the provision of food parcels rather than on children's well-being. This was true for a care leaver who struggled alone with the demands of working, studying and being a parent. Care leavers going to university also felt they had to cope alone.

Listening to children

Children's homes and residential special schools continued to involve children in decisions about their daily routines. One home, for example, made personalised masks with the children: 'They love them, and it makes them more inclined to wear them'.

In some places where professionals had already failed to involve children in decisions about their lives, we found some examples that the pandemic had exacerbated this issue. In one area, social workers felt unable to do the amount of direct work they would like with children, in part due to COVID-19 restrictions. This meant that, in too many cases, there was little understanding of children's lived experiences, which ultimately does not help good decision-making.

Deciding where children live

Most children continued to move into a range of placements and critical decisions about entering care continued. Sometimes, children were not able to see a placement before moving. For one child moving to a residential special school, this was overcome by completing a virtual tour.

Sufficiency, placement disruption and children entering care in an unplanned way were already concerns in some areas. COVID-19 restrictions placed more pressures on the system, which made it harder to meet children's needs. A small number of vulnerable foster carers have reluctantly had to end placements due to shielding and social-distancing restrictions.

In some areas, children were placed in unregulated or unregistered provision, although this was also an issue before COVID-19. These children's circumstances were not always closely risk assessed at a sufficiently senior level. In one LA, there were multiple children taken into care within a short time of each other and all of these children had been living with long-term neglect. There were more limited options for where these children could live, as during this period it was more difficult

to identify suitable placements quickly. As a result, some of these children experienced several moves due to poor matching decisions. This caused upheaval and distress during an already difficult time.

Care leavers rely on good housing and support services to help them develop the skills they need to maintain successful independent tenancies. When these services were temporarily unavailable, it had a negative impact, particularly in tandem with ongoing placement shortages. Some young people were physically unable to view properties as they moved on from semi-independent living. This meant they were not fully informed before moving.

Pressures on the family court significantly impacted LAs' ability to issue care proceedings to protect children. The backlog of public law cases in the family court also delayed confirming children's permanence through adoption, special guardianship, child arrangement orders or through discharging care orders. In one local area, the introduction of virtual court hearings has helped to alleviate the COVID-19-related backlog in care proceedings. Although this was a positive change, we do not yet fully understand the impact of virtual hearings on children and families.⁵

Quality time with friends and family

Children's contact with family and friends is important for their emotional well-being and sense of identity. Foster carers have continued to play an important role in facilitating this contact. It has mostly been managed sensitively in line with COVID-19 restrictions on a local and national level. For one child, visits with his mum were changed to a block over one weekend, rather than several separate days, to reduce travelling. This was positive in managing the child's feelings of anxiety about contact.

Early on in this period, there were challenges in arranging the same frequency and type of contact with family and friends. This often meant using phones or video calling software. Extra training was needed to get some carers, children's homes and individual workers up to speed in using the technology. One child enjoyed a virtual weekly baking activity with their family.

Some children were not able to see their families face to face. It is unclear whether face-to-face contact was facilitated as much as it could have been in the circumstances. When it did take place, staff ensured social distancing and took precautions. Children often met families outdoors in parks and gardens. In one example, a child celebrated their birthday with their family by holding a small gathering in the children's home garden. Another home had been sensitive to a mother's mental health needs, which meant she struggled with remote contact. Staff arranged for them to have a picnic in the park. Another child enjoyed a socially distanced bike ride with his brother.

⁵ 'Remote hearings in the family justice system: reflections and experiences', The Nuffield Family Justice Observatory, October 2020, www.nuffieldfjo.org.uk/resource/remote-hearings-september-2020.

Children were also helped to keep in touch with each other. One LA set up an online support group for care leavers.

Capacity to provide supervised contact was sometimes impacted by national restrictions, but gradually increased. Contact centres adapted their services to ensure that family time was safe and enjoyable for children. In one LA, the contact service was closed. This had a negative impact on children on child protection plans or in-care proceedings because interactions between children and their birth families could not be assessed.

Promoting the needs of children with special educational needs and disabilities

Assistance for children with special educational needs and disabilities (SEND) continued in many areas. In some areas though, although support services remained open, their ability to deliver existing packages for children with complex needs was reduced. Some children were already waiting for increased packages of respite before restrictions came into effect. Demand also increased with increasing numbers of children not being able to attend school. In some areas, there was an increase in disabled children coming into care or children being placed in out-of-borough residential placements because of a lack of support.

In these cases, there was often significant delay and no evidence of escalation and problem-solving. One child remained living in residential provision while waiting for adaptations to the home. They had no face-to-face contact with family, which led to them experiencing avoidable emotional harm.

Some families of children in residential schools had a more positive experience, though this was often because they procured their own services and pushed for what they needed. Parents noted that they had received work from the school, lessons held online and regular phone calls from teachers. One parent noted their child received a weekly call from a psychologist to check on their mental health.

In one area, leaders did not have enough oversight of specific support being provided for pupils with SEND beyond weekly calls made by specialist schools. For example, they were not always aware whether children with SEND had returned to school or not. In one area, children with autistic spectrum disorders in secondary school struggled with changes to their home and school life, and they did not receive the help they needed to manage this.

Promoting children's educational needs

During the first national lockdown, schools remained open to vulnerable children.

Most LAs we visited had worked closely with schools and partners (such as virtual school, social work teams, education welfare, children's homes, school nursing and SEND provision) to identify children they should encourage to attend.

Decisions about whether children in care should physically attend school were based on an assessment of their individual needs. However, in some areas, more children would have benefited from attending school than actually attended. In these cases, there was a lack of strategic oversight and leaders were unable to give a clear picture of how many children they would expect to have attended, how many did attend or what the strategy was to get them to return to school fully. In one area, some schools used risk assessments as an excuse for some children with education, health and care plans not physically attending. Some children's home managers had challenged schools on the decision not to offer children in-school education or on the amount of time the school offered direct virtual schooling, when they felt it was not in the child's best interests.

The numbers of children being electively home educated and missing from education have increased. Anxiety about COVID-19 was sometimes identified as a reason behind this, so one LA promoted safety messages to assist parents to return their children to school. Areas mostly had clear processes in place to monitor children's welfare. In most areas, when visits to the homes of children being electively home educated were not possible, welfare checks continued for vulnerable children either by telephone or through door-step visits. In one area, there was little capacity in the service to deal with the influx of cases, meaning that some vulnerabilities were not identified as early as possible.

In some children's homes and residential special schools, learning was maintained despite restrictions. In one residential special school, children had access to a teacher who spent time helping both staff and pupils to formulate timetables, online learning and other educational activities. Many residential special schools sensitively managed a challenging time, recognising that the most vulnerable children needed to physically attend school. Risk assessments, action plans and changes to the school curriculum were used to help children educationally and keep them safe. Some LAs recognised early difficulties with remote learning and set up helplines to offer practical and well-being advice. In one area, youth work provision offered children and their carers alternative activities. This received excellent feedback from children.

Children in care were often provided laptops to access remote learning and keep in touch with friends and family. In one LA, this was before government funding was provided. Some LAs provided care leavers with laptops and internet access. When children did not have working equipment, this had profound implications meaning that they did not have equal access to online learning, the job market and staying in touch with others.

Completion rates for personal education plans (PEPs) were also initially impacted due to competing priorities and stretched resources. In some areas, virtual PEP meetings provided good insight into children's experiences and helped the virtual school to identify and put in place additional help for children's learning. In one area, a focus on well-being within PEPs was positively received by foster carers and school leaders.

Remote completion of PEPs may have been positive for some children and their carers, but for others it made it more difficult for them to share their views. One area noted that when an adult was in the room with the child, they tended to shy away from meaningful participation. Some foster carers did not have the technology to allow them to participate easily. In one area, the laptops that children in care were given did not have the software installed to complete PEPs.

A small number of care leavers lost college places, apprenticeships and jobs. Often, they were helped by personal advisers back into full-time employment and training, and some even worked in COVID-19 testing centres. One LA took swift action at the start of the first national restrictions to provide this help to care leavers, and this contributed to levels of education, employment and training remaining broadly stable, despite an initial blip.

How are leaders and managers exercising their responsibilities?

Leadership and management in LA children's services

Staff planning

LAs have reported staff shortages due to illness and staff self-isolating. In one area, most social workers were either agency staff or newly qualified, which meant that the workforce was less stable. Although this was the case before the pandemic, COVID-19 causing recruitment delays made the situation even worse.

Although there were some challenges relating to staffing, this did not apply to all LAs. In some areas, a reliance on agency staff and/or staff sickness had reduced. This was attributed to staff receiving frequent helpful communication from senior leaders and being given the necessary tools and permission to work from home as required. Staff were able to work compressed hours to juggle the demands of work and looking after their own children.

Senior leaders sought to listen to, and address, staff's concerns. They have been proactive in seeking the views of the workforce on how things may be done differently in the future.

Challenges and positive impact of change

Many LA children's services have adapted the way a lot of their core functions are run. At the start of the first period of national restrictions, leaders in one area were proactive in planning for children and their families by introducing a new team to deal with urgent cases. Leaders used sophisticated planning to assess, understand and make the best use of staff and physical resources.

In some areas, services were maintained at existing levels, but were delivered differently to enable staff to work from home. Teams that were unable to work from home had other measures put in place. For example, in one area, the MASH moved

into a new building and some safeguarding staff worked in 'bubbles' to assist team discussions and decision-making. Work in the MASH was able to continue uninterrupted on virtual platforms. However, there was some impact on the frequency of visits to children because if one person displayed any symptoms, the whole bubble would self-isolate. These visits were then picked up by other staff.

One LA put resources into increasing the capacity in assessment and intervention services to respond to an anticipated increase in demand. The LA made good use of these resources: PPE and guidance were provided, social work roles were protected from redeployment, parking restrictions were lifted for keyworkers and an individual risk assessment tool was developed to aid workforce decision-making.

In some cases, social workers said that they were able to work more efficiently as the restrictions had reduced time spent travelling and in meetings. In one area, assistance to staff had resulted in a reduction in their sickness absence and a boost in team morale.

Some areas were able to restructure their provision and quickly organise a wide range of services, using their strong partnership and commissioning structures. One LA also reviewed the services it delivered in anticipation of an increased demand in October. It particularly focused on accessing a range of early support in schools to ensure that children's issues do not escalate.

In many areas visited, children have struggled to access services and CAMHS lacked capacity, although this was generally the case before the pandemic. In one area, embedded CAMHS were quickly organised for children in care and care leavers when required. In other areas, CAMHS adapted the services offered and prioritised children in care. The services used weekly telephone calls, additional help when placements were at risk of breaking down and bespoke assistance for foster carers. However, this reduced the number of children accessing help and children's social workers were not always notified when services were withdrawn.

Use of permitted regulation 'flexibilities'

LAs appear to have made little use of the temporary flexibilities in the regulations. Those that did mainly used those relating to virtual visits and fostering arrangements. One LA used flexibilities relating to the fostering panel, had fast-tracked foster care applications for staff and extended short-break care to meet children's needs.

Another LA wanted to avoid 'being distracted by COVID-19', so it had consciously decided not to make use of the flexibilities afforded by the [Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2020](#). Its response was viewed by inspectors as positive, proactive and well managed.

Future challenges

Some LAs highlighted the increasing numbers of children in care as a potential challenge. This was not necessarily a direct impact of COVID-19, for example in

areas where numbers had already been rising or when it was due to historical neglect not being well identified. But there was a recognition that the pandemic could exacerbate issues of not having enough places for children to live and not being able to secure permanent homes for them. As discussed previously, the backlog of public law cases in the family court has made it harder to return children home or move them out of care.

LAs acknowledged that future increases in restrictions were likely to have an impact on future staffing levels, among other things.

The majority of future challenges noted relate to wider areas for improvement in the LA. These were often previously known and were generally not specifically related to the pandemic. LAs recognised that some of the challenges, for example those relating to staffing levels or speeding up processes to reduce the risk of drift and delay, were likely to be difficult to achieve in the current climate.

Leadership and management in children's homes and residential special schools

Staff training and supervision

Staffing has continued to be a challenge for many children's homes, due to sickness absence and recruitment issues. In some homes, leaders were able to ensure that the home was staffed adequately and that children had appropriate supervision. In some cases, agency staff were used to work alongside an experienced core staff team or to provide consistent care for a child, for example as part of the transition when a child was moving on.

One home had made the decision to stop respite care and close some parts of the residential provision. These adjustments were difficult for the children and families affected, but the service was able to offer outreach support.

Staff supervision remained a priority. Many homes provided regular and good-quality supervision to staff. In some cases, though, supervision was not frequent enough due to restrictions. For example, one interim manager had only had one supervision since April, despite the shortfalls identified in a previous monitoring visit and the change of manager in the home.

Due to the lack of access to training, one new manager was learning about databases and finance through online sources but felt that they had been 'put in at the deep end' to do their duties. In other homes, managers were unclear what training their staff required and, therefore, individual and collective training needs had been insufficiently met.

Like children's homes, many residential special schools ensured good-quality training and supervision for their staff. One school offered extra training on children's trauma and anxiety and on children's full return to school.

Managing COVID-19 risks

Homes generally had clear steps in place to manage infection risks. These included ensuring the availability of PPE, taking children's and visitors' temperatures on arrival and reducing face-to-face contact by using virtual and telephone communications. However, inspectors did note some instances of requirements not being met.

In one home, following a child showing symptoms and going through the testing process, staff failed to ensure that they followed government guidance. Children who needed to self-isolate continued to be taken out, and no one explained to them what they needed to do to keep safe. In another home, the manager allowed the family of one child to enter the building, despite strict restrictions that forbade household mixing. Staff were concerned about infection risk to staff and other children, but these were not acknowledged by the responsible individual.

How financially sustainable are social care providers?

Some LAs reported that they were able to balance budgets this year and extra funds were given to children's social care services to help them to provide a safe and effective service to children. However, even these LAs fear their budgets are not sustainable in the medium to long term. Others have reported overspend and deficits caused by loss of usual income and additional expenditure.

Some LAs were concerned that the financial shortfall would significantly increase. They predicted further shortfalls and the need to make cutbacks in the next financial year and beyond.

Not many children's home leaders mentioned concerns about their financial sustainability in our visits. But, based on our survey of inspectors, the majority of children's homes were not hugely concerned about their long-term sustainability.

Serious and widespread concerns

Serious and widespread concerns were highlighted in 13% (68) of the assurance visits completed by 16 October.

Some of the concerns related to responses to COVID-19. Inspectors found one home's response to be weak. In another, inspectors identified hygiene and infection risks. A few providers have experienced difficulties in recruiting new staff due to restrictions creating additional burden on existing staff. However, there is little evidence that the majority are COVID-19-related. There are a range of concerns linked to protecting children from harm and/or poor leadership and management.

Incidents of poor staff recruitment and training practices, poor matching of children and a poor response to bullying and exploitation also feature among the concerns. Although this could have been impacted by COVID-19, it is unclear and the issues may have existed already.

The pandemic has not had a detrimental effect on many homes' ability to keep children safe and well cared for. However, a number of homes have not made improvements that could have been made despite the restrictions. In some cases, the pandemic has exacerbated poor practice.



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