Contents
Main changes to previous guidance
Principles
Important dates
Adoption and Children (Coronavirus) (Amendment) Regulations 2020
Temporary regulations
Children's social care
Delivery of services
Advocacy support for children and young people
Virtual visits - local authorities
Social care services for children and young people
Residential children's homes
Residential family centres
Fostering services
Adoption services
Temporary agency workers in children's social care services
Coronavirus (COVID-19) Assessment Frameworks (CAF)
Workforce
Resources
Feedback

From:
Department for Education

This guidance is about safeguarding and protecting the welfare of vulnerable children and young people during the coronavirus (COVID-19) pandemic. It covers children's social care services and providers to work with children and families, including those who are in need or at risk of harm.

Information for providers of non-residential example services (such as holiday clubs and out of school provision) is available in the guidance on risk assessment for out-of-school settings during the coronavirus (COVID-19) pandemic and guidance on safeguarding children and young people during coronavirus (COVID-19) pandemic.

Where providers need to offer transport to enable children with SEND to access essential 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 screening the welfare, protection and care of children is working extremely hard in the face of unprecedented challenges to support children and families during this period. We want to thank all those involved in providing children's social care services and those who are caring for some of our most vulnerable children and young people every day, and in many cases, during a crisis that affects everyone in their own way.

We appreciate the dedication and determination of all those who are responsible for providing children's social care services, and we want to express our gratitude for their tireless commitment to children and families.

The coronavirus (COVID-19) pandemic represents a time of severe pressure on the children's social care workforce and providers of services. We want to express our gratitude for the commitment and determination of those who receive the services and support they need. Our aim is to:

- support children and families, including those who need the welfare, of vulnerable children and young people
- ensure children's social care services are open during the pandemic
- support continued effective multi-agency safeguarding arrangements (which public health measures may act as a barrier, for example as a result of social distancing)

This guidance should be used to support children's social care services and providers of services to children and families, including those who are in need or at risk of harm. It is complementary to statutory guidance and should inform local decision-making and day to day practice with children and families. It does not supersede the statutory duties local authorities and providers are facing.

Main changes to previous guidance

The most recent amendments to this guidance are 17 December 2020. Read how this change will impact the following areas:

- support for foster families
- access to respite care
- contact arrangements
- access to services and gatherings on residential settings
- mental health of looked after children and care leavers

Read about areas where the Department for Education may be applied in the Educational settings section and about changes due to measures being in the Coronavirus act 2020.

Principles

The difficult and complex decisions that need to be taken during this period should be based on the same underlying principles:

- *child centred*: promoting children's best interests, nothing is more important than children's safety and well-being, and providers should deploy high quality and effective support as soon as a need for help is identified
- *inclusive*: providers should ensure children and families have an greater focus on the impacts on children and their families
- *collaborative*: ensuring the right partnerships are in place and providers are fully focused - harnessing the strengths in families and their communities
- *evidence-informed*: ensuring decisions are based on evidence and practitioner collaboration - 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 in our most vulnerable children and young people that set out the statutory responsibilities of local authorities and their partners in the Children Act 1989 and other legislation such as the Children and Families Act 2014 and the Children Act 2004 remain in place and local authorities and other bodies should continue to work with children and families in the usual way, including children's social care services, while implementing the temporary changes and welfare remained paramount. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 are temporary changes to the law.

The Adoption and Children (Coronavirus) (Amendment) Regulations seeks to ensure that children and families can be kept safe and their needs can be supported in the most appropriate way in the circumstances, for example, since - use secure below to temporary regulations - and achieve taken form - other provisions will continue to apply after the date, in relation to:

- adoption suitability assessments
- fostering suitability assessments
- private fostering notifications

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 impact of the pandemic on the children's social care and children's social care services, while discharging their statutory duties and welfare remained paramount. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 are temporary changes to the law.

The Adoption and Children (Coronavirus) (Amendment) Regulations seeks to ensure that children and families can be kept safe and their needs can be supported in the most appropriate way in the circumstances, for example, since - use secure below on temporary regulations - and achieve taken form - other provisions will continue to apply after the date, in relation to:

- adoption suitability assessments
- fostering suitability assessments
- private fostering notifications

Temporary regulations

The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 are temporary changes to the law. The temporary regulations, which are applicable in England, are:

The temporary regulations:

- allow visits to foster carers over the telephone, a video link or other electronic communication methods, where face-to-face visits are not in the best interests of the child
- change the rules regarding the number of foster children a foster carer may approving adoptions and foster carers, as long as assessments are completed within 28 days of the date of the original decision
- suspend the requirement for a fostering panel to consider fostering and adoption suitability assessments, and approve foster carers
- allow for a temporary exemption to the maximum number of foster children a foster carer may care for

The temporary regulations are intended to be used only where necessary and proportionate to provide effective support for children involved with children's social care services during the pandemic. These mean:

- it would be contrary to the guidance relating to the incidence or transmission of coronavirus (COVID-19) published by the Public Health England or the Secretary of State for Health and Social Care
- it's 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 remains:

- approval of foster carers and adoptive parents, and adoption assessments has for management level in other services and providers
- ensure that children and families are kept safe, and their needs and communicating the other statutory responsibilities, and welfare remains
- each local authority and provider recording the reason or reasons for use of a flexibility

Ofsted will take note of any use of these flexibilities, so providers should be able to explain why they have used them. Ofsted will also ask how children have been provided with the support they need. The flexibilities will 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 to inform their ongoing monitoring of local authority activity. Ofsted will consider the impact on children's lives and complaints, concerns or whistleblowing.

Delivery of services

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

Local leaders, local safeguarding partners, the children's workforce, and the wider children's workforce understand the needs of the children in their area and how to ensure the best support is given to children and their families. In line with government guidance, local authorities, and local safeguarding partners should consider how to create the best working environment for children and families, and how to support the children's workforce. Local authorities should work with employers to consider how to create and maintain a safe working environment for all staff that they support, in particular those who are in direct contact.

The Secretary of State has agreed that Ofsted will undertake assurance activity in relation to local authorities' children's social care services and children services trusts' fostering services. Ofsted will undertake this activity from January 2021 and will continue to monitor their settings and services unaffected until April 2021.

In response to concerns about the impact of the Covid-19 on the Education and Training Service (ETS) have had on temporary arrangements in place, to ensure the protection of children, the Secretary of State has agreed that Ofsted will undertake a monitoring visit to the children's social care workforce in England and Wales, being conducted by Ofsted's Children's Services Inspectorate, to the extent that it is practicable to undertake, in the time period, to be carried out by the end of the academic year.

Children's social care

Social work practice

Social workers are a critical workforce charged to social work practice, but coronavirus (COVID-19) has created challenges for children's social care services and provided different ways of working which should always be risk-based. Further details are in the Coronavirus (COVID-19): guidance for social workers, including children and families and the Social Care Workforce Resilience Plan.

Within any restrictions on social distancing and contact, local authorities can be asked to consider flexibilities in the delivery of their statutory support and results for children and families. Within support networks can provide an important source of support, local authorities should consider working within the broader framework with the 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 personal protective equipment (PPE) and testing, 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 PCR testing and lateral flow testing processes so that they know how to respond if anyone within the setting is suspected to have coronavirus (COVID-19). Staff who are in contact with children and young people should be tested twice a week, at home, using lateral flow tests.

Anyone who displays symptoms of coronavirus (COVID-19) should request a test. Tests can be ordered online, or by calling 119 if you do not have access to a website or ordered by telephone on 5415 119.

Results must be reported to the NHS Test and Trace system regardless of whether they are positive or negative. Results can be reported online or by telephone. Results should be recorded in the setting's records, and the parents of children and young people who have been in close contact with the person who has tested positive will be asked for 10 days from the day after contact with the individual who tested positive.

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.

Across the Social care Sector, the use of safe, secure, effective electronic communication has been a key feature of ensuring that children and families can continue to receive support and services. Local authorities could include in the event of local or national restrictions, self-isolation or social distancing options and in response to Covid-19.

As good practice, children and young people should be told why a face-to-face visit is not possible and the reasons for the change to a virtual visit.

This does not provide blanket cover for all such visits to be held virtually. Local authorities should ensure that, in line with the Care Planning, Placement and Case Review (England) Regulations, they are satisfied that meeting within the statutory timescales.

Local authorities should ensure that such visits to be held in accordance with the recommendations set out in the Coronavirus (COVID-19): Virtual meetings recommendations, nominated officers should consider:

- the review of the children and young people's circumstances
- the ability of the child or young person to engage in a virtual visit due to their age, understanding, and the impact of their disability, if any, on their ability to engage in a virtual visit
- whether there is an established bond between the social worker and the child or young person
- any other factors the nominated officer considers relevant

All uses of this temporary flexibility must be recorded in individual case files. These records should include the reason why a virtual visit was held instead and the name of the nominated officer consulted. Local authorities and providers should be able to explain why they have used the flexibility and such, so that issued by the principal social worker network.

Social worker visits

Children are families may have anxieties about infection risks. Where this is the case and families are reluctant to engage with social workers, social workers should be sensitive to the fact that this may be a factor in their decision not to allow a face-to-face visit. Local authorities and their partners in health should be face-to-face where possible and should be sufficiently flexible to meet the needs of the child's welfare.

Social workers should consider the different needs of children and young people, including those who are disabled or have complex health conditions.

It is also important to note that existing general duties to local authorities under section 17 of the Children Act 1989 to promote the upbringing of children and promoting the welfare of children in need in their area remain unchanged. Section 17 of the Children Act 1989 requires local authorities to provide services to children in need in their area, and to promote the upbringing of their children by their families, in order to ensure that children's welfare is not jeopardised.

There may, of course, be circumstances where it is necessary to take emergency action to ensure the safety of a child or young person who is in immediate serious harm. Local authorities should follow the immediate child protection procedures set out in working together to safeguard children guidance.

Advocacy support for looked after children

The ongoing provision of advocacy for looked after children is of critical importance and, as such, local authorities should ensure that it is not unchanged. The DfE funded Voice's Hub will remain available for children and young people. Voice's Hub is a service run by the National Children's Commissioner's Voice of Care service is 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 years, local authorities and their partners in health including the services offered by other safeguarding partners, educational settings, and the police have been working together to provide support to children and families. Local authorities and their partners in health, children, with appropriate flexibility in how this is delivered. For example, no telephone or video contact with a social worker, or face-to-face contact can be arranged, if face-to-face contact can be arranged safely and in accordance with guidance.

Local authorities should be conscious of reduced protective factors from children and families who are not in school or other educational settings, such as lack of contact with GP, and lack of school staff 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 make enquiries where they suspect that a child is suffering or likely to suffer, or is likely to suffer, significant harm. This duty remains apply to a missing child in their area, regardless of where they went missing or where they are now. This can be in other local authority areas.

Responsibilities for missing children and children at risk of going missing remain unchanged and we expect local authorities to use their powers to ensure a low by cases, to find suitable ways to meet their statutory duties. Guidance on Children who go missing from care is available in the Government's Statutory Guidance.

Local authorities should continue to refer the statutory guidance on the care and accommodation of children who go missing from care, regarding action to mitigate risks to unaccompanied asylum-seeking children.

Educational settings

Vulnerable children and young people attendance at educational settings

In all areas of the country, education settings will provide face-to-face provision for vulnerable children and young people.

It remains mandatory for all children and young people to attend school. Regulations 6 and 7 of the Education (Coronavirus) (England) (No. 3) Regulations 2020 set out the circumstances in which a child may not attend school or school attendance apply, including:

- a child who is shielding or is in a clinically vulnerable category or a school where a vulnerable child or young person is shielding or is in a clinically vulnerable category
- schools' responsibilities to record attendance and follow up absence
- the available to local authorities, including the expectation to be in the with local authorities' oversight of children

Local authorities and their partners in health have updated early years, schools and post-16 settings on the expectations for children and young people and they are expected to attend their education setting. We expect local authorities and their partners in health to work with schools and post-young people, and their families, to ensure that children and young people's education can take. Settings should work with other partners (for example, social care services, health services, and the police) to ensure that children attendance by school staff and local authority children's social care services agreed.

We have also published guidance on attendance school attendance, support for schools and local authorities which includes guidance on the attendance of children who are vulnerable or children who are shielding or children who are clinically vulnerable and children who are vulnerable because of their circumstances, including those who are in need or at risk of harm.

This guidance sets out expectations on local authorities and family support services to consider the attendance of children who are vulnerable. Ensuring attendance is prioritised within multi-agency plans and support children and their families, including those who are in need or at risk of harm. Local authorities should also consider the attendance of children who are vulnerable, local services should work together with others to address concerns and barriers to attendance.

Where individuals who are shielding or clinically vulnerable are also vulnerable, it is important that schools put systems in place to keep in touch with children and their families, and to ensure that they are able to support children and their families to overcome barriers to attendance. Ensuring young people includes persons who have a social worker or an education health and care plan, and children who are in need or at risk of harm, should be the school or the local authority.

Where a vulnerable child and young person is asked to self-isolate, schools should ruffle their school attendance records to show that the child has been given with the social worker the best way to maintain contact and offer support to the child and their family.

Social workers should be in contact with children and families, where possible, engaged in conversations with the school and parents to put in place a plan to support the child's attendance.

We have referred to schools that they should, as far as possible, avoid permanently excluding any vulnerable children and young people, including a looked after child. Where exclusion is unavoidable, the DfE expects the VSH, working with others, should consider what additional assessment and support could be put in place to ensure that the child's needs are met in the longer term and that the child's education can be restored, and make any additional arrangements to support the child's ongoing education in the alternative provision.

Where a child has been permanently excluded, this will include the child securing new educational provision in line with the child's needs and circumstances. The local authority should ensure that the child's education is not interrupted and that the child's education and welfare needs are fully taken into consideration. advice may be sought from the VSH on strategies to support the child in new provision.

In all local restrictions, has the expectation is that education and childcare settings will remain open. Local authorities, in their role as providers of early learning and childcare, and in their role as providers of educational settings should be done as a last resort, see in Tier 2, 3 and 4 areas. Decisions on any closures should be made in consultation with the relevant local authority, responsibility on a case-by-case basis, and in exceptional circumstances, including information about the incidence and transmission of coronavirus (COVID-19).

Children who are a social worker, Looked after children, or children who are clinically vulnerable or clinically extremely vulnerable are advised not to attend school.

Where a child, LAC or care leaver is identified as being clinically vulnerable or clinically extremely vulnerable, they should follow shielding advice and should not attend school. Local authorities should be in touch with children who may currently be not in school.

Children and young people whose parents or carers are clinically extremely vulnerable continue to be able to school in Tier 4.

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

Following the Public Council of schools and colleges to meet pupils and students who are vulnerable because of their circumstances, including support for children and young people. Local authorities and providers of risk assessments are no longer required.

Local authorities and providers of settings should make their own judgements as to whether risk assessments are required for each child or young person after they have returned full time. They may for example prioritise:

- Help identifying and additional support that pupils need in order to make a successful return to school
- Is likely reasonably flexible, and that the child or young person's needs can be met and support to their setting in the event that children and young people are required to self-isolate or are shielding or are clinically extremely vulnerable.

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

Alternative provision (AP) schools and providers

Alternative provision (AP) settings remain open to allow all pupils and students to attend from the start of term. Some flexibility has been granted to AP providers, for example, in the use of premises and staffing, and to support social distancing.

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 and young people. 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.

Social care services for disabled children are able to continue to operate in all local restriction tiers, with specific provision in the regulations allowing for both services which care for children away from home and care which is delivered in the family home, which is for respite purposes either for the child or young person or the carer who looks after the child or young person. This can include continued operation of Residential Holiday Schemes for Disabled Children where appropriate.

We continue to encourage local authorities to prioritise this 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 their siblings. Direct payments could also be used to support families with a disabled child whose usual services have been suspended or reduced.

The Council for Disabled Children has worked with providers to produce short break learning examples. These case studies are examples of the effective ways services can operate so that children, young people and their families can access vital support with confidence.

Where families rely on informal arrangements provided by family or friends, families are able to form a 'childcare bubble' with another household for the purposes of informal childcare, where the child is 13 or under, as part of a consistent childcare arrangement. Where a young person with SEND is over the age of 13, a linked childcare household cannot be provided. However, the exception that allows for respite care to be provided applies to those who are vulnerable or people with a disability and it applies to the carers of such people.

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 5 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 outlined 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 6 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 7 working days in advance of publication to:

- the panel NationalReviewPanel@education.gov.uk, and
- the Secretary of State for Education 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

In June, we launched FosterlinePlus, an extended service delivered by Fosterline, which offers 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. Through this service, foster families can 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 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.

Access to respite care

Looked after children and their foster families can access respite care (short breaks), where it is needed to prevent potential placement breakdown or to provide some additional support to the family.

These provisions allow children to leave their foster home to stay with a respite carer, or for another carer to come into the fostering household to give the carer an opportunity to recharge.

We would encourage fostering services to consider how they can offer respite care safely during the coming weeks, whilst making every effort to manage the risks that contact between different households may present. This may be through existing support bubbles, community care models, or relationships between local carers, for example.

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.

Face to face introductory meetings, such as adopters and foster carers visiting each other's homes so the child(ren) can get to know the adopters before moving in with them, can continue to take place if it is possible to do so and if all parties are comfortable with the arrangements. Individuals should consider what is most appropriate in their specific circumstances.

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 temporary 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)
- 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.

Social workers or police needing to visit a setting and investigate child protection concerns should make a judgement about visiting that balances considerations of the:

- risks to children and young people
- risks to families
- risks to the workforce
- guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

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 are still permitted and 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.

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), can now ask for a test to check if you have coronavirus 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.

If a child in a residential care home develops symptoms of coronavirus (COVID-19):

- staff can continue to enter and leave the home as required, but consistent staff rotas should be used where possible and staff should follow infection control procedures
- staff should wear PPE for specific activities requiring close contact - please be mindful that wearing a face covering may inhibit communication with people who rely on lip reading, facial expressions and clear sound
- staff should adhere to social distancing guidelines as far as they are able to, but should take account of children's emotional needs

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.

Restrictions on visitors and gatherings in residential settings

Children's homes will usually be considered as 'households'. There are no restrictions on members of the same household meeting together, all the children in the home would still be able to gather together alongside the adults working at the home.

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 or bathroom, bedrooms and staffing arrangements. You can seek advice from PHE's local health protection teams if needed.

The local restriction tiers have introduced limits on people gathering indoors or outdoors. However, there are exceptions to enable people to meet, such as for 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 exceptions also allow for contact between parents and children where children do not live in the same household as both their parents, and for contact between siblings when they don't live together and one or more of them is a looked after child or a 16 or 17 year old care leaver.

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 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. Public Health England Every Mind Matters contains useful information for young people and carers on how to look after their own or someone else's mental health.

Additionally, Become has a dedicated Care Advice Line for looked-after children and care leavers.

Mental health continues to be a priority for the NHS and the NHS remains open to support everyone. NHS funded services across the statutory, independent and voluntary community and social enterprise sectors have worked with partners including education, local authorities, public health agencies and the justice system throughout the pandemic to help ensure that children and young people can get the support they need. This includes the use of e-clinics, online video calls or apps which enable children and young people to self-refer and talk to services through their mobile devices. 24/7 all ages crisis helplines are available across the country so anyone, including children and young people, can get urgent help whenever they need it. NHS England 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 10 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 and young people 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 exceptions 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. There is also an exception to allow for contact between siblings when they don't live together and one or more of them is a looked after child or a 16 or 17 year old care leaver. 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).

OGL All content is available under the Open Government Licence v3.0, except where otherwise stated
© Crown copyright