



Department
for Education

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

May 2021

Contents

Latest updates	6
Principles	7
Legislation and regulations	8
Temporary regulations	8
Social work practice	9
PPE equipment for care staff	10
Testing for care staff and foster carers	10
Bringing social workers back into frontline practice	11
Support for children	12
Advocacy support for looked-after children	12
Support for the mental health of looked-after children and care leavers	12
Support for children who have a social worker	12
Missing children	13
Visits and the use of virtual visits	14
Virtual visits by local authorities	14
Social worker visits	15
Visitor testing	15
Risk management of visits	15
Action prior to receiving visitors	16
Action to support birth family visits	16
Educational settings	18
Vulnerable children and young people attendance at educational settings	18
Alternative provision (AP) schools and providers	19
Out of school settings	20
Safeguarding in out of school settings and youth clubs	20
Sports clubs and organisations	20
Elective home education	20
Multi-agency working	22
Multi-agency child protection conferences	22
Sharing information between agencies	22
Disabled children and young people	22

Short breaks services	23
Child Safeguarding Practice Review Panel	24
Notifying the Panel	24
Rapid reviews	24
Local child safeguarding practice reviews	24
Fostering	25
Suitability assessments	25
Self-isolating or ill foster carers	25
The number of children a foster household can care for	25
Support for foster families	26
Access to short break services (respite care)	26
Medical reports for foster carer assessment	26
Adoption	28
Suitability assessments	28
Moving to stage 2 of adopter assessment process without medical reports	28
Introductory meetings for children with new adopted parents and kinship carers	29
Residential provision	30
Keeping residential settings safe from COVID-19	30
Visits	31
Restricting a child's movements if they have COVID-19 symptoms	31
Restrictions on visitors and gatherings in residential settings	32
Managing a young person's behaviour if they won't follow social distancing guidelines	32
Residential family centres	34
Face-to-face contact in residential family centres	34
Care leavers	35
Responsibilities to care leavers	35
Personal advisers	35
Independent living	35
Loneliness and isolation of care leavers	36
Unaccompanied asylum seeking children (UASC)	37
Family law courts	38

Family Contact	38
Court Orders	38
Ofsted inspections	39

This non-statutory guidance is valid until the extended regulation amendments expire on 30 September 2021.

If you provide non-residential respite services, such as holiday clubs and out of school provision, read:

- [protective measures for out-of-school settings during the COVID-19 pandemic](#)
- [actions for early years and childcare providers during the COVID-19 pandemic](#)

If you provide transport to respite services read [transport to schools and other places of education](#).

Latest updates

12 May 2021

Additional guidance has been added for;

- supporting children's care homes in the management of [visitor testing](#)
- [safeguarding in out of school settings and youth clubs](#)
- [keeping residential settings safe from coronavirus \(COVID-19\)](#)

23 March 2021

Foster Carers and staff of Open Residential Children's homes can access asymptomatic testing twice a week

9 March 2021

Guidance has been updated to reflect the extension to existing regulatory flexibilities up to 30 September 2021. The flexibilities will continue to:

- allow visits to take place over the telephone, a video-link or other electronic communication methods, where face-to-face visits are not possible due to COVID-19
- allow medical reports or assessments to be completed at any stage of the process for approving adopters and foster carers, as long as assessments are obtained and considered for the final stage
- suspend the mandatory minimum frequency of inspection cycles for children's social care provision, whilst recognising that Ofsted restarted graded inspections from April 2021 and will balance this with the nature and extent of any COVID-19 restrictions that might be in place moving into the 2021 to 2022 inspection year
- freeze fees for Ofsted in 2021 to 2022

2 March 2021

From 8 March, all pupils should attend school. Read how this change impacts the following areas:

- vulnerable children and young people attendance at educational settings
- alternative provision (AP) schools and providers

Guidance for unaccompanied asylum-seeking children (UASC) has been revised in accordance with Department of Health and Social Care guidelines on how to quarantine when you arrive in England.

Principles

The difficult and complex decisions that need to be taken during this period should be:

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

Legislation and regulations

Read [Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2021](#) for more information on the regulatory flexibilities currently in force.

Local authorities and other bodies must continue to comply with primary legislative duties set out within:

- [section 22\(3\) of the Children Act 1989](#)
- [section 1 of the Adoption and Children Act 2002](#)
- [section 11 of the Children Act 2004.](#)

This guidance should be read with:

- [working together to safeguard children](#)
- [volume 1 - Children Act 1989: court orders](#)
- [volume 2 - Children Act 1989: care planning, placement and case review](#)
- [volume 3 - Children Act 1989: transition to adulthood for care leavers](#)
- [volume 4 - Children Act 1989: fostering services](#)
- [volume 5 - Children's homes regulations, including quality standards: guide](#)

Temporary regulations

Following a public consultation the [Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2021](#) came into force from 30 March 2021. The temporary regulations extend the existing regulatory flexibilities in force and the Ofsted minimum inspections suspension provided for in the [Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2020](#), for a further 6 months up to 30 September 2021. This is to enable the most effective support and protection to children, young people and their families.

The flexibilities continue to:

- allow visits to take place over the telephone, a video link or other electronic communication methods, where face-to-face visits are not possible due to COVID-19
- allow medical reports or assessments to be completed at any stage of the process for approving adopters and foster carers, provided assessments are obtained and considered for the final stage
- suspend the minimum frequency of Ofsted inspections, whilst recognising that Ofsted restarted graded inspections from April 2021 and will balance this with the nature and extent of any COVID-19 restrictions that might be in place moving into the 2021 to 2022 inspection year

Read [Explanatory Memorandum to The Adoption And Children \(Coronavirus\) \(Amendment\) Regulations 2021](#) for more information.

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

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

The approach to using these legislative flexibilities should include:

- approval at chief officer level in local authorities and, where appropriate, top tier management level in other services and providers
- each local authority and provider recording their use, the reasons for using them, and communicating this to the other safeguarding partners and providers

Ofsted will note any use of these flexibilities, so providers should be ready to explain:

- why their use was necessary
- the length of use
- how longer-term impacts were mitigated

This should be available to share with Ofsted, and others such as Independent Reviewing Officers, as appropriate.

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

The temporary regulations will also freeze Ofsted fees for social care providers in 2021 to 2022.

Social work practice

As much as possible, social work practice should continue unchanged during the pandemic. Any changes to the way you work should be based on risk.

While there are restrictions on social distancing and contact, local authorities can consider broader family networks as sources of support and respite for children and families.

Wider support networks should be prioritised within the framework set by [government guidance on social distancing](#), as they can provide an important protective factor for children at risk.

PPE equipment for care staff

Read [safe working in education, childcare and children's social care settings](#) for guidance on infection prevention and when staff should use PPE.

Testing for care staff and foster carers

Education, childcare and children's social care settings and providers must:

- understand the [NHS testing and tracing for COVID-19 process](#)
- contact their local [PHE health protection team](#) as soon as they have a confirmed case or a rise in suspected cases

Anyone with COVID-19 symptoms should request a test on the [NHS testing and tracing for COVID-19 website](#) or by phoning 119. Open and Secure Children's Homes are also able to order [Polymerase Chain Reaction \(PCR\)](#) test kits to offer to staff and residents in the unusual circumstances where they may have barriers to testing through the usual channels.

If someone who has been to your setting tests positive you must immediately:

- get advice from your local [PHE health protection team](#)
- tell anyone who has been in close contact with the person to self-isolate from the day of contact and the next 10 days in line with [guidance for households with possible COVID-19 infection](#)

Rapid lateral flow testing (LFD) is now available for free for everyone in England. Read the guidance on [regular rapid COVID-19 tests if you do not have symptoms](#).

Foster Carers and staff of Open Residential Children's homes can access asymptomatic testing twice a week:

- at [a test site](#)
- by collecting home test kits from a [collection site](#)
- by [ordering a home test kit online](#), where other options are not possible

Read the guidance on [regular rapid COVID-19 tests if you do not have symptoms](#).

Use the [Rapid Test Collection COVID-19 Test and Vaccination Site Finder](#) or check your local council website for site locations.

LFD testing is for testing asymptotically only. If you are symptomatic, you should immediately self-isolate, following [national guidance](#) and book a PCR test.

Bringing social workers back into frontline practice

The Social Work Together campaign puts employers in contact with social workers. On the [Local Government Association website](#):

- social workers can register their interest in the Social Work Together programme
- local authorities can register to access the details of social workers who have signed up

In Spring 2020, Social Work England wrote to all social workers who had left the profession in the last 2 years, explaining that they had been added to the emergency temporary register of social workers and how they can help during the pandemic.

Any social worker who had a fitness to practise case upheld will not be included on the temporary register.

Local authorities must carry out their usual employment checks.

During the pandemic, standard and enhanced DBS checks are free for children's social care workers in England and Wales who are being recruited in connection with the provision of care and treatment of COVID-19, or those being recruited to backfill roles because of the impact of the pandemic.

Support for children

Advocacy support for looked-after children

It is a requirement for local authorities to continue to provide advocacy for looked-after children during the COVID-19 pandemic.

The following services are open:

- [Always Heard](#) on 0808 800 5792
- [Help at Hand](#) on 0800 528 0731

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

Local authorities should follow the statutory [guidance on promoting the health and wellbeing of looked-after children](#) and:

- look out for issues that may affect looked-after children's mental health and wellbeing
- encourage looked-after children to speak to their social worker, carer or other trusted adult about how they are feeling
- ensure they get the help and support they need

Social workers may want to make carers aware of the:

- [guidance for parents and carers on supporting children and young people during the COVID-19 pandemic](#)
- [guidance on looking after children and young people during the COVID-19 pandemic](#)

Other mental health resources for children and young people include:

- Public Health England's [Every Mind Matters](#)
- [Become's care advice line](#) for looked-after children
- NHS guidance resources and services for [mental health, learning disabilities and autism](#)

Support for children who have a social worker

Safeguarding and promoting the welfare of children remains of paramount importance.

Multi-agency support should continue with appropriate flexibilities in delivery where necessary, for example, over the phone or online.

Face-to-face contact is expected where it can be provided safely. Read the [visits and the use of virtual visits section](#).

Local authorities should:

- consider the impact of COVID-19 in increasing the stress on, and reducing the protection available to, children and families
- work with local safeguarding partners to ensure continuity and consistency of support

Support for young carers

Local authorities must continue to assess whether a young carer in their area needs support and what those needs are. If:

- it appears to the authority that a young carer may need support
- a request is received from a young carer or a parent of a young carer to assess the young carer's need for support
- an assessment has been carried out, but the circumstances of the young person or person being cared for have changed

Missing children

The responsibilities of local authorities to missing children and children at risk of going missing have not changed.

You should:

- use your judgement on a case-by-case basis to find ways to meet your statutory duties, guided by the principles set out in both this and the [children who run away or go missing from home or care](#) guidance
- continue to follow the [care of unaccompanied migrant children and child victims of modern slavery](#) guidance

Visits and the use of virtual visits

Virtual visits by 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
- other electronic communication methods

The use of virtual visits should be the exception and only as a result of public health advice or when it is not practicable to have a face-to-face visit because of COVID-19 including:

- local or [national restrictions](#)
- self-isolation
- social distancing

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

Visits should be face-to-face wherever possible. Consider moving the time or location of the meeting within the statutory timescales so it can be held face-to-face.

The temporary regulations require virtual visits to follow any recommendations from the nominated officer. When making recommendations, nominated officers should consider:

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

Uses of this temporary flexibility must be recorded in individual case files, and these should include the:

- reasons a virtual visit was necessary
- name of the nominated officer consulted

Social worker visits

Children and families may feel anxious about the risk of infection, but social workers need to access homes and see that children are safe and well.

Visits should be face-to-face where possible and safeguard or promote the child's welfare. Duties on local authorities under sections 17 and 47 of the Children Act 1989 are unchanged.

Social workers should consider how best to accommodate or meet the needs of babies and young children, as well as disabled children, who may not be able to communicate verbally.

If families refuse access and there is a risk to the life of the child or a likelihood of immediate serious harm, local authorities should follow the immediate child protection procedures set out in the [working together to safeguard children guidance](#).

Visitor testing

To support face-to-face visits in children's homes where possible, it is important that all visitors have access to regular testing and are aware of available testing routes prior to a visit. This will help to prevent visitors from unknowingly bringing asymptomatic cases into the homes and should increase the opportunities for visits to be conducted in person.

The Government announced on 5 April 2021 that anyone in England (including those without symptoms) is able to [access free, rapid lateral flow tests](#) for themselves and their families to use twice a week, in line with clinical guidance.

Many visitors will also have access to regular testing through other routes such as workforce testing and because they are part of the household or bubble of school or nursery aged children.

The Government advice is that asymptomatic testing should be undertaken twice a week with a gap of 3-4 days between each test so that individuals are able to establish if they could be were infected with the COVID-19 virus.

[Universal testing kits are available to anyone in England](#). Rapid LFD tests should not be offered to individuals who develop COVID-19 symptoms, regardless of their age.

Risk management of visits

In both open and secure children's homes, face-to-face contact with families and professionals has always been allowed. Changes to Regulations were made to allow for virtual visits (for example, in the case of an outbreak in the home).

It is not a legal requirement that visitors be tested on entry before each visit, but the introduction of [access to universal rapid testing](#), particularly for non-professional visitors will help support risk management in settings and provides added assurance when visits are conducted in the home. Care Home Managers should also consult guidance on [infection prevention and control measures](#) to further mitigate risks.

Whilst mitigation of infection risks helps support visits, Care Home Managers should also be mindful of those groups who on advice from Public Health England should not visit. These include individuals who have tested positive for COVID-19, are showing symptoms, individuals who are a contact of a confirmed case and individuals quarantining after returning to the UK from a red-list country.

Action prior to receiving visitors

All visitors should be encouraged to access a test via the [Universal testing offer](#) or another relevant testing route.

Visitors should also be encouraged to arrange their test on the day of their visit, prior to arrival at the home. It is the responsibility of the visitor to administer the test and upload their results to the [NHS COVID-19 test results portal](#).

All visitors are encouraged to test before they visit but care home managers cannot ask visitors to provide proof of a negative test result to gain entry.

Children's home managers do have the discretion to deny visits in certain circumstances - if they consider it would be unsafe for a face-to-face visit to go ahead. Where criteria are met for a virtual visit to be used appropriately instead, the care home manager may ask for this approach to be followed as an alternative. Visits should not be prevented from taking place where the visit would be beneficial to the child, or there if there is a legal obligation for the visit to take place.

Action to support birth family visits

In the case of family visits to children's homes (including siblings that may attend as part of the visit), children of secondary age should have regular access to testing through their secondary school.

On advice from Public Health England (PHE), pupils in primary schools and children in nursery settings are not included in the rapid asymptomatic testing programme.

PHE has advised that there are currently limited public health benefits to testing primary-aged pupils with lateral flow devices (LFD). In addition, primary-aged pupils, particularly younger children, may find the LFD testing process unpleasant and are unable to self-swab.

Primary-aged visitors should only be tested if they are symptomatic, in which case children's home managers should refer to [guidance for households with possible or confirmed COVID-19 infection](#) and arrange with families to [book a PCR test](#) for the child.

Educational settings

Vulnerable children and young people attendance at educational settings

All pupils should now be attending school.

Read [Schools COVID-19 operational guidance](#) for more information.

Where pupils who are self-isolating are within our [definition of vulnerable](#), it is important that their education provider puts systems in place to keep in contact with them.

When a vulnerable pupil is asked to self-isolate, their education provider should:

- notify their social worker (if they have one)
- agree with the social worker the best way to maintain contact and offer support

Their education provider should have procedures in place to:

- check if a vulnerable pupil can access remote education support
- support them to access it (as far as possible)
- regularly check if they are accessing remote education

We have published a [toolkit of resources and guidance to help social workers in conversations with children and families about school attendance](#).

Social workers should be in communication with schools and, where possible, engaged in conversations with the school and parents to put in place strategies to reduce the risk of suspension or permanent exclusion. We have reiterated to schools that they should, as far as possible, avoid expelling any pupil with an education, health and care plan or a looked-after child. Where a looked after child is at risk of suspension or permanent exclusion Virtual School Head, working with others, should consider what additional assessment and support needs to be put in place to help the school address the causes of the child's behaviour and prevent the need for suspension or permanent exclusion, and make any additional arrangements to support the child's ongoing education in the event of a suspension or permanent exclusion. We continue to work closely with the National Association of Virtual School Heads and remain committed to taking action to improve the outcomes of children in need of help and protection – they are safer through being in school.

Some groups of people, including children, are at higher risk of severe illness from COVID-19. This group of people have been told directly by their GP or hospital clinician, or have received a letter, confirming that they are 'clinically extremely vulnerable'. Since the 1 April, those who are clinically extremely vulnerable (CEV) are no longer advised to

shield. See guidance on [who is at higher risk from COVID-19](#), and [protecting people who are clinically extremely vulnerable](#).

All CEV pupils should attend their school unless they are one of the very small number of pupils under paediatric or other specialist care and have been advised by their GP or clinician not to attend. Pupils who live with someone who is CEV should continue to attend school as normal.

Education providers covered by the [Temporary Continuity Direction](#) are required to provide remote education to pupils who are unable to attend school on-site because they are complying with government guidance or legislation related to COVID-19.

Alternative provision (AP) schools and providers

All pupils in alternative provision (AP) settings should attend school full-time, including:

- pupil referral units
- AP academies
- AP free schools
- independent AP schools

Where they are affected by the Remote Education Temporary Continuity Direction, AP settings must provide remote education to pupils covered by the direction whose attendance would be contrary to government guidance or law around COVID-19.

AP settings must comply with health and safety law which requires employers to assess risks and put in place proportionate control measures.

When working through the [system of controls](#), AP settings should take steps to minimise social contact and mixing as far as is practicable.

All AP settings, especially larger AP schools, should consider whether pupils can be placed into smaller groups and still receive a broad and balanced curriculum.

There may be instances where some settings cannot provide their usual interventions and provision at adequate staffing ratios, or with vital specialist trained staff. Some AP settings may need to alter the way in which they deploy staff and use existing teaching and support staff more flexibly. If having pursued all the immediate options available, AP settings still have concerns about staffing capacity, they should talk to the local authority or academy trust point of contact. They should continue to work collaboratively with families to agree an approach that is in the child or young person's best interests.

Out of school settings

Safeguarding in out of school settings and youth clubs

We expect local authorities to follow the statutory guidance [Working Together to Safeguard Children 2018](#).

All schools and colleges must also follow the statutory guidance [Keeping Children Safe in Education](#).

Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies also should have appropriate arrangements in place to safeguard and protect children from harm. [Keeping children safe during community activities, after-school clubs, and tuition: non-statutory guidance for providers running out-of-school settings](#) provides more information on the steps organisations can take.

For organisations subject to charity law and regulated either by the Charity Commission or other 'principal' regulators, charity trustees are responsible for the safety of anyone benefiting from or working with them.

Read the [Charity Commission's role in safeguarding](#) for more information.

Sports clubs and organisations

All clubs and organisations should have arrangements in place as set out in chapter 2 of the [Working Together to Safeguard Children 2018](#) statutory guidance. They should collaborate with safeguarding partners as required by any local safeguarding arrangements.

Clubs and organisations should also implement the recommended safeguarding practices in the guidance on Keeping children safe during community activities, after-school clubs, and tuition to ensure they are taking reasonable steps to protect from harm any children attending their setting.

National Governing Bodies of sport that receive funding from either Sport England or UK Sport must aim to meet the [Standards for safeguarding and protecting children in sport](#).

Elective home education

You should encourage parents to send their children to school, particularly those who are vulnerable.

Most home educated children will have a positive learning experience. However, this is not the case for all, and elective home education (EHE) can mean some children are less

visible to the services that are there to keep them safe and supported. You should consider whether a parent's decision to educate at home gives greater cause for concern compared to remaining in school. Local authorities should work with schools and parents to make sure EHE is being provided in the best interests of the child.

Parents who are considering home education due to concerns around safety should discuss these with their school, to see what safety measures have been put in place.

Parents may find [all you need to know about home-schooling and elective home education \(EHE\)](#) helpful.

Schools and local authorities are not required to provide support to parents who have withdrawn their child for EHE. It is the parent's responsibility to decide if home education is right for their child. Local authorities can provide support and guidance at their own discretion.

If a parent of a home educated child wants to admit their child, schools should:

- follow their normal processes for in-year admission applications
- put them in touch with their local authority admissions team to discuss [how to apply for a school place for their child](#)

Parents can apply for a place at any mainstream school, at any time.

Read the [guidance for local authorities and schools about elective home education](#).

Multi-agency working

Local authorities and safeguarding partners (including the police and health service) should use virtual communication where necessary and appropriate to agree quick decisions in the best interests of a child.

Multi-agency child protection conferences

Multi-agency working is crucial to ensuring the protection of children at risk of harm. Multi-agency child protection conferences should go ahead but can use video conferencing or conference calling solutions where it is both necessary and appropriate.

Sharing information between agencies

You can lawfully share personal information about a child, 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

This type of data sharing is not prevented or limited by the UK General Data Protection Regulation (UK GDPR) or [Data Protection Act 2018](#).

If you're concerned about sharing safeguarding data:

- get legal advice where appropriate
- get advice from other practitioners
- get advice from the information governance lead
- read [information sharing for practitioners providing safeguarding services](#)
- read [Working Together to Safeguard Children 2018](#)

Disabled children and young people

Families caring for a disabled child or young person are entitled to short breaks services, also known as 'respite care'.

While COVID-19 restrictions apply, local authorities should continue to enable access to respite care for disabled children and carers including:

- services which care for children away from home
- care delivered in the family home
- [residential holiday schemes for disabled children](#)

You should:

- ensure that services for disabled children remain a priority
- consider flexible options to deliver support
- consider using direct payments where services are disrupted

Direct payments can:

- help families buy respite care and equipment to use at home
- support families with a disabled child if their usual services have been suspended or reduced

The Council for Disabled Children's [short break learning examples](#) show creative ways to continue services during the COVID-19 pandemic.

Where a child is aged 13 or under families can also form a '[childcare bubble](#)' with another household.

Families caring for a disabled child under 5 (or who was under 5 in December 2020) that requires continuous care, can form a [support bubble](#) with another household.

Short breaks services

Families caring for a disabled child or young person are entitled to short breaks services, also known as respite services. We encourage local authorities to prioritise this support for disabled children and to consider practical and flexible ways to deliver it. For example, some local authorities have made more use of direct payments than usual.

Local authorities will need to work with their short breaks (respite care) providers to make sure:

- children can attend services
- services can operate during the school holidays, which can be a pressure point for families with caring responsibilities.

Child Safeguarding Practice Review Panel

Notifying the Panel

Local authorities must send a serious incident notification to the Panel when a child dies or is seriously harmed, and abuse or neglect is known or suspected. Notifications should be made within 5 working days of a local authority becoming aware of an incident.

The [online notification system](#) is available 24 hours a day.

Rapid reviews

Safeguarding partners should complete and report rapid reviews within 15 working days.

Read [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 but no later than 6 months after the decision to initiate the review.

At least 7 working days before publication, safeguarding partners must send a copy of final reports to the:

- Panel at Mailbox.NationalReviewPanel@education.gov.uk
- Secretary of State for Education at mailbox.cpod@education.gov.uk

Copies of the final reports should also be sent to Ofsted at SCR.SIN@ofsted.gov.uk

Full guidance is available in [Working Together to Safeguard Children 2018](#).

Fostering

Suitability assessments

Where a fostering service provider is in the process of assessing the suitability of a foster carer under regulation 26 of the Fostering Services (England) Regulations 2011, and that suitability assessment was started before 25 September 2020, then they must continue to assess that individual as though all the amendments made to the Fostering Services (England) Regulations 2011 made by the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 are still in effect.

This means that fostering service providers can continue to decide whether:

- to refer the case to a panel for a recommendation on suitability
- a panel should go ahead under reduced quoracy (not having enough members to carry out business and cast votes)
- to progress the assessment process while still waiting for medical reports and DBS checks

Self-isolating or ill foster carers

We expect that children will continue living with their foster carers in most cases while following guidance on self-isolation and social distancing.

If foster carers develop symptoms of COVID-19 the:

- foster home should follow the [households with possible COVID-19 infection guidance](#) to avoid the spread of infection
- fostering service should follow the [safe working in education, childcare and children's social care settings](#) guidance including the use of personal protective equipment (PPE)

If this is not possible, fostering services should find alternative temporary placements while the foster carer is ill and then return the child to their usual home afterwards.

The number of children a foster household can care for

The age range and number of placements for foster households should be flexible during the pandemic.

Schedule 7 of the Children Act 1989 allows:

- local authorities to grant exemptions to the usual fostering limit in specific placements

- the usual fostering limit to be exceeded if the children concerned are all siblings

Where there continues to be a concern about fostering capacity, you should:

- identify potential fostering households that may be able to accommodate additional children
- consider where it would be appropriate and safe for some children (for example, siblings) to share bedrooms
- speak to foster families and children about these options
- consider if carers that have recently stopped fostering could return temporarily, if they are not vulnerable or at high risk

No foster carers should be expected to look after additional children without proper discussion and appropriate support.

Support for foster families

[Fosterline](#) provides an independent, free to access advice and helpline for anyone interested in fostering and existing foster families.

Read the guidance on [Testing for care staff and carers](#) for information on what testing is available.

Access to short break services (respite care)

Short break services (or respite care) allow:

- children to leave their foster home to stay with a respite carer
- another carer to come into the fostering household to give the carer a rest

Consider whether you can offer respite care safely during the pandemic while managing risk, including through:

- existing support bubbles
- community care models
- relationships between local carers

Medical reports for foster carer assessment

The temporary regulations in place until 30 September 2021:

- allow fostering service providers to proceed with obtaining the information required under regulation 26(2)(a) of the Fostering Services (England) Regulations 2011 before they have medical reports

- 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 considered as part of the suitability assessment.

You should:

- get medical reports at stage 1 if they are available and liaise with local GP practices to understand where their capacity may impact on these requests
- let applicants know that a final decision cannot be made without their medical information and this may cause a delay. Medical information could affect the outcome

You must record it when you use this flexibility.

Adoption

Suitability assessments

Where an adoption agency is in the process of assessing the suitability of a prospective adopter under Part 4 of the Adoption Agencies Regulations 2005, and that suitability assessment was started before 25 September 2020, then they must continue to assess that individual as though all the amendments made to the 2005 Regulations by the [Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2020](#) are still 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 medical reports and DBS checks

Moving to stage 2 of adopter assessment process without medical reports

The temporary regulations:

- allow adoption agencies to proceed to stage 2 of the assessment process before they have medical reports
- do not remove the need for medical reports

A final decision cannot be made without a medical report being considered.

You should:

- get medical reports at stage 1, if they are available
- let applicants know that a final decision cannot be made without their medical information and this could affect the outcome
- decide, if you know of any medical history that may affect the outcome, whether to progress the application to stage 2 on the basis of this medical history until you have received medical reports

You must record when you use this flexibility

The temporary regulations do not allow a person who is deemed unsuitable due only to medical reasons to apply to the Secretary of State for a review.

Introductory meetings for children with new adopted parents and kinship carers

You should assess introductory meetings:

- case-by-case
- by risk

Face-to-face introductory meetings can continue if:

- it is possible to do so
- all parties are comfortable with the arrangements

Introductory meetings may have to be postponed for example, where someone in the foster family is in a vulnerable category.

Residential provision

Keeping residential settings safe from COVID-19

Local authorities and providers should read the following guidance:

- [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](#)
- [Testing for care staff and carers](#)

When making decisions about keeping residential settings safe from COVID-19 you should consider:

- that the disruption to routines or limited contact with family and friends may be making children anxious
- that staff are working under challenging conditions
- supporting staff by reducing the number of hours they work in one shift, or providing more time away from the home
- the need to follow any social distancing guidelines where possible
- getting food and other essential items delivered
- cleaning frequently touched surfaces, including bathrooms, toilets and kitchens more often
- encouraging frequent handwashing and changing hand towels regularly

If you have staff shortages that could lead to the closure of a home:

- tell your relevant placing local authorities immediately.
- inform Ofsted, who may share the information with DfE
- Speak to your local health protection team regarding ways to manage an active case in the home

Visits by social workers or police investigating child protection concerns should balance 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

Quality assurance checks and visits should continue so that care provided is safe and staff feel supported.

Visits

Face-to-face contact with families is allowed and should be prioritised where necessary.

Independent person visits are also allowed and should be:

- face-to-face where necessary
- otherwise carried out virtually, if this is felt appropriate as a result of public health advice

Virtual visits to children's homes should follow the same principles set out in [Virtual visits by local authorities](#). All virtual visits must be recorded.

Restricting a child's movements if they have COVID-19 symptoms

If a person is showing [symptoms of COVID-19](#) they can [access a free PCR NHS test](#).

A child in residential care with COVID-19 symptoms will need to self-isolate.

Staff:

- can continue to enter and leave the home, but consistent staff rotas should be used where possible, to keep numbers of staff in contact with the child to a minimum
- should follow infection control procedures
- should wear [PPE for specific activities requiring close contact](#) – but be aware that face coverings may inhibit communication with people who rely on lip reading, facial expressions and clear sound
- should follow social distancing guidelines as far possible while considering the emotional needs of the children

Local authorities and providers should:

- decide if the child can be safely cared for at the children's home
- make decisions with the co-operation of the young person
- prioritise stability and quality of care when making decisions about whether symptomatic children should be moved
- decide if they should be temporarily moved to alternative provision
- decide if children who are well should be moved to an alternative temporary placement

A temporary move to an alternative placement should be a last resort.

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.

You should get advice from Public Health England (PHE) via the Health Protection Team, on imposing restrictions under the Coronavirus Act 2020 if the young person refuses to follow public health guidance.

The Act gives Public Health Officers the power to impose proportionate requirements (including screening and isolation) on a person suspected or confirmed to be infected with COVID-19.

Children and young people have the right to appeal the decision and should be given advocacy support information.

If there is no alternative you should contact [your local health protection team](#).

Restrictions on visitors and gatherings in residential settings

As children's homes are usually considered to be a 'household' there are no restrictions on children or staff at home gathering.

When deciding what makes a household and who should self-isolate consider:

- the physical layout of the residential setting
- who shares a kitchen or bathroom
- bedrooms and staffing arrangements

Ask [your local health protection team](#) if there are any doubts about what constitutes a household and who the close contacts are. Social workers and independent visitors can continue to visit children. Ofsted are also permitted to enter children's homes for inspection and regulation purposes.

The [social distancing guidance](#) allows face-to-face contact between children and their:

- parents, if children don't live in the same household as their parents
- siblings when they do not live together and one or more of them is a looked after child or a 16 or 17-year-old care leaver

Managing a young person's behaviour if they won't follow social distancing guidelines

Understanding and following social distancing guidelines can be difficult for children.

If they do not follow the guidelines you should:

- consider each case separately
- encourage those who know them well including residential care staff, foster carers or social workers, to talk to them about the need to follow guidance
- discuss persistent problems with the child's responsible authority to develop a plan to encourage the child to comply
- support those who are caring for the child to find other ways to encourage the child to comply
- not use restraint to make children and young people comply

Read Ofsted's [guidance about physical intervention and restrictions of liberty](#).

Residential family centres

Face-to-face contact in residential family centres

The temporary regulations in place until 30 September 2021 allow interviews with residents and staff at the residential family centre carried out by the registered provider in accordance with regulation 25(4)(a) of the Residential Family Centres Regulations 2002 to take place by telephone, video link or other electronic communication.

Virtual interviews should be:

- the exception
- used as a result of public health advice
- used when a face-to-face visit isn't practical due to COVID-19 restrictions

You must record all uses of this flexibility.

You should include reasons why a virtual interview was used.

Care leavers

Responsibilities to care leavers

Local authorities must meet their statutory responsibilities towards care leavers including to:

- provide personal advisers
- prepare and review pathway plans

Local authorities should:

- tell care leavers about any additional support available to them
- consider using additional government funding for discretionary payments to cover food, utilities and rent if care leavers are struggling financially
- arrange for discretionary payments to be authorised and paid at short notice if necessary
- continue other forms of financial support for care leavers including setting up home allowances

Personal advisers

Personal advisers should:

- contact care leavers during the pandemic, including those over 21 who are eligible for support up to age 25, but who were not accessing support before the pandemic
- communicate with care leavers in a way that is most effective for them, including by phone or video
- continue face-to-face where reasonably necessary, while following the [Working safely during COVID-19 guidance](#) to protect staff and young people
- assess the right level and frequency of contact with each care leaver
- always consider the wishes and feelings of the young person

Independent living

Decisions about the future of young people who have left, or are about to leave, care should:

- take the pandemic into consideration
- minimise any additional stress for them

No one should have to leave care during the pandemic if they do not want to.

Local authorities must still comply with [Regulation 39 of The Care Planning, Placement and Case Review \(England\) Regulations 2010](#), where they are considering ceasing to look after children.

Care leavers can be moved between different accommodation settings if:

- it is what the young person wants
- the setting is safe in relation to COVID-19

Loneliness and isolation of care leavers

For loneliness and isolation support:

- read the [guidance on supporting children and young people's mental health and wellbeing](#)
- contact the [Become care advice line](#)
- get help from the [Drive Forward Foundation](#)
- contact the [Care Leaver's Association](#)

Unaccompanied asylum seeking children (UASC)

Local authorities receiving a newly arriving unaccompanied asylum-seeking child (UASC) should:

- try to find out which countries they have travelled from and through
- ensure that they are tested for COVID-19
- put them in suitable accommodation to self-isolate for 10 days, following the [guidance on how to self-isolate when you travel to the UK](#)
- be aware that it is the responsibility of the person who has custody or charge of a child to make sure the child self-isolates so far as is reasonably practicable

The local authority that initially collects the child should assess the child's needs as they would do in normal circumstances 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'.

Local authorities can:

- use their existing accommodation service providers
- [find temporary accommodation during COVID-19](#) through the Crown Commercial Service

Family law courts

Read the [guidance on moving towards delivering remote hearings](#) and [The Road Ahead](#) for information on how the family justice system is operating during the pandemic.

Family Contact

Read Visits for more information.

Court Orders

We expect:

- contact between children in care and their birth relatives to continue
- the spirit of any court-ordered contact with children in care to be followed

Contact arrangements should:

- be assessed on a case-by-case basis
- consider the [social distancing guidance](#)
- consider the [guidance on meeting people outside your household](#)
- consider the needs of the child

The [social distancing guidance](#) allows contact between children and parents or children and siblings if they do not live in the same household as:

- both or one of their parents
- their siblings when one or more of them is a looked after child or a 16 or 17 year-old care leaver

Contact with children should be face-to-face where reasonably necessary but can be virtual if this is not possible. You should:

- reassure the child that it is a temporary measure
- consult foster parents and other carers to meet the needs of the child and support the virtual contact

If a child is too young to benefit from virtual contact you should:

- work with families to plan safe face-to-face contact
- follow the [social distancing guidance](#)

You should always ask the child what they want. They may welcome virtual contact with their birth families.

Ofsted inspections

Ofsted's inspection and regulation powers remain unchanged. Its 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.

Read [Ofsted: COVID-19 rolling update](#) for the latest information on all Ofsted inspections.

Read Ofsted's [guidance on social care common inspection framework and assurance visits](#).

Read Ofsted's [framework for inspecting local authority services \(ILACS\)](#).



Department
for Education

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