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[Department
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Guidance

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

Updated 6 January 2022

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This non-statutory guidance is valid from 6 January 2022.

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](#).

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Latest updates

Updated guidance on:

- confirmatory polymerase chain reaction (PCR) tests following a positive rapid lateral flow test (LFT)

Summary

This guidance explains the actions children’s social care settings should take to reduce the risk of transmission and the impact of coronavirus (COVID-19) in their setting. This includes public health advice, endorsed by UK Health Security Agency (UKHSA).

It is for:

- managers and staff in open and secure children’s residential homes
- social workers
- foster carers
- local authorities

Separate guidance is available for:

- [schools](#)
- [early years and childcare settings](#)
- [further education colleges and providers](#)

Additional operational guidance is also available for [special schools, special post-16 providers and alternative provision](#).

We use the terms “must” and “should” throughout the guidance. We use the term “must” when the person in question is legally required to do something and “should” when the advice set out should be followed unless there is good reason not to.

Overview

The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 27 November the temporary introduction of new measures as a result of the Omicron variant and on 8 December that [Plan B, set out in the autumn and winter plan 2021](#), was being enacted. This guidance has been updated to reflect how these changes impact children’s social care.

COVID-19 continues to be a virus that we learn to live with and the imperative to reduce the disruption to children and young people's care and education remains. Our priority is for you to deliver face-to-face, high-quality care and access to education to all children. We have worked closely with the Department of Health and Social Care (DHSC) and UKHSA to revise this guidance.

Risk assessment

All those working within children's social care settings must comply with health and safety law and put in place proportionate control measures. You must regularly review and update your risk assessments - treating them as 'living documents' - as the circumstances in settings and the public health advice changes.

This includes having active arrangements in place to monitor that the controls are effective and working as planned. For more information on what is required of settings in relation to health and safety risk assessments, and managing risk, read the [Health and Safety Executive \(HSE\) guidance on working safely](#). Read [the use of personal protective equipment in children's social care settings guidance](#) for specific advice relating to COVID-19.

Testing for children's home staff and foster carers

Read the [use of personal protective equipment \(PPE\) in education, childcare and children's social care](#) for guidance on infection prevention and when staff should use PPE.

Staff working in open and secure children's homes, and foster carers, should continue testing twice weekly at home, with rapid lateral flow test (LFT) kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

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

Rapid lateral flow tests (LFTs) are for testing asymptotically only. You should follow the latest government guidance on confirmatory PCR tests following a positive LFT.

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

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

- understand the [NHS testing and tracing for COVID-19 process](#)
- contact their local [UKHSA 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 PCR test kits](#) to offer to staff and children in the unusual circumstances where they may have barriers to testing through the usual channels.

Visitor testing

Face-to-face visits should continue as normal. Visitors to children's homes are strongly encouraged to take a rapid lateral flow test (LFT) before entering the home.

Tracing close contacts and isolation

As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent, foster carer or setting to identify close contacts. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

From 14 December 2021, adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a rapid LFT every day for 7 days and continue to attend their work or education setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:

- fully vaccinated adults – people who have had 2 doses of an approved vaccine
- all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status
- people who are not able to get vaccinated for medical reasons
- people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine

Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts.

Further information is available in [NHS Test and Trace: what to do if you are contacted](#) and in the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

For further information on the rules for unvaccinated adults or those that do not fit into the above categories, see [Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](https://www.nhs.uk).

Children's homes, residential special schools and colleges, and other mainstream boarding schools, 16 to 19 academies and residential further education (FE) providers are usually considered as 'households' for the purposes of the [household self-isolation policy](#).

If there are unvaccinated clinically vulnerable children within your setting, following the identification of a close contact you may wish to consider temporary additional protective measures whilst the individual is undertaking daily rapid lateral flow tests over 7 days. These could include the identified close contact limiting contact and mixing with those identified as clinically vulnerable, and increasing hygiene and cleaning routines. Those identified as a close contact should also continue to engage with regular rapid LFT testing if they are able. Any decision to take additional precautions should be based on the specific circumstances of the individual close contact and the clinically vulnerable children and young people within the setting, and you should weigh up what impact additional precautions may have on education and wellbeing.

Health professionals attending your setting may be following slightly different guidance from UKHSA if they are identified as a close contact due to their wider work in settings with clinically extremely vulnerable people.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (refer to the [stepping measures up and down guidance](#) for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures. Read the [use of personal protective equipment \(PPE\) in education, childcare and children's social care](#), for more information about how to manage outbreaks in children's homes.

For most settings, it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the [contingency framework](#).

Legislation and regulations

Temporary regulations

On 30th September 2021 the temporary regulatory flexibilities set out in the Adoption and Children (Coronavirus) (Amendment) (No.2) Regulations 2020 expired. The government currently has no plans to reintroduce these flexibilities as part of Plan B.

This means that face-to-face visits to looked-after children should continue as normal. Regulatory flexibilities to allow these to take place virtually no longer apply. Similarly, regulatory flexibilities around completion of medical reports or assessments for approving adopters and foster carers are no longer available.

The temporary regulations included a suspension of the minimum frequency of inspections for children's social care provision. Following a public consultation, The Childcare (Childminder Agencies) (Registration, Inspection and Supply and Disclosure of Information) and Her Majesty's Chief Inspector of Education, Children's Services and Skills (Fees and Frequency of Inspections) (Children's Homes etc.) (Coronavirus) (Amendment) Regulations 2021 came into force on 1 October 2021. These:

- require Ofsted to meet the minimum frequency of inspections 'so far as reasonably practicable' between 1 October 2021 and 31 March 2022
- set out a different frequency of minimum inspections for certain settings for future inspection years

The government has no plans to alter these or other inspection arrangements for children's social care as part of Plan B.

Risk management of visits

In both open and secure children's homes, face-to-face contact with families and professionals has always been allowed.

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. Children's home managers should also consult guidance on [infection prevention and control measures](#) to further mitigate risks.

Whilst mitigation of infection risks helps support visits, children's home managers should also be mindful of those groups who, on advice from UKHSA, should not visit. These include individuals who have tested positive for COVID-19, are showing symptoms and individuals quarantining after returning to the UK from a red-list country.

Action prior to receiving visitors

Visitors to children's homes should be strongly encouraged to take a rapid lateral flow test (LFT) before visiting the home.

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 children's 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. 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 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 school age should have regular access to testing through their secondary school.

On advice from UKHSA, pupils in primary schools and children in nursery settings are not included in the rapid asymptomatic testing programme.

UKHSA has advised that there are currently limited public health benefits to testing primary-aged pupils with LFTs. In addition, primary-aged pupils, particularly younger children, may find the LFT testing process unpleasant and are unable to self-swab.

Primary school-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](#) for the child.

Support for children

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:

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

Other mental health resources for children and young people include:

- UKHSA'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.

Local authorities should:

- consider the ongoing impact of COVID-19 on stress in families
- work with local safeguarding partners to ensure continuity and consistency of support

When a vulnerable child is asked to self-isolate, schools are asked to put systems in place to maintain regular contact with them, particularly if they have a social worker. Some children may be vulnerable who are not officially in statutory systems and schools should seek to support any children who they believe may have challenging circumstances at home.

In particular, schools are asked to notify the child's social worker if they have one and, for looked-after children, the local authority virtual school head. They are also asked to agree with the social worker the best way to maintain contact and offer support. More generally, schools are asked to keep in contact with vulnerable children to check their wellbeing and refer onto other services if additional support is needed. Read [Actions for schools during the coronavirus outbreak](#).

Out of school settings

If you provide non-residential respite services, such as holiday clubs and out of school provision, read the [actions for out-of-school settings](#).

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 for some elective home education (EHE) can mean 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 raises safeguarding concerns, particularly where the child is known to children's social care services. When possible, local authorities should work with schools and parents to help ensure 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 (re)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](#).

Fostering

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.

Residential provision

Keeping residential settings safe from COVID-19

Local authorities and providers should read the following guidance:

- the [use of personal protective equipment \(PPE\) in education, childcare and children's social care settings](#)
- [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 disruption from COVID-19 may make children anxious
- that staff are still 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
- cleaning frequently touched surfaces, including bathrooms, toilets and kitchens more often
- encouraging frequent handwashing and changing hand towels regularly
- keeping homes well ventilated

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

Face-to-face contact with families is allowed and should be prioritised where necessary. Read the sections on visitor testing and action to support birth family visits.

Independent person visits are also allowed and should be:

- face-to-face

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

If a person is showing [symptoms of COVID-19](#) they should follow the advice at [Get a free PCR test to check if you have coronavirus \(COVID-19\)](#).

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

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 UKHSA via the health protection team if the young person refuses to follow public health guidance.

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 through their local offer
- continue other forms of financial support for care leavers including setting up home allowances
- order devices where needed through the [Get Help with Technology programme](#) to help care leavers stay in touch with personal advisers and wider support networks, and support their education or training

Personal advisers

Personal advisers should:

- continue to keep in touch with care leavers, including contacting care leavers aged over 21 who are eligible for support up to age 25, but who are not currently accessing support
- communicate with care leavers in a way that is most effective for them, including by phone or video
- continue to meet face-to-face, 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

As social distancing restrictions have ended, local authorities will be increasingly

able to move young people out of care safely. However, decisions about the future of young people who have left, or are about to leave, care should continue to:

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

Local authorities should be flexible and take account of young people's views when deciding what is the right time to move young people out of care and ensure there are suitable move on accommodation options available by working closely with housing partners.

Local authorities must 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 suitable, in light of the young person's needs and views
- the setting is safe, including 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

Ofsted inspections

Ofsted resumed routine inspections of children's social care settings (such as children's homes, residential family centres and independent fostering agencies) on 12 April 2021.

Ofsted will be required to meet the minimum frequency of inspections 'so far as reasonably practicable' for the remainder of the inspection year (1 October 2021 to 31 March 2022) with this flexibility no longer applying from 1 April 2022. The government currently has no plans to change Ofsted or other inspection arrangements for children's social care as part of Plan B.

Read [Ofsted's plans: 2021](#) 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 \(ILACS\)](#).

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