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Research and analysis

Children's social care 2022: recovering from the COVID-19 pandemic

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Applies to England

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The picture overall

The COVID-19 pandemic has put specific pressures on the children's social care sector, and exacerbated existing challenges. Throughout, those in the children's social care sector have worked to adapt in their roles. They have continued to care for children, protect them from harm and support their families. Our insights give us the opportunity to report on how the sector continues to respond to the ongoing challenges, based on information we have gathered from our inspections and published data. In this briefing, we draw on evidence from a sample of inspections, and from focus groups and interviews with inspectors and policy colleagues, to understand what the sector has done well, the pressures that remain and the main barriers to managing these pressures.

During the COVID-19 restrictions, some children were less visible to professionals, which increased the risk that evidence of harm to them was not being identified.

When the restrictions were lifted, and all children returned to school and re-engaged with other services, professionals were able to see these children again. However, some services are either not yet being offered or are running at a lower capacity than pre-pandemic levels.^[footnote 1] As a result, there may be delays in identifying vulnerable children and their needs, and families may have fewer opportunities to ask for help. Access to therapeutic and respite services for disabled children continues to be limited, leaving children and families without support.

The mental health of some children and young people deteriorated during the pandemic, and we are seeing increasingly complex mental health needs among the children who require support. Health services are stretched and many local authorities and providers are organising their own mental health and well-being services as a result. This is transferring cost pressures to local authorities, providers and schools and such provision can lack the clinical governance of NHS services.

The pandemic compounded a number of existing issues that affect care leavers. Care leavers are already at risk of becoming isolated, and lockdown restrictions meant that many of their relationships and support networks were disrupted. They also experienced practical and financial difficulties, as many lost their jobs or were placed on furlough. We are continuing to hear that greater numbers of care leavers than would have been expected before the pandemic are not in stable employment or education. There is concern that the toll on their well-being will be long-lasting.

A long-standing challenge for the children's social care sector is the lack of places in the right location, at the right time, for the children who need them. This is especially the case for residential settings, particularly secure provision, where the number of places for children with highly complex and specific needs is not meeting demand. Additionally, there are continuing difficulties in identifying suitable places for children with mental health issues, and the increasing complexity of children's mental health needs since the pandemic began has compounded these further. Some children are having to live in places where their specific needs cannot be met. The lack of a suitable place to live results in some children living in unregistered homes.

Recruitment and retention of staff continue to be a problem across children's social care. Having reassessed their priorities and work-life balance during the pandemic, greater numbers of residential workers are leaving the sector entirely, to pursue more flexible and better-paid work elsewhere. A large number of social workers have also left the sector or have moved to agency contracts, which offer competitive incentives.

Of particular concern is the loss of highly qualified and experienced staff, who had previously been relied on to support and develop newly qualified colleagues. Local authorities and providers are using various incentives to attract and retain staff, such as higher salaries and greater investment in well-being and training. But the persistent issue is that the pool of suitable staff is too small.

Some changes in ways of working have persisted since restrictions were lifted. Social workers have recognised the importance of face-to-face work with children and families. Some of this work continued throughout the pandemic, for those who were assessed as being at highest risk, but it has now returned to expected levels. However, many other tasks that do not require direct contact with children and families, and would have previously been carried out in offices, are now being done from home. This minimises the time that social workers spend together in person, reducing opportunities for peer support and learning.

There is a similar concern around training, as providing this online makes it more difficult for attendees to hold discussions with peers and form strong support networks. This is not just a concern for social workers but also for foster carers, who missed the opportunity to build support networks during the pandemic. Remote working is only appropriate if the staff's support and development needs are met, and training cannot be considered successful unless it has upskilled staff and carers effectively to meet children's needs.

Methodological note

In this briefing, we draw on evidence from inspection reports and from our inspectors. We set up focus groups and carried out interviews with Ofsted colleagues in May and June 2022. Participants in the focus groups had professional experience of inspecting local authority children's services or social care providers in the past year, and/or had overseen the work of inspectors in their region. Participants in interviews were Ofsted colleagues who work in the social care policy team.

During the focus group discussions and the interviews, we asked participants to reflect on what they had seen during recent inspections, or what they were seeing in the sector currently. This ensured that our evidence focused on what is happening in the sector at present, rather than what was happening at the height of the pandemic.

We triangulated insights from the focus groups with evidence from 29 inspection reports produced under the inspection of local authority children's services (ILACS) framework and the social care common inspection framework (SCCIF). The reports that we reviewed were from inspections carried out between June 2021 and April 2022 (16 ILACS reports and 13 SCCIF reports).

We used this evidence to report on the impact that the pandemic is still having on the children's social care sector. In particular, we focused on the impact on:

- children and families
- sector staff
- local authority children's services
- children's social care providers

We carried out a total of 5 focus groups and 6 interviews. There was representation from all [8 Ofsted regions](#).

A small number of inspectors participated in the research, so the data collected is not necessarily representative of the whole sector. It does, however, help to triangulate and enrich our findings from the inspection reports.

We have also drawn on additional quantitative and qualitative evidence that we either collect ourselves or have access to within Ofsted, including:

- responses to the 2021–22 point-in-time survey: each year we carry out a survey of all the children's social care providers that we inspect; in these surveys, we ask children, parents, staff and external professionals (such as children's social workers, health professionals, teachers, headteachers in the virtual school and family court advisers) for their views about the providers they are involved with
- the [children's social care in England 2022 statistical release](#)
- Annex A documents collected on inspections: this is the information that [inspectors request from local authorities](#) before the inspection or visit. It includes data on children who are looked after by the local authority

The immediate impact of lockdowns on children's social care

A substantial amount of evidence has been published about the effect of the pandemic on the children's social care sector. This has focused mainly on the periods of national lockdown during 2020 and 2021. While this report focuses on the current situation, this initial section briefly summarises the existing published evidence. This gives context to our findings on the continuing impact on children's social care.

Referral rates

Nationally, the number of referrals to children's social care was lower during the lockdowns than in previous comparable periods.^[footnote 2] Data from the Department for Education indicates that the total number of referrals between May 2020 and January 2022 was around 10% lower than the average during the comparable weeks in 2017 to 2020.^[footnote 3]

In interviews with representatives from 15 local authorities, the reduction in referrals was attributed to the small proportion of children attending school in person, and the reduction in contacts with health visitors, midwives and nurses. As a result, signs of concern were less likely to be picked up than they normally would be.^[footnote 4] Nationally, the largest reductions in referrals generally occurred during the periods of lockdown.^[footnote 5] However, both the initial decline and subsequent recovery in referral rates were inconsistent across different local authorities.^[footnote 6]

The referrals that were received were reportedly more serious and complex than usual.^[footnote 7] This increased complexity of cases has been partially attributed to delays in identifying the children's needs, because of the reduced contact with professionals.^[footnote 8]

Unsurprisingly, the sources of referrals also changed. During lockdowns, fewer referrals were made by teachers and NHS staff such as health visitors, many of whom were redeployed to other parts of the NHS. More referrals were made by the police and hospital staff.^[footnote 9]

Increased and differing risks

The initial reduction in referrals to children's social care sparked concern about 'hidden' children: vulnerable children who either had not been identified by children's services previously or had become less visible to the services that support them.^[footnote 10] Some families were experiencing increased pressures, such as financial issues, while also having less access to support services and their social support networks.^[footnote 11] The additional strain on families meant that some of those who had previously been just about managing were now needing help.^[footnote 12] There were also concerns about increased reports of domestic violence, with this being the reason for many of the referrals made by police.^[footnote 13] With families being confined together in their homes for extended periods, some children experienced new or increased exposure to domestic violence.^[footnote 14] As a result, it was likely that the number of children at risk and in need of services increased, but, because these children were less visible, this was not reflected in the number of referrals being made.

The decline in children and young people's mental health during the pandemic has been widely reported.^[footnote 15] This has been partially attributed to the impact of lockdown on children's relationships, as children were deprived of face-to-face contact with their peers.^[footnote 16] The move to partially or fully online forms of contact sometimes disrupted communication between children in care and their families, and between children and their social workers. In these instances, children reported feeling abandoned, which had a negative effect on their mental health.^[footnote 17] On a more positive note, a small number of children experienced an improvement in their mental health during the lockdowns. This has been attributed to the children not having to experience the pressures of attending school, leading to less confrontation with family members,^[footnote 18] or to improvements in their relationships with carers and residential staff because they spent more time at home.^[footnote 19]

During restrictions, children and young people relied more on social media for their

interactions with others. This heightened concerns about online harm, as it meant more potential exposure to online exploitation, grooming and bullying.^[footnote 20]

Changing ways of working: challenges and how they were managed

During the lockdown restrictions, social workers adapted to new ways of working. They reduced home visits to a minimum and used virtual forms of communication. These new ways of working did not always allow social workers to gather enough information to fully assess children's needs and the situations within families. Social workers expressed concerns about missing out on non-verbal cues, not being able to tell who else was in the room when speaking to children, being shown only positive things by families, and virtual contact being easier to evade for some families.^[footnote 21]

Because of these concerns, social workers continued face-to-face visits where necessary. Many local authorities used a red, amber, green (RAG) rating system to decide which children should still be visited as a priority. This was in line with advice from the Principal Children and Families Social Worker Network.^[footnote 22] Social workers generally continued face-to-face visits for new referrals, as they found that it was more difficult to establish new relationships online than to maintain existing ones.^[footnote 23]

Social workers used creative and innovative ways to maintain in-person contact with children while following social distancing measures. They made use of gardens, parks and other open spaces to meet children for walks, picnics or to play games.^[footnote 24] Many children enjoyed these visits, and saw them as an opportunity to get outside and talk in an environment away from the home. Some social workers noted that meeting children for walks was particularly beneficial, as walking side by side led to more open discussions. This is similar to the documented effect of having discussions in cars.^[footnote 25]

During the pandemic, social workers stayed in touch with the children they did not see face to face, or in addition to in-person contact, through video calls, phone calls or text messaging. However, families, children and care leavers who had limited access to devices or insufficient internet data were less able to access support, and social workers found it harder to contact them.^[footnote 26] Some families found virtual contact to be isolating or intimidating. Parents who attended online meetings, panels or court hearings were typically doing so from their own homes, often without anyone to support them during the meetings.^[footnote 27]

The lockdown restrictions also meant that children were not able to see their families in person.^[footnote 28] Recognising that this was upsetting for families, some social workers and providers found creative ways, and made considerable efforts, to maintain communication and relationships. In their responses to the 2022 point-in-time survey, children and professionals gave examples of the ways staff had supported them in this area.^[footnote 29]

Changing ways of working: advantages

For a minority of children, virtual communication was very effective, and they preferred it to face-to-face meetings with their social workers.^[footnote 30] Virtual communication was more in line with the methods of contact they used with their friends, and it allowed them to feel that contact was more on their terms and less formal.^[footnote 31]

Another benefit of the move to virtual working has been the improvement in multi-agency work. Attendance at multi-agency child protection conferences increased because professionals were able to attend online; in particular, representation from GPs improved.^[footnote 32]

Lockdown pressures meant that, in addition to their safeguarding work, social workers were often providing families and care leavers with material and practical support.^[footnote 33] This included helping them to claim benefits and help with accessing food or supplies.^[footnote 34] Although this placed new or additional demands on social workers, it helped to foster positive relationships with families.^[footnote 35]

Care leavers

Care leavers were already at risk of isolation and financial instability, and these issues were exacerbated by the pandemic. Practical aspects of preparing for adulthood and independence also became more difficult.^[footnote 36] For some, moves into independent accommodation were disrupted. Some local authorities reported that it was difficult to find accommodation for young people, and that care leavers were not able to view accommodation before moving in.^[footnote 37] Although this disruption was negative for some young people, for others the decision to delay moving on to independent accommodation meant that they could continue to be supported by their existing home and avoid the difficulties associated with moving during lockdown.

We have seen examples of the positive work done by some local authorities to address the isolation experienced by many care leavers. This included providing internet dongles to facilitate virtual contact, sending out activity packs and food parcels, and organising a virtual Christmas dinner.

The current state of children's social care

This section reports on the current situation in children's social care, as observed during our inspections, and gives examples of how the sector is managing these challenges.

The COVID-19 pandemic is not the only significant sector pressure. Social workers and sector leaders have raised other issues, including heightened tensions regarding perceived racial inequalities, and institutional barriers following the deaths of Star Hobson and Arthur Labinjo-Hughes. Although we recognise the influence of additional factors, in this section we aim to focus on the problems that have been created or exacerbated by the pandemic.

Despite these challenges, we continue to see an improvement in the overall effectiveness grades of local authority children's social care. As at 31 March 2022, 43% of local authorities were rated good or outstanding, and 12% as inadequate. This compares with 36% good or outstanding and 22% inadequate at the end of the first round of inspections under the previous framework.^[footnote 38]

Number of referrals and the impact on caseload

It was expected that referral numbers, which were down nationally during the lockdowns, would spike when children returned to in-person schooling, and that this would result in an unmanageable increase in social workers' caseloads.^[footnote 39] In

some authorities, referrals have remained below pre-pandemic levels, even as children's contacts with professionals have increased.^[footnote 40] This has prompted concern that children at risk of harm are not being identified and referred in all areas.

Social workers' caseloads were predicted to rise, because fewer children were having their care stepped down and leaving local authority care and supervision during lockdowns.^[footnote 41] Social workers took a cautious approach while children were not attending schools and nurseries, as they could not guarantee the normal level of follow-up and oversight.^[footnote 42]

During recent inspections, we have seen continued hesitancy to step down care and move children from a child protection plan to a child-in-need plan, or from a child-in-need plan to early help. This is partially due to social workers' cautiousness when considering risks in the context of a new, post-lockdown environment. Although this has increased caseloads in some areas, in some positive examples it is being treated as an opportunity to prevent re-referrals. By working with families for longer periods, social workers are ensuring that progress is being made at a suitable pace for the family, increasing the chance that improvements will be sustained.

Data published by the Department for Education does not show escalating caseloads. In September 2021, the average caseload of a children's social worker was 16.3. This was the same as in 2020, and slightly lower than in 2019, when it was 16.9.^[footnote 43] However, this is an average figure and does not capture differences in caseloads among staff. It also does not account for the complexity of cases, which has increased since the pandemic began. As social workers deal with increasingly complex cases, workloads will rise, even if the number of children on the caseload remains stable.

Changing risks

The escalating cost of living is an issue that has been, at least partially, influenced by the pandemic. Social workers, children's charities and advocacy groups have expressed concern that this issue might increase the number of families living in poverty. Financial hardship makes parenting harder, which may result in more risks to children. Some local authorities have told us that, with families under greater financial strain, they anticipate higher numbers of child protection cases and children in need. They noted that they have planned for this in their budgets.

Although restrictions ended in 2021, and face-to-face visiting by social workers has returned to pre-pandemic levels, we are concerned that some babies and children are still not being seen by family support services. Services such as health visitors, district nurses and family centres were interrupted during the pandemic. In some places, these services are still not running at pre-pandemic levels, and there is a risk that, with less contact, identification of children's vulnerability and needs may be delayed. Reduced contact with health visitors also limits the opportunities for parents to raise emerging issues before they escalate, and for professionals to give families information about available services. For example, funded childcare is available for families on certain benefits and for children with additional needs,^[footnote 44] but, without information on this, families may not take up services they are entitled to.

Some services for disabled children and their families have also yet to return to pre-pandemic levels. This is partly because of persistent fears about the COVID-related risks to these children. Many services for disabled children and their families, such as schools, short-break services and holiday schemes, were closed during the lockdowns. As a result, many disabled children lost around 2 years of therapeutic support, which reduced their progress and, in some cases, resulted in regression. Their families also lost support and respite, which they may have relied on to help them care for their child. Consequently, these children and their families may now

need more intensive support – not just a return to pre-pandemic service levels.

The risks of child exploitation have also increased. Children spend more time online, increasing their exposure to online grooming and exploitation, and we have heard that providers, carers and social workers do not feel equipped to identify or manage these risks.

Court delays

The pandemic has exacerbated existing pressures on the family justice system. During the pandemic, the caseload and backlog rose to a level that required a prioritisation protocol to be put in place.^[footnote 45] This allowed the Children and Family Court Advisory and Support Service (Cafcass) to prioritise public law and private law cases that had a safeguarding factor. Lower-priority cases, which previously had to be assigned a caseworker, could instead be allocated to duty hubs. This meant that, although cases were being monitored, no active work was being done with the families. As a result, the families less in need of acute support were and are having to wait longer. As backlogs are persisting, Cafcass is not yet in a position to remove this protocol completely.

During the restrictions, families found it difficult to engage in virtual family court hearings, as they often had to attend from home, frequently without support. The benefits of face-to-face working in these circumstances appear to have been recognised, and in-person work with families has now resumed.

Education ‘catch-up’

The virtual school, which previously only worked with children in care, was extended to have a strategic role in supporting all children and young people who have a social worker.^[footnote 46] Virtual heads facilitate work between schools and local authorities to support the education of vulnerable children. The extended role of the virtual school includes:

- increasing education settings’ awareness of the disadvantages faced by children who have a social worker, and raising expectations for these children
- encouraging the use of practices that support children to engage with education, by promoting these in education settings and other settings that work closely with children who have a social worker
- raising outcomes and narrowing the attainment gap between children who have a social worker and other children

The virtual school was extended because it was recognised that, for many children with a social worker, the pandemic has increased the barriers to education, and that these children need support to catch up. As this new role is strategic, the virtual school is not responsible for supporting individual children in the way it would for children in care. Although the expansion of this service is perceived as positive by the sector, there are concerns that resources will be stretched as a result.

During inspections, it has been positive to see more children’s homes working closely with the virtual school. Increased anxiety among children has resulted in some being reluctant to attend school, and homes are seeking support from the virtual school to help address this. Homes have used various other methods to support children in returning to schools and to catch up on missed education. In some examples, staff have helped children with exam revision, or employed tutors to supplement school lessons.

Children in care and those with a social worker were entitled to attend in-person schooling during the lockdowns, and many did so. For a lot of these children, it was a positive experience, and they benefited from the smaller teacher–pupil ratios that resulted from fewer children being in the classroom. Some children were able to receive more individualised teaching during this time. Although some children then struggled with a return to full-sized classes when schools fully reopened, many were happy to regain the social benefits of school and to reconnect with friends.

Across all children nationally, there appears to have been an increase in the number of children being electively home educated. Although this is not an issue in itself, it does pose an additional risk for children who are already at risk of abuse, neglect or exploitation. Removing children’s contact with school staff minimises their visibility and increases the danger of unidentified harm.

Children and young people’s mental health

Both the frequency and complexity of children and young people’s mental health issues have increased, putting considerable strain on the sector. Some of this has been caused by a delay in accessing treatment and therapies during the pandemic, and therefore a worsening of pre-existing mental health issues.

Just over a fifth of children’s homes specify in their statement of purpose that they can support children with mental health issues.^[footnote 47] On average, the children who live in these homes have travelled further from their family home than children living in homes that specialise in provision for any other type of need (44 miles compared with the national average of 36 miles).^[footnote 48] This longer distance may indicate that there is a lack of suitable local provision for children with these needs.

Around half of foster carers surveyed in 2021 reported that they were looking after at least one child who they felt required mental health support. Of those foster carers, half said that the children were not getting mental health support.^[footnote 49] This may have been due to lack of services or because the child was not in a stable placement and therefore could not have their mental health needs assessed. While this survey is a year old, during our recent inspections, some providers and local authorities have told us that they cannot depend on access to child and adolescent mental health services (CAMHS) for children, as the waiting lists for this already-stretched service have increased dramatically and referral thresholds are higher. Long waits for assessments leave children without much-needed support, and create a risk that their needs will escalate before they receive it. Delays sometimes result in reduced engagement from children and, as a result, their case is closed by CAMHS before their needs can be addressed.

Many providers are having to find alternative support for children’s mental health needs. Many local authorities had in-house therapists before the pandemic, and we have seen an increase in the number of homes and agencies that employ these therapists to work with children and also support their staff. For many, having a therapist on site has been effective, as their regular presence in the home has helped with building relationships and encouraging the children to engage. Staff are also reassured by their presence, as many feel ill-equipped to support children with mental health needs. Although we have seen the positive effect of in-house support for mental health, this can be very costly and is not possible for all providers.

Some local authorities have also developed their own mental health or well-being services to supplement the limited availability of CAMHS. Their investment in this area indicates that they are recognising and responding to children’s changing needs. In an example of proactive practice, a local authority employed specialist mental health staff in its social care teams. These specialists could assess children’s needs and then have detailed discussions with social workers about how best to

support the child. The ‘no wrong door’ model used by a number of local authorities has helped children and young people to access mental health support. This approach involves offering residential or outreach services through hubs, where a single multidisciplinary team provides wraparound support.^[footnote 50] A clinical psychologist is included in the hub team so children and young people using the hubs can receive some mental health support internally.

Despite efforts to help children and young people to access support, there is concern in the sector that the deterioration in children’s mental health will be a lasting legacy of the pandemic, and that children’s services are likely to remain strained for years, with a rise in demand for adult mental health services in the future.

Sufficient and suitable accommodation

The ‘sufficiency duty’ is the requirement that a local authority should secure, as far as reasonably possible, sufficient and suitable accommodation for children in its care. Places for children to live should not just be sufficient in number, but should also meet the children’s needs and, where consistent with the child’s welfare, be within the authority’s borders.^[footnote 51]

Having a well-matched place to live is important for children’s stability.^[footnote 52] However, the distribution of places does not match demand: there are not enough of the right places in the areas where they are needed.^[footnote 53] A lack of suitable places in the required locations has been reported across all provision types, including fostering and, in particular, children’s homes and secure children’s homes.

Foster care

Figures for 2020–21 show that the number of fostering households and foster carers continues to rise. However, this growth is still not keeping up with demand. As with children’s homes, suitability of placements is important.

While the number of places may be rising, this does not necessarily mean that the foster carers are able to provide for the current profile of need. Figures show that, while 71% of fostering households are approved to care for 2 or more children, many of these places remain vacant or are not available. The number of available places may therefore be lower in reality than the increase suggests.^[footnote 54]

Children’s homes

Some of the country’s most vulnerable children live in children’s homes. Many have experienced multiple placement breakdowns and/or need support with various emotional and behavioural difficulties.^[footnote 55]

The number of children’s homes continues to rise, with a 7% increase nationally between 31 March 2021 and 2022.^[footnote 56] However, unless new homes target the support that they offer, so that they meet needs that are specific to the children in their locations, they cannot hope to meet the increasing demand. The distribution of children’s homes across the country does not appear to be linked with regional demand, with no close relationship between the needs of children and the needs that homes say they meet.^[footnote 57] As a result, local authorities are struggling to find appropriate provision.

This is further impacted by the exacerbation of existing staffing issues, as large numbers of staff have left the sector since the beginning of the pandemic.^[footnote 58] To operate effectively, providers need sufficient numbers of experienced staff and, without them, some providers have decided to offer fewer places while others can no longer meet some needs effectively. This increases the likelihood that children will have to live in provision where their needs cannot be understood and met.

Secure children's homes

Among secure children's homes, the lack of places in the areas where they are needed is even more acute. These are homes that restrict the liberty of children because they pose a risk to themselves or to others, or as a consequence of offending.

In March this year, around 50 children were waiting for a secure children's home place. The sector-wide staffing problems, together with the greater complexity of children's needs, mean that secure children's homes are operating with reduced capacity.[\[footnote 59\]](#)

When secure children's home places are not available, the High Court can authorise the deprivation of a child's liberty in an alternative placement. Although total numbers are relatively small, the use of these powers increased by over 450% from 2017/18 to 2020/21.[\[footnote 60\]](#)

Of concern is the number of children and young people who are having to live in unregistered provision because no suitable place is available, despite the risks this creates. Some senior family judges have notified the Secretary of State for Education and HMCI and, in some cases, have made public statements about the judgments they have had to make in some of the most acute cases. They have expressed their distress at the level of unmet need and the lack of suitable placements for the most vulnerable children.[\[footnote 61\]](#)

Care leavers

The isolation experienced by many care leavers during lockdowns, and the practical challenges they faced, are still affecting their lives. As with children and young people more widely, the mental health of this group has deteriorated, and many are struggling to access support. This issue is compounded for care leavers, as the move from children's to adult services can often disrupt the support they receive. In some cases, this stops altogether because the threshold for adult services is higher.

Good relationships with personal advisers are hugely valuable for care leavers, but some of these were disrupted at the height of the pandemic, and continue to be disrupted due to staffing issues, sickness or other factors.

Many of the practical and financial issues that care leavers faced during lockdowns are persisting. We are still seeing higher numbers who are not in employment, education or training, or who have moved from stable employment to more casual work or zero-hours contracts. The loss of stable employment combined with the escalating cost of living is increasing the financial strain.

Workforce challenges

The sector has significant staffing challenges at all levels. Staff shortages have implications for sufficiency, both in the number of places and the skills of the staff available. Additionally, the high turnover of social workers and residential workers and the reliance on agency staff mean that children lack stability in these relationships. In a number of recent inspections, children have reported that frequent changes in social workers have been a problem for them, but this was also a challenge for some pre-pandemic.

As well as the implications for children, the staff shortage creates significant challenges for the workers who remain in the sector. Workloads are high and the demands of an already challenging job can become unsustainable. The impact on

these workers should be considered in the context of the challenges they have faced and additional support they have provided over the past 2 years. We have heard reports of: residential staff isolating in children's homes and forgoing time with their own families; staff delivering meals to families who were self-isolating; and colleagues supporting each other throughout.

Although staffing issues in this sector are not new, the impact they have on the workforce now needs to be considered alongside the additional strain of the pandemic.

Changing ways of working in local authorities

After a large reduction in face-to-face visits during lockdowns, in-person work has resumed across the sector. Decisions about where it is appropriate to maintain virtual working are being carefully considered, and this is generally only used when it is suitable and beneficial. Multi-agency meetings are one example where attendance is much improved when there is no need to travel to attend in person. Crucially, where face-to-face work is the best option for children and families, this has been restored.

Some changes in ways of working have persisted since the restrictions were lifted. A lot of staff and social workers have moved to hybrid models, where they spend more time working from home than they did before. This varies between local authorities, and many are still deciding which work can be done remotely. We are concerned about what could be lost if office-based work continues to be limited. For good social work practice to thrive, staff need to be in face-to-face contact to build meaningful relationships that provide support and supervision. This is essential for calibration and moderation of judgements and decisions among peers. Additionally, working together face to face creates opportunities for informal support and learning, and helps to maintain and boost morale. Social workers often encounter challenging and emotional situations, and it is important that they are able to talk through these with colleagues. When local authorities permit remote working, they should make sure that they retain the peer support and learning and development opportunities that are afforded by office working and time spent with colleagues.

This is particularly important for newly qualified social workers, who derive most benefit from face-to-face interactions with colleagues. Social workers who were training or newly qualified in the last 2 years will have spent their first years in the profession operating under pandemic conditions. Their opportunities to interact with other staff and observe and learn from experienced colleagues have been much more limited than for their predecessors.

The pandemic had a substantial impact on staff training, as most of this moved online. Although face-to-face training is possible again, in our recent inspections we have found that much of it is still online. This may be because training is often organised many months in advance, and local authorities may have avoided planning face-to-face sessions because of uncertainty about COVID-19.

When local authorities and providers make decisions about future training, they should consider the limitations of providing this online. There are concerns that online training requires less engagement and therefore minimises the amount of learning that is retained. During inspections, we heard of staff completing large numbers of online training courses in a single day and therefore having insufficient time to engage with and reflect on the content. As with remote working, remote training does not offer opportunities for interaction with colleagues and peers. This face-to-face contact can facilitate discussions about the course content and help to secure learning.

It is imperative that local authorities and providers ensure that the training they provide for their social workers is effective in upskilling them to best meet the needs

of the children they support.

Changing ways of working in fostering agencies

Fostering agencies also had to turn to virtual training at the height of the pandemic, and some have been slow to move this back to face-to-face training.

One benefit of virtual learning is that attendance has improved, as people no longer have to travel to attend. This benefit was highlighted by some foster carers and adopters in the 2022 point-in-time survey, who had previously found the required travel difficult as they lived a long distance from the fostering agency.

As well as removing practical barriers to attendance, providing training virtually can have financial advantages, as it eliminates the costs of hiring a space and providing refreshments. This is particularly true now for fostering agencies that decided to sell premises over the last 2 years and move all staff to remote working. Although some foster carers and adopters valued the ability to attend virtual training, many others expressed a desire to return to face-to-face training and events. They felt that meeting others in person helped them to establish a stronger bond and support network.

There is no single best way of training those involved in children's social care. The benefits and limitations of different methods will depend on the course content and the needs of those participating. It is essential that fostering agencies consider the wider benefits of meeting face to face, and take these into account when making decisions about training.

Staff recruitment and retention in local authorities

Problems with recruiting and retaining staff are the greatest challenge the sector currently faces. Although this was already a challenge before the pandemic, it has been exacerbated by a number of factors.

In the year leading up to September 2021, 8.6% of all local authority children's social workers left the profession, an increase from 7.2% the previous year.^[footnote 62] Although in 2021 there continued to be more local authority social workers joining the profession than leaving it, this gap is still narrowing (to around 500 in 2021, compared with around 900 in 2020, and around 1,300 in 2019).^[footnote 63] Many staff have left the sector or retired early, including a large number of highly experienced staff. The poor retention of experienced staff creates difficulties for local authorities, as it means that newly qualified staff are covering a greater proportion of posts. Newly qualified staff require more oversight and support, and now have fewer experienced colleagues to learn from.

Many social workers are moving into agency work rather than leaving the profession entirely. Agencies often have appealing contracts, with greater flexibility and higher pay than local authorities can offer. As a result, agencies are outcompeting local authorities for staff from a limited pool of workers. Agency work may have been made more attractive by recent changes in the way that many agencies are structuring their contracts. Previously, agency work could be very unstable and require staff to work mainly within unfamiliar teams, but now many agencies have moved to contracting whole teams of staff for fixed periods. This means that some agency staff now benefit from the stability of working within a consistent team of colleagues, and having guaranteed work schedules for several weeks or months at a time. While this may provide better working conditions for agency employees, the new way of contracting limits flexibility for commissioning local authorities, and can

increase costs.

As well as competing with agency offers, local authorities are having to compete with each other to recruit and retain staff. Although staff have always crossed county borders for jobs, this has increased during the pandemic. We have seen examples of social workers based in rural authorities being employed by London boroughs that can offer higher salaries. This is now possible because of remote working, which enables some desk-based social work to be done from anywhere. However, this way of working is concerning, as it could erode the quality of social work if social workers lack local knowledge and understanding of the communities that they serve, which are important elements of social work.

Shortages in staff mean that local authorities have to rely on agency workers, which increases their costs and undermines stability for children. Consistent relationships are important for children and their families, and frequent changes in social workers can contribute to a sense of abandonment for these children.

Recruitment and retention of residential staff and foster carers

As [discussed above](#), numbers of foster carers and fostering households have risen over the last year, although the rise is not able to keep up with demand. Enquiries from prospective fostering households continue to increase, but the proportion of these that converted to applications in 2020–21 was at an all-time low. The proportion of fostering applications that have been approved has also fallen. [footnote 64](#) This remains a challenge for the sector, especially because the majority of children in care are in foster care.

We are seeing many residential care workers, who are typically on low salaries, leaving the profession entirely for jobs with higher pay and a better work–life balance. The demanding nature of care work, the responsibility of the role and the need to work shifts have been offered as reasons for finding work elsewhere.

Many providers are also struggling to recruit and retain registered managers. The number of children’s homes with a vacant manager post was increasing before the pandemic, and this rise has continued, from 9% of children’s homes without a manager in March 2019 to 17% by March 2022. The level of responsibility in this role, along with the hours involved, has made it an unattractive choice for many. With high numbers of experienced staff leaving the sector, the pool of suitable potential managers has decreased, and there are not enough to meet demand. Good management of settings is influential in the experiences of staff, and this may therefore have an effect on staff retention.

With many providers unable to recruit enough staff, some have been forced to reduce their capacity. Others have chosen to run at below capacity in an effort to maintain the quality of their provision. Some providers have had to employ inexperienced staff. This could result in situations where staff are unable to meet children’s needs, and it places great demand on providers’ training budgets. Among some of the largest providers, lack of staffing has resulted in homes standing empty, temporary closure of homes, and plans for expansion or new registrations being abandoned. As large providers typically have greater flexibility in staffing, this suggests that smaller providers may face even greater challenges.

Providers are using various approaches to recruit and retain staff. While some have offered financial incentives, this is not possible for all. Other strategies have included a greater focus on staff well-being, such as offering well-being days, and more investment in training, including helping staff to gain qualifications. Some children’s homes offer targeted support to help staff in areas of particular concern. A good

example of this is employing in-house therapists to support staff in managing children's mental health needs.

1. Analysis of published health visitor service delivery statistics, comparing 2019–20 figures (pre-pandemic) with 2020–21 figures. In 2021–21, there was a smaller proportion of infants who had received: 6- to 8-week reviews; 12-month reviews by the time they turned 12 months old; 12-month reviews by the time they turned 15 months old; and 2.5-year reviews, compared with 2019–20. See: [‘Health visitor service delivery metrics experimental statistics: 2019 to 2020 annual data’](#), Public Health England, February 2021; and [‘Health visitor service delivery metrics experimental statistics: annual data’](#), Office for Health Improvement and Disparities, November 2021. ↵
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