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Guidance

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

Updated 6 May 2020

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Introduction

This guidance is about safeguarding and protecting the welfare of vulnerable children. It is for all those delivering or with an interest in children's social care, including local authorities, social care trusts, those who have corporate parenting responsibilities, all adoption agencies, independent fostering agencies and children's homes, and local safeguarding partnerships who work together to safeguard and promote the welfare of all children in their area. It is also for social workers, residential care providers and staff, and those with safeguarding responsibilities.

Everyone involved in promoting the welfare, protection and care of children is working extremely hard in the face of unprecedented challenges to support the most vulnerable during this period. It is a time of severe pressure across society, which we know will present heightened levels of risk for some children. It is, therefore, especially important that these children continue to receive the services and support they need, although the way in which this is delivered may need to change and adapt to reflect the current circumstances. At the same time, we recognise that the challenging context means that in some circumstances, local authorities, providers, agencies, and partners may find it more difficult to meet the full range of statutory duties relating to vulnerable children.

The duties to our most vulnerable children that are set out in primary legislation (such as in section 22(3) of the Children Act 1989 and section 1 of the Adoption and Children Act 2002) remain in place but we recognise that we are operating in a challenging context.

Amendments have been made to provide for extra flexibility in some circumstances, but this should only be used when absolutely necessary, with senior management oversight, and must be consistent with the overarching safeguarding and welfare duties that remain in place.

The amendments will remain in place only for so long as needed. The amendments are to regulations relating to: residential care, local authorities, private fostering, care planning, planning fostering and adoption made on 24 April 2020. The impact of the regulatory changes (<http://www.legislation.gov.uk/ukxi/2020/445/contents/made>) is explained throughout this guidance.

This guidance should be used to support children's social care services and providers to work with children and families during the coronavirus pandemic. It is underpinned by a set of principles which should inform local decision-making and day to day practice with children and families. It also recognises the approach that many local authorities and providers are already taking.

It should be read alongside other coronavirus (COVID-19) guidance, including:

- Actions for schools during the coronavirus outbreak (<https://www.gov.uk/government/publications/covid-19-school-closures/guidance-for-schools-about-temporarily-closing>)
- Supporting vulnerable children and young people during the coronavirus outbreak (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>)
- Coronavirus: information for social workers (from Social Work England) (<https://www.socialworkengland.org.uk/coronavirus/information-for-social-workers>)

Principles

The coronavirus (COVID-19) pandemic presents significant challenges to the country, including the way in which children's social care services are delivered. In order to respond to the realities of social distancing and restrictions on movement, we want local authorities, local safeguarding partners and regulated services to be empowered to work in the most effective way possible, within the statutory framework, to support families and protect children to the best of their abilities.

We know that local authorities, local safeguarding partners and regulated services are working as hard as possible to meet their statutory duties despite the current circumstances. These duties remain unchanged, other than in the very specific circumstances where changes have been made to secondary legislation, as are outlined and explained in this guidance.

We expect that the sorts of circumstances where local authorities, local safeguarding partners and providers may want to make use of the additional flexibility that the secondary legislation amendments provide include:

- where staff shortages, due to sickness or other reasons, make it difficult or impossible to meet the original requirements
- where making use of flexibilities to take a different approach is the most sensible, risk-based response in light of other demands and pressures on services; this might involve focussing services on those most at risk
- where there is a consequential reason to make use of flexibilities, for example due to limited capacity in other providers or partners making it difficult or impossible to comply with the original requirements

The overarching approach to making use of these legislative flexibilities should be approved at chief officer level in local authorities, and top tier management level in other services and providers. Where it becomes necessary to utilise any of these flexibilities, it is important that this is properly recorded, along with the reasons for doing so. Each local authority should set out the local circumstances that have given rise to the need to use the flexibilities they have been afforded.

We expect the regulator/inspector of services, Ofsted, to take note of any use of these flexibilities, so providers should be ready to explain why their use was necessary. This should be available to share with Ofsted, and others such as Independent Reviewing Officers, as appropriate. The records may be used for Ofsted's annual engagement meetings as well as subsequent inspection activity. Ofsted will review the relevant records if they receive any complaints or concerns or whistleblowing.

The difficult and complex decisions that need to be taken during this period should be made in the spirit of the following principles:

- child-centred – promoting 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 help is identified
- risk-based – prioritising support and resources for children at greatest risk
- family focussed – 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

Many authorities have told us their children’s social care services are risk-assessing and then reviewing the circumstances of every family they are currently working with, ensuring that those at highest risk are visited the most frequently.

Coronavirus (COVID-19) is causing great social and economic upheaval and the social circumstances of many families are changing. Local authorities should work closely with partners to ensure that vulnerable children are effectively safeguarded at this time. It is particularly important that all authorities have arrangements in place to ensure proper scrutiny of the safety and well-being of children.

Government is working to provide as much support as possible to local government at this time. This includes more than £3.2 billion of funding that has been announced for local authorities to meet extra demand and costs arising from coronavirus (COVID-19), including within children’s social care.

Delivery of services

We want to support the effective delivery of all children’s social care services at this time, whilst always ensuring children’s safety is paramount.

Local leaders, statutory safeguarding partners, the social care workforce, and the wider children’s workforce understand the needs of the children in their area and have the skills and knowledge to make decisions in their best interests.

To help them deliver the vital services they provide, the government has designated social workers and other social care workers as critical workers in its guidance for maintaining education provision (<https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>). This means that their children are eligible for an education or childcare place despite settings being closed to most children. The Secretary of State for Education has also agreed with Ofsted that it will suspend routine inspections of children’s social care services. Ofsted will, however, continue to act as a regulator and inspect any service where there are concerns.

In response to coronavirus (COVID-19), the Home Office and the Disclosure and Barring Service (DBS) have put temporary arrangements in place, to provide standard and enhanced DBS checks and fast-track emergency checks of the adults’ and children’s Barred Lists, free-of-charge (<https://www.gov.uk/government/publications/covid-19-free-of-charge-dbs-applications-and-fast-track-barred-list-check-service>). This applies to the children’s social care workforce in England and Wales, being recruited in connection with the provision of care and treatment of coronavirus, or those being recruited to backfill roles because of the impact of the pandemic.

The Department for Education (DfE) has also taken steps to streamline contact with local authorities and minimise burdens on them while they are under additional pressure of coronavirus (COVID-19). We have consolidated those DfE teams that have regular contact with local authorities, including Ofsted, to enable us to co-ordinate our engagement with LAs more efficiently. We are continuing to provide support to local authorities through the use of advisers and commissioners.

Children's social care

How should local authorities prioritise activity under the current pressure?

Local authorities know the needs of their children and families best, and, in line with normal practice, will be able to make sensible, child-centred, risk-based judgements about where to focus their efforts. As outlined in *Working Together to Safeguard Children* (<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>), this approach means keeping the child in focus and working in partnership with them and their families. The principles set out above should guide local decision making in these circumstances.

Should social workers change how they visit children and families?

There should be no blanket changes to social work practice, but coronavirus (COVID-19) brings additional risk and complexity to social work practice and may necessitate some different ways of working which should always be risk-based.

We expect local authorities and social workers to make judgements about visiting which prioritises children's welfare as paramount, within the statutory framework, balancing:

- risks to children
- risks to families
- risks to the workforce

Social workers and their managers are best placed to make professional judgements of risks and protective factors in place and to decide what form of contact they need to maintain with children and families. Where face-to-face work is deemed necessary, practitioners should take account of Public Health England (PHE) advice on social distancing (<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>) and minimising the spread of infection. There are many ways to keep in touch with a child, young person or family without physical face-to-face contact and it is expected that these will be utilised appropriately and proportionately in response to the risk assessment undertaken for the child on a case by case basis. Visits should return to usual arrangements once the regulations expire.

Do children's social care staff need to use personal protective equipment (PPE) for coronavirus (COVID-19)?

Prior to undertaking a visit, the social worker, personal adviser or care worker should attempt to ascertain whether any member of the household is suffering from symptoms of coronavirus (COVID-19). Initial risk assessment (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7>), where possible should take place by telephone.

- Households reporting no coronavirus (COVID-19) symptoms:
 - social workers do not need PPE equipment, but should follow social distancing guidelines (<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>)
 - social workers should wash their hands before and after a visit
- Households reporting any coronavirus (COVID-19) symptoms:
 - social workers should wear PPE if the visit cannot be undertaken with social distancing in place

- Where unable to ascertain whether any member of the household is suffering from symptoms of coronavirus (COVID-19) prior to face to face contact, steps should be taken, where practical, to mitigate risk and these include but are not restricted to:
 - knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines (<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>)
 - taking PPE with you as a precautionary measure

Ultimately, where staff consider there is a risk to themselves or the individuals they are caring for, they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member and in line with Public Health England guidance (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7>).

What happens if families refuse entry to social workers, including if they are self-isolating?

Children and families may feel anxious about infection risks. Where this is the case and families are reluctant to engage with social workers, social workers should explain why it is essential that they have access to the home, or that they see and speak to the children, to ensure they are safe and well. This need not always be by means of a face-to-face visit, but it should be sufficient to reassure the social worker that the child is not currently at risk of harm and that their welfare is safeguarded.

It is also important to note that existing general duties on local authorities under section 17 of the Children Act 1989 in relation to safeguarding and promoting the welfare of children in need in their area remain unchanged. This is also the case for duties under section 47 of the same Act as regards investigating cases where the local authority has cause to suspect that a child is or is likely to suffer significant harm.

There may, of course, be other reasons why families may refuse access. Where they do, 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 Working Together to Safeguard Children (<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>).

Should local authorities be encouraging vulnerable children to attend their educational setting?

Educational settings remain open and safe for vulnerable children and young people. Being at an early years setting, school or college can be an important lifeline for many vulnerable children and young people, particularly where their needs cannot be met safely at home.

During the coronavirus (COVID-19) outbreak, for the purposes of continued attendance at educational settings, vulnerable children and young people are defined as those who:

- are assessed as being in need under section 17 of the Children Act 1989, including children who have a child in need plan, a child protection plan or who are a looked-after child
- have an education, health and care (EHC) plan whose needs cannot be met safely in the home environment

- have been assessed as otherwise vulnerable by educational providers or local authorities (including children's social care services), and who are therefore in need of continued education provision - this might include:
 - children on the edge of receiving support from children's social care services,
 - adopted children,
 - those who are young carers
 - children and young people living in temporary accommodation
 - others at the provider and local authority discretion

There is an expectation that vulnerable children and young people will continue to attend educational provision, where it is appropriate for them to do so. Further details can be found in our supporting

vulnerable children and young people during the coronavirus (COVID-19) outbreak
(<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>).

We appreciate that decisions on attendance will likely be based on finely balanced discussions between the education provider, the parent/carer, and others, including social workers, local authorities, and other relevant professionals where applicable.

Providers should make judgements with these partners about whether it is beneficial and appropriate for children and young people to continue to attend educational settings. In doing so they may need to consider the balance of risk, including health vulnerabilities, family circumstances and the child or young person's assessed special educational needs.

In circumstances where a parent does not want to bring their child to an educational setting, and their child is considered vulnerable, the social worker (where appropriate) and educational setting should explore the reasons for this directly with the parent.

Where parents are concerned about the risk of the child contracting the virus, the school or social worker should talk through these concerns with the parent following the advice set out by Public Health England (<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>). Educational settings should notify the child's social worker (where relevant) where the child does not take up their place.

Education providers, social workers, local authorities and other professionals will want to work together to ensure adequate and appropriate arrangements are in place to keep in touch with vulnerable children and young people (whether they are attending provision, or not attending for an agreed or non-agreed reason), such as by phone, visit or letter.

Should local authorities continue to meet the statutory timeframes for representations and complaints procedures?

Local authorities must continue to follow the statutory procedure when considering representations made to them about the services they provide to children and young people.

In order to provide more flexibility to complainants and local authorities during this period, we have made amendments to the statutory timeframes of some regulations

(<http://www.legislation.gov.uk/ukxi/2020/445/contents/made>) in The Children Act 1989 Representations Procedure (England) Regulations 2006. These amendments provide greater flexibility for complainants and local authorities around the complainants' right to request a review panel where they are dissatisfied

with a local authority's response. Requests must be made within the statutory timeframe of 20 working days, or as soon as is reasonably practicable. The amendments also provide greater flexibility by allowing:

- local authorities to convene a review panel within the statutory timeframe of 30 working days, or as soon as is reasonably practicable
- review panels to send their report to local authorities within the statutory timeframe of 5 working days, or as soon as is reasonably practicable
- local authorities, together with an independent person, to consider the review panel's recommendations, determine next steps and to send their response to the complainant. These steps must be taken within the statutory timeframe of 15 working days, or as soon as is reasonably practicable

Are local authorities required to provide advocacy support for looked after children?

The ongoing provision of advocacy for looked-after children is of absolute importance at present and, as such, local authority duties to provide it remain unchanged. In addition, the DfE funded Always Heard (<https://coramvoice.org.uk/for-professionals/always-heard-the-national-advocacy-helpline-and-safety-net-for-england/>) safety net service continues to be fully operational and can be contacted at 0808 800 5792 and the Children's Commissioner's Help at Hand (<https://www.childrenscommissioner.gov.uk/help-at-hand/>) service is also available on 0800 528 0731.

What support should local authorities be providing to children who have a social worker?

Safeguarding and promoting the welfare of children remains of paramount importance. For many parents, carers and children, access to support, including the services offered by other safeguarding partners, educational settings or the third sector, can be invaluable in helping to keep children safe and families supported. Multi-agency support should continue, with appropriate flexibility in how this is delivered, for example, via telephone or online support rather than face-to-face meetings, where it is risk-assessed as safe to do so.

Local authorities should be conscious of reduced protective factors from abuse and neglect available to children and families and increased stressors as a result of coronavirus (COVID-19), and work with local safeguarding partners to ensure continuity and consistency of support.

Should multi-agency child protection conferences go ahead?

Local authorities, local safeguarding partners and regulated services are working incredibly hard to deliver their statutory duties in ways that are consistent with social distancing requirements and restrictions on free movement.

Multi-agency working is crucial to ensuring the protection of vulnerable children, and multi-agency child protection conferences should therefore go ahead, using video conferencing or conference calling solutions where appropriate. We welcome the commitment shown by local authorities and their partners in ensuring that vital information sharing and joint risk assessments continue to benefit children.

Child protection conferences and multi-agency front door assessments of referrals are particularly critical to protect vulnerable children. We recognise that there may be instances where multi-agency working will need to be done differently during this period, within the framework set out in law, and we encourage local authorities and safeguarding partners (including the police and health service) to make use of alternative technological solutions in the circumstances to ensure they are able to make timely decisions in the best interests of the child.

What barriers are there to sharing information where there are concerns about a child?

Practitioners will be aware of the importance of sharing information in a timely way, particularly in the current circumstances. Any practitioner working with a child can share relevant sensitive personal information lawfully, including without consent, if it is necessary for the exercise of functions imposed by legislation such as:

- safeguarding or promoting welfare
- in order to keep a child safe from harm
- to protect their physical, mental and emotional well-being

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (<https://www.gov.uk/data-protection>) do not prevent, or limit, the sharing of information by those with safeguarding or welfare duties towards children for the purposes of keeping children safe.

Practitioners are reminded that if they are concerned about a safeguarding data sharing matter, they are advised to seek advice from legal representatives where appropriate, from other practitioners, or from the information governance lead, in line with guidance on information sharing for practitioners providing safeguarding services (<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>).

Alternative provision (AP)

Is the expectation that all alternative provision (AP) schools and providers must remain open?

Local authorities are responsible for co-ordinating a response to the new arrangements. Working with education settings (including academies and the independent sector), they should use the critical worker list and the definition of vulnerable children to support schools and trusts to ensure that there is sufficiency of places for children of critical workers and vulnerable children.

We know that significant numbers of children in AP meet the definition of vulnerable – a high proportion of AP pupils have a social worker (children in need, those on child protection plans or those who are looked after by the local authority) and/or are children with EHC plans. Local authorities are responsible for monitoring demand and capacity. This may involve working with schools to provide places in alternative settings if necessary, and supporting residential special schools, alternative provision, and other special settings to remain open, wherever possible.

It may be helpful to refer to the guidance on supporting vulnerable children and young people during the coronavirus outbreak (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>).

What should happen to vulnerable children and young people if their provider is closed?

Where a setting is closed, the provider should notify the local authority/social worker that they are closing. They should work with the local authority to ensure that the vulnerable children and young people who normally attend can be found a place in another educational setting.

Child Safeguarding Practice Review Panel

Does the Child Safeguarding Practice Review Panel still need to be notified when there is a serious incident involving children and young people?

Yes.

Understanding any changes in the nature and complexity of serious incidents as a result of the current situation will be critical in how the government responds and reacts to support safeguarding partners.

The duty to provide a notification of all serious child safeguarding incidents within the current timescales (5 working days) remains with the local authority; however, statutory safeguarding partners should follow local protocols relating to the identification, notification and reviewing of all serious incidents.

We are ensuring that the online notification system remains active and available 24 hours a day.

Are safeguarding partnerships still required to undertake a rapid review and submit a report to the panel within 15 working days?

A rapid review continues to be a vital tool for learning from serious incidents locally and nationally. If the 15 day target for undertaking and reporting a rapid review is not achievable, for example because partners cannot be drawn together or other operational demands prevent this, our expectation is that local safeguarding partnerships should make decisions locally on how quickly they can undertake a rapid review in the current circumstances, and inform the panel of any delays at: mailbox.nationalreviewpanel@education.gov.uk.

We ask that the rapid review is expedited where there is a child death or serious injury in the context of abuse and neglect and coronavirus (COVID-19) is a strongly related factor, and where local safeguarding partners think other partnerships could learn from this in line with guidance on undertaking a rapid review in Child safeguarding practice review panel: practice guidance (<https://www.gov.uk/government/publications/child-safeguarding-practice-review-panel-practice-guidance>).

Do local Child Safeguarding Practice Reviews need to be initiated and published within 6 months?

The expectation remains that in-depth practice reviews should be completed within 6 months wherever possible.

We ask safeguarding partners and/or local authorities to inform us of any decisions about initiating and/or publishing a review at both the following email addresses:

- mailbox.cpod@education.gov.uk
- mailbox.NationalReviewPanel@education.gov.uk

Residential provision: children's homes, residential schools registered as children's homes, and foster care

How do I keep my young people and workforce in residential settings safe from coronavirus (COVID-19) and how do I mitigate the risk of it spreading?

Local authorities and providers can refer to guidance on residential care provision (<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision>) and guidance on isolation for residential settings (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>).

Providers should recognise that children may be feeling anxious as their normal routines are disrupted and they may have less or limited contact with their family, friends and people who are important to them.

Providers should also recognise the challenging conditions that staff are working under and support them to continue to deliver the most appropriate care that they can. This could, for example, include, if possible, reducing the number of hours staff work in one shift, or providing more time away from the home.

Providers should limit the number of unnecessary visitors to the home but should continue to carry out effective quality assurance checks and visits, to ensure that the care provided is safe and staff feel supported. Providers should consider whether any of this activity can be carried out remotely.

Staff should follow social distancing guidelines where feasible and possible. Where possible, staff should ensure that food and other essential items are delivered. Within the home, frequently touched surfaces, including bathrooms, toilets and kitchens should be cleaned more often, and everyone should carry out more frequent handwashing. Towels used for hand-drying should be regularly changed.

How can children's homes and residential setting staff get tested for coronavirus (COVID-19)?

Testing has now been expanded to include essential workers with symptoms and people who live with essential workers and have symptoms. A full list of essential workers is available at [List of essential workers and those prioritised for testing \(England only\)](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#essential-workers) (<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#essential-workers>). Full details on how to access testing in all nations and who is eligible can be found at [Coronavirus \(COVID-19\): getting tested](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested) (<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>).

Essential workers can book tests for themselves and their household via a new online portal on [GOV.UK/coronavirus](https://www.gov.uk/coronavirus) (<https://www.gov.uk/coronavirus>). This will make the process of getting an appointment quicker and easier, while reducing the burden on business. The online booking service applies to England and Scotland.

If you need further guidance and support on issues related to testing, please contact the Department for Health and Social Care (DHSC) at <mailto:opshub@dhsc.gov.uk>. Employees who have been referred for a test can seek assistance from the Coronavirus Testing Helpdesk on 0300 303 2713 for any technical issues related to their booking.

What steps should local authorities and providers take if they believe it is necessary to restrict a child's movement if they become symptomatic or are confirmed as having coronavirus (COVID-19)?

If it is suspected or confirmed that a young person in residential care has become infected with coronavirus (COVID-19), it may be necessary for them to self isolate.

Local authorities and providers should discuss the care planning arrangements to determine whether the child can be safely cared for at their home (the children's home), or whether alternative arrangements are required, for example a temporary move to alternative provision, or a move of other children who are well to an alternative temporary placement. In all cases, we would hope that this could be done with the co-operation of the young person and their understanding about the significant risk of spreading infection.

Stability for children is paramount at this time, and we encourage providers to prioritise this when making decisions about whether symptomatic children should be moved. We are clear that a temporary move to an alternative placement should only ever be considered as a last resort. However, we understand that there may be significant health concerns relating to a symptomatic child or to another child in the home.

As far as possible, arrangements for restrictions should be put in place with the consent of the young person and all professionals involved in the care of the young person are encouraged to explain how and why the temporary restrictions are being applied. The restrictions should last for no longer than is necessary and must be kept under careful and constant review.

Guidance for health and social care staff who are caring for, or treating, a person who lacks the relevant mental capacity, including in children's social care settings, can be found in the guidance for looking after people who lack mental capacity (<https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity>).

If the young person refuses to follow sensible public health guidance, as a last resort, advice can be sought from Public Health England on the possibility of imposing restrictions on an individual who is potentially infectious under the Coronavirus Act 2020. This gives Public Health Officers power to impose proportionate requirements (including screening and isolation) on any person suspected or confirmed to be infected with coronavirus (COVID-19).

If decision makers agree that there is no alternative and the proposed restrictions are necessary and proportionate, then contact should be made with local health protection teams.

Contact information can be found at Find your local health protection team in England (<https://www.gov.uk/health-protection-team>).

We have amended regulation 20 of the Children's Homes (England) Regulations 2015 (<http://www.legislation.gov.uk/id/uk/si/2020/445>) to provide that where it is agreed that restrictions on a child's movement amount to a deprivation of liberty, then this can be enforced temporarily where Public Health Officer powers under the Coronavirus Act 2020 (including a requirement for a person to remain in a specified place or to remain isolated) are being exercised. We would expect that any decisions relating to exercise of these powers must be recorded and carefully monitored, with the placing authority informed in accordance with the requirements to keep records in accordance with regulation 35(3) of the Children's Homes (England) Regulations 2015.

Advice to support LAs and providers managing isolation for individuals or groups, in the event that a child, young person or staff member either shows symptoms of COVID-19, or is confirmed as having the disease can be found in the guidance on isolation for residential educational settings

(<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>).

Does the amendment to regulation 20 cover cases where a young person is not symptomatic or confirmed as having coronavirus (COVID-19)?

The powers under the Coronavirus Act 2020 cannot not be used to generally enforce restrictions on movement that amount to a deprivation of liberty. In all other cases where it is determined through care planning discussions that restrictions of movement that mean a child is not free to leave a place and is under constant supervision which amounts to a deprivation of liberty, local authorities must apply for a court order.

What can we do to manage a young person's behaviour if they are not complying with social distancing guidelines?

We appreciate how difficult understanding and following social distancing guidelines can be for children. If a young person is not complying with social distancing guidelines, the response should be considered on a case by case basis. In the first instance, we would encourage staff who know these young people best, to continue to engage with them on this issue.

Where this starts to become a persistent problem for staff, they should include discussion with the placing authority to develop a plan to encourage the child to comply. Staff should try to deter children from leaving the home, other than for health reasons, permitted exercise, going to school/college or shopping for essential items. Providers should also support staff in finding alternative ways and/or incentives to encourage children to stay at home. Restraint should not be used to ensure children and young people comply with social distancing measures.

Staff in children's homes are allowed to restrain children as a last resort, as part of a multi-disciplinary agreed plan, and only if they think that by stopping them from going out of the home, this will prevent injury to themselves or others or serious damage to property (e.g. children who are at risk of exploitation/self-harm/harming others and this will put them at immediate risk, for example to sell drugs and/or be sexually exploited). Restraint should always be a last resort and staff should always seek to find other ways to engage with children.

Ofsted has published guidance about physical intervention and restrictions of liberty

(https://www.gov.uk/government/publications/positive-environments-where-children-can-flourish?utm_source=90d01f3c-2a3f-4206-bec2-0e291ba7d446&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate).

Are there any changes to the knowledge and skills requirements for staff delivering care in children's homes?

Regulation 6(3)(c) of the Children's Homes (England) Regulations 2015 has been amended. The amendment means that where non-NHS care is being provided to meet a specific health or developmental need, such as speech and language therapy, the requirement on the provider is to use reasonable endeavours to ensure it can still be delivered by a person with the skills and knowledge specified in the regulations. This amendment is in recognition that, during this period, providers may

experience difficulties in accessing specialist care staff and this flexibility allows for providers to use all reasonable endeavours to ensure this specialist care continues. Any such difficulty should be related to COVID-19 and we do not expect this to be used to accommodate more general staffing difficulties.

If the provider cannot arrange for the specific care to be delivered by someone with the appropriate skills, the provider should seek the support of the placing authority to secure an alternative wherever possible. In exceptional circumstances, the placing authority may need to consider reviewing whether the child continues in the placement or the necessity of continuing the specific care at this time. Providers must also continue to ensure that the care is approved and kept under review by the child's placing authority.

We are clear that at no time should staff be employed or used in the care of children without suitable skills or training. Regulation 32 of the same regulations sets out the requirement of the fitness of workers in children's homes. No amendments have been made to this regulation.

Are there any changes to the requirements for staff in children's homes to support young people with their education?

Regulation 8(2) of the same regulations has been amended so that the ways in which staff in children's homes ensure children make measurable progress towards achieving their educational potential enables them to "use reasonable endeavours".

Looked-after children and young people are expected to attend educational provision, unless their social worker decides that they are at less risk in their placement, for example, due to underlying health conditions.

However, we know that some vulnerable children, including those in children's homes, may not be attending school at this time. Staff should encourage children to engage in remote education, and continue to try and find alternative ways to engage children in their education and learning.

Are children's homes still required to facilitate face to face contact for families and friends on the premises?

Regulation 22(1) (contact and access to communications) of the Children's Homes (England) Regulations 2015, has been amended in relation to children meeting their parents, friends, and relatives. Normally, a children's home would be required to make sure that suitable facilities are provided within the children's home for such meetings. This may not be possible or practical in the current circumstances, but it is important that children are allowed to maintain contact with their families and people who are important to them. During this period, the regulations now provide for such private meetings to take place over the telephone, a video-link or via other electronic communication methods if it is not possible for such meetings to happen in person. We encourage providers to explore ways to achieve this sort of contact.

Face to face contact is still permitted, taking account of the social distancing guidelines, and children should be supported to manage this. Where it is necessary for safeguarding or welfare purposes to impose conditions, restrictions or prohibitions on a child's contact with family or friends this remains possible under regulation 22.

Is an independent person still required to visit children's homes on a monthly basis?

We have amended regulation 44 of the Children's Homes (England) Regulations 2015 to provide greater flexibility during this period. This amendment means that providers should use reasonable endeavours to ensure that an independent person visits the children's home at least once each month. The requirement to secure an independent visitor remains and is an important safeguarding measure, however, we accept that it may not be possible to arrange a visit as frequently as once per month during the pandemic. If unable to secure a monthly visit, providers must be able to demonstrate what reasonable efforts they have made to facilitate such a visit. Technology, such as video calling, could be used to enable remote visits where possible and appropriate. The regulation 44 activity should continue to cover the aspects set out in regulation, including speaking to children, as far as is reasonably practicable. Reports should still be sent to Ofsted irrespective of whether there was an on-site visit or a remote visit.

What should we do if one of our children's homes does not have enough members of staff to operate?

Local authorities and providers have been working closely with children's homes on continuity plans to ensure they can safely remain open and should remain in close contact.

You should continue to notify Ofsted if your home is going to close. Where you have an immediate or impending staffing shortage, which may lead to the closure of your home, you should discuss that as a matter of urgency with the relevant placing local authorities. You should also notify Ofsted, who may share this information with DfE.

With staff shortages and the requirement for symptomatic children to isolate, how can we ensure suitable placements for those children and young people who are entering the social care system and need a suitable fostering or residential place?

Local authorities should work collaboratively with each other or with private and voluntary sector providers to ensure that they have sufficient placements to meet demand. Ofsted is prioritising applications for registration of children's homes and requests to increase the approved number of places, where homes have restrictions on the number of children they can care for.

The government has announced more than £3.2 billion of un-ringfenced funding for local authorities to help them address pressures arising from coronavirus (COVID-19). This funding can be used to support children's social care to secure additional placements of all types should that be needed.

If placements in children's homes or foster care cannot be found, is it acceptable to use unregulated provision?

Local authorities will need to ensure that the accommodation provided to children meets their needs to the best of their ability given the current context. Placements in independent and semi-independent provision can be the right choice for some older children, acting as a stepping-stone to adult life but only where it remains in the best interests of the young person. Local authorities must continue to do all they can to safeguard and promote the welfare of looked-after children and must continue to ensure that the placement is safe and suitable for the individual child.

Any setting that accommodates and delivers care wholly or mainly for children, and meets the definition of a children's home set out in the Care Standards Act 2000, should be registered with Ofsted as a children's home.

What regulatory changes are being made for children who are placed out of area?

The 2010 Regulations always allowed foster placements out of area without nominated officer approval where the child was being placed with a connected person who had been temporarily approved as a local authority foster parent (under regulation 24) or with a foster carer who had been approved as a local authority foster carer by that particular local authority. In both of these scenarios, the local authority making the decision about the placement will have been involved in assessing the suitability of the foster carer (whether temporarily or otherwise).

The amendments to out of area placements simply reflect the extension of temporary approval under regulation 24 to non-connected persons. Non-connected persons must still be assessed in the same way as connected persons – from being assessed on suitability to care for the child (including the suitability of the proposed accommodation and other adults in the household) and also assessed against the criteria in Schedule 4 of the 2010 Regulation, which includes looking at medical history, family history, particulars of any criminal offences and the nature of their neighbourhood and resources in the community (amongst other requirements).

This means those individuals will be thoroughly assessed by the local authority, making the need for a further check by a nominated officer unnecessary and likely to cause further delays where it is in the child's best interests to be placed as soon as possible.

Unaccompanied asylum seeking children (UASC)

Where can symptomatic UASC self-isolate and what is being done to increase capacity for UASC self-isolation?

Where an unaccompanied asylum seeking child arrives in England and is symptomatic of coronavirus (COVID-19), the local authority receiving them will need to take steps to ensure that they are placed in suitable accommodation in isolation from other people, in line with PHE self-isolation guidance for households with possible coronavirus infection (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>).

We encourage local authorities to engage with their existing service providers to find suitable premises and staff to enable the self-isolation. We recognise that if this is required for significant numbers of UASC, it will put some local authorities under pressure. DfE has consulted a range of local authorities to understand what arrangements they are putting in place, and how we can best support them to deliver their statutory duties and protect these vulnerable children during these difficult times. We will continue to stay in contact with local authorities as the situation progresses. Local authorities can also now source accommodation through central government Crown Commercial Services, supported by Calder Conferences and Corporate Travel Management Limited (CTM). Both CTM and Calder Conferences provide 24/7 services and both aim to respond with options within 24 hours. Due to the nature of the requests Calder Conferences handle (large scale/block booking or exclusive use), they may occasionally require longer than 24 hours but they will inform the local authority if this is the case. Local authorities may refer to Crown Commercial Service guidance Finding temporary accommodation during COVID-19 (<https://www.crowncommercial.gov.uk/news/finding-temporary-accommodation-during-covid-19>) for details on how to use these services.

Who has legal responsibility for UASC in self-isolation accommodation?

As with any spontaneous arrival, the local authority that initially collects the child (for example, from the police station or from Border Force) should assess the child's needs as they would do in normal circumstances. The local authority must find suitable accommodation for the young person and if the child is accommodated for more than 24 hours by that local authority they will be responsible for the child as a 'looked-after child'. The child should be placed in suitable self-isolation accommodation if they are exhibiting symptoms.

Care leavers

How should local authorities meet their responsibilities to care leavers?

We recognise that care leavers are a particularly vulnerable group of young people. Coronavirus (COVID-19) heightens this, because care leavers may be financially vulnerable and at risk of increased levels of anxiety and isolation.

Local authorities must continue to meet their statutory responsibilities towards care leavers, such as providing personal advisers, or preparing and reviewing pathway plans. Personal advisers should proactively reach out to care leavers during the pandemic.

However, we understand that local authorities may have to adapt the way they support care leavers during this period. We encourage local authorities to support and protect young people in effective ways. As always, local authorities should carefully assess care leavers' needs and prioritise support to the most vulnerable.

The government has announced additional funding for local authorities to help them address pressures arising from coronavirus (COVID-19). We would encourage local authorities to utilise some of this funding to provide discretionary payments to care leavers to cover items such as food, utilities and rent during this period, if required.

Are personal advisers still expected and able to visit care leavers?

To minimise the need for face-to-face contact, we encourage personal advisers to keep in touch with young people through technology such as phone or video. However, face-to-face visits will still be necessary to provide the right help to some young people.

Personal advisers should carefully assess what is the right level and frequency of contact with each care leaver, taking into account each young person's particular circumstances and levels of vulnerability. They should always consider the individual wishes and feelings of care leavers. If it is not possible to provide the right level of support to a care leaver remotely, personal advisers and their manager should carefully assess the level of risk and prioritise cases where face-to-face contact is unavoidable.

Where face-to-face work is necessary, personal advisers should take account of Public Health England (PHE) advice on social distancing (<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>) and minimising the spread of infection to protect themselves and the care leavers they are visiting.

Should children in care and care leavers continue to move into independent living when they turn 18? Can care leavers still be moved between different accommodation settings if necessary?

Young people who have left care, or are just about to, are especially vulnerable right now. All decisions about their future should be carefully considered in the light of the pandemic. In particular, we expect local authorities to take account of coronavirus (COVID-19) when making decisions about leaving care, and to ensure that no one has to leave care during this period if it is not in their best interests. The same principle should apply to young people who are in Staying Put arrangements.

While young people will still be able to move out of care into suitable accommodation, this should only happen if it can be clearly demonstrated that such a move is right for that young person and in accordance with their wishes.

What are you doing to ensure care leavers don't experience loneliness and isolation during this period?

We have set out a new offer of devices and connectivity for children and young people, and published guidance on technology support for children and schools during coronavirus (COVID-19) (<https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-covid-19>). Many care leavers are at increased risk of isolation. They are therefore eligible for laptops, tablets and 4G hotspot devices for internet access as they need access to reliable technology that can help them keep in touch with people who are important to them and gain access to online support services.

Mental health of looked-after children

What support is available to promote the mental health of looked-after children?

Local authorities as corporate parents have a duty to safeguard and promote the welfare of the children they look after including their physical, emotional and mental health. Local authorities and their health partners must work together during this time to ensure that the health needs of looked-after children continue to be met. There will be particular issues arising from coronavirus (COVID-19) that will affect looked-after children e.g. changes to contact with birth families. Local authorities should be alert to these issues and the impact they may have on looked-after children's mental health and wellbeing. Local authorities should continue to encourage looked-after children to speak to their social worker, carer or other trusted adult e.g. their advocate about how they are feeling and any mental health and wellbeing needs they have so that they can ensure they get the help and support they need.

Social workers may also want to make carers aware of Public Health England's general guidance for parents and carers on supporting children and young people during the coronavirus outbreak (<https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak>.) and NHS England's general guidance on looking after children and young people during the coronavirus outbreak (<https://www.nhs.uk/oneyou/every-mind-matters/looking-after-children-and-young-people-during-coronavirus-covid-19-outbreak/>). Both sets of guidance also contain helplines and websites which children and young people can access directly, including for anonymous support. Additionally, Become has a dedicated Care Advice Line (<https://becomecharity.org.uk/for-young-people/care-advice-line/coronavirus-advice/>) for looked-after children and care leavers.

More generally, we recognise that the outbreak of coronavirus (COVID-19), and the measures taken to respond to it, will inevitably have a significant impact on both demand for and capacity to deliver support for people with mental health needs, a learning disability, or autism, especially for community and crisis mental health services for children and young people, adults and older adults. Mental health continues to be a priority for the NHS and the NHS remains open to support everyone. NHS mental health services, including those for children and young people are considering increasing use of digital, non-face to face assessment and treatment where possible. NHS England and Improvement has asked all mental health trusts to review advice lines to ensure that 24/7 advice is available to people of all ages, including children and young people, through a single point of access. NHS England and Improvement has published guidance for services on mental health, learning disabilities and autism (<https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/mental-health/>).

Courts

What is happening with the courts during this coronavirus (COVID-19) outbreak?

We are working hard across government and with the judiciary to make sure that the family justice system continues to operate during this unprecedented time. The Family Courts have issued guidance on moving towards delivering remote hearings (<https://www.judiciary.uk/coronavirus-covid-19-advice-and-guidance/>).

What about court orders related to contact for children in care?

We expect that contact between children in care and their birth relatives will continue. It is essential for children and families to remain in touch at this difficult time, and for many children, the consequences of not seeing relatives would be traumatising.

Contact arrangements should therefore be assessed on a case by case basis taking into account a range of factors, including the government's social distancing guidance and the needs of the child. Where it may not be possible, or appropriate, for the usual face-to-face contact to happen at this time and keeping in touch will, for the most part, need to take place virtually. Where face-to-face contact is not possible, we would encourage social workers and other professionals to reassure children that this position is temporary and will be reviewed as soon as it is possible to do so.

We expect the spirit of any court-ordered contact in relation to children in care to be maintained and will look to social workers to determine how best to support those valuable family interactions based on the circumstances of each case.

Fostering

What happens to foster children if foster carers are self-isolating or become ill?

We recognise the importance of maintaining a permanent stable setting for children wherever possible. In most cases, we expect that children will continue living with their foster carers, observing government guidance on self-isolation and social distancing. In circumstances where this is not possible, we have

amended the regulations to help fostering services identify alternative short-term placements such as extending temporary approvals to non-connected persons and extending the time a child can stay in an emergency placement.

Foster carers are able to request personal protective equipment (PPE) from their fostering service provider, if needed. Symptomatic foster carers are also entitled to testing for coronavirus (COVID-19).

If a foster carer is in a vulnerable health group, should the foster child continue to attend their educational setting?

Educational settings remain open and safe for vulnerable children and young people and being at an early years setting, school or college can be an important lifeline for many of them.

Looked-after children and young people are expected to attend provision, unless their social worker, together with parents or carers where appropriate, are of the view that they are at less risk at home or in their placement, for example, due to underlying health conditions.

We appreciate that decisions on attendance will likely be based on finely balanced discussions between the education provider, the foster carer, and others, including parents where appropriate, social workers, local authorities, and other relevant professionals where applicable.

Providers should make judgments with these people/partners about whether it is beneficial and appropriate for children and young people to continue to attend educational settings. In doing so they may need to consider the balance of risk, including health vulnerabilities, family circumstances and the child or young person's assessed special educational needs.

What if there are not enough foster carers to care for additional children or provide respite for other foster carers who have become ill?

To help unlock capacity and build flexibility in the system during this period, we have made amendments to the Care Planning, Placement and Case Review (England) Regulations 2010 to amend the time restrictions around short breaks and emergency placements. This means that a short break placement with foster carers can last up to 75 days within a 12 month period, – we have removed the restriction on each short break placement being no more than 17 days. We continue to expect fostering services to prioritise placing a child with someone whom they already know first, if possible. Approvals for temporary foster carers have been extended to non-connected persons and placements can now last up to 24 weeks. This can be used whilst formal foster carer assessment and approval is undertaken, an alternative placement is found or they return to their usual home. These changes have been made to make it easier to identify potential placements, particularly in emergency situations, and to minimise unnecessary instability for children in foster care. The overarching principles of making children centred decisions that are in children's best interests remain.

We might need to recruit and approve more foster carers in the short term. What has been done to change the regulations related to fostering panels and assessments?

We recognise that fostering services may want to bring in more emergency foster carers to help build capacity within their services in case of additional demand during this period. We would encourage them to do this. Whilst they will want to ensure that assessments and approvals are thorough and comply with regulations, we do not want these to be unnecessarily delayed. There is already sufficient flexibility for

fostering services to convene remote panels. In order to help speed up the process in light of increasing demand and where places are required more urgently, the Fostering Services (England) Regulations 2011 have been amended to minimise any delays. It is now optional to refer applications for potential foster carers, ongoing suitability assessments of existing foster carers and any cases where a foster carer is not deemed suitable to a fostering panel for a recommendation. In cases where panel meetings are conducted, the number of people required to be part of the panel meeting has been reduced to allow for likely staff shortages during this time. Where panels are used, they must consist of at least three members – a chair or vice chair, a social worker with at least three years' relevant post-qualifying experience and one independent member. Panels can be conducted remotely and there are examples from around the country of this happening. We would still expect a panel to be convened (making use of remote meetings and the flexibility provided around panel numbers) but where a panel cannot be convened approval can take place without a panel. We would not expect this to be the norm.

Further amendments have been made so that foster carers can be assessed and approved without unnecessary delay. Regulation 26 of the same regulations has been amended so that the fostering service provider does not need to wait for health information or DBS (criminal record) checks to be completed in order to continue with their assessment of suitability of the prospective foster carer and their household. The requirement for health information to be provided by prospective foster carers has not been removed altogether, but the requirement for it to be supported by a medical report has been. This allows fostering service providers to accept self-reported medical information. We expect fostering service providers to continue to seek formal medical reports as soon as reasonably practicable. These changes clarify that the assessment process can continue to the second stage whilst awaiting medical information and DBS (criminal record) checks. . Before making a final decision approving a person as suitable to foster, the fostering service will still need to have the medical information and DBS checks, along with the other information specified in Schedule 3 of the regulations.

Some fostering services will want to continue to complete home visits prior to approving new fostering households. In such cases, they should undertake a full risk assessment and discuss a visit with the prospective carer, ensuring the necessary precautions are taken to reduce the risks to the household and the social worker.

Can we change the number of children that a foster household can care for?

Foster carer approval terms, including age range and number of placements, may need to be flexible in the current circumstances. Schedule 7 to the Children Act 1989 currently allows for some flexibility in placing multiple children together by allowing local authorities to grant exemptions to the usual fostering limit in specific placements (explained further in the Fostering services: assessment and approval of foster carers (<https://www.gov.uk/government/publications/fostering-services-assessment-and-approval-of-foster-carers>) which extends this provision to all regulated fostering service providers). Schedule 7 also allows the usual fostering limit to be exceeded if the children concerned are all siblings.

Where fostering services are concerned about capacity, they could start identifying potential fostering households that may be able to accommodate additional children. As part of their contingency planning, they may wish to consider where it would be appropriate for some children (e.g. siblings) to share bedrooms to open up additional capacity. They will need to have thorough, sensitive conversations with foster families and children as part of this planning. No foster carers should be expected to look after additional children without proper discussion and appropriate support. However, many will want to offer

help and these families should be enabled to do so. Fostering services could also consider whether foster carers who have recently stopped fostering as a result of personal or environmental factors, such as work pressures or retirement, could come back into the service temporarily, as long as they are not in high risk or vulnerable health groups.

How are you making it easier to move a child into a fostering placement in an emergency?

We have made amendments to The Care Planning, Placement and Case Review (England) Regulations 2010 to ensure that children are moved quickly into safe placements. In cases where it is not possible to prepare a placement plan before the child is placed, we have removed the requirement for a formal placement plan to be prepared within 5 days from the start of the placement. Local authorities should still make every effort to agree a placement plan before the child is placed. Where this is not possible, local authorities must now prepare the placement plan as soon as reasonably practicable from the start of the placement. The local authority must be satisfied that it is the appropriate placement for the child and, that it will safeguard and promote their welfare. They must also be satisfied that the child's wishes and feelings have been ascertained and given due consideration, and that the Independent Reviewing Officer (IRO) has been informed.

It is essential that any information that the foster carer(s) need to provide safe care to the child is available to them at the start of the placement.

What if we are unable to complete reviews and visits within the time set out in regulations because of potential staff shortages, illness and reduced resources?

We continue to expect local authorities to conduct visits and regular reviews of children's care plans. We know there are examples of good practice emerging that mean these are continuing to happen to timescale and in line with social distancing guidelines, including virtually. However, we recognise that some additional flexibility may be needed in the light of staff shortages and reduced resources due to coronavirus (COVID-19).

We have therefore made the following amendments to the Care Planning, Placement and Case Review (England) Regulations 2010 (<http://www.legislation.gov.uk/uksi/2020/445/contents/made>):

- Regulation 28 has been amended to allow visits from the child's responsible authority to be conducted as soon as reasonably practicable where these visits cannot be made within the defined timescales. It has also been amended to allow these visits to be conducted by telephone, video-link or other electronic means.
- The responsible authority is still required to review the child's case within 20 working days of the date on which the child becomes looked after and to carry out the second review not more than three months after the first. For third and subsequent reviews, regulation 33 has been amended to allow these reviews to be carried out when reasonably practicable.

A review must still be carried out if any of the criteria for a review in regulation 33(3) of the same Regulations are met for example if a child has been persistently absent from a placement or the IRO or in certain circumstances where the child requests a review.

We have also amended regulation 28 of the Fostering Services (England) Regulations 2011 to provide flexibility in the timescales for reviews of approval for foster carers.. The amendment means a review of approval must take place within a year of the approval where this is now reasonably practicable, and thereafter whenever considered necessary (removing the requirement for these to be done at yearly intervals).

What additional funding is being made available to support foster families during this time?

The government has announced more than £3.2 billion of additional funding for local authorities to help address pressures arising from coronavirus (COVID-19), including to support adults' and children's social care.

The Department for Education has announced a national scheme to provide supermarket vouchers to the families of children who receive benefits-related free school meals. The vouchers, worth £15 a week, cover the cost of meals while schools are shut due to coronavirus (COVID-19). Depending on their individual circumstances, some foster parents will be eligible for the scheme.

The government has also announced the provision of free IT devices and equipment for children who do not currently have internet access, including children living with foster carers.

We are continuing to work with fostering services and sector organisations to better understand the specific challenges that foster carers are facing in order to ensure that the right level of support is put in place and to identify what other support might help foster families in the current time.

Have you made any changes to the regulations on private fostering?

We have amended some of the timeframes to the Children (Private Arrangements for Fostering) Regulations 2005 to provide more time for visits to take place during the coronavirus (COVID-19) pandemic period. Under these regulations, initial visits to planned or existing private fostering arrangements must take place within 7 days of the local authority learning of such arrangements. These regulations have been amended so that the visit takes place within 7 days or as soon as reasonably practicable, to allow for flexibility where it is not possible to conduct the visit within 7 days. Similarly, we are allowing for flexibility in the maximum interval between visits during the pandemic period – currently every 6 weeks in the first year, and every 12 weeks thereafter. Local authorities should keep clear records to capture the reasons for not being able to comply with the usual time limits.

Adoption

Should we stop all introductory meetings for children with new adopted parents?

Whilst we understand that these will be challenging in current circumstances, we are not proposing a blanket ban. There needs to be a case by case, risk-based decision about what is right in the circumstances.

Adoption agencies should consider utilising communication technology to continue with the adoption process.

We accept that for some children introductory meetings may have to be postponed, and that other ways may need to be found to prioritise permanent placements for children in line with their best interests.

Can we move to stage 2 of the adopter assessment process without having completed the health assessment or having disclosure and barring service (DBS) clearance?

We expect adoption agencies to take a common sense, risk-based approach during this unprecedented period. If prospective adopters would like to proceed to stage 2 and local authorities are happy to proceed without the health assessment and/or DBS clearance, they should do so as long as these checks are completed before the end of stage 2.

Currently adopters who are turned down in stage 1 because of DBS check or the health assessment cannot apply to the Independent Review Mechanism (IRM). Prospective adopters will still not be able to access the Independent Review Mechanism (IRM) if the reasons they are determined not suitable to adopt are linked to either their health assessment or their DBS check.

Do the two stages of the adoption assessment and approval process still have to be completed within six months?

We want assessments of prospective adopters to continue to be progressed as efficiently as possible. However, during this unprecedented period we recognise that some aspects of the assessment and approval process will be more challenging. In light of this, we have amended the requirement to complete stage 1 within two months and stage 2 within four months, where it is not reasonably practicable to do so (regulations 27 and 30B of the Adoption Agencies Regulations 2005).

What if adopters need to take longer than 6 months between stage 1 and 2?

Currently, prospective adopters must notify their agency that they wish to proceed to stage 2 of the assessment process within six months of the agency decision at the end of stage 1. We recognise that the circumstances we find ourselves in may mean that prospective adopters need to take additional time; they may, for example, be recovering from illness themselves or supporting others during this difficult time. For that reason, we have suspended the requirement that they must notify their agency within 6 months of a stage 1 decision.

Must we continue to use adoption panels for matching and approvals?

We have removed the legal requirement to have an adoption panel (regulation 4). We have listened to the concerns raised by the sector about the challenges of bringing together panels for matching and approvals. We know that agencies are utilising technology and holding virtual panels and the feedback is that these are working well. We would encourage these to continue where possible. Our changes, however, offer agencies flexibility to reduce the quoracy of their panels or to use their Agency Decision Maker to approve matches and approvals and the Agency Adviser for quality assurance without first going to panel. This is intended to help agencies continue to approve adopters and matches, when they are unable to hold a full panel due to sickness or other reasons. Where panels are used, they must consist of at least three members – a chair or vice chair, a social worker and one independent member. Medical, legal or professional advice can be provided in writing. The requirement to hold a central list remains. A record should be kept of all decision making.

Are adopted children entitled to attend education?

Educational settings remain open and safe for vulnerable children and young people and being at an early years setting, school or college can be an important lifeline for many of them.

Providers have discretion – working with other partners where appropriate – to continue to offer education provision to children and young people who they deem to be vulnerable.

This could include adopted children or previously looked after children who have left care under special guardianship orders, child arrangement orders or wider kinship placements. The needs of some of these children will best be met by attending education and this may prevent the placement from breaking down. Local authorities and education providers should therefore consider sympathetically any such requests from adoptive parents and special guardian carers. These should be assessed on a case by case basis, taking into account the additional needs of many of these children and advice from local authority Virtual School Heads.

Can we place a child with foster carers who are also approved adopters (a section 22C(9B)(c) placement) without nominated officer approval? What about the placement plan?

The requirement of nominated officer approval before placing a child in a s22C(9B)(c) placement (often referred to as a fostering for adoption placement) has been removed. However, those making the placement decision in the absence of a nominated officer must:

- be satisfied that it is the most appropriate placement for the child and that it will safeguard and promote their welfare
- be satisfied that the child's wishes and feelings have been ascertained and given due consideration, and that the Independent Reviewing Officer (IRO) has been informed
- where their whereabouts are known, notify the child's parent or guardian of the proposed placement
- keep a record of all decision making

Every effort should be made to agree a placement plan before the child is placed. However, we recognise that it may not be possible to develop a full and detailed placement plan in the current circumstances. In recognition of that, we have removed the requirement for the placement plan to be prepared before the child is placed with foster carers who are also approved adopters. The placement plan must now be prepared as soon as reasonably practicable from the start of the placement. However, it is essential that any information that the foster carer(s) need to provide safe care to the child must be made available to them at the start of the placement.

What if we are unable to review the child's case because of social distancing restrictions or if the family are self-isolating?

We encourage agencies to consider ways to carry out reviews, using technology wherever possible to keep in touch with the child and family to ensure that the needs of the child are being met. In recognition of the current challenges, we have removed the requirement for adoption agencies to carry out a review when it is not reasonably practicable to do so. However, decisions about reviews should be based on individual circumstances and must take account of any safeguarding concerns. A record should be kept of all decision making.

Workforce

How can social workers who want to help return to frontline practice?

In collaboration with the Local Government Association (LGA) and Social Work England, we have launched the Social Work Together (<https://www.socialworkengland.org.uk/news/social-work-together/>) campaign to help local authorities and are working to help employers in need of additional social workers to get in touch with those who feel they can contribute. Social workers can register their interest via the Local Government Association website (<http://www.local.gov.uk/social-work-together>).

Social Work England has also written to all social workers who have left the profession in the last two years, setting out the process for re-registering and how they can help in these unprecedented times.

How can the quality of social workers returning to the profession be guaranteed?

Anyone who has had a fitness to practise case upheld will not be re-registered. Local authorities will be required to undertake their usual employment checks.

How can local authorities needing additional social workers get in contact with those wanting to return to frontline practice?

Local authorities can access the details of interested social workers through the LGA website local authority registration page (<https://www.jobtrain.co.uk/lga/displayjob.aspx?jobid=946>).

How should local authorities handle DBS checks for social workers returning to the profession?

Social workers, and others, brought in for coronavirus (COVID-19) purposes are eligible for free, fast-tracked DBS checks (<https://www.gov.uk/government/publications/covid-19-free-of-charge-dbs-applications-and-fast-track-barred-list-check-service>).

Are student social workers able to support local authorities during this time?

Students on placements make an important contribution to local social work services teams and are considered critical workers. We do not currently think the emergency registration of students, allowing them to take up social worker roles before they have completed their training, will be necessary but this will be kept under review. More guidance is available from Social Work England (<http://www.socialworkengland.org.uk/coronavirus/information-for-education-providers-and-social-work-students/>).

Has coronavirus (COVID-19) changed the approach taken by the social work regulator?

Social Work England has provided information on how it has responded to coronavirus (<https://www.socialworkengland.org.uk/coronavirus/information-for-social-workers>).

Ofsted

How are Ofsted and the Children and Family Court Advisory and Support Service (Cafcass) providing support for the coronavirus (COVID-19) response?

Government agencies are currently assessing priorities and recognise the challenges that local authorities may face during this time. If there is available capacity, social workers will be freed up in order to provide extra support on the front line.

Ofsted is working closely with the Department for Education to assess where local authorities need support or additional capacity to tackle issues arising from coronavirus (COVID-19). Where Ofsted staff are being deployed to local authorities it is to support frontline delivery. Ofsted staff will not be acting as inspectors in these circumstances.

Cafcass is continuing discussions about how to prioritise work in the family justice and local authority systems in order to ensure that the best interests of children are prioritised at all times.

What is happening with Ofsted inspections?

The Secretary of State for Education has agreed with Ofsted that it will suspend routine inspections of children's social care services and settings, and accordingly Her Majesty's Chief Inspector of Education The Children's Services and Skills (Fees and Frequency of Inspections) (Children's Homes etc.) Regulations 2015, which sets the minimum intervals for inspections, has been temporarily suspended. Urgent inspections where specific concerns have been raised will still go ahead, to ensure that children's safety is prioritised. These will take the format of a monitoring inspection focused on the issues raised and without an inspection judgement. Ofsted will also undertake regulatory work off-site wherever possible and may still take appropriate enforcement action. Further guidance is available in Ofsted's rolling coronavirus update (<https://www.gov.uk/guidance/ofsted-coronavirus-covid-19-rolling-update#regulatory-work>).

We have also amended the Education and Inspections Act 2006 (Inspection of Local Authorities) Regulations 2007 and the Children Act 2004 (Joint Area Reviews) Regulations 2015 that require local authorities to publish a written statement of the action they intend to take in light of the Ofsted inspection and joint area review reports. Previously, local authorities were required to publish these within 70 working days – now, the requirement is to publish within 70 working days “or as soon as reasonably practicable”.

Ofsted's regulatory role and work is continuing, and it has taken a range of actions to ensure that it is responding proportionately to the current context. Ofsted is providing regular updates to educational and children's social care settings and local authorities on its approach to key issues.

We are in discussion with Ofsted about how to monitor risk and fragility in the system in the absence of routine inspection.