Part of
Education, universities and childcare during coronavirus

Department for Education

Guidance

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

Updated 17 August 2021

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

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

- protective measures for out-of-school settings during the COVID-19 pandemic
- actions for early years and childcare providers during the COVID-19 pandemic

If you provide transport to respite services read transport to schools and other places of education.

Latest updates

Updated guidance on self-isolation.

Summary

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

It is for:

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

Separate guidance is available for:

- schools
- early years and childcare settings
- further education colleges and providers

Additional operational guidance is also available for special schools, special post-16 providers and alternative provision.

We use the terms "must" and "should" throughout the guidance. We use the term

"must" when the person in question is legally required to do something and "should" when the advice set out should be followed unless there is good reason not to.

Overview

The government will continue to manage the risk of serious illness from the spread of the virus. Step 4 marks a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's education and care - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for two doses by mid-September.

We have worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to revise this guidance.

Risk assessment

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

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

Tracing close contacts and isolation

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:

- they are fully vaccinated
- they are below the age of 18 years and 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.

Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

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

There is no requirement for fully vaccinated staff, children or young people under the age of 18 years 6 months, regardless of their vaccine status, to self-isolate whilst awaiting the results of the PCR test and individuals should attend education or childcare as usual.

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

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

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

Legislation and regulations

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

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

- section 22(3) of the Children Act 1989
- section 1 of the Adoption and Children Act 2002
- section 11 of the Children Act 2004

This guidance should be read with:

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

Temporary regulations

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

The flexibilities continue to:

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

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

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

These can be used when standard practice:

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

COVID-19

The approach to using these legislative flexibilities should include:

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

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

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

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

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

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

Testing for children's home staff and foster carers

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

From March 2021, staff working in open children's homes, and foster carers, were included within the definition of a 'related occupation'. These are roles that support children's education.

As a result, staff working in open children's homes and foster carers are asked to access asymptomatic testing twice a week:

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

Read the guidance on regular rapid COVID-19 tests if you do not have symptoms.

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

Lateral flow devices (LFD) are for testing asymptomatically only. If you are symptomatic, you should immediately self-isolate, following national guidance and book a PCR test.

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

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

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

There is no requirement for fully vaccinated staff, children or young people under the age of 18 years 6 months, regardless of their vaccine status, to self-isolate whilst awaiting the results of the PCR test and individuals should attend education or childcare as usual. They do not need to wear a face covering while on site.

Please also refer to Use of personal protective equipment (PPE) in education, childcare and children's social care.

Visitor testing

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

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

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

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

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

Risk management of visits

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

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

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

Action prior to receiving visitors

All visitors should be encouraged to access a test via the Universal testing offer or another relevant testing route.

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

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

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

Action to support birth family visits

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

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

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

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

Support for children

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

Local authorities should follow the statutory guidance on promoting the health and wellbeing of looked-after children and:

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

Social workers may want to make carers aware of the:

- guidance for parents and carers on supporting children and young people during the COVID-19 pandemic
- guidance on looking after children and young people during the COVID-19 pandemic

Other mental health resources for children and young people include:

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

Support for children who have a social worker

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

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

Local authorities should:

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

Visits and the use of virtual visits

Virtual visits by local authorities

The temporary regulations allow visits to a looked-after child, as required by the Care Planning, Placement and Case Review (England) Regulations 2010, to be carried out over:

- the telephone
- a video link
- other electronic communication methods

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

- any local or national restrictions
- self-isolation
- social distancing

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

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

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

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

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

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

Educational settings

Attendance

School attendance is mandatory for all pupils of compulsory school age and it is priority to ensure that as many children as possible regularly attend school.

Remote education

Any pupils or students not attending their setting because they are following public health advice should receive remote education. Full information regarding the expectations and duties on schools and colleges to provide remote education can be accessed at Get Help with Remote Education.

You should offer pastoral support to pupils who are:

- self-isolating
- vulnerable

Where pupils are not able to attend school, as they are following clinical or public health advice related to COVID-19, the absence will not be penalised.

Out of school settings

Elective home education

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

Most home educated children will have a positive learning experience. However, this is not the case for all, and elective home education (EHE) can mean some children are less visible to the services that are there to keep them safe and supported. You should consider whether a parent's decision to educate at home raises safeguarding concerns, particularly where the child is known to children's social care services. When possible, local authorities should work with schools and parents to make sure EHE is being provided in the best interests of the child.

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

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

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

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

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

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

Read the guidance for local authorities and schools about elective home education.

Fostering

Suitability assessments

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

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

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

Self-isolating or ill foster carers

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

If foster carers develop symptoms of COVID-19 the:

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

equipment (PPE)

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

Support for foster families

Read the guidance on Testing for care staff and carers for information on what testing is available.

Medical reports for foster carer assessment

The temporary regulations in place until 30 September 2021:

- allow fostering service providers to proceed with obtaining the information required under regulation 26(2)(a) of the Fostering Services (England) Regulations 2011 before they have medical reports
- do not remove the need for medical reports as they still must be obtained before the fostering agency can consider the suitability assessment of the prospective foster carer and their household

A final decision cannot be made without a medical report being considered as part of the suitability assessment.

You should:

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

You must record it when you use this flexibility.

Adoption

Suitability assessments

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

This means that:

- an adoption agency can decide if it refers the case to a panel for a recommendation on suitability
- a panel can still go ahead under reduced quoracy (not having enough members to carry out business and cast votes)
- an adoption agency can move to stage 2 of the process while still waiting for medical reports and DBS checks

Moving to stage 2 of adopter assessment process without medical reports

The temporary regulations:

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

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

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

You must record when you use this flexibility.

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

Residential provision

Keeping residential settings safe from COVID-19

Local authorities and providers should read the following guidance:

- The use of personal protective equipment (PPE) in education, childcare and children's social care settings
- NHS Test and Trace service in the workplace
- Testing for care staff and carers

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

- that disruption from COVID-19 may make children anxious
- that staff are still working under challenging conditions
- supporting staff by reducing the number of hours they work in one shift, or providing more time away from the home
- cleaning frequently touched surfaces, including bathrooms, toilets and kitchens more often
- encouraging frequent handwashing and changing hand towels regularly
- keeping homes well ventilated

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

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

Visits

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

Independent person visits are also allowed and should be:

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

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

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

If a person is showing symptoms of COVID-19 they can access a free PCR NHS test.

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

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

Local authorities and providers should:

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

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

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

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

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

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

If there is no alternative you should contact your local health protection team.

Residential family centres

Face-to-face contact in residential family centres

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

Virtual interviews should be:

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

You must record all uses of this flexibility

You should include reasons why a virtual interview was used.

Responsibilities to care leavers

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

- provide personal advisers
- prepare and review pathway plans

Local authorities should:

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

Personal advisers

Personal advisers should:

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

Independent living

As social distancing restrictions ease, local authorities will be increasingly confident about being able to move young people out of care safely. However, decisions about the future of young people who have left, or are about to leave, care should continue to:

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

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

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

Care leavers can be moved between different accommodation settings if:

- it is suitable, in light of the young person's needs and views
- the setting is safe, including in relation to COVID-19

Loneliness and isolation of care leavers

For loneliness and isolation support:

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

Unaccompanied asylum seeking children (UASC)

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

- try to find out which countries they have travelled from and through
- ensure that they are tested for COVID-19

- put them in suitable accommodation to self-isolate for 10 days, following the guidance on how to self-isolate when you travel to the UK
- be aware that it is the responsibility of the person who has custody or charge of a child to make sure the child self-isolates so far as is reasonably practicable

The local authority that initially collects the child should assess the child's needs as they would do in normal circumstances and if the child is accommodated for more than 24 hours by that local authority, they will be responsible for the child as a 'looked-after child'.

Local authorities can:

- use their existing accommodation service providers
- find temporary accommodation during COVID-19 through the Crown Commercial Service

Family law courts

Court orders

We expect:

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

Contact arrangements should:

- be assessed on a case-by-case basis
- Consider any temporary isolation requirements
- consider the needs of the child

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

Ofsted inspections

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

Read Ofsted: COVID-19 rolling update for the latest information on all Ofsted inspections.

Read Ofsted's guidance on social care common inspection framework and assurance visits.

Read Ofsted's framework for inspecting local authority services (ILACS).

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