

## Coronavirus (COVID-19): guidance for children's social care services 1<sup>st</sup> July 2020 - summary

A full guidance is available [here](#).

Amendments to the existing regulations (table) is available [here](#)

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, 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.

This guidance should be used to support children's social care services and providers to work with children and families during the coronavirus (COVID-19) 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 recognizes the approach that many local authorities and providers are already taking.

### Main changes to previous guidance

The guidance ([here](#)) has been updated to:

- clarify that all primary and most secondary legislation remains unchanged and that this guidance relates to the limited secondary legislative changes made to children's social care, as well as broader children's social care practice during the coronavirus (COVID-19) pandemic, which is not related to statutory changes
- clarify that we have made temporary and time-limited amendments to secondary legislation and that these should only be relied upon as set out in this guidance
- reflect the recent changes on social distancing and eligibility for, and access to, testing
- add sections on missing children, testing, technology initiatives and social care services for disabled children and young people and their families
- provide more information in the vulnerable children, alternative provision, residential provision and care leavers sections
- clarify the needs of the child must be the first consideration in the mental health of looked after children section
- revise the court section to provide further information
- provide further information in the fostering section and revised the question to look at what steps have been taken to ensure that children are found foster homes in an emergency
- revise the adoption section to provide clarity on panels as well as updating to reflect the easing of restrictions



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### **Duties in primary legislation are unchanged**

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 and section 11 of the Children Act 2004) remain in place and local authorities and other bodies must continue to comply with these duties. This guidance and the secondary legislative changes made on 24 April 2020 seek to respond to the challenging context that coronavirus (COVID-19) poses to the normal operation of services.

### **Amendments to regulations**

The amendments are temporary and they will expire on 25 September 2020. Where local authorities and providers have used the temporary flexibilities, we expect them to return to usual practice as soon as practicable.

The amendments made on 24 April 2020 are to regulations relating to:

- residential care
- local authorities
- private fostering
- care planning
- fostering and adoption

### **Principles**

Local authorities, local safeguarding partners and providers 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 the guidance.

The circumstances where local authorities, working with their 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 focusing services on those most at risk



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- 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 **where appropriate top tier management level in other services and providers.**

The use of any flexibilities in individual cases and the overall impact on an individual child must be considered as part of their overarching safeguarding and welfare duties towards that specific child.

Ofsted will take note of any use of these flexibilities, so providers should be ready to explain why their use was necessary, for what length of time and how any possible longer-term impacts were mitigated.

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

### Delivery of services

As social contact begins to increase, and in line with government advice, local authorities, providers and local safeguarding partners should consider how to create the best working environments for their teams whilst prioritising face- to- face contact with children where possible. It is important for employers to consider how to create and maintain a safe working environment for all staff and those they support, in particular those who are at increased risk.

The Secretary of State for Education agreed with Ofsted to suspend routine inspections of children's social care services. Ofsted is, however, continuing 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](#). This applies to the



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children's social care workforce in England and Wales, being recruited in connection with the provision of care and treatment of coronavirus (COVID-19), or those being recruited to backfill roles because of the impact of the pandemic.

### **Covid19 Testing**

Anyone in England and Wales who has symptoms of coronavirus (COVID-19), whatever their age, can now ask for a test through the [NHS website](#).

As essential workers, children's social care staff are prioritised over the tests available for the wider public through the NHS. We suggest staff continue to use the self-referral test booking route for essential workers when booking tests for themselves and their households.

If the person who has symptoms has a positive test result for coronavirus (COVID-19), the NHS test and trace service will ask them to share information about their close recent contacts. If they work in – or have recently visited or attended – a care setting or school for children with special needs, following NHS test and trace: workplace guidance, the contact tracing process will be escalated to local public health experts, who will liaise as necessary with the manager of the relevant setting.

**Please read** Testing related guidance which is available on our Resource Hub including: Coronavirus consent form for testing and refusal record, the Whole home testing position statement and NHS Test and Trace overview.

NHS antibody testing programme has commenced, and NHS and care home staff are being prioritised, this is available to staff who would like to be tested.

Clinicians will also be able to request the tests for patients in both hospital and social care settings if they think it's appropriate.

While the results of an antibody test will not allow people to make any changes to their behaviour, such as easing social distancing measures, there's clear value in knowing whether NHS and care workers and hospital patients and care home residents have had the virus, and in collecting data on the test results.

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

Educational settings have remained open and safe for vulnerable children and young people throughout this period. As schools open more widely, we expect educational providers and other relevant partners to work with and support the relevant families and pupils to return to school, where attendance is appropriate. 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.

Vulnerable children and young people for the purposes of continued attendance during the coronavirus (COVID-19) pandemic are those across all year groups who:

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- are assessed as being in need under section 17 of the Children Act 1989, including children and young people 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 and it is determined, following risk assessment, that their needs can be as safely or more safely met in the educational environment
- have been identified as otherwise vulnerable by educational providers, local authorities (including children's social care services) or other multi-agency partners (such as health care professionals, youth services and the police), and for whom attending early years, school or college would be protective and/or helpful at this time - this might include children and young people on the edge of receiving support from children's social care services, adopted children, those at risk of becoming NEET ('not in employment, education or training'), those living in temporary accommodation, those who are young carers, those who would benefit from attendance because of a mental health need and others at local-level discretion

The term 'all year groups' in this context for attendance purposes refers to children under 5 eligible for early years entitlements and children and young people aged 5 to 18 (or aged 5 to 25 for children and young people with an EHC plan).

Vulnerable children and young people's attendance is expected, where it is appropriate for them (that is, unless the child/household is shielding or clinically vulnerable, and/or following a risk assessment for children with an EHC plan) so that they can gain the educational and wellbeing benefits of attending.

A brief summary of attendance expectations across the different groups of vulnerable children and young people is as follows:

- for vulnerable children and young people who have a social worker, attendance is expected unless the child/household is shielding or clinically vulnerable (see the advice for [households with possible coronavirus \(COVID-19\) infection, and shielding and protecting people defined on medical grounds as clinically extremely vulnerable](#))
- for vulnerable children and young people who have an education health and care (EHC) plan, attendance is expected where it is determined, following a risk assessment, that their needs can be as safely or more safely met in the educational environment
- for vulnerable children and young people who are deemed otherwise vulnerable, at local-level discretion, attendance is expected unless the child/household is shielding or clinically vulnerable (see the advice for [households with possible coronavirus \(COVID-19\) infection, and shielding and protecting people defined on medical grounds as clinically extremely vulnerable](#)).

### Children missing



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Local authorities have a statutory duty under Section 47 of the Children Act 1989 to investigate if they have reasonable cause to suspect that a child in their area is suffering, or is likely to suffer, significant harm. This duty would apply to a missing child in their area, regardless of where they went missing from. This can be from home **or from a care setting if they are a looked-after child.**

### **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.

The online notification system remains active and available 24 hours a day.

### **What Ofsted means by a serious incident?**

**Please read/download** <https://www.gov.uk/guidance/what-ofsted-means-by-a-serious-incident>.

### **Children's homes, residential schools registered as children's homes, and foster care**

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.

**Please read** Caretech/Cambian visitors guidance for the visitors and services which will be available on the Resource Hub from the 3<sup>rd</sup> July.

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



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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.

### **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)?**

Anyone in England and Wales who has symptoms of coronavirus (COVID-19), whatever their age, can now [ask for a test](#) through the NHS website.

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

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

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 of 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.

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). Children and young people have the power to appeal the decision and should be given information about accessing advocacy support.



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We have amended [regulation 20 of the Children's Homes \(England\) Regulations 2015](#) 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 the 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.

### **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 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. Local authorities should always consider the least restrictive care and treatment arrangements and, if appropriate, arrangements should be altered so they no longer amount to a deprivation of liberty.

### **What can we do to manage a young person's behaviour if they are not complying with social distancing guidelines in residential provision (children's homes and foster care)?**

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 those who know these young people best, to continue to engage with them on this issue, including residential care staff, foster carers or social workers.

Where this is a persistent problem for those responsible for the child or young person, they should discuss with the child's responsible authority to develop a plan to encourage the child to comply. Providers should also support those who are caring for the child to find alternative ways and/or incentives to encourage children to comply with the overall restrictions in place at the time. Restraint should not be used to ensure children and young people comply with social distancing measures.

**Please read:** [guidance about physical intervention and restrictions of liberty](#).

### **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





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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 coronavirus (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.

The legislation and guidance 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, in discussion with healthcare professionals and parents or others involved in the child's life as appropriate, 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. A children's home is 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 that where meetings cannot



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take place face- to- face at the children's home, facilities should be made available to enable such private meetings to take place over the telephone, a video-link or via other electronic communication methods. We encourage providers to explore ways to achieve this sort of contact.

**Please read** Caretech/Cambian visitors guidance for the visitors and services which will be available on the Resource Hub from 3<sup>rd</sup> July.

### **Reg.44**

As measures ease, providers should actively consider when physical site visits are feasible or if these can be used in combination with some on-site and some off-site activity.

**Please read** Caretech/Cambian visitors guidance for the visitors and services which will be available on the Resource Hub from the 3<sup>rd</sup> July. NYAS face to face visit are planned to restart from w/c 6<sup>th</sup> July following appropriate risk assessment. Further information circulated on 3<sup>rd</sup> July.

### **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.

**If you have any concerns – speak to the Regional Manager/RI or MD for your service.**

### **In case of 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.

### **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. The statutory guidance on [promoting the health and wellbeing of looked-after children](#) sets out the duties and expectations for local authorities, clinical commissioning



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groups (CCGs) and NHS England in supporting the health of looked-after children, including children placed out of authority.

Where looked-after children are placed outside of their current CCG area during this time, arrangements should continue to be made through discussion between the 'originating CCG', those currently providing healthcare and new providers to ensure continuity of healthcare. CCGs should ensure that any changes in the healthcare provider do not disrupt the objective of providing high quality, timely care. The needs of the child should be the first consideration.

There will be particular issues arising from coronavirus (COVID-19) that will affect looked-after children, for example, 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 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 \(COVID-19\) pandemic](#) and NHS England's general [guidance on looking after children and young people during the coronavirus \(COVID-19\) pandemic](#). 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](#) for looked-after children and care leavers.