

# Coronavirus – general update (England)

## 1. General update

The Prime Minister has announced a [National lockdown: stay at home](#) in England and instructed people to stay at home to control the virus, protect the NHS and save lives.

More information about rules regarding England, Scotland and Wales at a glance can be found in the **National Lockdown guidance – 5<sup>th</sup> January 2021 internal update** available [here](#).

Find out what the rules are in [Scotland](#), [Wales](#) and [Northern Ireland](#).

## 2. Children’s services related guidance

**The following update has been provided based on the Coronavirus guidance for children’s social care services updated on the 7<sup>th</sup> January. The full document can be read [here](#).**

### Principles

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 a need for help is identified
- risk-based - prioritising support and resources for children at greatest risk
- family-focused - 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

### PPE equipment for children’s services social care settings

All services must read *Safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE) guidance* - [here](#). The services should continue ordering via PPE portal as previously agreed. If you have not received invitation to the portal, but you believe you are eligible to do so – please read [here](#) about how you can get help with using the portal.

**Face coverings in education** - information available [here](#).

**From 5<sup>th</sup> January 2021, all primary schools, secondary schools and colleges have moved to remote learning, except for the children of the key workers and vulnerable children.**

Schools are required to provide remote education for those learning at home.

Early years settings such as nurseries, alternative provision **and special schools remain open and vulnerable children** and children of critical workers can continue to use registered childcare, childminders and other childcare activities.

### Vulnerable children and young people attendance at educational setting

During the period of national lockdown, primary, secondary, alternative provision and special schools will remain open to vulnerable children and young people and the children of critical workers only (recognising that the characteristics of the cohorts in special schools and alternative provision will mean these settings continue to offer face to face provision for all pupils, where appropriate). All other pupils should receive remote education. Pupils who

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are self-isolating should not attend school. Clinically extremely vulnerable pupils are also advised not to attend school.

The definition of vulnerable children and young people includes children who have a social worker, an education, health and care (EHC) plan or who may be vulnerable for another reason at local discretion (“otherwise vulnerable”).

Schools are expected to allow and strongly encourage vulnerable children and young people to attend. Parents and carers of vulnerable children and young people are strongly encouraged to take up the place.

If vulnerable children and young people do not attend, schools should:

- work together with the local authority and social worker (where applicable) to follow up with the parent or carer to explore the reason for absence, discussing their concerns using supporting guidance considering the child’s circumstances and their best interests
- work together with the local authority, social worker (where applicable) and other relevant partners to encourage the child or young person to attend educational provision, particularly where the social worker agrees that the child or young person’s attendance would be appropriate

More information about granting a leave of absence to a vulnerable child, or what to do if a provider had to close or how to approach situation where GP or clinician has confirmed that the child/young person are still considered clinically extremely vulnerable can be found [here](#). The Risk Assessment for children and young people with an EHC plan is also covered within the same section.

More information about **Restricting attendance during the national lockdown: Guidance for all schools in England** can be found [here](#).

## Virtual visits – 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 or other electronic communication methods.

During periods of [national lockdown](#), the use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include in the event of local or national restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

This does not provide blanket cover for all such visits to be held virtually. **Wherever possible, visits should be held face-to-face.**

## Social worker visits

Visits should be face-to-face where possible and should be sufficient to meet the intended purpose of the visit whether that is safeguarding or promotion of the child’s welfare.

## Keeping residential settings safe from coronavirus

In considering how to keep residential settings safe from coronavirus (COVID-19) 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
- that staff are working under challenging conditions 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

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- the need to follow any 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

Effective quality assurance checks and visits should **continue to be carried out**, to ensure that the care provided is safe and staff feel supported. **Independent person visits under regulation 44 of the Children’s Homes (England) Regulations 2015 and face-to-face contact with families are still permitted and should still be prioritised.** The use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practical to have a face-to-face visit. Any activity carried out remotely should be recorded. Local authorities and providers can refer to:

- [safe working in education, childcare and children’s social care settings, including the use of personal protective equipment \(PPE\)](#)
- [NHS Test and Trace service in the workplace](#)

## Restricting a child’s movements if they become symptomatic or are confirmed as having coronavirus (COVID-19)

Anyone in England and Wales who has [symptoms of coronavirus \(COVID-19\)](#), 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.

If a child in a residential care home develops symptoms of coronavirus (COVID-19):

- staff can continue to enter and leave the home as required, but consistent staff rotas should be used where possible and staff should follow infection control procedures
- staff should wear [PPE for specific activities requiring close contact](#) - please be mindful that wearing a face covering may inhibit communication with people who rely on lip reading, facial expressions and clear sound
- staff should adhere to social distancing guidelines as far as they are able to, but should take account of children’s emotional needs

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.

## Restrictions on visitors and gatherings in residential settings

Children’s homes will usually be considered as ‘households’. There are no restrictions on members of the same household meeting together, all the children in the home would still be able to gather together alongside the adults working at the home.

Service approach to deciding what constitutes a household and who should self-isolate because they are part of this household will depend on the physical layout of the residential setting, considering who shares a kitchen or bathroom, bedrooms and staffing arrangements. You can seek advice from PHE’s local health protection teams if needed.

The [National lockdown: Stay at Home](#) guidance has introduced limits on people gathering indoors or outdoors. However, there are exceptions to enable people to meet, such as for work or the provision of voluntary or charitable services, if you cannot reasonably do so from home. **This means, for example, that social workers and independent visitors under regulation 44 of the Children’s Homes (England) Regulations 2015 can continue to visit children.**

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**The exceptions also allow for contact between parents and children where children do not live in the same household as both their parents, and for contact between siblings when they don't live together and one or more of them is a looked after child or a 16 or 17 year old care leaver.**

## Virtual visits - children's homes

The temporary regulations allow meetings taking place under regulation 22(1) of the Children's Homes (England) Regulations 2015 to take place over the telephone, a video link or other electronic means. Suitable facilities are to be made available within the children's home to enable such private meetings to take place.

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.

The use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include during national restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

All uses of this temporary flexibility must be recorded, for example in individual case records, and those records should include the reasons why a virtual visit was necessary. Services may also find it helpful to keep a separate collated record in which cases the flexibility has been used.

## 3. Testing

### Testing for children's social care workers

Education, childcare and children's social care settings and providers must ensure they understand the [NHS test and trace process](#) so that they know how to respond if anyone within the setting is suspected or confirmed to have coronavirus (COVID-19). They must also know how to contact their local [PHE health protection team](#), and do so as soon as they have a confirmed case or an overall rise in suspected cases.

Anyone who displays symptoms of coronavirus (COVID-19) should request a test. Tests can be booked on the [NHS testing and tracing for coronavirus website](#) or ordered by telephone via NHS 119.

Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Based on the advice from their local [PHE health protection team](#), settings must ask those people who have been in close contact with the person who has tested positive to self-isolate for 10 days since they were last in close contact with that person when they were infectious.

**Mass Asymptomatic Testing in schools and colleges** – DfE guidance [here](#).

**The DfE guidance covers:**

1. [Testing handbook](#)
2. [Report problems or request access to further resources](#)
3. [Specialist settings and pupils or students with SEND](#)
4. [Get daily updates or access to further testing guidance and materials](#)
5. [Contact](#)

Where special schools remain open for the vulnerable and key worker children, they continue mass asymptomatic testing.

**Testing in children's homes** – DfE guidance [here](#).

**The DfE guidance covers:**

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1. [Get test kits](#)
2. [Store test kits](#)
3. [Use test kits](#)
4. [Receive test results](#)
5. [Order more test kits](#)
6. [Usual testing options](#)
7. [Call NHS Test and Trace helpdesk](#)

## Testing – general population

To date, testing has focused on symptomatic testing, testing in areas with outbreaks and protecting those most at risk, for example in care homes with a focus on adults' services. Those efforts will continue but the use of testing is now being broadened to identify those showing no symptoms who can infect people unknowingly.

The Government has been working to validate new testing technologies, and there are now three main forms of test in addition to PCR which are available for deployment: lateral flow devices, LAMP (Loop Mediated Isothermal Amplification) and LamPORE. Lateral flow devices are already available at significant scale, and so are the focus of our near-term expansion of rapid testing.

You can check to see whether your LA is within an authority within an initial roll out here:

[List of local authorities receiving lateral flow tests from the Department of Health and Social Care](#)

**National roll out of Lateral Flow Tests – care homes, this is applicable to CQC registered homes.**

The Department of Health and Social Care is commencing the national roll-out of Lateral Flow Tests (LFT) to care homes – more information about the rollout, training, PPE for schedules visitors click [here](#).

## 4. Covid vaccination

There is a Covid vaccination policy and briefing document available to all staff on the Microsite.

## 5. Adults' Social Care related guidance

For more information about Adults Social Care including providing and receiving care is available [here](#). For any other specific guidance in relation to Adult's social care, please contact [Victoria.OMeara@caretech-uk.com](mailto:Victoria.OMeara@caretech-uk.com)

## 6. Internal guidance

The additional internal guidance is being regularly reviewed and updated on the Microsite and Resource Hub.