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**Putting the learning from Ofsted Assurance Visits into practice**

**Some prompts derived from the report to assist homes**

Ofsted COVID-19 series: briefing on children’s social care providers, October 2020

Evidence from assurance visits to social care providers and focused visits to local authorities between 8 September and 15 October

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933532/Social_care_COVID-19_briefing_October_2020.pdf>

Between8 September and 15 October Ofsted carried out 284 visits to social care providers of which 264 were to children’s homes.

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|  | Outstanding | Good | Requires Improvement to be Good | Inadequate | No previous grade | Total |
| Number of visits | 8 | 71 | 147 | 7 | 31 | 264 |

**Main findings**

* Better multi-agency working has often been a positive consequence of the pandemic, especially between education and LAs.
* Concerns about sufficiency, placement disruption and children entering care in an unplanned way have increased during COVID-19 (coronavirus) restrictions.
* Care leavers’ personal advisers have shown strong commitment to them throughout the pandemic.
* Pressures on the family courts significantly impacted LAs’ ability to issue care proceedings and to protect children. The backlog of public law cases has also made it harder to return children home or move them out of care.
* Contact between children and their families has largely been managed sensitively, in line with COVID-19 restrictions on a local and national level.
* Leaders did not always have a clear strategy to know which children known to social care should be attending school in person or to monitor attendance.
* There were differences in children’s and young people’s access to technology and therefore in their ability to engage in remote learning, access the job market or keep in touch with friends and family.
* Child and adolescent mental health services (CAMHS) often already did not have enough capacity to meet children’s needs, and this worsened during the pandemic.
* LAs appear to have made little use of the temporary flexibilities in the regulations.

**Overarching questions provided in the report**

It may be prudent to have particularly considered the following questions in the forthcoming Reg 44 and to undertake a detailed Reg 45 with a view to reviewing the Home Improvement Plan, action planned and SMART.

* 1. To what extent are all children safe and protected from harm?
* 2. To what extent are children in care well looked after?
* 3. How are leaders and managers exercising their responsibilities?
* 4. How financially sustainable are LAs, children’s homes and residential special schools?

**Children’s safety and well-being**

**Are children kept safe and protected from harm?**

**Help and protection for children at risk of harm**

* Are you able to evidence that any harm to children is being consistently identified?
* Have you evaluated of children are more settled than previous? What actions have enabled this to occur?
* What is the trend of the numbers of incidents and notifiable events? To what do you attribute this trend?
* How do you evidence you have high-quality risk assessment procedures?
* Have you reviewed risk assessments? Including the Suitability and Appropriateness of location assessment?
* If there have been incidents/events have you always responded in a timely and appropriate way? If there were issues with others responding what actions have you taken?
* How would you evaluate your preparedness to respond in a timely and appropriate way to any incident/event? What is the strength and resilience of your capacity and resources?
* How have you demonstrated you championing multiagency working?
* How would you evaluate the communications with external agencies especially social worker and IRO?
* How have you facilitated communication between children and social workers?
* How have you managed medical practitioner contact?
* How would you evaluate the contribution of online communication with schools, virtual schools, social workers, CAMHS, and others?
* Is there a greater inclusion, participation and collaboration regarding individual children and the home in general? What are the factors? If not, what actions have you taken?

**Keeping children safe**

* How have you communicated a change in circumstance or dynamic in the household? Have you had confirmation that you have responded appropriately?
* Is the level of social work contact being maintained and how are you evaluating it as appropriate to current needs and situation? If there is a shortfall how have you raised the issue and rectified it?
* How have you been reassessing contact arrangements and considering children’s wishes? How have you taken into your plans that children may be anxious about family welfare? How have you supported keeping up frequency? Have you been creative with contact e.g. weekly baking activity with family (page 8) or using outdoor spaces for contact?
* What do you think is the balance you have made between a focus on COVID-19 restriction and other harms, such as exploitation?
* ‘Some children in children’s homes experienced improved mental health and were reported to be happier’. Do you have examples of this in your home? To what do you attribute this being achieved?
* ‘Some staff identified that they had used this period to build better relationships with children’. Do you have examples of this in your home? How do you define ‘better’?
* If there are times when the restrictions have led to increased anxiety, self-harm, low mood and/or drug and alcohol misuse what actions have you taken?
* How have you supported contact with friends especially at school during closures?

***‘It could be difficult to balance children’s rights, safety and mental health proportionately in the exceptional circumstances of the pandemic. Although many homes managed this well, we saw some examples of children’s rights not being respected alongside their safety. For example, a child who went missing was told on their return by the registered manager to self-isolate. They had their clothing and possessions removed from their room and were told to take a COVID-19 test. These practices and the rationale for them were often not recorded and made the children feel powerless and restricted their liberty’***.

* How are you balancing children’s rights and restrictions? How can you evidence your actions are relevant and appropriate to the situation, and meet the regulations?

**Are children well cared for?**

* The greatest protection for children in everyday life attuned to the needs of the child.
* Look again at the care planning and identify and consider the adaptations made for children.
* Has there been regular contact with social worker? Has there been a consistent social worker with no changes? Has their focus been wellbeing? Has the child experienced their social worker understanding their current experiences? Have you involved the social worker in good decision-making?
* Have the child’s preferences about methods of communication been prioritised?
* Has more frequent contact assisted?
* Children and staff are spending more time together. Why have you provided the chosen activities? Make a list and display of the small and large activities.

***We saw more examples of staff moving into children’s homes to isolate with children when they displayed symptoms of COVID-19. This reflects the commitment of staff to the children they care for.***

**Listening to children**

* How do you involve children in decisions about their daily routines?
* Have you several examples? E.g. making personalised masks with the children

**Deciding where children live**

* Challenging behaviour is a communication that the child is feeling they are in a challenging environment
* How have you worked to support a placement in stressful times when it looked like it may breakdown? What was changed and what was the effect?
* If children have moved in or onwards have you supported prior information and visits?

**Promoting children’s educational needs**

* How have you supported the continued engagement with learning, school, and education generally? Have you received work from school, had lessons held online and regular phone calls from teachers? Have psychologists been in contact?

***Some children’s home managers had challenged schools on the decision not to offer children in-school education or on the amount of time the school offered direct virtual schooling, when they felt it was not in the child’s best interests.***

**How are leaders and managers exercising their responsibilities?**

**Leadership and management in children’s homes and residential special schools**

* Look at the regulations. Evaluate your L&M, and any adaptations
* To what extent do you evaluate other services have been as prepared or adapted as you have been?
* Give examples of how you have identified and managed hygiene and infection risks

**Staff training and supervision**

* How have you ensured staffing is adequate and that children have benefited from appropriate supervision?
* Has staff supervision been able to remain a priority?
* How have you supported Continuous Professional Development?
* Have you provided training on children’s trauma and anxiety?
* Do staff and children know the restrictions necessary? Are they doing as necessary?

***The pandemic has not had a detrimental effect on many homes’ ability to keep children safe and well cared for. However, a number of homes have not made, improvements that could have been made despite the restrictions. In some cases, the pandemic has exacerbated poor practice***.