

# COVID-19 series: briefing on children's social care providers, September 2020

Evidence from assurance visits to children's homes between 1 and 11 September

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Ofsted is carrying out a series of 'assurance visits' to children's social care providers as part of a phased return to routine inspection. The aim of these visits is to provide reassurance to parents, the public, commissioners and local authority social workers that children are safe and well cared for and that leaders and managers are exercising good leadership.

The visits follow existing principles for inspection. They result in a report that gives no graded judgement, but does include requirements or recommendations for improvement and highlights any serious or widespread concerns. These differ from our interim visits to schools, which are based on constructive dialogue and do not include any judgement or evaluation of the work of the school.

## Data summary

In this briefing, findings are based on assurance visits to children's homes under the social care common inspection framework (SCCIF) made between 1 and 11 September. This analysis covers visits to 70 homes, which we selected according to risk (this is 56% of the total number of visits we did in this period). In future briefings, we will also include findings based on assurance visits to different types of children's social care providers.

**Table: Total number of SCCIF assurance visits to children's homes analysed by previous Ofsted grade (number and % of visits analysed):**

	<b>Outstanding (% x)</b>	<b>Good (% x)</b>	<b>Requires improvement to be good (% x)</b>	<b>Inadequate (% x)</b>	<b>No previous grade* (% x)</b>
Children's homes	2 (3%)	15 (21%)	41 (59%)	5 (7%)	7 (10%)
National picture (at 31 March 2020)	360 (16%)	1,427 (64%)	403 (18%)	40 (2%)	N/A

\* A children's home with no previous grade is usually a new registration.

## Main findings

Overall, the assurance visits found that most children's homes had been managing the challenges of the COVID-19 (coronavirus) pandemic well. They had put suitable measures in place to ensure that children were safe and they remained aware of the possible impacts on children's emotional well-being. However, homes that were not managing well before the pandemic continued to struggle. Of the visits analysed, nine identified serious and widespread concerns.

- Inspectors were generally confident that children were safe and well cared for.
- Homes reported an increase in anxiety and frustration in children around COVID-19.
- Staff worked hard to make homes fun and provided activities to support learning.
- Staff helped children to maintain relationships with friends and families through messaging and video technology and worked with partners to ensure that specialist services continued.
- There was some evidence of less oversight in many homes, but much more evidence of strong leaders managing the challenges of the pandemic well.

## Methodological note

The evidence in this briefing is based on assurance visits to children's homes. Assurance visits lead to a concise narrative report, with no graded judgement.

The sample is large but not representative, with visits prioritised based on a risk assessment of each home, taking into account:

- the most recent inspection judgements
- the amount of time since the last inspection
- whether the home is newly registered and so has not yet been inspected
- any other information that we hold about a home.

The large number of children's homes considered high risk in the sample means that no general conclusions about children's homes should be drawn. We will be continuing these visits and reporting further in the coming months.

## Overarching questions

This briefing covers four broad questions about the experiences of children living in children's homes during the pandemic based on evidence from the visits:

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 children's homes?

## **Children's safety and well-being**

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

Staff play a key role in keeping children safe and protected from harm. COVID-19 has only served to reinforce the importance of this when children are at risk of infection or when other risks to their well-being have changed.

Leaders generally understood the risks associated with the pandemic well and were helping children to keep safe. Staff provided good support to children so that they understood that they needed to stay healthy by following social distancing rules and guidance. When children had specific needs or wishes, staff worked hard to accommodate those while keeping them safe. For example, one child was escorted to and from a visit with their boyfriend so that they could see him safely. Staff were careful to manage risks proportionately while remaining aware of children's emotional and social well-being. For example, a child vulnerable to COVID-19 was helped to return to school with a structured safety plan.

However, in some homes, staff did not always know what risks children might be exposed to. Poor record-keeping and communication between staff sometimes meant that workers did not have access to, or knowledge of, the most up-to-date information about the children in their care. For example, newer members of staff in one home were not trained to understand children's risk assessments, or how to keep individual children safe. In a minority of homes, a higher turnover of staff and less access to training during the pandemic exacerbated these problems.

### **Children's feelings of safety**

In most cases, staff understood the potential effect of being confined indoors on children's well-being and worked hard to support children. Good relationships with staff, in which they could talk about their concerns, helped children to feel safe. Children spoke of the supportive approach that staff took when they were angry or upset, for example noting that staff listened and helped them to calm down, or that staff were honest with them about risks (including those from the virus). This helped their understanding.

Feelings of safety were frequently identified in homes where children had structure and boundaries that were consistently enforced in a fair way. In these homes, children were able to say what the rules were and why they were in place. Staff had used different ways to help children understand the changing boundaries during the pandemic and how to keep themselves safe, for example by using 'social stories', which illustrate situations and problems and how people deal with them.

Several homes in our sample reported a decrease in physical interventions over the period and an increase in positive experiences. For one home, this meant that in response to a child who was at risk of harming themselves or others, the home arranged for staff to receive adapted physical-intervention training and support from a training provider.

Relationships between children in some homes during this period have been difficult, with occasional reports of bullying and conflict between children. Some children have also been struggling with restrictions and going missing. This was often connected to children not having their usual routines or being able to visit family and friends, or a lack of consistency in staffing levels as a result of self-isolation. Despite the restrictions due to COVID-19, most homes continued to maintain contact with children during missing episodes, to go out and look for them and to discuss with them their reasons for going missing. For one child, this meant exploring with them that restrictions were not directed at just them. There was some evidence that children sometimes felt happier and so were less likely to go missing from home.

When children did go missing, homes did not always report them as missing soon enough, which meant that children were not always safely inside when they should have been.

### **Are children well cared for?**

Staff in children's homes generally cared well for the children and ensured that their social, physical, emotional and mental health needs were met.

Staff had developed activities to keep children busy and happy, and children were encouraged to follow their individual interests and talents. Activities such as a 'prom party' to celebrate children's achievements and a 'Bake Off' competition helped children create happy memories during extended periods of isolation. In one home, these events had all been gathered together in a 'lockdown adventures' journal so that children will be able to look back on this time and remember the good aspects of it. Some activities focused on personal care (such as brushing their teeth), physical well-being (like playing rounders or going for walks), safety and awareness around social issues, and some led to children achieving training certificates and gaining skills that will prepare them for life after care, such as budgeting.

Children generally received care that met their individual needs, which staff understood well. Staff promoted children's health and well-being and children were generally able to access relevant health services and professional advice as necessary. For example, some children had seen health professionals for guidance on how to manage difficulties with sleeping and self-harm.

However, children were not always able to access the more specialist services they needed. This was sometimes because staff did not understand or prioritise their complex needs, and appointments were missed or delayed. Some staff did not know how to respond to incidents of self-harm. In some areas, a child and adolescent mental health services (CAMHS) policy of no face-to-face contact meant that psychologists and therapists were unable to visit children's homes. Although therapists often held sessions on video so that support was not interrupted, this method of engagement is not accessible or appropriate for all children. In one home, further support was provided by an on-site therapist, who monitored the impact of COVID-19 on the children's emotional health.

Some children experienced an improvement in their mental health during this period and had good engagement with mental health professionals. This may have been due to better relationships with staff and children in the home or reduced anxiety about school or other outside pressures.

However, for many children in care, COVID-19 restrictions meant an increase in low mood, phobias and anxiety. Our inspector survey results highlighted mental health as being in children's homes' top three concerns.<sup>1</sup>

## **Maintaining contact and caring relationships with children**

Relationships between children and staff in homes tended to be positive. In some cases, these had even improved during this period. Some staff commented that they had enjoyed the period as it had enabled them to spend more time with the children in the home. However, relationships were harder to form when children started working with social workers during the pandemic.

Staff helped children to remain in touch with their families and friends through messaging and video apps. In many cases, children had been able to see their families face to face, and staff helped children do this in a socially distanced way when necessary, for example by meeting outside in parks and gardens. Staff have ensured that children have been able to celebrate their birthdays with family and have held parties within the home.

## **The views of children**

The need for children to be involved in decisions about their lives has been reinforced by the pandemic, which has necessitated many changes to usual routines and expectations. In most cases, good relationships with children helped leaders and staff to talk to them, and seek and act on their views, especially about coping with restrictions. One home did this more formally by using a questionnaire.

Some homes had implemented changes in response to children's feedback, which had improved the lives of children during the pandemic. These changes included using the building better, such as to give children more areas in which to relax, like a sensory room and a snug.

However, there have been instances when children have expressed their views to staff, but these were not seriously considered nor acted on effectively. In one case, a child went missing to avoid school, despite consistently voicing their concerns about returning to school.

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<sup>1</sup> Children's homes' top three concerns were: mental health, contact with family and friends, and missing school.

## **Promoting children's educational needs**

These visits were not focused on the quality of education during the restrictions, but on how well homes promoted children's educational needs. For many children, education continued without pause. Some remained in full-time education at school, and others received a mix of online tutoring and education at home. Children's homes encouraged children to continue to engage in learning, such as by supporting them with learning or taking them to and collecting them from school so that they could continue formal education. Some homes reported that children had engaged with education better than they had before the restrictions. However, when children had experienced changes in their care, for example moving to a new home, this often meant that their education was interrupted.

We saw evidence that homes worked well with schools to help children with their education, and had developed bespoke approaches for children who struggle. For example, when children did not engage in the work sent by the school, some homes used other activities, such as weighing out ingredients in baking or budgeting, in an attempt to link to the educational themes. Staff also helped the children prepare for returning fully to school in September. However, in some homes, a lack of structure during restrictions, especially in engaging children in formal and informal education, has made it harder to do this.

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

### **Staffing and oversight**

Managing a children's home during the pandemic has been challenging for leaders. As well as working under the restrictions and the impact these have had on children, some leaders have also struggled with staff shortages due to illness and self-isolation and experienced an increase in staff turnover and difficulties recruiting. This has affected the working hours of existing staff, who have been working in more difficult circumstances, with some having to work additional hours to maintain the service.

Despite these challenges, children generally received consistency and continuity in their care. Staff's commitment to children was shown in one home when a child developed COVID-19 symptoms and had to self-isolate, so a member of staff isolated with them.

Inspectors generally found that COVID-19 had not negatively impacted the ability of homes and their staff to put children at the centre of practice. Leaders were able to manage restrictions sensibly, identify support and review children's plans effectively, especially as restrictions were eased. The vast majority of responses to our survey identified that inspectors were very or quite confident that the homes they had inspected would be able to deal with any further challenges that COVID-19 presents.

Many managers had retained good oversight, meaning that staff were motivated, felt supported and had good morale. Regular supervision was provided to staff, with

leaders offering additional support through online training, mentoring and an adapted induction process. We saw evidence of safeguarding training being kept up to date and, in several homes, a range of online training resources and/or conference calls were provided to ensure continuity and development. However, this did not always happen. In rare cases, face-to-face training that was lost due to COVID-19 had not been replaced with alternative training resources. Sometimes, this meant that homes did not ensure that risk assessments were in place and that not all staff had the skills to identify risks.

Some leaders have not managed to maintain normal levels of oversight during this period. In some cases, homes were being run with fewer staff and also lacked management support to deal with challenging situations. One home had been struggling with supervising children, but because the senior manager was working remotely they could not fully understand the extent of the situation. As soon as senior managers realised what was happening, they placed an additional manager at the home.

In some homes, leadership and management were weak. This was sometimes linked to a history of poor practice, but also related to homes having new managers, being understaffed or experiencing significant staff changes, with staff or managers leaving or being suspended/dismissed. One home told us that it was recruiting, but staff vacancies meant that it could not operate at full capacity. Another said that a lack of consistency in staffing, together with the pandemic, led to increased uncertainty for children.

We also saw that, even during the pandemic, positive changes and improvements were possible if there was effective leadership. There was evidence of new managers making progress in turning around poor performance and improving relationships with children and staff. Positive feedback from partners, families and children was often linked to this.

Many homes were able to make progress on the recommendations and requirements of previous inspections. However, there were some practical difficulties as a result of the pandemic. For example, one home was unable to replace fire doors because manufacturers were closed.

## **Managing COVID-19 risks**

Homes had clear steps in place to manage infection risks. Examples included ensuring the availability of PPE, taking children's and visitors' temperatures on arrival and reducing face-to-face contact by using virtual and telephone communications. However, inspectors did note some instances of COVID-19 guidance not being followed and the need for assessments to be updated to reflect current government advice.

## **Use of permitted regulation 'flexibilities'**

We have seen very limited evidence of homes using the temporary flexibilities in the regulations permitted by the [Adoption and Children \(Coronavirus\) \(Amendment\) Regulations 2020](#).<sup>2</sup>

Homes that have used these have done so to adapt family contact arrangements (such as by changing location) and to arrange independent visitors to visit virtually or less frequently. In some cases, reports based on virtual visits were of variable quality or lacked consultation with children.

## **Partnership working**

Children's homes are working well with partner agencies to meet children's needs and train staff, and this has continued despite COVID-19 restrictions. One home had an arrangement with a local drug and alcohol service to refer to when support was required and for the service to visit children in the home.

Most homes have maintained good levels of communication with partner agencies such as police, CAMHS, social care and virtual schools. One home noted the importance of sharing with partners (including families) not only difficulties, but examples of positive behaviours and experiences.

However, some visits highlighted the need for homes to improve communication with other professionals, such as social workers. Staff in one children's home had decided to increase family time without consulting the child's social worker or considering any additional risk.

## **How financially sustainable are children's homes?**

Based on our survey of inspectors, most children's homes were not concerned about their long-term sustainability. This is based only on those in our sample, so views may not be representative. This is something we will continue to look at as we increase the number of homes we visit.

## **Serious and widespread concerns**

Of the 125 assurance visits that started between 1 and 11 September 2020, 18 identified serious or widespread concerns. There were nine with concerns among the 70 visits analysed in this briefing. The types of concerns were varied, and it is too early to say how closely they are linked to the impact of COVID-19.

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<sup>2</sup> Decisions to divert from usual practice during the COVID-19 outbreak must be made in the best interests of individual children and be appropriately overseen by senior leaders and managers; the 'flexibilities' permitted by the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 or by any subsequent changes to regulations must only be used when absolutely necessary, and the rationale for these decisions must be recorded effectively.



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



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