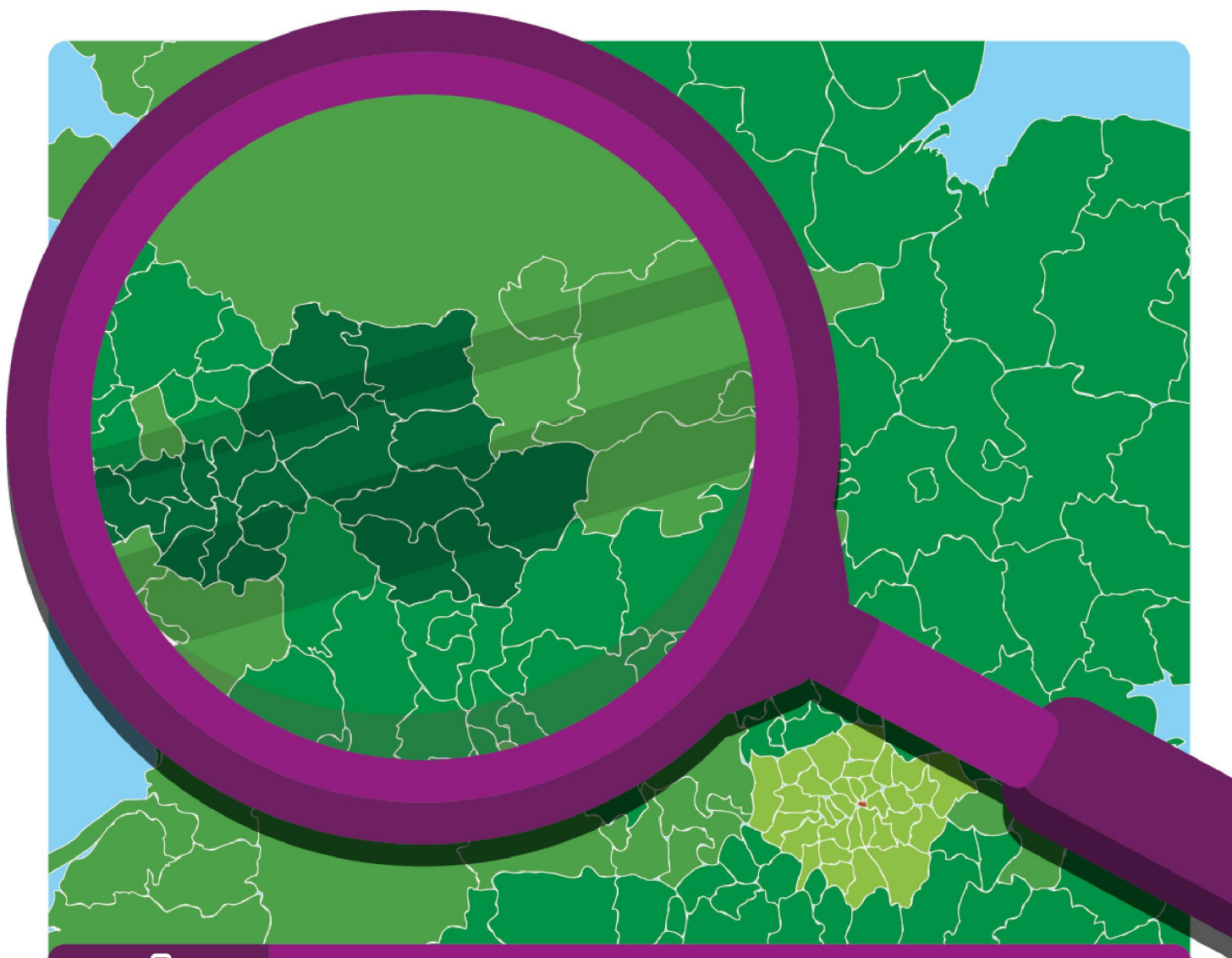


COVID-19 Inquiry

Module 8

Evidence gathered from English and Welsh
authorities, December 2024 to January 2025



Research report

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Summary

Background

Between 16 December 2024 and 28 January 2025, the Local Government Association (LGA) collected evidence from all member local authorities in England and Wales for Module 8 (children and young persons) of the COVID-19 Inquiry via an online survey. The survey was undertaken following a request for evidence issued by the Chair to the Inquiry, Lady Hallett, under Rule 9 of the Inquiry Rules 2006.

A total of 337 authorities responded, giving a response rate of 100 per cent.

Key findings

- Ninety-one per cent of English county and single-tier local authorities and 73 per cent of Welsh authorities held civil contingency or emergency plans and/or were involved in planning which specifically considered the position of children and young people, prior to the pandemic.
- Eighty-eight per cent of English county and single-tier authorities took measures to manage or mitigate the spread of the COVID-19 virus within schools, as did 91 per cent of Welsh authorities, prior to the closure of most or all schools.
- Seventy-five per cent of English county and single-tier authorities and 57 per cent of Welsh authorities reported that they were given zero hours' notice of the Prime Minister's announcement that schools would close to most children on 18 March 2020.
- Sixty-two per cent of English county and single-tier authorities and 73 per cent of Welsh authorities reported that they had started to plan for the eventuality that schools might close, including planning for the remote provision of education, prior to 18 March 2020.

- Fifty-seven per cent of English county and single-tier authorities and 50 per cent of Welsh authorities had made plans to support the attendance of vulnerable children at school.
- Forty-two per cent of English county and single-tier authorities and 45 per cent of Welsh authorities reported that they had no reduction in the number of children in need (CIN) assessments.
- Fifty-five per cent of English county and single-tier authorities and 59 per cent of Welsh authorities reported no reduction in the number of child protection enquiries.
- Seventy per cent of English county and single-tier authorities said they had no reduction in the number of contacts, whether face to face or virtual, with children in care for their authority, while 55 per cent of Welsh authorities reported this.
- There was an overall reduction in the number of face-to-face (in person) visits for all groups of children. For example, there were reductions to a great or moderate extent for children on 'Child in Need' Plans (or their equivalent) of 56 per cent for English county and single-tier authorities, and 68 per cent for Welsh authorities. A smaller proportion of councils reported great or moderate reductions in face-to-face visits for children on child protection plans (or their equivalent): 29 per cent for English county and single-tier authorities and 27 per cent for Welsh authorities.
- In all cases, authorities reported actions to mitigate the reduction in face-to-face (in person) visits. This included video calls (97 per cent of English county and single-tier authorities and 100 per cent of Welsh authorities), WhatsApp messaging with children / young people (90 per cent and 95 per cent respectively) and new forms of visiting like 'walking visits' or visits from doorsteps.
- Eight per cent of English county and single-tier authorities and 14 per cent of Welsh authorities reported that staffing issues threatened the ability of the

local authority to deliver social care services to children and young people throughout or at points during the pandemic.

- Twenty-one per cent of English county and single-tier authorities and 45 per cent of Welsh authorities reported that staffing issues threatened their ability to provide education throughout or at points during the pandemic
- Eighty-three per cent of English county and single-tier authorities and 86 per cent of Welsh authorities reported that, in general, the period of time between social work visits to children in care did not lengthen.
- Ninety-three per cent of English county and single-tier authorities and 91 per cent of Welsh authorities stated that the timescales for the review of care plans for children in care did not lengthen.
- Seventy-one per cent of English county and single-tier authorities and 82 per cent of Welsh authorities did not make use of the changes to national regulations regarding the requirement for independent panels to approve foster carers and adoption placements.
- Ninety-one per cent of English county and single-tier and Welsh authorities reported that they did not implement the provisions of Schedule 12, Part 1 of the Coronavirus Act 2020 as it applied to: "Young carers and their needs for care and support" (paragraph 2).
- Ninety-three per cent of English authorities and 91 per cent of Welsh authorities did not implement the provisions of Schedule 12, Part 1 of the Coronavirus Act 2020 as it applied to: "The transition for children to adult care and support" (paragraph 15).
- Eighty-one per cent of English county and single-tier authorities and 77 per cent of Welsh authorities stated that they helped local children's home providers to access PPE during the pandemic.
- Thirty-two per cent of English county and single-tier authorities and 41 per cent of Welsh Authorities reported that the guidance from the UK Central

Government or Welsh Government about restrictions on children's home visits was not very good or not at all good.

- Seventy-six per cent of English county and single-tier authorities and 77 per cent of Welsh authorities reported that they provided support to mitigate the impact of the restrictions on visiting children's homes.
- Around half (47 per cent) of English county or single-tier authorities and 59 per cent of Welsh authorities reported that all or the majority of services delivered by the Youth Offending Team (YOT)/Youth Justice Service (YJS) moved to remote/home working.
- When asked about other changes that impacted those services, court closures were reported by 71 per cent of English county and single-tier authorities and 55 per cent of Welsh authorities; and around two-thirds of councils noted decreased access to restorative justice programmes (63 per cent and 68 per cent respectively).
- English district councils were asked whether their authority used The Health Protection (Coronavirus Restrictions) (No 3) (England) Regulations 2020 for a range of scenarios. Three-quarters (74 per cent) used them to restrict access to children's outdoor play spaces, either fully or partially, while 61 per cent used them to restrict access to children's indoor play spaces either fully or partially. Less than half (48 per cent) restricted access to public outdoor spaces, either fully or partially.

Introduction

Between 16 December 2024 and 28 January 2025, the Local Government Association (LGA) conducted an online survey of all of its member local authorities in England and Wales – that is, all principal local authorities in England and Wales, excluding two which were not in membership of the LGA. The survey was undertaken following a request for evidence in relation to Module 8 (children and young persons), issued by the Chair to the Inquiry, Lady Hallett, under Rule 9 of the Inquiry Rules 2006.

The survey questions are aimed primarily at the 151 English and all 22 Welsh local LGA member authorities which have statutory responsibilities for children's social care under the [Children and Social Work Act 2017 \(England\)](#) or the [Social Services and Wellbeing Act 2014 \(Wales\)](#). For English authorities, The Children and Social Work Act 2017 sets out how care and support in England should be provided to children. The Act covers key duties related to the following: corporate parenting principles, support for care leavers, educational achievement, care and adoption, secure accommodation, the use of child safeguarding practice review panels, local arrangements for safeguarding and promoting welfare of children, child death reviews, along with other new regulations. For Welsh authorities, the 2014 Social Services and Wellbeing (Wales) Act sets duties and responsibilities in regard to social care, including for children's social care. The Act covers key duties related to the following: the promotion of well-being, assessment children's needs, the provision of care and support, looked after children (LAC) and corporate parenting duties, safeguarding and the protection of children, supporting care leavers, as well as other responsibilities.

Whilst the survey was primarily aimed at county and single-tier authorities, district councils were asked to respond to a shorter set of questions regarding children's access to outdoor and recreational spaces, as recreation and leisure services fall under their responsibilities. Despite children's social care not being a statutory responsibility for district councils, many services they provide contribute to children's

and young people's wellbeing holistically. District councils also work closely with their county partners in supporting the delivery of children's social care. Consequently, it was necessary to capture further information from district councils regarding their experience of the COVID-19 pandemic relating to children and young people, as well as how they supported the relevant county council.

The survey was concerned with the following topics outlined in the [Module 8 Provisional Outline of Scope](#).

- The extent to which children and young people were considered as part of any preparedness and planning for a pandemic.
- The impact of the pandemic on the education of, and the early years provision for, children and young people.
- The impact of the pandemic on children and young people's physical health, mental health, wellbeing, development, family lives, and on their access to healthcare services.
- The impact of the pandemic on children and young people in relation to the access to, and engagement with, social care services and other agencies with a role in supporting the safety of children. This will include children at risk, children whose families receive support from social services, young carers, those in the care of local authorities, and care leavers.
- The impact of the pandemic on children and young people in contact with the criminal justice system, including those in the youth custody estate, youth defendants and offenders, and those whose parents or primary carers were in custody during the pandemic.

The questionnaire is reproduced in Annex A.

Methodology

Response rate

The request for evidence and online survey link was distributed to all local authorities which are members of the Local Government Association or the Welsh Local Government Association on 16 December 2024.

The same survey was distributed to both English single-tier and county councils and Welsh authorities, since the same questions were asked of them by the COVID-19 Inquiry. The tables show the results for each nation separately. Note, however, that different results between English and Welsh authorities on some occasions may be explained by the differences in devolved health and social care legislation, structures and arrangements. Given that English district authorities do not have statutory responsibility for children's services, most of the survey was not relevant to them. However, these authorities still received a version of the survey that covers areas relevant to their duties, such as access to play areas, and any support they gave to county partners to deliver children's social care.

The survey was sent to 337 local authorities in England and Wales, and all responded. Responses were received on behalf of the four legacy district councils, which were in existence during the pandemic but were abolished in April 2023 because of local government reorganisation. These districts were merged with county councils in the same area to form new unitary authorities. The new authorities incorporated the experience of their legacy councils into their response.

Table 1: Response rate by type of authority

Council type	Number of questionnaires	Number of responses	Response rate
District	164	164	100%
County	20	20	100%
English unitary authorities	63	63	100%
London borough	32	32	100%
Metropolitan district	36	36	100%
Welsh unitary authorities	22	22	100%

Table 2: Response rate by region

Nation or Region	Number of questionnaires	Number of responses	Response rate
East of England	50	50	100%
East Midlands	38	38	100%
London	32	32	100%
North East	12	12	100%
North West	36	36	100%
South East	70	70	100%
South West	29	29	100%
Wales	22	22	100%
West Midlands	33	33	100%
Yorkshire and the Humber	15	15	100%

Note on the results

The following should be considered when interpreting the findings of this survey:

- Where tables and figures report the base, the description refers to the group of people who were asked the question. Please note that bases can vary throughout the survey.
- To calculate the number of respondents who provided a certain response for other questions, simply multiply the percentage by the base size.
- Throughout the report, percentages may not appear to add up to exactly 100 per cent due to rounding. This is also true for when percentages have been added together.
- Not all authorities answered every question, or were required to, so the response base varies between questions.
- For several questions, respondents were invited to write in answers in an open text box. These responses were then analysed to identify the key themes. This report describes those key themes and, where appropriate, it uses a small number of verbatim quotations taken from the responses to the survey to illustrate the themes more fully.

Note on terminology

- There are many terms for people who use social care services. This report tends to refer to 'people who draw on care and support' to describe people who access social care services, in common with many partners. In this report, these people are occasionally referred to as 'social care users', because of the brevity and clarity of this term.
- People referred to as 'vulnerable' in the report are described as such on the basis of being clinically extremely vulnerable to COVID-19 or being placed in a situation of vulnerability by the pandemic.
- Where financial years spanning two calendar years are provided (for example, 2020/21), the period of time corresponds to the timespan starting on 1 April of the earlier calendar year and ending on 31 March of the later calendar year.
- The 'Specified Period' is a period of time defined by the COVID-19 Inquiry as the period of time between 1 January 2020 and 28 June 2022. This is considered the main timespan of the COVID-19 pandemic and the period to which the Inquiry is chiefly related.

Explanations of technical terms

- 'Regulation 24' – Regulation 24 of the Care Planning, Placement and Case Review
- (England) Regulations 2010 – This regulation mandates the use of an initial pre-screening assessment to determine whether a child or young person can safely live within the care of friends or family members, prior to undertaking of a full Connected Carer and/or Special Guardianship Assessment.
- 'Regulation 44' – Regulation 44 of the Children's Homes (England) Regulations 2015. This regulation mandates the visit of an independent person to residential children's homes at least once a month.
- 'Section 47' – Section 47 of the Children's Act 1989. This legislation mandates a Child Protection Investigation, otherwise known as a Section 47 Enquiry, to assess whether there is the risk of significant harm to one or more children, and to decide whether and what type of action is required to safeguard and promote their welfare.
- 'Stage 2' – the second stage in assessing a prospective fosterer or adoptive parent, reviewing their suitability for this role.

List of abbreviations

- ADM – Agency Decision Maker for adoption agencies
- BAME – Black, Asian, and minority ethnic
- CAMHS – Child and Adolescent Mental Health Services
- CIN – Children in Need
- CLA – Children Looked After. LAC or CIC (for Children in Care)
- COVID-19 – Coronavirus disease 2019
- CP – Child Protection
- CPP – Child Protection Plan
- CPR – Child Protection Register
- CSPR – Child Safeguarding Practice Review
- CYP – Children and Young People
- DBS – Disclosure and Barring Service for criminal record checks
- DfE – Department for Education
- DoL – Deprivation of Liberty
- DV – Domestic Violence
- EHCP – Education, Health and Care Plan for children with special educational needs and disabilities. Also abbreviated EHC, as in 'EHC Plan.'
- ESA – Early Support Assessment
- FAQ – Frequently Asked Questions
- FTE – First-Time Entrants (to the criminal justice system)
- GCP – Graded Care Profile (a tool for the assessment of child neglect)
- GP – General Practitioner (medical doctor)
- HCNS – Hospital and Community Navigation Service

- HTST – Home to School Transport. Also abbreviated HST.
- LEA – Local Education Authority
- LGA – Local Government Association
- MASH – Multi-Agency Safeguarding Hub
- MP – Member of Parliament
- MS – Member of the Senedd (Senedd Cymru, or Welsh Parliament)
- NHS – National Health Service
- Ofsted – Office for Standards in Education, Children's Services and Skills
- OOCd – Out of Court Disposal panels
- PA – Personal Assistant
- PHE – Public Health England
- PPE – Personal Protective Equipment (masks, gloves, etc.)
- RAG – Red, Amber, Green (traffic light risk rating system)
- SEND – Special Educational Needs and Disabilities. Also abbreviated SEN, for Special Educational Needs
- SUSR – Single Unified Safeguarding Review, the equivalent of a CSPR in Wales
- UKHSA – UK Health Security Agency
- WLGA – Welsh Local Government Association
- YJB – Youth Justice Board
- YJS – Youth Justice Service
- YOT – Youth Offending Team, roughly equivalent to a YJS

COVID-19 Inquiry Module 8

This section of the report summarises the results of the survey for single-tier and county councils in England and Wales. Respondents from district councils were asked a smaller number of questions because their authority had no direct responsibility for children's services. Their results are summarised in a separate section below. Unless stated otherwise, 'English authorities' in this section of the report are English county and single-tier authorities metropolitan districts, London boroughs, and unitary authorities (all authority types with direct responsibility for children's services).

Findings for English county and single-tier authorities and Welsh authorities

Planning for children and young people in civil contingencies and emergencies

As seen on Table 3, prior to the pandemic, 91 per cent of English county and single-tier local authorities and 73 per cent of Welsh authorities held civil contingency or emergency plans and/or were involved in planning which specifically considered the position of children and young people. In contrast, 6 per cent of English authorities did not hold any civil contingency or emergency plans which considered them explicitly, nor did 27 per cent of Welsh authorities.

Table 3: Prior to the pandemic, did the local authority hold any civil contingency or emergency plans and/or was it involved in any such planning which specifically considered the position of children and young people?

	England	Wales
Yes	91%	73%
No	6%	27%
Don't know	3%	0%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents who did consider children and young people explicitly in their plans were then asked to name each plan, with a brief description if necessary. A total of 148 authorities provided details on the plans in place prior to the pandemic, and the plans are described here from most to least frequently mentioned.

By far the most commonly mentioned approach, reported by two thirds of respondents, was having **business continuity plans** in place across their services for children and young people, including education settings, social care, safeguarding, and Special Educational Needs and Disabilities (SEND) services. These plans were in place to ensure service continuity in the face of disruption to normal delivery. Some authorities explained that schools held their own business continuity plans, rather than being centrally defined by the authority.

“Children and Education Services Directorate Business Continuity Plan
– includes overview of priority services, risk and mitigations.”

Metropolitan district

Similarly, three-fifths of authorities reported having **major incident or emergency plans** in place across their services for children and young people. Whilst business continuity plans focus on service delivery, major incident plans set out the operational response to emergencies and the immediate protective measures needed for residents including children and young people. Some respondents described specific emergency or major incident plans relating to individual hazardous

sites within their authority areas, including, for example, a leak of radioactive material.

Around half of respondents (49 per cent) had an **influenza or general infectious disease pandemic plan** in place, prior to the COVID-19 pandemic. Whilst not focussed only on children or young people, these plans considered the impact on different groups, with guidance for schools being a major consideration for children and young people. Some authorities detailed that training exercises had been undertaken to evaluate the robustness of plans and identify aspects that may need to be updated periodically.

“The Flu Pandemic Plan considered the impact of a pandemic on education settings (schools). Elements such as staff shortages were considered during a pandemic exercise in 2018, which informed the refresh of the pandemic plan.”

Unitary authority

Whilst not specifically a plan, just over a third of respondents detailed that their plans were devised through a **local resilience forum** or other multi-agency approach, therefore co-ordinating with other important public services and/or local authorities and facilitating a cohesive response with relevant parties.

Almost a third of respondents reported having a dedicated vulnerable persons plan, or a part of a plan that specifically addresses the identification of and/or the needs of vulnerable people, including children and young people. One authority raised the issue of data sharing agreements between services as a key part of the strategy to identify and protect vulnerable people.

Around one in seven respondents reported that their authority had a plan for the provision of **emergency rest and reception centres**, considering within these the needs of children and young people. Plans included the provision of shelter and basic human needs including food, water, and clothing in the case of a major

incident. One authority also mentioned plans in place for unaccompanied children within these rest centres.

“Rest Centre Plan outlines how the council will set up and run a centre for displaced persons after an emergency has occurred.”

London borough

A tenth of respondents reported having **severe weather plans** in place, with reference to extreme cold weather, heatwaves, and/or floods. Plans considered the impact on children and young people through guidance around school closures in severe weather, and health and safety guidance for vulnerable people, for example, a programme of work with schools to reduce the potential for children drowning under ice.

A similar proportion noted having an **emergency communications strategy**, which included communication with schools and with services supporting children and young people. One authority detailed having an Emergency Management Team for schools, contactable at all times, to support with incident management.

Around one in ten respondents referenced their authority’s **recovery plans following an emergency or major incident**, to support a return to business-as-usual service provision, including services relating to children and young people.

Plans mentioned by a handful of authorities each included:

- plan for a situation of mass casualty or excess death
- plan for mass (flu) vaccination
- plan for temporary school lockdown (short-term threat-related, as opposed to general pandemic lockdown)
- plan for fuel shortage
- emergency food and/or water plans

- animal disease plan, to identify and manage establishments such as riding schools which may be impacted by an outbreak of an animal disease
- plan for cyber attack
- plan for terrorist attack
- plans for mass displacement or mass transport of people
- plan for death on a school trip
- plan for power outages
- plan in the case of a pupil's suicide
- accumulation of Personal Protective Equipment (PPE) stocks prior to the pandemic

Table 4 shows that, prior to the pandemic, 70 per cent of English county and single-tier local authorities and 59 per cent of Welsh authorities held any civil contingency or emergency plans which specifically envisaged the closure of schools or a lockdown. Twenty-five per cent of English authorities and 41 per cent of Welsh authorities did not have any civil contingency or emergency plans for this situation.

Table 4: Prior to the pandemic, did the local authority hold any civil contingency or emergency plans which specifically envisaged the closure of schools or a lockdown?

	England	Wales
Yes	70%	59%
No	25%	41%
Don't know	5%	0%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents who said they had plans for school closure or lockdown were asked to name each plan, with a brief description if necessary. A total of 113 provided details

on the plans of this sort in place prior to the pandemic, and the plans are described here from most to least frequently mentioned.

Just over half of respondents described having a **general influenza or infectious disease plan** in place which considered the closure of schools or a lockdown prior to the COVID-19 pandemic. Respondents described how rather than anticipating a full-scale lockdown, the plans in place generally covered individual or localised school closures and therefore did not anticipate the extent of the disruption caused by the pandemic.

“These plans only envisaged short targeted educational setting-by-setting closures, not blanket mass closures.”

London borough

Similarly, half of respondents reported having a **major incident plan** in place which addressed the closure of schools or a lockdown prior to the pandemic. Major incident plans focused on individual school emergencies such as an environmental or industrial hazard, or the threat of terror or violence within the school. Furthermore, in these cases, lockdown was interpreted as a building lockdown in the face of terror or violence, rather than the mass social lockdown of the COVID-19 pandemic.

“Schools critical incident plan template: this plan template applied to a short term or temporary lockdown (Safe and Secure) approach impacting individual school premises for short periods of time. This did not cover incidents disrupting schools for ongoing or protracted periods of time, which was a consequence of COVID-19 across all school establishments within the authority footprint.”

Welsh unitary authority

Two-fifths of respondents reported having **business continuity plans** in place prior to the pandemic, which considered school closures or lockdown. These plans set out measures to support service provision in response to a disruption to normal operation.

Around a quarter of respondents reported that their plans for school closures or lockdown were co-ordinated through a **local resilience forum or multi-agency approach**. In this way, plans were organised across a local authority area or region and included other important services, ensuring a more joined-up approach to emergency planning.

Around a fifth of respondents described having **severe weather plans** in place prior to the pandemic, which addressed potential school closures in the case of extreme cold weather, heatwaves, or floods. Once again, respondents emphasised that these plans were short-term and applied on a school-by-school basis rather than blanket, long-term closures as required by the COVID-19 pandemic.

About one-tenth of respondents specifically mentioned having an **evacuation plan** in place prior to the pandemic, setting out operational procedure for an urgent evacuation and closure in response to an immediate hazard, such as a fire or intruder.

Other plans mentioned by a handful of respondents each relating to school closures or lockdown were:

- plan to identify and support vulnerable people during a school closure, including children with SEND needs
- plan to manage a mass casualty or excess death emergency
- plan to manage the provision of emergency basic needs, including food and water
- generic school closure plan, not linked to any specific event
- plan for recovery in the wake of a major incident, for example, re-opening schools.

As seen in Table 5, during the Specified Period between 1 January 2020 and 28 June 2022, 78 per cent of English county and single-tier authorities and 64 per cent of Welsh authorities used an existing plan, be that civil contingency or emergency,

relevant to children, at some point. Seventeen per cent of English authorities did not use an existing plan nor did 36 per cent of Welsh authorities.

Table 5: Did the local authority use any existing plans (civil contingency or emergency plans) relevant to children, at any point, during the Specified Period (between 1 January 2020 and 28 June 2022)?

	England	Wales
Yes	78%	64%
No	17%	36%
Don't know	5%	0%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents who said their authority used an existing plan were asked to name each one, with a brief description if necessary. A total of 128 provided details on existing plans that were used during the pandemic, and the plans are described here from most to least frequently mentioned.

Almost two-thirds of respondents reported using existing **business continuity plans** to support the continued provision of services for children and young people during the Specified Period. Some respondents noted, however, that existing plans were not appropriate given the scale of the COVID-19 pandemic.

“On a functional level although existing business continuity plans were deployed, as these had not been developed to account for a lockdown or mass school closure they were quickly found to be insufficient and so bespoke local plans were quickly devised.”

County council

Over half of respondents reported activating an existing **emergency or major incident plan** during the pandemic. Respondents explained that children and young people were a consideration within measures taken as part of major incident plans through the impact on education and children's services.

“The council’s overarching emergency management plan [was] instigated in February 2020 with children, young people, schools and education considered as part of the ‘health and welfare’ cell within the council’s emergency response structure.”

Metropolitan district

Two-fifths of respondents described using their existing **general influenza or infectious disease plan** during the Specified Period to deal with the impacts of COVID-19. In a few cases, respondents described how existing pandemic plans acted as a framework and basis upon which to develop COVID-19 specific plans.

Just over a quarter of respondents reported that existing local resilience forums, or other multi-agency approaches, were used during the Specified Period, supporting the local or regional response co-ordination.

“These plans formed a critical part of the coordinated response facilitated by the regional resilience forum, a multi-agency partnership comprising local emergency services, NHS bodies, local authorities, and other relevant agencies.”

Unitary authority

A tenth of respondents reported activating an existing **vulnerable people plan** or setting out specific considerations for vulnerable people within planning. In this way, authorities aimed to identify and support those most at risk, including children and young people and those with additional needs.

Similarly, a tenth of respondents also reported activating an existing communications or media strategy during the Specified Period to manage the feed of information to the media and to the public, including information relevant to education and children’s services.

Other existing plans that a handful of respondents reported using during the Specified Period included:

- risk assessment processes, to identify major concerns relating to the provision of services for children and young people during the pandemic
- plan to manage a mass casualty or excess death emergency
- plan for recovery, for example the re-opening of services between and after lockdowns
- plan to manage the provision of emergency basic needs, including food, water, and shelter.

As Table 6 shows, prior to the pandemic, 18 per cent of English county and single-tier authorities and 9 per cent of Welsh authorities had issues or concerns regarding civil contingency or emergency planning in relation to children. A large majority of English (76 per cent) and Welsh (91 per cent) authorities reported not having had any issues or concerns.

Table 6: Prior to the pandemic, did the local authority have any issues or concerns about civil contingency or emergency planning, in particular about any planning issues relevant to children?

	England	Wales
Yes	18%	9%
No	76%	91%
Don't know	6%	0%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents who said they had issues about emergency planning relevant to children were asked to describe briefly these concerns. A total of 26 respondents provided detail on the concerns, and in some cases actions they had taken to address these concerns.

Almost two-fifths of respondents reported that issues had been identified in their civil contingency or emergency planning relating to children in the **aftermath of a major incident which had occurred prior to the pandemic**. In this way, authorities were

able to address the issues within their planning and therefore improve the robustness of emergency plans to ensure better preparedness in the event that another major incident occurred.

“[Major incident] had shown the council the critical importance of having effective emergency response systems. This related both to the importance of an organisation's readiness to respond, the relationships and communication systems with the people you are here to serve, and the interface with local and national regulations and resilience forums.”

London borough

Around a third of respondents reported concerns around the **resilience of children and young people** in the face of a major incident. Respondents described the programs delivered by their authority or local resilience forum to build up the capacity of young people to respond to and overcome emergencies.

“The initiative is aimed at children and young people supporting them to learn skills that will make them more aware of what to do in an emergency and how services combine to respond to incidents.”

Metropolitan district

A quarter of respondents reported concerns over the **robustness of business continuity and/or emergency planning** relating to children and young people. Specific concerns included a lack of resource within schools to put business continuity plans in place, whether or not staff understood the tasks involved in these plans, the ability to maintain SEND provision for vulnerable students, and the robustness of IT infrastructure to manage emergency situations.

Other concerns mentioned by one or two respondents each included:

- concerns over the lack of resource and capacity, generally and within schools and social care settings

- concerns over a lack of available information, specifically, a complete list of all schools nationally
- a lack of specific emergency planning relevant to children outside of the school setting
- concerns over the quality of the local authority's services for children and young people, which were undergoing improvement work
- concerns over the rate of vaccination uptake
- concerns that not all schools had business continuity plans or emergency plans in place as this was not a mandatory requirement
- lack of data sharing agreements in place, resulting in delays in accessing data relating to vulnerable people
- concerns around PPE realised through participation in national pandemic planning exercises.

Respondents which reported that their authority did have an issue or concern about civil contingency or emergency planning relevant to children were asked to which people or organisations did they report their concerns. As Table 7 shows, that of the 24 English county and single-tier authorities which reported a concern, 42 per cent reported it to a local resilience forum or equivalent, 29 per cent to the Department for Education, and 21 per cent to another central government department or directorate. Thirteen per cent reported their concerns to the LGA, regional improvement and innovation alliance, or an MP. Of the two Welsh authorities which had reported their concerns, one did so to the Welsh Government's department that dealt with education.

Fourteen respondents specified other people or organisations to whom they reported their concerns. The most common of these were local resilience forums, mentioned by over half of these respondents. Smaller numbers of respondents mentioned reporting their concerns to the internal leadership of their council, Ofsted, a regional body of Public Health England (now the UK Health Security Agency), other central

government departments, schools, and as part of participation in national flu exercises. One respondent noted that the concerns were not reported, to the best of their knowledge.

Table 7: To which, if any, of the following people or organisations did your local authority report these concerns? Please select all that apply.

	England	Wales
Local resilience forum or equivalent	42%	0%
Department for Education or equivalent in devolved nations	29%	50%
Other central government department or directorate (depending on location within Devolved Nations)	21%	0%
Local Government Association and/or Welsh Local Government Association	13%	0%
MP and/or MS	13%	0%
Regional improvement and innovation alliance	13%	0%
Select committee	0%	0%
Other (please specify)	63%	50%
Don't know	8%	0%

Base: English county and single-tier authorities (24) and Welsh authorities (2).

Closure of Schools in March 2020

Prior to the closure of most or all schools, 88 per cent of English county and single-tier authorities took measures to manage or mitigate the spread of the COVID-19 virus within schools, as did 91 per cent of Welsh authorities.

Table 8: Prior to the closure of (most) schools, did the local authority take any measures to manage or mitigate the spread of the COVID-19 virus within schools?

	England	Wales
Yes	88%	91%
No	12%	9%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Respondents who said they had tried to mitigate the spread of the virus in schools were asked to describe the measures taken. A total of 151 authorities described these, and they are detailed here from most to least frequently mentioned.

All of these respondents reported **issuing advice or guidance to schools** to manage the spread of the virus prior to their closure. This included both local guidance and the passing on of any guidance received from national bodies (for example, Public Health England), or from central government (for example, the Department for Education). Some respondents also added that support was delivered to all schools, rather than only maintained schools. Advice or guidance issued to schools covered a range of areas, including:

- infection prevention and control guidance, including cleaning, handwashing, social distancing, and ventilation
- travel advice, including advising against any foreign or residential school trips

- guidance around self-isolation for those displaying symptoms or in contact with those displaying symptoms, or for those returning from high-risk destinations including China or northern Italy
- advice and guidance to support business continuity planning.

A quarter of respondents described **supporting schools and services to deliver their business continuity plans**. For some authorities, this included undertaking risk assessments to identify vulnerable children and families and ensure continuity of support, whilst others reported monitoring staffing levels, and, crucially, supporting with the switch to online learning ahead of mass school closures.

“A contingency plan was established for the transport unit which transports pupils with special educational needs and disabilities to their schools. This included scenario planning in the event of passenger assistants and drivers confirming COVID-19 cases and cases in children and young people. The plan also had steps in place in the event of a full school closure.”

Metropolitan district

Around a quarter of respondents reported **setting up a network or taskforce of service leaders** to understand the situation within schools and facilitate the co-ordination and alignment of the local response.

“The SEND and Education Division were part of the local authority emergency taskforce which met regularly and shared emerging issues, actions taken and to be taken. Information from those meetings ensured a coordinated message for schools and early years settings in terms of best practice, health and safety and public health advice.”

Unitary authority

Nearly a fifth of respondents reported setting up a **dedicated advice line, inbox, or named person** within the council to deal with inquiries relating to the pandemic.

Many respondents reported that this was open 24/7, to ensure that services including schools were able to access specific support at any point.

Ten per cent of respondents reported **providing infection prevention and control supplies to schools**, including PPE or additional cleaning materials to limit transmission and delay the mass closure of schools.

“Guidance suggested an amended cleansing regime, which focused on contact points and alternative chemicals in comparison to the standard cleansing regime used by most schools. This was enacted in 60 of the 61 schools at the time by the council’s building cleaning service. The council’s existing central supply of virucidal chemical was increased to ensure that the council’s building cleaning service could deliver any further changes to the cleaning regime.”

Metropolitan district

One in ten respondents reported **supporting data collection and the reporting of case numbers**. Respondents explained that this was important for monitoring the situation within schools as if cases were rising, appropriate measures could be put in place to prevent further spread and protect staff and pupils.

Other measures taken mentioned by a handful of respondents each included:

- restricting unnecessary face-to-face visits to schools, for example from members of the public or external officials
- provision of food parcels or vouchers for isolating children in receipt of free school meals
- support with testing, including priority testing for school staff and deploying health visitors and school nurses to support with accurate swabbing
- individual and short-term school closures to allow for enhanced deep cleaning after an outbreak
- support with contact tracing within schools

- support with managing media communications around potential cases and school closures
- actions to limit pupil mixing, including stopping contact sport and group work.

Respondents were asked how much notice, in hours, did they have of the Prime Minister's announcement that schools would close to most children on 18 March 2020. As Table 9 shows, the mean number of hours' notice for English county and single-tier authorities was 10, and the median number was zero. Seventy-five per cent of English authorities reported that they were given zero hours' notice and 25 per cent were given at least some notice (1 hour or more). For Welsh authorities, the mean number of hours' notice received was 14, and the median was zero. Fifty-seven per cent of Welsh authorities stated they were given zero hours' notice and 47 per cent reported that they had been given at least some notice.

Table 9: Approximately how much notice did the local authority have of the decision announced by the Prime Minister on 18 March 2020 that schools would close to most children?

	England	Wales
Mean	10 hours	14 hours
Median	0 hours	0 hours

Respondents who answered 'Don't know' or did not give a numeric value were excluded from the calculations. Base: English county and single-tier authorities (76) and Welsh authorities (14).

As shown by Table 10, 62 per cent of English county and single-tier authorities and 73 per cent of Welsh authorities reported that they had started to plan for the eventuality that schools might close, including planning for the remote provision of education, prior to 18 March 2020. In contrast, 34 per cent of English had not started to plan for this situation nor had 27 per cent of Welsh authorities.

Table 10: Prior to 18 March 2020, had the local authority started to plan for the eventuality that schools might close, including planning for the remote provision of education?

	England	Wales
Yes	62%	73%
No	34%	27%
Don't know	5%	0%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Respondents who said they had started to prepare for possible school closures were asked to summarise these early plans. A total of 107 authorities described their plans, and these are detailed here from most to least frequently mentioned.

Around three-fifths of respondents reported having **started planning for remote learning** prior to 18 March 2020. Some respondents reported that planning was vague and in the early stages prior to this date. For others, planning had reached more advanced stages, including providing pupils with paper copies of learning materials, as well as exploring appropriate online learning platforms (for example, Zoom, Microsoft Teams, and Skype), and in some cases, providing learning materials to schools. In addition, one authority reported considering concerns around cyber security and pupil safety online.

Half of respondents reported having **started planning their strategy to support vulnerable pupils**, including children with SEND, children with safeguarding concerns, and children of key workers. Plans included the identification of vulnerable children, maintaining communication by way of check-in phone calls, risk assessments, and ensuring business continuity for safeguarding and social care services. Many authorities also described their initial planning for hub schools to ensure that some face-to-face education services within the authority area remained open.

“We were planning key worker hubs to ensure that there were educational facilities in place to provide emergency childcare for vulnerable learners and key workers - particularly those that were involved in health services, adults and children’s social care, blue light emergency services and all other public servants involved in the response.”

London borough

A similar proportion reported **issuing advice and guidance to schools about closures**, relaying the information issued by the government or public health officials. This included advice and guidance in anticipation of mass school closures, as well as support managing individual and partial school closures. In addition, some authorities appointed a designated named person within the council to advise headteachers and school staff.

A third of respondents reported **initiating business continuity plans** prior to 18 March to facilitate the continued provision of school and children’s services in the event of school closures.

Just under a third of respondents reported **setting up a planning taskforce or meeting group** of relevant senior officials to co-ordinate and align their response. These taskforces included headteachers, senior council figures, and public health officials who met regularly to discuss how the situation was progressing within schools and the possible actions required.

Just over a fifth of respondents had begun to plan for the **provision of food for those in receipt of free school meals**, in the event that schools would close.

Around one in six respondents reported having **started initial planning for the provision of technology devices** for pupils to ensure all children could access remote learning resources. One authority described how local businesses offered laptops they no longer used to help school pupils.

Around one in seven respondents reported that prior to 18 March 2020 their planning had consisted predominantly of initial discussions rather than developed strategy.

“Planning had started, but was in its infancy and largely at a discussion level. We had started to consider what may be needed in terms of communication trees, but not what was needed in terms of the extent of continuation of learning opportunities for young people. That started later once the scale of the pandemic emergency became clearer.”

County council

Around a tenth of respondents reported making arrangements to **support the continuation of home to school transport services** to ensure that vulnerable students were still able to access the face-to-face hub school services.

Arrangements mentioned by a handful of respondents each included:

- consideration of IT resilience issues which may present barriers to online learning
- setting up an emergency contact database to facilitate communications between schools and key children’s services
- introduction of working from home for schools-based staff where possible
- redeployment of non-schools-based council staff to schools, or use of volunteers, to cover staff absences, supporting them to stay open as long as possible whilst preparations were underway
- temporary relaxing of staff-pupil ratios to enable schools to stay open longer
- provision of PPE to limit virus transmission whilst schools remained open.

Respondents were asked if, prior to 18 March 2020, were they aware of the prospect that vulnerable children might be permitted to attend school in the event of closures. Table 11 shows that similar a percentage of English county and single-tier authorities

(39 per cent) and Welsh authorities (32 per cent) were aware of this. A majority of English (53 per cent) and Welsh (69 per cent) authorities were not aware of this.

Table 11: Prior to 18 March 2020, was the local authority aware of the prospect that vulnerable children might be permitted to attend school in the event of closures?

	England	Wales
Yes	39%	32%
No	53%	69%
Don't know	8%	0%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

As shown on Table 12, 57 per cent of English county and single-tier authorities had made plans to support the attendance of vulnerable children at school. A similar percentage (50 per cent) of Welsh authorities also had made plans for this.

Table 12: Prior to 18 March 2020, had the local authority made any plans to support the attendance of vulnerable children at school? For example, had consideration been given to how vulnerable children would be able to get to school.

	England	Wales
Yes	57%	50%
No	36%	50%
Don't know	7%	0%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Respondents who answered 'yes' to the previous question were asked to summarise the arrangements planned to support the attendance of vulnerable children at school. A total of 93 councils responded to this question.

The most common theme, mentioned by three in ten councils who responded to the question, related to the **practicalities and logistics of getting vulnerable children to attend school and organising PPE**. They talked about transport arrangements, maintaining transport contracts, providing PPE, organising taxi firms and the safety aspects.

“Home to school Transport (HTST): HTST did not stop during the pandemic and the local authority continued to transport most children with established arrangements to school. Risk assessments and discussions around HTST needs were undertaken by school settings liaising with staff and parents.”

Metropolitan district

“PPE was also made available as required and runs scheduled to meet demands with fewer pupils in the vehicles.”

Metropolitan district

A theme mentioned by just over one in four concerned **high-level strategic input, working at speed and collaboratively** across council teams and departments and with external organisations.

“The council successfully worked across education and social care disciplines to deliver consistent messaging to school leaders, children with social workers and children in care to encourage attendance on site”

County council

“A SEND triage huddle was set up to offer advice huddle was an education, health, and social care multiagency response to supporting the needs of SEND pupils at the time.”

Unitary authority

Just under one in four councils who responded outlined their **regular contact and monitoring of vulnerable children**, covering reviewing vulnerable children's attendance and picking up on and raising concern cases where they arose.

"Put in place robust reporting and oversight mechanisms for monitoring attendance."

County council

"Where children were vulnerable and they were not attending on site schools were expected to confirm whether they had had contact via phone or in person, including home visits. This database was accessible to social workers and other key staff so that they could regularly check if a child had been seen."

London borough

Just under one in four councils reported **issuing communications, advice dissemination, and setting up channels for help and liaison**. Councils talked about issuing a range of advice, communication to schools, parents and other organisations, and establishing 'central' advice helplines.

"Put in place direct communication channels for parents and carers to contact the council to escalate concerns and access support from the local authority".

County council

"Local guidance regarding vulnerable pupils' attendance was prepared and circulated to schools".

Metropolitan district

One in five respondents reported **individual in-depth council liaison with school heads** to determine who was vulnerable and/or the child of a key worker, and how schools could help vulnerable children.

“Schools worked with Children's Services and the local education authority to identify vulnerable pupils including children on the child protection register, children looked after, children receiving Care and Support, children with additional learning needs and children in alternative education. Bespoke plans were made to engage with these pupils and families to ensure attendance at the hubs.”

Welsh unitary authority

“Close working with Special Schools to understand the level of risk posed for their children should they not be able to access schools. Virtual School reviewed CIC cohort to understand what risks may be posed.”

Unitary authority

One in five councils who responded highlighted **organising a central list of vulnerable children**.

“We had an overview of who our vulnerable children would be and created a single tracker with lead professionals identified, linked into families.”

London borough

“The council worked with school leaders and partners to collect data to identify vulnerable children and the children of key workers, this facilitated the triage and risk assessment of children.”

County council

One in five councils who responded mentioned **reviewing individual child plans and risk assessments and assessing what each child needed**. This included the decision on whether they could be home schooled or should attend an education centre, and the prioritisation of vulnerable children attending schools.

“Schools were supported to put staffing plans in place to ensure that vulnerable children could attend school. Risk assessments were completed for each child attending school.”

Unitary authority

One in five councils who responded to the question provided talked about **working with and supporting schools to keep them open** as well as establishing hubs for vulnerable children.

“The return to school for vulnerable children was carefully planned, and some schools were able to effectively facilitate such measures more successfully than others. It was far easier in the bigger schools, where children could safely social distance. We communicated with each school to see how many children they could accommodate safely, and some children were able to attend schools where there was no provision in their own school, due to low numbers of vulnerable children and considerable staff absence”.

Unitary authority

There were some other themes mentioned by a lesser number of councils. These are briefly summarised below:

- Remote learning modules and laptops provided. For example, one council said, “After the announcement children who were in care did not attend school during the first lockdown. Social care delivered mobile devices to enable children to access online learning.”
- Safety, welfare and safeguarding. As one council stated, “Social care continued to have oversight for the safety and welfare of those children and young people open as child protection, child in need or a child looked after and support families where barriers were identified in accessing education.”
- Working with parents or foster parents. For example, one council said, “For those parents who refused to send their children in, schools called

frequently, and social workers continued to visit the family homes both in person and virtually.”

Respondents were asked if their authority had made plans as to how children who attended special schools would be educated in the event of school closures. Table 13 shows that 47 per cent of English county or single-tier authorities and 41 per cent of Welsh authorities had made plans. Forty-one per cent of English authorities and 59 per cent of Welsh authorities had not made plans.

Table 13: Prior to 18 March 2020, had the local authority made plans as to how children who attended special schools would be educated in the event of school closures?

	England	Wales
Yes	47%	41%
No	41%	59%
Don't know	11%	0%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Those who reported their council had made plans for educating children at special schools in the event of closures were asked to summarise these plans. Overall, 79 of these councils responded to the question. Their comments discussed themes such as holding meetings with headteachers and representatives of special schools, introducing remote learning packages, increasing support for vulnerable children, maintaining family contact and transport arrangements.

The most common theme was around councils **holding meetings with headteachers and representatives of special schools**. This was mentioned by nearly two-fifths of councils who responded to the question. A number of these comments made references to direct engagement with schools and school leaders to discuss various issues such as managing school closures and putting provisions in place.

“A meeting was held with special school leaders to discuss the event of school closures, and what impact this could have on all students.”

Unitary authority

“Special school headteachers were an integral part of our planning group.”

Metropolitan district

“The local authority worked in partnership with special school leaders to devise and create ways of continuing education for these pupils.”

County council

“We held meeting with special school headteachers to work through effective planning and support with specialist advice and guidance.”

County council

A third made comments around **increasing support for vulnerable children**. Some comments referenced how efforts were made to keep schools open for those classed as vulnerable.

“A number of special school pupils did not attend due to medical vulnerabilities, these pupils received check-in calls from their schools and the education and learning team.”

Metropolitan district

“Special Schools were open to a greater number of pupils who were classed as vulnerable because of their special educational need.”

Metropolitan district

“We increased safety measures for vulnerable or at-risk learners.”

Unitary authority

Another common theme was around **special schools introducing remote learning packages** to enable children to maintain their education virtually. This was mentioned by around a third of councils.

“Children provided with technology to access learning.”

Metropolitan district

“Access to educational materials and teaching remotely via Teams.”

London borough

“For those children when it was agreed that the child should stay at home, either for some or all of the time, an on-line or remote learning offer was established.”

Unitary authority

A further quarter of councils who responded to the question talked about how they **offered regular family contact and advice for families.**

“The system needed to recognise that parents with extremely vulnerable children re extremely nervous about returning to school and as such the schools were in regular contact with parents who did not feel they could send the child back to school.”

Unitary authority

“The SEND service wrote to the parents and carers of all children and young people with an EHCP in May 2020 inviting them to complete a survey outlining their views on the provision in place for their child. If parents indicated that they wanted their children to attend, then officers contacted the schools/settings to negotiate attendance. Those parents and carers that didn't reply to the online survey were contacted via telephone and records taken of their conversations.”

Unitary authority

“Regular check-ins by school staff members with families.”

London borough

Another common theme mentioned by councils who responded to the question was around **risk assessments being used to assess children and their individual needs**. This was mentioned by a fifth of councils.

“Risk assessments were discussed around individual children needs however the majority due to complex health needs were deemed to high risk at that time to be in school.”

Unitary authority

“For children attending special schools, a risk assessment of the child being school was completed by the school with the involvement of the parents to ensure that all children who could attend school, were able to attend and appropriate risk measures in place.”

Unitary authority

“Risk assessment meetings started to be held with the one (of our three) special schools which caters for children with the highest level of need and many of whom have more significant health needs. In these meetings (involving education, health and care professionals) individual children were discussed and solutions found about how to protect them best.”

London borough

Councils also made comments around **maintaining transport arrangements**, which enabled children to continue to attend schools. This was also mentioned by a fifth of councils who responded to the question.

“Transport arrangements were included in planning these arrangements.”

Metropolitan district

“Attendance was prioritised for the most vulnerable children and transport re-routed to enable children to attend school.”

Metropolitan district

“Planning and arrangements were made for transport to and from school arranged through SEN transport team working with schools, children's homes and front-line staff.”

County council

Just under a fifth of councils made comments around **doing their best to keep schools open**, notably for vulnerable children or children of key workers.

“A decision was made from the onset that special schools will be kept open to enable vulnerable children to continue attending school face to face.”

Metropolitan district

“Discussions were held with local special schools about how best to support children and young people, including remaining open where possible.”

London borough

“Special school provision remained open for the most vulnerable children and children of key workers.”

Metropolitan district

A smaller proportion of councils that responded to the question provided comments on the following themes:

- Comments around Education, Health and Care Plans (EHCPs). As one council stated, “sensory bags which were designed and contents chosen by our parent carer forum and delivered to doorsteps by voluntary sector partner and volunteers to every family with a child or young person with an

EHCP.” Whilst another council said, “the expectation was reinforced that children with an EHCP as well as those on roll at special schools would continue to attend school unless, where advised, to isolate at home.”

- Continuity plans being in place. For example, one council said, “business continuity guidance was provided regarding the provision for online/remote learning support, and general advice for absence management for those pupils with underlying medical conditions.”
- Plans in place for school closures. As one council stated, “each special school would be expected to have a plan in place for school closure.” Whilst another council said, “special schools all undertook business continuity plans for all events related to school closure.”
- Alternative venues being made available. For example, one council said that they “worked to ensure schools provided alternative provision where possible.”

Oversight of vulnerable and at-risk children

Respondents were asked to assess the overall scale of reduction in the number of children in need (CIN) assessments during the pandemic for their authority. Table 14 shows that 30 per cent of English county and single-tier authorities reported that they had either a great or moderate reduction in these assessments, whilst 42 per cent had no reduction. Twenty-five per cent of Welsh authorities had a great or moderate reduction in the number of children in need assessments, while 45 per cent had no reduction.

Table 14: What was the overall scale of reduction, if any, in the number of children in need assessments?

	England	Wales
Great or moderate reduction	30%	25%
Great reduction	4%	5%
Moderate reduction	26%	23%
Small reduction	28%	27%
No reduction	42%	45%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Respondents were asked to summarise how and when any significant change in the number of children in need assessments occurred during the Specified Period. One hundred and twenty-four councils responded to this question.

Around one in five councils who responded reported that, over the Specified Period, the numbers of children in need assessments **hadn't particularly changed or changed only slightly**.

“Generally, numbers of assessments remained stable, there were fluctuations during the period both up and down as might be expected under normal circumstances but overall, no significant changes”.

County council

“The number of such assessments was largely consistent across the period other than in April to May 2020.”

Metropolitan district

Just over one in six said there was an **increase overall in children in need assessments**.

“We saw an increase in children open to a statutory service. There wasn’t an increase immediately, but we started to see more children suffering neglect, parental mental health concerns, domestic abuse and substance misuse concerns.”

Unitary authority

Around one in seven who responded indicated there was an **overall decrease** during the period.

“Between January 2020 and March 2022, there was a significant reduction in the number of Children in Need assessments.”

London borough

Around one in eight councils witnessed a reduction during the first lockdown. Another tenth of councils said that they had reductions during more than one lockdown. Where further context was provided, a majority said that numbers returned to their previous levels following the lockdown(s), although a few mentioned significant increases afterwards.

“During periods of lockdown, we received less referrals from across the children’s partnership and therefore undertook less CIN assessments but this reverted when lockdowns ended.”

Around one eighth of councils who responded provided context that **assessment numbers were impacted by schools opening and closing**. This was largely due to schools providing a significant number of referrals due to concern about some children in their care.

“School attendance was a factor in determining levels of vulnerability”.

Metropolitan district

A small number of councils **attributed a decrease in assessments to reduced referrals** from other professionals.

“Less referrals from other professionals who were not visiting or in face-to-face contact with families so therefore less assessments.”

Welsh unitary authority

As seen on Table 15, 26 per cent of English county and single-tier authorities had a great or moderate reduction in the number of child protection enquiries. Fifty-five per cent of English authorities had no reduction. Thirty-two per cent of Welsh authorities had a great or moderate reduction in the number of child protection enquiries while 59 per cent which had no reduction.

Table 15: What was the scale of reduction, if any, in the number of child protection enquiries?

	England	Wales
Great or moderate reduction	26%	32%
Great reduction	5%	9%
Moderate reduction	21%	23%
Small reduction	19%	9%
No reduction	55%	59%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Respondents were asked to summarise how and when any significant changes occurred in the number of child protection enquiries at specific points during the Specified Period. One hundred and nine councils responded to this question.

More than a quarter of councils who responded reported that over the Specified Period, the **number of children protection enquiries had increased**.

“There was an overall increase in demand across the period in question. However, there were some short-term decreases (small number of weeks) following the implementation of national lockdowns in the first instance when demand reduced. But this quickly recovered as services established the new working processes.”

Metropolitan district

A fifth of councils reported that the **number of enquiries had not significantly changed**.

“As schools were closed, very few referrals came from schools. Overall, there was very little change in the number of child protection enquiries”.

Welsh unitary authority

Around a tenth of councils who responded said that the **number of enquiries had reduced over the period** as a whole.

“We did see a moderate reduction in open CP plans and this directly correlates with significant drop in referrals due to children not being in school or accessing universal services”.

Metropolitan district

Around one in four mentioned a **specific time that protection enquiries reduced notably**. Of these, almost half were associated with the first lockdown period.

“Q1 of 2020/21 saw the biggest dip in the rate of Section 47 enquiries, but this was back to its previous rate (or slightly higher) by Q2”.

London borough

“Whilst we saw an initial reduction in child protection enquiries immediately following the start of the lockdown periods, on each occasion the volume of enquiries increased again once restrictions were lifted, and considering the Specified Period overall, our number of child protection enquiries increased and, to this day, remains much higher than before the pandemic”.

London borough

Just under a fifth of councils added context about **child protection enquiry rates and schools being open or closed** (whether relating to increased, level, or reduced CP referrals).

“All our numbers dropped significantly as children were not seen by schools and other professionals, very few professionals were going into homes and children were not seen as often.”

Metropolitan district

Table 16 shows that both 27 per cent of English county and single-tier and Welsh authorities reported a reduction in the number of children’s conferences, in

conjunction with safeguarding partners. Fifty-three per cent of English authorities reported they experienced no reduction, while 55 per cent of Welsh authorities reported this.

Table 16: What was the scale of reduction, if any, in the number of children’s conferences (in conjunction with safeguarding partners)?

	England	Wales
Great or moderate reduction	27%	27%
Great reduction	4%	0%
Moderate reduction	23%	27%
Small reduction	20%	18%
No reduction	53%	55%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Respondents were asked to summarise how and when any significant changes in the number of children’s conferences occurred at specific points during the Specified Period. One hundred and eight councils responded to this question.

Around one in four councils who responded reported that, over the Specified Period, the **numbers of children’s conferences had not significantly changed**.

“Conferences and children on the CPR remained broadly same as pre-pandemic.”

Welsh unitary authority

Around a fifth reported that **numbers had increased throughout the period**.

“The increase in children’s conferences was aligned to the increase in enquiries steadily throughout the Specified Period.”

Welsh unitary authority

A very similar number of authorities said **numbers generally reduced**.

“There were less referrals, and so less assessments, which ultimately meant less going into Section 47 and child protection - schools were a significant referrer and, as they had less contact, we therefore had less referrals”

Welsh unitary authority

Just over a fifth of councils who responded **mentioned reductions that occurred during specific lockdowns**, especially the first lockdown. Generally, these were temporary reductions.

“There was a significant decrease in conferences during the period March to May 2020 (around the first national lockdown) before a spike in June 2020 and July 2020 (possibly a ‘catch-up’ from the months before).”

Unitary authority

Respondents were asked to assess the scale of reduction in the number of contacts, whether face to face or virtual, with children in care for their authority. Table 17 shows that 10 per cent of English county and single-tier authorities reported a great or moderate reduction. Thirty-two per cent of Welsh authorities reported a great or moderate reduction. Seventy per cent of English authorities said they had no reduction, while 55 per cent of Welsh authorities reported this.

Table 17: What was the scale of reduction, if any, in the number of contacts (face to face or virtual) with children in care?

	English	Wales
Great or moderate reduction	10%	32%
Great reduction	3%	0%
Moderate reduction	7%	32%
Small reduction	20%	14%
No reduction	70%	55%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents were asked to summarise how and when any significant changes in the number of contacts with children occurred at specific points during the Specified Period. They were asked to report on both virtual and face-to-face contacts, and to distinguish between them if possible.

Close to one in five councils who responded reported that, over the Specified Period, the **numbers of contacts had not significantly changed**.

“The number of contacts remained consistent with pre pandemic statistics. There is evidence to suggest that contact between children in our care and their social workers improved slightly as young people were easier to engage virtually during lockdown.”

Welsh unitary authority

Around one in six reported that, over the Specified Period, they experienced a **general shift to virtual visits** or that virtual contacts had largely replaced face-to-face contacts. This was mentioned as a general trend, and was not tied to specific intervals within the Specified Period.

“Face to face meetings reduced and were replaced by online meetings and socially distanced meetings. We adapted quickly in April 2020 to support our children in care.”

Metropolitan district

Around a tenth of councils specifically mentioned they **continued face to face contacts, unless there were medical concerns** for vulnerable people.

“Children in care continued to be visited in line with the frequency agreed in their care plan. Where families were isolating then the visit was a virtual or doorstep visit but, in most cases, these continued to be face-to-face.”

Metropolitan district

About a tenth of councils who responded specifically mentioned **switching to virtual visits increased the number of contacts** or had improved them in some way.

“At the point of lockdown, the average number of visits per child increased and then this increase was sustained...for the duration of the Specified Period. This was enabled via increased use of virtual visits.”

County council

Table 18 shows that 43 per cent of English county and single-tier councils and 64 per cent of Welsh councils reported a reduction for other face to face work, including pre-proceedings and Family Support Worker work with families. Twenty-three per cent of English authorities reported there was no reduction along with 14 per cent of Welsh authorities.

Table 18: What was the scale of reduction, if any, for other face-to-face (in person) work, including pre-proceedings and Family Support Worker work with families?

	England	Wales
Great or moderate reduction	43%	64%
Great reduction	19%	27%
Moderate reduction	25%	36%
Small reduction	34%	23%
No reduction	23%	14%

Base: English county and single-tier authorities (145) and Welsh authorities (22).

Respondents were asked to summarise how and when any significant changes in the number of other face-to-face/in person work took place at specific points within the Specified Period. This was noted to include pre-proceedings and family support worker work with families. One hundred and thirty-eight respondents responded to this question.

The most common theme was that other face-to-face (in person) work reduced most significantly at the start of COVID-19, when **virtual online meetings and non-face-to-face work was encouraged**. This was mentioned by half of councils who responded to the question. Many of these comments stated the rise of online communication via apps like Zoom, Teams and WhatsApp.

“Face to face work was reduced and replaced by virtual working - virtual visits, and virtual meetings - for children who were not considered at risk.”

London borough

“During the initial and subsequent lockdowns, family practitioners moved to utilising smart working mobile telephones along with Zoom

and later Teams meetings so families and children could be contacted virtually to facilitate interactive engagement opportunities.”

London borough

With the increase in virtual communication, **prioritising in-person support for vulnerable children remained essential**. This was mentioned by a third of those who responded to the question. Within this theme, comments were made around how meeting face-to-face was beneficial to young people who were seen to be more at risk. Many councils mentioned traffic light systems through RAG ratings, to determine those most at risk.

“Face-to-face or in person visits were blended with virtual visits during this period. Virtual visits were risk assessed thus for the most vulnerable children (i.e. those subject to pre-proceedings) they would have continued to have had in person visits with social distancing measures implemented.”

London borough

“Cases were RAG rated (prioritised in categories of red as highest need, amber as second highest and green as lower risk), and visits agreed according to the situation and the need to be physically present in the home in order to reduce or manage risk to a child.”

Welsh unitary authority

Just over a quarter of respondents who answered the question commented on changes in family meetings and the shift to virtual work following **government guidance**. Many noted that while some meetings continued in person with PPE, non-statutory work was significantly reduced in accordance with lockdown restrictions. However, several respondents stressed the value of face-to-face contact, emphasizing its greater effectiveness and meaningfulness.

“All frontline social care work continued, utilising PPE, social distancing and doorstep visits. Any non-statutory work moved to predominantly

virtual. This occurred in line with and following Government guidance on lockdowns and restrictions.”

Metropolitan district

“The majority of face-to-face work for non-statutory work reduced significantly in line with guidance and risk assessments during the times the lockdown restrictions were in place.”

Metropolitan district

“There was a small reduction due to a challenge in visiting newborn babies and very young children due to health and government advice to parents to not visit other households and not let others visit your home.”

Unitary authority

A smaller number of respondents commented on the impact on safeguarding. Some councils expressed concerns about the difficulty of assessing a child's well-being through video calls, as the child's physical environment could not be observed. A couple of factors included:

- the observation that if another adult was present in the room, they might not be visible on a virtual call
- using RAG rankings to identify the most vulnerable or at-risk children was challenging.

Respondents were asked to assess the scale of reduction for other services for vulnerable children and their families for their authority. As shown on Table 19, 42 per cent of English county and single-tier authorities and 50 per cent of Welsh authorities experienced a great or moderate reduction. Twenty-five per cent of English authorities and 20 per cent of Welsh authorities experienced no reduction.

Table 19: What was the scale of reduction for other services, if any, for vulnerable children and their families?

	England	Wales
Great or moderate reduction	42%	50%
Great reduction	17%	35%
Moderate reduction	25%	15%
Small reduction	32%	30%
No reduction	25%	20%

Base: English county and single-tier authorities (146) and Welsh authorities (22).

Respondents were asked to summarise how and when any significant changes in numbers of other services for vulnerable children and their families occurred at specific points during the Specified Period. One hundred and thirty councils responded to this question.

The most common theme prevalent was the rise of **virtual support and online services** offered. This was mentioned by a quarter of councils who responded to the question. Many of these comments spoke about services being virtual to help reduce the risk of infection during the lockdown period.

“During periods of lockdown face to face delivery of some parenting programmes and youth work moved from face to face to virtual... services for young carers (group work) moved to virtual and activities within the community during periods of lockdown.”

Unitary authority

Another common theme concerned how councils **reduced statutory services**. This was mentioned by just under a quarter of those who responded to the question. Within this theme, comments were made around closures of schools, nurseries and essential services, to ensure risks to staff and service users were kept at a minimum.

“Great reduction at the outset and during lockdowns - closure of nurseries and children's centres. We were limited to providing essential services.”

Metropolitan district

“Non statutory services were significantly reduced to ensure risks to staff and service users were kept to a minimum during periods of lockdown.”

London borough

Comments made by a smaller number of respondents mentioned the effect digital exclusion following a rise in the use of online services. There were many service users who did not have access to internet.

Respondents were asked to quantify the extent to which staff absences or the inability of staff to provide services impacted the delivery of local authority social care services to children and young people. Table 20 shows that 8 per cent of English county and single-tier authorities and 14 per cent of Welsh authorities reported that staffing issues threatened the ability of the local authority to deliver services to children and young people throughout or at points during the pandemic. Fifty per cent of English authorities and 55 per cent of Welsh authorities stated that staffing issues were a challenge but did not threaten the delivery of social care services. Forty-two per cent of English authorities and 32 per cent of Welsh authorities reported that staff issues were not a problem regarding the provision of services.

Table 20: In general terms, over the course of the Specified Period, please quantify the extent to which staff absences or the inability of staff to provide services (for example because of clinical vulnerability), impacted the delivery of local authority social care services to children and young people. Please select the description which most closely matches the way in which services were impacted.

	England	Wales
This was a serious problem which threatened the ability of the local authority to deliver services to children and young people for the local authority throughout or at points during Pandemic	8%	14%
This was a serious problem which threatened the ability of the local authority to deliver services to children and young people for the local authority throughout the Pandemic	1%	0%
This was a serious problem which threatened the ability of the local authority to deliver services to children and young people at points during the Pandemic	7%	14%
Staff absences or the unavailability of staff was a challenge but did not threaten the delivery of services to children and young people	50%	55%
Generally, this was not a problem during the pandemic (in that the local authority managed to maintain the levels of staff needed to provide services to children and young people)	42%	32%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents were asked what actions, if any, their council took to minimise the impact of staff absences on children's social care services. One hundred and forty-three councils answered this question.

The most common theme concerned councils **using PPE to minimise staff absences**. This was mentioned by nearly half of councils who responded to the question. Many of these comments stated wearing masks, listening to instructions to isolate and frequently testing staff for COVID-19.

"Tests and PPE were made available for all staff to prevent contamination or the transmission of the virus."

Unitary authority

"We provided PPE for home visits, minimised face to face contacts, utilised remote working where possible, and utilised additional car parking and pool cars to reduce use of public transport. We employed regular COVID-19 testing for office based staff, and ensured any staff who came into contact with confirmed infected individuals isolated until they were confirmed negative."

London borough

A **focus on staff wellbeing** was also considered to be a very important factor used by councils to help minimise absences. This was mentioned by a third of those who responded to the question. Within this theme, comments were made around ensuring staff had daily check-ins and reflective discussion, as well as being prioritised for COVID-19 vaccines. Staff were also provided with IT equipment to support working from home and government guidance was put in place to ensure working environments were regularly cleaned and sanitised.

“We ensured staff were regularly consulted with, and provided daily check-ins with staff. We conducted reflective discussions and meetings with staff and provided emotional support for staff who lived alone, and staff with underlying health issues were supported in their roles and prioritised for COVID-19 Vaccines.”

London borough

Just under a quarter of respondents who answered the question highlighted the **importance of following government guidance**. Many emphasised that staff safety and virtual communication were essential to ensuring a secure working environment while consistently adhering to government directives.

“Social workers undertook visits in line with the Government’s guidelines on social distancing. In the main social workers operated from home rather than office basis. They had the equipment to allow them to work remotely and we ensured buildings remained open so they had the opportunity to access work bases should this be required.”

County council

A smaller number of respondents described other activities to minimise and manage staff absences:

- some councils recorded staff vaccinations and reported staffing levels daily
- staff wellbeing and training: development of a wellbeing program, increased communication, council-wide training, and regular webinars
- operational measures: daily staffing reports, reallocation of staff to high-need areas, implementation of a business continuity plan, and a structured vaccination tracking system
- adaptation to new working styles: virtual meetings and visits where appropriate, alternative work practices, and increased virtual communication.

Table 21 shows that 21 per cent of English county and single-tier authorities and 45 per cent of Welsh authorities reported that staffing issues threatened their ability to provide education throughout or at points during the pandemic. Forty-three per cent of English authorities and 23 per cent of Welsh authorities stated that staffing issues were a challenge but did not threaten the delivery of education services. A similar percentage of English authorities (35 per cent) and Welsh authorities (32 per cent) stated that staff issues were not a problem in regard to provision of education services.

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Table 21: In general terms, over the course of the Specified Period please quantify the extent to which staff absences or the inability of staff to provide services (for example because of clinical vulnerability) impacted the delivery of local authority education functions for children and young people. Please select the description which most closely matches the way in which services were impacted.

	England	Wales
This was a serious problem which threatened the ability of the local authority to deliver education functions for children and young people throughout the Pandemic	22%	45%
This was a serious problem which threatened the ability of the local authority to deliver education functions for children and young people throughout the Pandemic	6%	5%
This was a serious problem which threatened the ability of the local authority to deliver education functions for children and young people at points during the Pandemic	17%	41%
Staff absences or the unavailability of staff was a challenge but did not often threaten the delivery of education functions for children and young people	43%	23%
Generally, this was not a problem during the pandemic as the local authority managed to maintain the levels of staff needed to provide education functions for children and young people	35%	32%

Base: English county and single-tier authorities (145) and Welsh authorities (22).

Respondents were asked, in relation to safeguarding, what negative changes related to the pandemic did the local authority experience. Table 22 shows that 63 per cent

of English county and single-tier authorities reported that they had greater difficulty in being able to see and speak to children about whom there was concern. Fifty-seven per cent of English authorities experienced a reduction of information, from schools and teachers, about children. Fifty-four per cent of English authorities reported greater difficulty in obtaining or maintaining contact with the families of children about whom there was concern. Seventy-seven per cent of Welsh authorities experienced a reduction of information, from schools and teachers, about children. Fifty-nine per cent of Welsh authorities reported that, during the pandemic, they experienced difficulty in being able to see and speak to children about whom there was concern. Half (50 per cent) of Welsh authorities experienced a reduction in information from other sources about children, for example, neighbours and family during the pandemic.

Table 22: In relation to safeguarding, what negative changes related to the pandemic, if any, did the local authority (whether alone or in partnership with other partners) experience? Please select all that apply.

	England	Wales
Greater difficulty in being able to see and speak to children about whom there was concern	63%	59%
A reduction of information, from schools and teachers, about children	57%	77%
Greater difficulty in obtaining or maintaining contact with the families of children about whom there was concern	54%	45%
A reduction in information from other sources about children, for example, neighbours and family	45%	50%
A reduction in information from police forces about children	25%	32%
Greater difficulty in convening meetings with safeguarding partners	21%	32%
Problems in information sharing because of staff absences across safeguarding partners	18%	41%
Greater difficulty in ensuring there was effective information sharing with safeguarding partners	17%	36%
Any other difficulties in the safeguarding of children relevant to the pandemic (please specify)	38%	55%
None, there were no negative changes	10%	0%

Base: English county and single-tier authorities (146) and Welsh authorities (22).

Of the respondents who selected 'any other difficulties', 51 provided details of additional negative changes to safeguarding issues due to the pandemic. The most frequent other change, mentioned in almost a third of comments, was a reduction in referrals from schools and other statutory and voluntary sector agencies. This was largely the result of the second most common negative change, the loss of regular contact with children among these agencies, leading to lack of oversight on any issues they were facing. The third most prominent issue was loss of safeguarding information conveyed from health visitors, due to in-person health visits being suspended. Other negative changes mentioned less frequently included:

- pressure on council staff caused by staff in partner organisations, particularly in the health sector, being diverted to other roles
- communication issues caused by lack of reliability in some computer software, digital exclusion among some families, and individuals and agencies using different software providers not compatible with each other (for example, Teams, Zoom and Skype)
- safeguarding issues caused by the mental health impact of the pandemic and lockdown
- some families using the pandemic to intentionally avoid contact with social workers
- particular challenges maintaining contact with disabled and/or clinically vulnerable children
- particular issues from newborn babies and very young children being isolated with their families and with no external support
- family breakdown and/or reductions in parents' ability to safely care for their children
- increased concern around substance misuse and drug dealing
- lack of evidence of neglect due to no longer visiting children's homes and inspecting their bedrooms

- difficulties arranging to speak to children alone, without parents or guardians present
- concerns over restrictions in visiting children with safeguarding concerns in secure accommodation
- increased risk of online harm through children's reliance on virtual technology
- reductions in police interventions and/or challenges in responding to police concerns
- loss of information sharing among safeguarding agencies due to a reduction in co-located working
- reluctance among some parents to send their children back to school when schools reopened
- a shortage in available fostering placements due to foster parents shielding and/or self-isolating
- the pandemic's impact on the financial resilience of families
- increased delays in reducing risks and or harm to children
- a de-prioritisation of children known to 'early help' and 'family help' services due to prioritising children already being harmed or at risk of harm
- reduced effectiveness of preventative arrangements due to weaker social relationships from lack of face-to-face contact
- challenges from safeguarding activities competing with other pressing priorities in the pandemic
- difficulties in assessing, applying and communicating the large amounts of guidance provided throughout the pandemic
- contingency planning required for child protection conferences (CPCs) and children in care reviews impacted by pandemic-related issues

- issues affecting the local government workforce with their own children at home, and ensuring that their needs were met.

Respondents were asked, in relation to safeguarding, what positive changes related to the pandemic did their local authority experience. Table 23 shows that 62 per cent of English county and single-tier authorities and 55 per cent of Welsh authorities reported that during the pandemic they experienced improved attendance by partners at child protection meetings, including at virtual meetings. Forty-eight per cent of English authorities and 27 per cent of Welsh authorities reported that they experienced improved relationships between schools and the council. Forty-five per cent of English councils experienced improved communication with schools about children. Twenty-seven per cent of Welsh authorities reported that they experienced more regular communication with children in care.

Table 23: In relation to safeguarding, what positive changes related to the pandemic, if any, did the local authority (whether alone or in partnership with other partners) experience? Please select all that apply.

	England	Wales
Improved attendance by partners at child protection meetings (including virtual)	62%	55%
Improved relationships between schools and the council	48%	27%
Improved communication with schools about children	45%	18%
More regular communication with children in care	39%	27%
Improved relationships with families	19%	14%
Other positive changes (please specify)	51%	64%
None, there were no positive changes	5%	5%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

All 88 respondents who indicated there were other positive changes related to the pandemic provided examples of these additional positive developments. By far the most common additional positive results of the pandemic mentioned were improvements in virtual communications and use of technology, mentioned in three-quarters of comments, and increased and more flexible interactions with partner agencies, also mentioned in three-quarters of comments. Other less frequent additional benefits mentioned included:

- increased organisational and public attention to safeguarding issues and procedures and a greater sense of community engagement, as demonstrated by increased safeguarding referrals from families, neighbours

and communities, partially compensating for the shortfall in referrals from partner agencies

- merging and/or greater collaboration and communication between different council teams and departments with a stake in safeguarding children
- improved data collection and use of data with relation to child safeguarding
- a relaxation of relevant legislation allowing councils to contact all families with an education, health and care plan (EHCP) to offer them support
- the opportunity to benefit children and families through providing them with IT equipment
- increased family time for foster carers, due to lockdown restrictions and/or time on furlough
- increased opportunities for contact with care leavers and ensuring their safety and wellbeing
- a reduction in children missing from home and care due to the lockdown restrictions
- an increase in the stability of placements for looked after children
- better quality of contact between some children and their parents when conducted online (especially for parents who were a source of trauma to the children)
- some children and families feeling less intimidated through meeting online, as opposed to in council offices
- a reduction in staff travel time
- shortened timescales for child and family assessments
- some children thrived in a smaller class size and/or in a home schooling environment.

As shown on Table 24, 34 per cent of English county and single-tier authorities and 45 per cent of Welsh authorities stated that during the Specified Period, compared to 2019, there was an increase in the number of children referred to social services because of child protection concerns. Twenty-seven per cent of English authorities reported a decrease as did 5 per cent of Welsh authorities.

Table 24: During the Specified Period, compared to 2019, did the number of children referred to social services, because of child protection concerns, change?

	England	Wales
Increase	34%	45%
Decrease	27%	5%
Stayed broadly the same	28%	32%
Other change (please specify)	9%	14%
Don't know	2%	5%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Fifteen of the respondents who specified other changes specified these. Over four-fifths clarified that referrals decreased noticeably in the early portions of the Specified Period in the Spring and Summer of 2020, but then increased to return to or slightly exceed previous levels for the remainder of that period. Other details provided in changes to number of referrals included:

- increasing referrals during the Period concerning older looked after children specifically
- unpredictable fluctuations in levels of referrals across the Period, with no clear trends or patterns discernible

- broadly stable levels of referrals, but with some increases attributable to targeted communications aiming to identify children with safeguarding issues due to the pandemic.

Table 25 shows that 56 per cent of English county and single-tier authorities carried out individual child safeguarding practice reviews and 44 per cent did not. Twenty-seven per cent of Welsh authorities reported that they carried out single unified safeguarding reviews and 73 per cent stated that they did not.

Table 25: Did the local authority carry out (or contribute to) any individual child safeguarding practice reviews (CSPRs) (England), or single unified safeguarding reviews (SUSRs) (Wales) excluding those into the death of a child?

	England	Wales
Yes	56%	27%
No	44%	73%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Respondents who had carried out any CSPRs/SUSRs were asked to summarise up to five of the most important key findings from these reviews. Eighty-nine councils responded to this question.

The most common theme concerned overall **council safeguarding practices**. A third of respondents mentioned this in their answers, with many emphasising the importance of establishing clear frameworks and providing training to ensure children's safety. They highlighted the need for structured support to address complex needs effectively and maintain high standards of care.

“Disguised compliance. A range of single and multi-agency training on disguised compliance should be commissioned by the safeguarding board and made available to a broad range of professionals. Disguised compliance will be a standard agenda item during supervision for children's services and health professionals.”

Metropolitan district

"The review suggests that there is a recurring theme of how agencies support children who are not in education but have complex needs in relation to their social and emotional wellbeing. The review highlights that there is a disconnect between education services and the child protection system. There are concerns about the absence of CAMHS within the EHCP and child protection systems when families have disengaged with the service."

Metropolitan district

A **focus on mental health** was a key concern for councils. This was mentioned by a quarter of those who responded to the question. It was highlighted that improving communication about self-harm thoughts among young people is crucial. Emphasising the importance of breaking down barriers and fostering a supportive, comfortable environment is essential to address mental health effectively for those with complex needs.

"Strengthening responses when young people have thoughts of suicide and self-harm. Addressing barriers to information sharing across organisations. Listening to and understanding children's lived experience, especially those who have complex needs. Workforce development on issues that adversely impact parental capacity, such as adult mental health, substance misuse, learning difficulty etc. Understanding a family's financial situation; as many parents we help and support are struggling with this and it impacts not only providing practicalities such as food, heating, clothing etc. but also creates stress and worry."

Metropolitan district

"The impact of an infant's health needs (reflux) on the mental health of a parent already struggling to care for a young baby."

Just under a quarter of respondents who answered the question highlighted **neglect** as a key issue. Many councils discussed the importance of monitoring missed health care appointments when identifying potential cases of child neglect. Similarly, a lack of supervision can pose risks of a child's safety or wellbeing, often signifying broader neglectful patterns that may require intervention to prevent harm.

"Understanding the significance of missed healthcare appointments: a pattern of repeated missed and cancelled appointments can be an indicator of neglect and disguised compliance."

Welsh unitary authority

"The second case involved severe neglect of an eight-year-old. Key learning concerned the effectiveness of the multi-agency response to neglect including how professional disagreement is handled, and how transfers are made between local authorities."

County council

"Agencies understanding of the full extent of parental neglect and lack of supervision. Missed medical appointments and lack of joined up health services. Agencies were not always fully aware of parents' full histories, which included poor mental health, multiple bereavements, substance misuse and domestic abuse."

Metropolitan district

There were also statements on the importance of training to enable staff to recognise signs of child abuse, especially when there is a reliance on looking at physical signs that can be non-apparent with virtual contact. Other comments included:

- seeing a need for more professional curiosity, to ensure nothing vital is missed

- staff working together, to help with supervision, record-keeping, communication and information
- ensuring staff are properly trained, so they are aware of policies and procedures in place to help protect children.

As Table 26 shows, 50 per cent of both English and Welsh authorities carried out overall reviews into safeguarding, child protection and/or children's services during or after the pandemic while the same percentage of authorities (50 per cent) did not do this.

Table 26: Did the local authority carry out any overall reviews into safeguarding, child protection and/or children's services during or after the pandemic?

	England	Wales
Yes	50%	50%
No	50%	50%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Respondents who carried out overall reviews were asked to summarise up to five of the most important key findings emerging from those reviews. Eighty-three councils provided answers to this question.

The most common theme was centred around the **importance of safeguarding**. This was mentioned by one third of councils who responded to the question. Many of these comments stated the safeguarding concerns and a lack of face-to-face visits could result in children being more vulnerable.

“A local learning review was undertaken May 2022. It concluded that better information sharing, and a greater degree of professional curiosity may have led to earlier identification of the safeguarding risks. Seven recommendations were made in respect of improving the welfare and educational achievement of children and young people who are electively home educated.”

Metropolitan district

“We looked at audits of cases following the pandemic through safeguarding board work to ensure that vulnerable children were being seen. Also, local audit work on this.”

Welsh unitary authority

“The ability to identify and respond to acute safeguarding concerns was hampered by unprecedented demand and limited resources and consequently impacted on individuals, sometimes with tragic consequences.”

Welsh unitary authority

Another common theme concerned **how councils contacted people and the benefit of in person meetings**. This was mentioned by just under a quarter of those who responded to the question. Within this theme, comments were made around how meeting face-to-face was beneficial to some young people and allowed them to open up and communicate more.

“Our offer to families was strong, including seeing children face-to-face... Family therapy clinics supported families through a new COVID-19-related virtual offer.”

London borough

“Importance of undertaking holistic and child-focussed assessments and the importance of face-to-face contact; considering whether it is necessary in some situations to override a young person's refusal to provide consent for an assessment and share or gather key information from other agencies when there are potential safeguarding or vulnerabilities present.”

County council

One in ten of those who responded to the question commented about the **need for more support** to strengthen relationships with systems and people, as well as for carers. Many of these respondents pointed towards a need for support networks and assessments to help combat isolation and to understand complexities.

“Our relationship with the school system in particular has been strengthened creating an opportunity to wrap support around in a preventative way.”

County council

“Support for care-experienced young people to ensure support networks were in place for care leavers facing isolation and financial difficulties.”

London borough

“Improved Early Support Assessments to understand underlying family complexities.”

Metropolitan district

Around a fifth of councils who responded to the question commented about **child neglect** and the impact it is having on child wellbeing and how it needs to be improved.

“Child Neglect: The neglect report for children’s social care in [council area] highlighted the use of the GCP [Graded Care Profile] tool, which is being completed more frequently but not always on time for the second review conference. This is identified as an area for improvement.”

County council

“Medical neglect and the impact on child wellbeing.”

London borough

“The review was necessitated due to concerns regarding the increased prevalence of harm to babies during lockdown. Nationally, there was an increase in the numbers of young children being harmed as a result of the changes to service provision.”

Unitary authority

Comments made by a smaller number of respondents included the following:

- the impact mental health is having on wellbeing, resulting from an increase in anxiety and stress following COVID-19
- ensuring creative ways of maintaining contact with front line staff is critical to their well-being and sense of team
- issues with young people’s emotional wellbeing caused by the lockdown, with increased susceptibility to boredom, loneliness, worry, stress, a feeling of being trapped and sadness

Respondents were asked to what extent was there a reduction in the number of face to face visits to different groups of children. Fifty-six per cent of English county and single-tier authorities and 68 per cent of Welsh authorities reported a great or moderate reduction in the number of in person visits to children on ‘Child in Need’ plans. Fifty-four per cent of English authorities and 45 per cent of Welsh authorities stated that they experienced a great or moderate reduction in the number of face to face visits with children in foster care. Forty-five per cent of English authorities and

55 per cent of Welsh authorities experienced a great or moderate reduction in the number of visits to children in residential care. A similar percentage of English (29 per cent) and Welsh (27 per cent) authorities reported they experienced a great or moderate reduction in the number of in person visits to children on child protection plans.

Table 27: To what extent, if at all, was there a reduction in the number of face to face (in person) visits, to the following groups of children? (percentage answering 'To a great extent' or 'To a moderate extent')

	England	Wales
Children on 'Child in Need' Plans (or their equivalent)	56%	68%
Children in foster care	54%	45%
Children in residential care	45%	55%
Children on child protection plans (or their equivalent)	29%	27%
Other groups (please specify)	23%	0%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Twenty-two of the respondents who indicated having other reductions in face-to-face visits provided details. The reductions related to the following groups:

- children known to 'early help' programmes
- children in residential homes
- care-experienced young people and care leavers
- children with lesser needs, because the children with greatest needs were prioritised
- children living outside the local authority boundary

- children in supported accommodation, mentioned by one respondent as having reduced face-to-face visits to a small extent
- children with an interim care order at home
- other children known to social care.

One authority noted that there is a lack of available data on this issue, most often because the mode in which visits were conducted was not formally recorded until 2020,

Respondents were asked to what extent there was an increase in the number of virtual visits to different groups of children. Table 28 shows that 65 per cent of English county and single-tier authorities experienced a great or moderate increase in the number of virtual visits to children in foster care. A similar percentage of English authorities (64 per cent) stated there was a great or moderate increase in the number of virtual visits to children on 'Child in Need' plans. Fifty-eight per cent of English authorities reported a great or moderate increase in the number of virtual visits to children in residential care. Seventy-seven per cent of Welsh authorities reported a great or moderate increase in the number of virtual visits to children in foster care, on 'Child in Need' plans, or those in residential care. A similar percentage of English (49 per cent) and Welsh (50 per cent) authorities stated that there was a great or moderate increase in the number of virtual visits to children on child protection plans.

Table 28: To what extent, if at all, was there an increase in the number of virtual visits to the following groups of children? (percentage answering 'To a great extent' or 'To a moderate extent')

	England	Wales
Children in foster care	65%	77%
Children on 'Child in Need' Plans (or their equivalent)	64%	77%
Children in residential care	58%	77%
Children on child protection plans (or their equivalent)	49%	50%
Other groups (please specify)	50%	0%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Twelve respondents provided additional details on increases in the number of virtual visits to groups of children. This information fell into the following categories:

- a reiteration that reliable data is not available on this topic due to the recording of the mode of visits not being recorded prior to the pandemic; several councils stated that virtual visits increased significantly, but with no change in how the meetings were recorded
- an observation that virtual visits increased significantly for children assessed as being less at risk, but to a much lesser extent among those deemed most in need of support, for whom face-to-face visits remained the norm
- specific groups mentioned as receiving more virtual visits by a small number of councils included care-experienced young people and care leavers, children known to early help, children visited by the youth offending team, or YOT and other children known to social care.

Respondents were asked what they did to mitigate the reduction in the number of face-to-face visits to children. Table 29 shows that 100 per cent of Welsh authorities

and almost all English county and single-tier authorities (97 per cent) used video calls as a mitigation. A high percentage of English (90 per cent) and Welsh (95 per cent) authorities used WhatsApp messaging with children and young people to mitigate the reduction in face-to-face visits. Similarly, the vast majority of English (83 per cent) and Welsh (86 per cent) authorities used walking visits as a mitigation.

Table 29: What, if anything, did your authority do to mitigate the reduction in the number of face to face (in person) visits to children? Please select all that apply.

	England	Wales
Video calls	97%	100%
WhatsApp messaging with children / young people	90%	95%
Walking visits	83%	86%
Other (please specify)	37%	55%
None of these	2%	0%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Sixty-eight respondents who indicated other forms of mitigation to the reduction in face-to-face visits provided comments to describe these additional forms of mitigation. By far the most frequent form of mitigation, mentioned by three-quarters of councils who commented, was holding face-to-face visits on doorsteps and in gardens, parks and other outdoor spaces. The second most common mitigation, mentioned by a quarter of the councils who commented, was the use of virtual methods of contact to remain in touch with children and families, and thus to also enable and coordinate face-to-face meetings. Less frequent forms of mitigation included the following:

- visiting children in school hubs and children's centres

- undertaking risk assessments
- prioritising face-to-face contact for the highest-risk cases
- providing PPE to facilitate face-to-face visits
- providing training and guides to staff in safely conducting these visits
- keeping cases open for longer to ensure sufficient face-to-face contact was delivered
- collecting and regularly reviewing data on visits
- regularly reviewing the approach to face-to-face meetings in line with the latest guidance
- asking housing professionals for information gained from their own face-to-face visits
- asking relatives to visit children and their families and provide information to the council from these visits
- arranging doorstep visits for recent care leavers
- working in partnership with other professionals

Respondents were asked what, if anything, their authority learned from finding other ways to contact children than face-to-face visits. One hundred and fifty-two respondents answered this question.

The most common theme was communication through apps, with half of respondents mentioning that **many teenagers and children prefer meeting virtually**. Many of these comments stated that while virtual communication is valuable and enhances connections, it cannot fully replace in-person visits.

“Children do like to keep in touch through WhatsApp messages and video calls and attend their meetings more often if this is an option.”

Unitary authority

“Ensuring there were appropriate policies and procedures around WhatsApp and online meetings using technology. We learnt that virtual visits and contact through WhatsApp and similar can really supplement and enhance how we connect with children and understand their experience but cannot safely replace face to face in person visits.”

County council

Just over a fifth of respondents who answered the question commented on people **valuing more frequent contact**. Young people, including care leavers and those in foster care, appreciated having more frequent contact for welfare checks, support, and engagement. Regular communication, whether through texts, video calls, or online discussions, was often preferred, with some finding it easier to engage virtually than in person.

“Care leavers appreciated a more regular touch base level of contact to check their welfare, access to foods and funds and other issues.”

Welsh unitary authority

“Some of our children in foster care were more open to online discussions than when in person and would be at times more engaging over text.”

Unitary authority

“That young people enjoyed and preferred contact to be virtual at times and were comfortable with the use of video calls or texts.”

Unitary authority

A fifth of respondents mentioned the importance of **being more creative to help engage children**. Many practitioners found innovative ways to connect, such as virtual pen pals, collaborative playlists, online museum tours, and cooking together over Skype. The use of technology improved communication and provided new opportunities for engagement, particularly for older children who preferred virtual interactions.

“Anecdotally, it was encouraging to see practitioners use creative ways to connect with children and young people; however, through the course of the pandemic, it just reinforced the importance of face-to-face contact with children and families in need of help and protection.”

London borough

“Being more creative in the way in which we engage with children and families in the use of technology enabled better communication.”

Welsh unitary authority

“Independent visitors used lots of imaginative ways to keep in touch including: drawing live portraits of each other over Skype, virtual pen pals and writing letters and sending it via email or WhatsApp, choosing a recipe and cooking a simple meal together over Skype, [using the] Spotify app and creating a playlist and making it collaborative, sharing the playlist with the young person if they are also on Spotify, adding upbeat songs to dance to and release positive energy, listening to live streams of stories together and virtual museum tours.”

London borough

“It was possible and made us think and act creatively in the way we engage with children and families, but this should not replace face to face contact and engagement; for older children this was the preferred way of engagement with local authority staff.”

Welsh unitary authority

A smaller number of respondents highlighted the importance of online learning software, noting its role in maintaining education and engagement during the pandemic:

- Some emphasised its effectiveness in supplementing traditional learning, while others pointed out challenges in accessibility and engagement for certain children.

- Platforms like Tapestry supported children with SEND by enabling parents, educators, and support workers to track progress, share updates, and provide tailored learning remotely, ensuring continuity despite disruptions to in-person services.
- Some councils raised concerns that video calls made it difficult to assess a child's well-being, as physical environment, non-verbal cues, and safeguarding issues were harder to observe.

As shown on Table 30, 6 per cent of English county and single-tier authorities and 5 per cent of Welsh authorities reported that, in general, the period of time between social work visits to children in care increased. However, the vast majority of English (83 per cent) and Welsh (86 per cent) authorities reported that the period between visits did not lengthen.

Table 30: In general, did the period between social work visits to children in care lengthen (both face to face and virtual)?

	England	Wales
Yes	6%	5%
No	83%	86%
Other (please specify)	11%	9%

Base: English county and single-tier authorities (151) and Welsh authorities (22) who answered the question.

Thirteen respondents, who indicated another answer to whether the periods between visits lengthened, elaborated on their answer. These replies fell into the following categories:

- observing that the required data is not available, and they were unable to answer the question
- answering that the period between visits did lengthen, but only for children assessed as low risk and already in long-term care arrangements

- stating that the period between visits did not lengthen, but only because virtual visits largely replaced face-to-face visits
- stating that the period between visits did lengthen, but only temporarily in the early stages of the pandemic
- observing that there were actually more frequent visits during lockdown, if both virtual and face-to-face visits were considered
- saying that the period between visits only lengthened for children and families who were averse to virtual contact
- replying that the period between visits did lengthen, but only slightly, and remaining within statutory limits.

Respondents who reported that the period of time between social work visits to children in care increased for their authority were asked by how long. As shown on Table 31, the mean number of additional weeks between visits for English county and single-tier authorities was 4 and the median number was 3.

Table 31: By how long did the period between social work visits lengthen? Please specify the number of additional weeks between visits. For example, a seven week gap would be one additional week (as the requirement is for six week visits).

England	
Mean number of additional weeks	4
Median number of additional weeks	3

There were not enough responses from Welsh authorities to calculate a mean and median. Respondents who did not give a numeric value were excluded from the calculations. Base: English county and single-tier authorities (6).

Table 32 shows that for 3 per cent of English county and single-tier authorities and for 5 per cent of Welsh authorities the timescales for the review of care plans for children in care increased. However, for most English (93 per cent) and Welsh (91 per cent), the timescales for a review did not increase.

Table 32: Did the timescales lengthen for the review of care plans for children in care?

	England	Wales
Yes	3%	5%
No	93%	91%
Other (please specify)	5%	5%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

Eight respondents provided other answers to the question of whether timescales lengthened for the review of care plans for children in care. These responses fell into the following categories:

- answering that the required data was not available, thus they were unable to answer the question
- observing that the timescales remained constant, due to being increasingly facilitated by technology and virtual contact
- confirming that timescales remained constant, due to improved scrutiny enabling different ways of working to facilitate them
- saying that the timescales remained constant from before the pandemic, but that this prior level was already high
- stating that the completion of reviews was delayed, but not their initiation
- answering that timescales remained constant in the early period of the pandemic, but then began to lengthen towards the end of the period.

Respondents who reported that the timescales lengthened for the review of care plans for children in care were asked by how long. As shown on Table 33, the mean number of additional weeks between visits for English county and single-tier authorities was four. The median number of additional weeks was also four. The mean and the median number of additional weeks between visits for Welsh authorities was one.

Table 33: By how long did the timescales lengthen for the review of care plans for children in care? Please specify the number of additional weeks.

	England	Wales
Mean number of additional weeks	4	1
Median number of additional weeks	4	1

Respondents who did not give a numeric value were excluded from the calculations. Base: English county and single-tier authorities (6) and Welsh authorities (1).

Respondents were asked if independent visits, pursuant to regulation 44 of the Children's Homes (England) Regulations 2015, or their equivalent, to residential children's homes occurred on a monthly basis. Table 34 shows that 59 per cent of English county and single-tier authorities and 32 per cent of Welsh authorities did have monthly visits. Seventeen per cent of English authorities and 27 per cent of Welsh authorities did not have monthly independent visits to residential children's homes. For the remainder of English (24 per cent) and Welsh (41 per cent) authorities, the question was not applicable because they had no local authority-run children's homes.

Table 34: Did independent visits (pursuant to regulation 44 of the Children's Homes (England) Regulations 2015, or their equivalent) to residential children's homes occur on a monthly basis?

	England	Wales
Yes	59%	32%
No	17%	27%
Not applicable (have no local authority-run children's homes)	24%	41%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Respondents who did not undertake independent visits to residential children's homes on a monthly basis were asked how often these visits occurred. Twenty-four councils responded to this question.

The most common theme was centred around **visits becoming virtual**. This was mentioned by around a third of councils who responded to this question. Their comments focused on how, from March 2020, meetings were often still monthly but moved virtually.

"From March to July 2020 they were undertaken virtually each month, reverting to in person, supported by testing and PPE in summer of 2020."

London borough

"Happened at same frequency but some were virtual."

Unitary authority

"The Regulation 44 visits did continue monthly throughout COVID-19, however these were not on-site face to face visits and were virtual visits from March 2020 to October 2020. The virtual visit included telephone discussion with the manager, Teams calls were conducted to provide a

tour of the home and extensive documents were shared to provide the visitor evidence of the children's care planning."

Metropolitan district

More than a quarter of councils responding to this question responded the meetings were **not monthly but no time period was provided**.

"Our records show that we received Regulation 44 reports but these were not on a monthly basis."

London borough

"Due to [our] residential homes being for children with disabilities, their health needs were prioritised and the number of people having access to them limited."

Unitary authority

Comments made by a smaller number of councils included the following:

- A small number of councils said no visits took place. For example, one unitary authority said, "these visits did not occur at all as, by the time of the pandemic, Wales had moved to a different regulatory system which did not require the carrying out of independent visits of the nature specified in the regulations referred to above."
- Moved to every 6 weeks. For example, one unitary authority said, "it was nearly monthly but, due to infection, this was for a period closer to six-weekly than monthly."
- A couple of councils said the visits remained monthly. For example, one London borough said, "broadly they did continue on a monthly basis - however there were some longer gaps between those visits which may relate to the home being closed."

Table 35 shows that 13 per cent of English county and single-tier authorities and 10 per cent of Welsh authorities reported that children's homes in their area exercised

the power granted to them under the Regulations to deprive children of their liberty when they were showing symptoms of coronavirus. However, the majority of English (87 per cent) and Welsh (90 per cent) authorities stated that this did not occur.

Table 35: Did children’s homes in your area exercise the power granted to them under the Regulations to deprive children of their liberty when they were showing symptoms of coronavirus?

	England	Wales
Yes	13%	10%
No	87%	90%

Base: English county and single-tier authorities (143) and Welsh authorities (20).

Respondents who reported that children’s homes in their area exercised the power granted to them under the Regulations to deprive children of their liberty, when they were showing symptoms of coronavirus, were asked for the number of occasions this happened. Table 36 shows, the mean and median number occasions children were deprived their liberty for English county and single-tier authorities was 3.

Table 36: Please provide an approximate figure as to the number of occasions upon which children were deprived of their liberty?

	England
Mean number of occasions	3
Median number of occasions	3

There were not enough responses from Welsh authorities to calculate a mean and median. Respondents who did not give a numeric value were excluded from the calculations. Base: English county and single-tier authorities (6).

Respondents who had previously stated that children’s homes in their area exercised the power granted to them under the Regulations to deprive children of their liberty when they were showing symptoms of coronavirus, were asked if the number of occasions upon which children were deprived of their liberty was monitored by their authority. As shown on Table 37, 100 per cent of Welsh authorities stated that they

did monitor this. Seventy-one per cent of English authorities reported that they monitored this, while 29 per cent did not.

Table 37: Was this monitored by your local authority?

	England	Wales
Yes	71%	100%
No	29%	0%

Base: English county and single-tier authorities (17) and Welsh authorities (2).

Respondents were asked whether the period for which children could be placed with emergency foster carers was extended. As Table 38 shows, 6 per cent of English county and single-tier authorities reported that the period was extended in all cases and 71 per cent stated that the period was extended in some cases. For Welsh authorities, 27 per cent reported the period was extended in all cases and 55 per cent stated that the period was extended in some cases. A similar percentage of English (22 per cent) and Welsh (18 per cent) authorities reported that the period for which children could be placed with emergency foster carers was not extended.

Table 38: Was the period for which children could be placed with emergency foster carers extended?

	England	Wales
Yes, in all or some cases	78%	82%
Yes, for all cases	6%	27%
Yes, for some cases	71%	55%
No	22%	18%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents who answered 'yes, for all cases' or 'yes, for some cases' to the previous question were asked what the criteria were under which the period of

placement with emergency foster carers was extended. Thirty councils responded to the question.

The most common theme was centred around the **child's best interest**. This was mentioned by around a quarter of councils who responded to this question. Their comments mainly focused on how there was no fixed set of criteria, and each case depended on what was best for the child.

"There was a reduction in foster carers considering accepting children due to the pandemic, but this generally was not for protracted periods. Each case was individual; if a child is placed in an emergency, then we would look to move them to a longer-term option as soon as possible and that would depend on age and the needs of the child."

London borough

"We would also do this previously if a child would benefit from an extension and where foster carer was willing."

London borough

Another common theme was **stability for the children**, not moving children until there was a stable placement. Around a fifth of councils responding made reference to this.

"Children will have had emergency care extended in situations in which there was no suitable provision identified. During the COVID-19 crisis, carers were often more reluctant to welcome new children into the home which created delays with matching."

County council

"Maintaining a stable placement while there was uncertainty."

Unitary authority

“Children could remain as long as it took to find an alternative longer-term placement. Additional carers agreed to cover emergency situations to prevent children moving around.”

County council

Another common theme was **fearing the spread of COVID-19, being in isolation and contracting the illness**. These factors were used as further criteria for the extension of placements when appropriate. This was mentioned by just over a tenth of councils who answered the question.

“If a child or person in either the emergency or the longer-term placement household had symptoms of COVID-19, then the placement was extended until such a time as it was safe to move the child.”

Metropolitan district

“If the foster family was needing to isolate due to COVID-19.”

County council

“To allow for a full assessment to be completed and to minimise any risks associated with the transmission of COVID-19.”

Welsh unitary authority

A tenth of councils which responded to the question made comments around how **regulations changing** helped in the period with emergency carers being extended.

“The regulations changed so that non-regulated carer terms of approval could be varied for 24 weeks instead of six. We varied a number of cases to facilitate emergency placements or sibling placements.”

Unitary authority

“Under The Adoption and Children (Coronavirus) (Amendment) Regulations 2020, the time limit for emergency placements with foster

carers who were not fully approved was extended from 16 weeks to 24 weeks.”

Unitary authority

A tenth of councils commented on **carers being reluctant to welcome new children.**

“Children will have had emergency care extended in situations in which there was no suitable provision identified. During the COVID-19 crisis, carers were often more reluctant to welcome new children into the home which created delays with matching.”

Unitary authority

Comments made by a smaller number of councils included waiting for medical records as a criterion for extending a placement, and evaluating the extension of placements “on a case-by-case basis, depending on the individual needs and risk assessment.”

Respondents who stated that, for some cases the period for which children could be placed with emergency foster carers was extended, were asked by how long the period was extended. As shown on Table 39, the mean number of additional weeks by which the period was extended for English county and single-tier authorities was 10 and the median number was 7. The mean number of additional for Welsh authorities was 7 and the median number was 6.

Table 39: By how long was the period for children being placed with emergency foster carers extended? Please specify the number of additional weeks.

	England	Wales
Mean number of additional weeks	10	6
Median number of additional weeks	7	6

Respondents who did not give a numeric value were excluded from the calculation in the above table. Base: English county and single-tier authorities (16) and Welsh authorities (1).

Five per cent of English county or single-tier authorities reported that the requirement for a nominated officer to approve decisions to place children in care outside the local authority's area changed for all cases. No Welsh authorities changed the requirement.

Table 40: Was the requirement for a nominated officer to approve decisions to place children in care outside the local authority's area changed?

	England	Wales
Yes, in all or some cases	5%	0%
Yes, for all cases	5%	0%
Yes, for some cases	0%	0%
No	95%	100%

Base: English county and single-tier authorities (146) and Welsh authorities (22).

Respondents who answered 'yes, for some cases' to the previous question would have been asked to provide the criteria under which children could be placed in care outside the local authority's area without approval by a nominated officer. However,

no respondents answered the previous question in this way, and thus there were no responses to this request for criteria.

As Table 41 shows, respondents were asked if the requirement for a (non-local authority) prospective temporary foster carer to be a connected person changed. Six per cent of English county and single-tier authorities stated that the requirement had changed in some cases and 5 per cent of Welsh authorities stated it had changed for all cases. The reminder, 94 per cent of English authorities and 95 per cent of Welsh authorities, reported that there was no change in the requirement.

Table 41: Was the requirement for a (non-local authority) prospective temporary foster carer to be a connected person changed?

	England	Wales
Yes, for all or some cases	6%	5%
Yes, for all cases	0%	5%
Yes, for some cases	6%	0%
No	94%	95%

Base: English county and single-tier authorities (146) and Welsh authorities (22).

Respondents who answered 'yes, for some cases' to the previous question were asked to provide the criteria under which the requirement for a prospective temporary foster to be a connected person was lifted. Nine councils responded to this question.

The most common theme concerned **lifting the requirement in the case of previously approved foster carers**, and/or following detailed viability assessments and background checks. This was mentioned by around a third of councils who responded to this question.

“We approved two non-related carers under regulation 24 to offer placements to children. Both had previously been approved foster carers and re-applied during the pandemic and were already in the latter stages of the assessment process. The requirement was for a brief report to be completed with information about carers history, skills and any statistical checks that we had. This was signed off by an Agency Decision Maker and followed up with full approval at Fostering Panel as soon as was practicable.”

Unitary authority

The remainder of responses stated that the restrictions were lifted in some cases, but did not specify the particular criteria under which they were lifted, although these responses typically noted that these restrictions were only lifted for a very small number of cases (one or two per council) and that these decisions were in line with relevant legislation and regulations.

Table 42 shows that 3 per cent of English county and single-tier authorities and no Welsh authorities reported that the availability of short break or respite foster placements increased. Authorities were much more likely to report that availability decreased, reported by 55 per cent of English authorities and 68 per cent of Welsh authorities. Thirty-four per cent of English authorities reported that availability had stayed about the same, as did 27 per cent of Welsh authorities.

Table 42: Did the availability of short break/respite foster placements (for example, for disabled children) change?

	England	Wales
Increased	3%	0%
Stayed about the same	34%	27%
Decreased	55%	68%
Other (please specify)	7%	5%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Eleven respondents provided another answer on whether the availability of short or respite breaks for foster children changed due to the pandemic. Their responses fell into the following categories:

- replying that they did not have the required information to answer the question
- mentioning that, whilst most access to such breaks was reduced, priority access to them was protected
- describing a sharp reduction in the availability of these breaks in the early stages of the pandemic, followed by a gradual increase to former levels in the later stages
- observing a reduction in these breaks specifically in specialised foster care for disabled children, leading to them sometimes being placed in regular placements
- stating that access to these breaks was reduced primarily due to households shielding or self-isolating due to COVID-19
- saying that access to the breaks was reduced primarily due to staff sickness and isolation

- answering that the level of provision stayed the same, but was adapted more towards children staying in their homes rather than elsewhere
- observing that the level of provision stayed the same, but different types of short breaks were commissioned specifically for disabled children.

Respondents were asked whether they had made use of changes to national regulations regarding the stage at which medical reports or assessments had to be completed for the purpose of approving proposed adopters or foster carers. Twenty-eight per cent of English county and single-tier authorities reported that that they had made use of this change in all cases and 37 per cent stated they had made use of it in some cases. For Welsh authorities, 41 per cent reported that they made use of this change in all cases and 23 per cent stated they made use of it in some cases. A similar percentage of English (35 per cent) and Welsh (36 per cent) authorities reported that they did not make use of this change.

Table 43: National regulations changed the stage at which medical reports or assessments had to be completed for the purpose of approving proposed adopters or foster carers. Did your authority make use of this change?

	England	Wales
Yes, for all or some cases	65%	63%
Yes, for all cases	28%	41%
Yes, for some cases	37%	23%
No	35%	36%

Base: English county and single-tier authorities (145) and Welsh authorities (22).

Respondents who said their authority changed the stage for completion of medical reports or assessment for 'some cases' were asked in what circumstances their authority did this. Forty-eight councils responded to the question.

The most common theme was centred around **medical self-declaration**. This was mentioned by a quarter of councils who had responded to this question. Their comments focused on how all medicals were based on self-declaration to speed up the process.

“All medicals carried out by GPs were stopped. Prospective Kinship and Foster Carers instead filled in a self-certification form around their health. Should this form have anything that was concerning or may require support then a GP overview was requested, and this was provided via email. This overview and the original form were then sent to the medical advisor as a GP medical would be now. They would comment on fitness to be a carer as per current procedures.”

Metropolitan district

“Changes to legislation stated foster carers can self-report medical information. Foster carer suitability assessments can be carried out whilst waiting for medical information and DBS (criminal records) checks. From May 2020, decisions about recommendations for approval and qualifying determinations being made were done on a case-by-case basis, considering all the factors in relation to an application. Where medical self-declarations were used, then a full medical report by the GP must be obtained as soon as is reasonably practicable.”

County council

“In the period 25 September 2020 and 31 March 2021 fostering assessments moved on to Stage 2 with a self-declaration on health and a report by the medical advisor was provided prior to approval, due to applicants not being able to obtain GP health assessments in a timely way. This was in line with the Adoption and Children (Coronavirus) (Amendment) Regulations 2020.”

London borough

Another common theme was councils using the change when there were **delays in full medicals being completed**. This was mentioned by a fifth of councils who responded to the question. Within this theme, comments were made about not having access to GPs to get full medicals done.

“The authority made use of the change, following government guidance, only where medical reports were not available and could not be completed in a reasonable timeframe. Given the pressures on medical services during the pandemic it was not uncommon for medical reports to have a significant delay.”

London borough

“Where required due to delay in GP appointments and necessitated by care planning decisions.”

Welsh unitary authority

“New approvals at panel and foster carer reviews where medical report unavailable due to COVID-19 restrictions.”

Metropolitan district

Another common theme was **advancing to Stage 2**. This was mentioned by a fifth of councils who responded to the question.

“Adoption: We progressed assessments into Stage 2 before we got the medicals checks back.”

London borough

“For adopter and foster carer medicals, yes, we did by allowing adopters and foster carers to progress to Stage 2 without the full medical. Any approval would have had a full medical.”

County council

More than a tenth of councils who responded to the question commented that they made use of the change when they **couldn't have face to face meetings** and had to have virtual ones.

"Yes, in relation to DBS and medicals – fostering and adoption assessments were done online (only health and safety visits were carried out in person). All introductions where [the foster carer] was still involved were done virtually or in public open spaces such as parks. Post-adoption support offered virtual meetings only unless there was a safeguarding concern."

Metropolitan district

"We did utilise the regulations and all medicals for applicants were based on self-declaration and non-face-to-face appointments with the GP or medical professionals."

County council

Comments made by a smaller number of councils in relation to how they made use of the change included:

- Changes in assessment of carers. A small number of councils mentioned they made changes to how assessments for carers were done. For example, one London borough said, "we made use of this change in the assessment of foster carers and kinship carers."
- Hybrid assessment. For example, one London borough said, "Fostering and kinship assessments - We completed hybrid assessments - most assessment sessions were completed virtually, with at least one or two assessment sessions taking place in person with due precautions on social distancing."
- Testing positive for COVID-19. For example, one metropolitan district said, "where a family was unable to attend the appointment due to COVID-19-related issues, but all other assessments were positive."

- Other comments. For example, one unitary authority said, “in exceptional circumstances and based on risk or the child's best interest if medical reports were not available.”

Table 44 shows that 16 per cent of English county and single-tier authorities made use for all cases, and 13 per cent in some cases, of the changes to national regulations regarding the requirement for independent panels to approve foster carers and adoption placements. Fourteen per cent of Welsh authorities made use of the changes in all cases and 5 per cent in some cases. Seventy-one per cent of English authorities and 82 per cent of Welsh authorities did not make use of the changes to regulations.

Table 44: National regulations changed the requirement for independent panels to approve foster carers and adoption placements. Did your authority make use of this change?

	England	Wales
Yes, for all or some cases	29%	18%
Yes, for all cases	16%	14%
Yes, for some cases	13%	5%
No	71%	82%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents who said their authority had changed the requirement for independent panels for ‘some cases’ were asked in what circumstances this occurred. Fifteen councils responded to the question.

The most common theme centred around **panels being optional or virtual**. This was mentioned by a third of respondents.

“Fostering panels are optional. In cases where the decision is not to set up a fostering panel the relevant decision will be made by the fostering service provider based on their own assessment.”

County council

“As a result of COVID-19 and further reduction of panel capacity (e.g. how many [cases] can reasonably be heard by virtual panel), we ...prioritised further that approval of assessments and reviews with concerns to go to panel. Therefore, first reviews [went] straight to ADM in the interim in line with the Adoption and Children’s (Coronavirus Amendments) Regulations 2020.”

Unitary authority

“Whilst panels took place, there was more flexibility to how they were run - taking place virtually - to ensure that they could continue their work.”

London borough

A quarter of councils who responded to the question commented that they made use of the change in regulation when **approving foster carers** only.

“When approving non-related connected persons as foster carers.”

Unitary authority

“Approving adopters as foster carers, under the fostering regulations, so that children could move to potential adoption placements.”

London borough

“Due to the legislation change, we were able to approve and reapprove foster carers where there were late medicals which meant children could be placed with their family or with foster carers.”

Unitary authority

Another theme was the **streamlining the process of approving potential foster parents**. This was mentioned by a fifth of councils who responded to the question.

“Removes the requirement for reviews of approval of foster carers to be carried out within a year of approval, and thereafter whenever considered necessary but at least at yearly intervals. Instead, the fostering regulations now allow reviews of approval to be completed as soon as reasonably practicable.”

County council

Another theme was **medical assessments**. This was mentioned by a fifth of councils who responded to the question.

“During the COVID-19 pandemic, there were amendments to the medical requirements. Applicants were able to be approved by completing medical self-assessments, alongside GPs reviewing their health records, as opposed to the requirement of a full medical.”

London borough

“Panels met virtually. Any delays with medicals were completed in retrospect.”

Unitary authority

Respondents were asked if there were any ‘other’ changes they made as a result of the regulations by their authority. Table 45 shows that 23 per cent of English county and single-tier authorities made ‘other’ changes in comparison to 5 per cent of Welsh authorities. A majority of both English (62 per cent) and Welsh (82 per cent) did not make any ‘other’ changes.

Table 45: Were there any other changes your authority made as a result of the Regulations?

	England	Wales
Yes	23%	5%
No	62%	82%
Don't know	15%	14%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Respondents who said their authority made other changes were asked to specify what those other changes were. Overall, 34 councils responded to the question.

The most common theme was about the **introduction of virtual panels, reviews and visits** and this was mentioned by over half of the councils who responded to the question. A number of these comments made references to fostering panels and household reviews transitioning from face-to-face to virtual.

“Some supervision and assessment visits were changed to discussions on teams if households were isolating or restrictions were in place.”

Metropolitan district

“Virtual household reviews were introduced for foster carers as well as virtual foster carer supervisions.”

Unitary authority

“Supervisory visits were undertaken virtually unless assessed as needing to be face to face, using the risk assessment to inform the decisions.”

County council

Another common theme was the **introduction of temporary foster carers**. This was mentioned by a fifth of councils who responded to the question.

“We extended the period that we were permitted to have connected persons temporarily approved as foster carers, in line with changes issued by Welsh Government to the regulations.”

Welsh unitary authority

“We introduced a fast-track assessment process for those in the process of being assessed as foster carers.”

County council

Around a tenth of councils who responded to the question made comments around **relaxing timetables for fostering assessments and reviews**.

“Timescales for annual reviews were relaxed in exceptional circumstances, for example, with foster carers being unwell with COVID-19.”

London borough

“There was an extension of fostering assessments and changes were made to process including completing statutory visits by telephone.”

Metropolitan district

A smaller proportion of councils that responded to the question provided comments on the following themes:

- Virtual training. For example, one council said, “we changed the training to all foster carers to online using Zoom and other platforms.”
- Payments. As one council stated, “increased use of direct payments support for families with children with disabilities.”
- Self-declared medicals. For example, one council said, “the medicals in respect of adopters were self-declared.”

Respondents were asked, if they had carried out any overarching reviews into social work practices during the pandemic, to summarise up to five of the most important

key findings. Thirty-three councils responded to the question, indicating that they had carried out reviews in this area.

The most common theme was comments around the **use of virtual communications** and technology. This was mentioned by 12 councils (36 per cent) who responded to the question.

“Microsoft Teams - now used for meetings. Use of technology to communicate with our young people.”

Metropolitan district

“We reviewed our experiences, successes, challenges and steps taken for recovery. For example, although we returned to full in person meetings, we have found the addition of virtual meetings can work very well for some young people and families. It also allows for greater partner participation.”

London borough

Another common theme concerned comments specifically around **social workers**. This was mentioned by a third of councils who responded to the question.

“We reviewed those children who had been on Section 17 children in need for an extended length of time as we realised that, despite there appearing to be a need for a social care professional in the home, the family were able to manage within their own resources and weren't as dependant as originally considered.”

Unitary authority

“Continuing challenges in recruiting enough social workers, has meant that improvement has not been made at sufficient pace in services for children in need and those in need of protection.”

County council

A further third made comments around the **benefits of virtual communications**.

“We reviewed our experiences, successes, challenges and steps taken for recovery. For example, although we returned to full in person meetings, we have found the addition of virtual meetings can work very well for some young people and families. It also allows for greater partner participation.”

London borough

A smaller proportion of councils that responded to the question provided comments on the following themes:

- Improving practice. For example, one council stated that “working practices could have been smarter with improved joint working with partner agencies or again clearer recording of the arrangements”.
- Difficulties in assessing children virtually. As one council said, “a review of provision for under-fives highlighted that it is incredibly difficult to ascertain the wellbeing of the group and non-verbal or disabled children through online calls.”
- Importance of flexible working. For example, one council identified the “importance to social work retention of flexible working.”

Schedule 12, Part 1 to the Coronavirus Act 2020

Respondents were asked if their authority had implemented any of the provisions of Schedule 12, Part 1 of the Coronavirus Act 2020 as it applied to: "Young carers and their needs for care and support" (paragraph 2). The same percentage (9 per cent) of English county and single-tier authorities and Welsh authorities reported that they implemented provisions from this part of the Coronavirus Act 2020. Similarly, the same percentage (91 per cent) of English and Welsh authorities reported that they did not implement the provisions.

Table 46: Did the local authority implement any of the provisions of this part of the Coronavirus Act 2020 (disapplying assessment requirements) (or any other pandemic related statutory provisions) as it applied to: "Young carers and their needs for care and support" (paragraph 2)?

	England	Wales
Yes	9%	9%
No	91%	91%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Respondents who said they had implemented any of the provisions were asked in what circumstances the provisions were applied to young carers. Overall, 16 councils responded to the question.

The most common theme was about the **move to virtual platforms**, and this was mentioned by nine councils who responded to the question. These comments reported face-to-face sessions being reduced as support moved to online platforms.

"Improvements in technology and communication, for example online meetings, helped speed up processes and improved communication."

Welsh unitary authority

“Support moved to online platforms and was well attended.”

London borough

“Where possible, young carers’ assessments were completed virtually with the young person. Young carers’ support and sessions were continued using online platforms.”

Metropolitan district

Councils also made comments around **telephone support being provided to young carers**. This was mentioned by three councils who responded to the question.

“Delivered weekly virtual check ins and online group sessions with young carers and telephone support provided.”

Metropolitan district

“All young carers in receipt of assessments received telephone check-ins offered by targeted youth support workers.”

Metropolitan district

A smaller proportion of councils that responded to the question provided comments on the following themes:

- Doorstep visits. For example, one council said, “they also did doorstep visits where there were concerns about a young carer who was not accessing school.”
- Food deliveries. As one council stated, “we made referrals for food deliveries where this was needed and not in place and arranged emergency deliveries via HCNS (Hospital and Community Navigation Service) for those that needed this.”
- General support. For example, one council said, “young carers were provided with support during the initial lockdown.”

Table 47 shows that 7 per cent of English county and single-tier authorities and 9 per cent of Welsh authorities implemented provisions of Schedule 12, Part 1 of the Coronavirus Act 2020 as it applied to: "The transition for children to adult care and support" (paragraph 15). Ninety-three per cent of English authorities and 91 per cent of Welsh authorities did not implement these provisions.

Table 47: Did the local authority implement any of the provisions of this part of the Coronavirus Act 2020 (disapplying assessment requirements) (or any other pandemic related statutory provisions) as it applied to: "The transition for children to adult care and support" (paragraph 15)?

	England	Wales
Yes	7%	9%
No	93%	91%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Respondents who said their authority had implemented any provisions were asked in what circumstances the provisions were applied to children's transitions to adult care and support. Overall, 13 councils responded to the question.

The most common theme was around **referrals to adult social care having to be put on hold**. This was mentioned by four councils who responded to the question.

"Due to the pandemic, young people's transitions placements from foster care and children's residential were suspended and they were supported under children's longer until some of the easements came into force. This was due to the care providers having difficulty recruiting affecting the availability of appropriate adult placements. Difficulties in adult day provision being commissioned as a number of services had suspended new referrals due to the lack of staffing."

Unitary authority

"Referrals to the adult care and support were put on hold – this was provided via the link centre at the time."

Metropolitan district

“Where assessments could not be progressed in person or no resource was available to move on to due to lack of moves into adult facilities, young people remained in their existing provision children’s provision and continued to be supported by children’s social care.”

Unitary authority

Another common theme was around the **greater use of virtual communications** and how that helped in delivering assessments or support. This was mentioned by a further four councils who responded to the question.

“Support moved to online platforms.”

London borough

“Workers were unable to undertake face-to-face assessments, and were creative in delivering assessment via teams and/or video calls and telephone.”

Unitary authority

Three councils commented that they had continued to try and **facilitate the transition to adult social care** and prevent any delays.

“We revamped the CAMHS transition process to prevent delay for children transferring from children’s mental health to adults. This included adding a referral and reporting system to it.”

Welsh unitary authority

“The council’s 0-25 service continued to facilitate transitions from children’s through to adult services.”

County council

A smaller proportion of councils that responded to the question provided comments on the following themes:

- General support offered. For example, one council said, “We created digital content for young people transitioning from children’s service to PA with independent living videos and videos about the teams”, whilst another council stated, “children transitioning to adult social care had packages of support set up by adult services that mirrored what they had in children’s without an assessment being completed in some cases.”
- Direct payments. As one council stated, “we generally used Direct Payments flexibly to respond to requests which would normally be part of a full assessment process.”
- No change. One council said, “the service did not change on transitions for children into adult care and support.”

As shown on Table 48, 11 per cent of English county and single-tier authorities and 14 per cent of Welsh authorities reported that they carried out reviews into the impact of changes made during the pandemic under the provisions on children and young people as set out in the Coronavirus Act 2020 (disapplying assessment requirements) or any other pandemic-related statutory provisions as it applied to “the transition for children to adult care and support” (paragraph 15).

Table 48: Has the local authority carried out any reviews into the impact of changes made during the pandemic under these provisions on children and young people?

	England	Wales
Yes	11%	14%
No	89%	86%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Respondents who said their authority had carried out reviews into the impact of changes were asked to summarise up to five of the most important key findings from the reviews they carried out. Overall, 19 councils responded to the question.

The most common theme was around councils now **balancing in-person and virtual meetings**. This was mentioned by seven councils.

“The ways of engaging families, carers and children and young people is now hybrid in nature.”

London borough

“Online meetings can feel less intimidating for parents and a useful tool when balanced with the need for face-to-face meetings.”

London borough

Another common theme was councils saying they had made **specific improvements following the reviews** they had carried out. This was mentioned by six councils who responded to the question. Their responses made varying comments about what they had implemented following the reviews, so whilst it wasn't possible to group these improvements into one common theme, instead some of their individual comments demonstrating these improvements have been highlighted below.

“Developed our safeguarding and support offer.”

Unitary authority

“Direct payments were used flexibly to ensure that, where short breaks could not be accessed or delivered, carers were able to use funding for other sources of support, for example, online activities and sensory games.”

Unitary authority

“Whilst not explicitly around the impact of the pandemic, there was a full service review. The outcome was a full overhaul of the service, including bringing it in-house and overseeing a whole system-led assessment and identification review.”

Unitary authority

Four councils made comments highlighting the **benefits of virtual means of communication**.

“Many children and young people responded positively to video calls, where prior to using those methods their active engagement was minimal. Children and their families have requested this as an ongoing option to be used as well as face to face visits.”

Unitary authority

“Young people were positive about virtual visits, combined with in person visits and for some felt better able to engage virtually than in person.”

Unitary authority

A further four councils highlighted **specific challenges they faced from the reviews they had carried out**, although most of these councils didn't comment about any specific solutions that had been implemented to address these challenges.

“Individual reviews have identified that the fact that some parents declined to send their children to either special schools or mainstream due to the risk of transmission to vulnerable children had consequences for socialisation and social support at this time.”

Unitary authority

“PPE supply issues with Children’s Services feeling they were lower down the priority list. Challenges creating single list of vulnerable children and young people. Challenges with redeployment of health visitors who were employed by NHS contractually. Sharing information across organisations, systems not in place.”

County council

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Children in care homes

Table 49 shows that 36 per cent of English county and single-tier authorities and 50 per cent of Welsh authorities reported it was very or fairly easy for children's home providers to access PPE. In contrast, 40 per cent of English authorities and 27 per cent of Welsh authorities stated that children's homes providers found it very or fairly difficult to access PPE.

Table 49: Overall, in the first six months of the pandemic, how easy or difficult was it for children's home providers to access PPE?

	England	Wales
Very or fairly easy	36%	50%
Very easy	9%	18%
Fairly easy	27%	32%
Neither easy nor difficult	12%	9%
Fairly difficult	22%	5%
Very difficult	19%	23%
Very or fairly difficult	40%	27%
Don't know	11%	14%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

Respondents were asked if their authority helped local children's home providers to access PPE during the pandemic. Eighty-one per cent of English county and single-tier authorities and 77 per cent of Welsh authorities stated that they did. Seven per cent of English authorities and 14 per cent of Welsh authority reported that they did not help local children's home providers to access PPE during the pandemic.

Table 50: Did the council help local children's home providers to access PPE during the pandemic, or not?

	England	Wales
Yes	81%	77%
No	7%	14%
Don't know	11%	9%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

Respondents were asked how easy or difficult were children's home providers finding it to access COVID-19 tests during the first six months of the pandemic. As shown on Table 51, a similar percentage of English county and single-tier authorities (35 per cent) and Welsh authorities (36 per cent) reported that children's home providers found it very or fairly easy. The same percentage of English and Welsh authorities (32 per cent) stated that children's home providers found it very or fairly difficult.

Table 51: Overall, in the first six months of the pandemic, how easy or difficult were children’s home providers finding it to access COVID-19 tests?

	England	Wales
Very or fairly easy	35%	36%
Very easy	5%	23%
Fairly easy	30%	14%
Neither easy nor difficult	11%	9%
Fairly difficult	21%	14%
Very difficult	11%	18%
Very or fairly difficult	32%	32%
Don’t know	23%	23%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

As Table 52 shows, 21 per cent of English county and single-tier authorities and 5 per cent of Welsh authorities reported that, to a great or moderate extent, receiving delays to test results for children and staff in children’s homes made it harder to control outbreaks. However, it was more likely that there was a small disruption or no delays. For example, 25 per cent of English authorities and 27 per cent of Welsh authorities reported that, to a small extent, receiving delays to test results for children and staff in children’s homes made it harder to control outbreaks. Moreover, 17 per cent of English authorities stated that delays did not make it harder to control outbreaks and 16 per cent reported that there were no delays. Similarly, 18 per cent of Welsh authorities stated that delays did not make it harder to control outbreaks and 23 per cent reported that there were no delays.

Table 52: To what extent, if at all, did delays to receiving test results for children and staff in children's homes make it harder to control outbreaks?

	England	Wales
To a great or moderate extent	21%	5%
To a great extent	3%	5%
To a moderate extent	18%	0%
To a small extent	25%	27%
Not at all	17%	18%
Not applicable – there were no delays	16%	23%
Don't know	21%	27%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

Respondents were asked how their authority found the guidance received from the UK Central Government or Welsh Government about restrictions on children's home visits. Table 53 shows that a similar percentage of English county and single-tier authorities (57 per cent) and Welsh authorities (55 per cent) reported that the guidance they received was very or fairly good. Conversely, 32 per cent of English authorities reported that the guidance was not very good or not at all good, as did 41 per cent of Welsh Authorities.

Table 53: How did your authority find the guidance received from the UK Central Government/Welsh Government, about restrictions on children's home visits?

	England	Wales
Very or fairly good	57%	55%
Very good – Guidance that was clear, succinct, consistent and timely	6%	9%
Fairly good – Guidance that was fairly clear and consistent, and reasonably timely	51%	45%
Not very good – Guidance with a number of elements missing or unclear/inconsistent, and/or not very timely	26%	41%
Not good at all – Guidance which was unclear, inconsistent/changing and/or missing elements; and not at all timely	6%	0%
Not very or not at all good	32%	41%
Don't know	11%	5%

Base: English county and single-tier authorities (151) and Welsh authorities (22) .

A similar percentage of English county and single-tier authorities (76 per cent) and Welsh authorities (77 per cent) reported that they provided support to mitigate the impact of the restrictions on visiting children's homes. Sixteen per cent of English authorities reported that they did not provide support, as did 9 per cent of Welsh authorities.

Table 54: Did your authority provide any support (either to the families/friends of children in children's homes, to the children themselves, or to the children's home providers) or not, in order to mitigate the impact of the restrictions on visiting children's homes?

	England	Wales
Yes	76%	77%
No	16%	9%
Don't know	8%	14%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

Respondents who said their authority provided support to mitigate the impact of restrictions were asked to specify how they had done this. Overall, 128 councils responded to the question.

The most common theme was around **facilitating virtual calls and communications**, and this was mentioned by over half of councils who responded to the question. Many of these councils mentioned the use of video calls via Facetime, Microsoft Teams and Zoom.

"During the restrictions on children's homes, video calls on platforms such as Zoom and Microsoft Teams were utilised to maintain communication, in addition to additional phone calls and texts."

Metropolitan district

"Facetime videos arranged to enable contact with family members or social workers and supports."

Unitary authority

"Once we had Zoom and video calling in place we could use this for family time etc."

County council

Another common theme was the **introduction of outdoor visits** as opposed to face-to-face contact. This was mentioned by just over a quarter of councils who responded to the question.

“We provided parents with devices where needed to enable virtual contact and facilitated outdoor contact where appropriate.”

London borough

“Social distance visits in outdoor spaces.”

Unitary authority

“Operation of bubbles, including visiting bubbles and family time operated outdoors.”

Unitary authority

A quarter of councils who responded to the question made comments around providing access to **specific information, advice and support** to help mitigate the impacts on children’s homes.

“As a provision we took it upon ourselves to offer support to lots of additional families following multi-disciplinary team meetings. This was done mainly through outreach as well as providing daycare for numerous families within the home.”

Unitary authority

“Staff were allocated specific families and were tasked with keeping in regular contact with the parents and foster carers to offer support and advice.”

County council

“Information and guidance was circulated to providers to ensure that information and support was continuous. This included updating business continuity plans, telephone support [and] we regularly

produced FAQ sheets which were circulated weekly with updated guidance, information on supportive huddles, procedure updates, mental health support, PPE sourcing and other common areas.”

County council

Around a quarter of councils made comments about **PPE** and how this helped to facilitate in-person visits when needed.

“PPE drops to children’s care facilities.”

Metropolitan district

“When considered safe, pre-testing and PPE was provided to allow in-person visits.”

Unitary authority

Another theme discussed was councils **providing forms of technology to children and families** to help facilitate calls to take place. This was mentioned by around a fifth of councils who responded to the question.

“For some children where the children’s home had to lock down for periods, we bought phones or iPads for children and parents and extended family members specifically for remote family time.”

London borough

“If children didn’t have smart phones, we gave them smart phones to allow virtual contact with family members. If families didn’t have the relevant technologies, we provided them with devices also.”

Metropolitan district

Conducting risk assessments was another theme mentioned by a tenth of councils who responded to the question. These were often carried out to allow face-to-face visits and in person support to take place.

“Risk assessments were undertaken prior to any visit or contact with family and friends.”

Metropolitan district

“The local authority undertook risk assessments of children placed in residential care and foster care.”

Unitary authority

“Risk assessments were carried out for the most vulnerable children, with IROs [independent reviewing officers] sometimes deployed to carry out a visit to further evaluate their circumstances and provide in person support.”

London borough

Another theme mentioned by councils was how they **provided activities** to benefit and help children. This was mentioned by a further tenth of councils.

“Provided activities packs, iPads and computers to support children’s ongoing engagement.”

Unitary authority

“Provided a wide range of activities and resources that could be used in the children’s homes sites to keep children and young people entertained.”

Metropolitan district

As shown on Table 55, respondents were asked to what extent were visits by healthcare professionals or relevant professionals generally limited in children’s residential homes, throughout the period of the pandemic. Forty-seven per cent of English county and single-tier and 50 per cent Welsh authorities stated that visits were limited to a great or moderate extent. A similar percentage of English (11 per cent) and Welsh (14 per cent) authorities stated that visits were not limited.

Table 55: To what extent, if at all, were visits by healthcare professionals or relevant professionals generally limited in children’s residential homes, throughout the period of the pandemic (March 2020 to June 2022)?

	England	Wales
To a great or moderate extent	47%	59%
To great extent	19%	23%
To moderate	29%	36%
To small extent	23%	5%
Not at all	11%	14%
Don’t know	19%	23%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Respondents who answered ‘to a great extent’, ‘to a moderate extent’ or ‘to a small extent’ about visits from healthcare professionals being limited, were asked to describe if and when that changed significantly at specific points during the Specified Period. Overall, 79 councils responded to the question.

The most common theme was around the **shift to virtual visits or communications**, and this was mentioned by a third of councils who responded to the question. A number of these comments made references to health assessments moving to online where possible.

“All health assessments were completed virtually.”

Metropolitan district

“Children's health assessments moved to online, this increased participation.”

Unitary authority

“Majority of contact with children in care was virtual unless children required urgent medical treatment.”

Metropolitan district

Around a quarter of councils made **general comments** about the visits of healthcare and other relevant professionals becoming limited during the pandemic.

“Certainly limited, impression was to a fairly significant level initially and then rolled back over time, but often used to place restrictions on access.”

Unitary authority

“During the lockdown period visits were restricted, with restrictions being eased as the COVID-19 lockdown restrictions were gradually being lifted.”

London borough

“Professionals from partner agencies did not visit during the pandemic.”

County council

A quarter of councils who responded to the question referenced how **only essential visits from healthcare and other relevant professionals were permitted** during the period of the pandemic.

“Health colleagues were not doing face-to-face visits unless in exceptional circumstances.”

London borough

“There were no visits permitted during the full lockdown periods, however, once some restrictions were lifted, social workers and other professionals saw the children outside of the home or in open areas with social distancing in place.”

County council

“Anything essential was supported to continue.”

Unitary authority

“During lockdowns, visits to children would only happen if urgent, otherwise they would be seen virtually.”

London borough

“Majority of contact with children in care was virtual unless children required urgent medical treatment.”

Metropolitan district

Around a tenth of councils made comments about visits by healthcare and other relevant professionals being **led by the national guidance** that was in place.

“Each provision applied its own rules in relation to visits, whilst adhering to the central government guidance.”

Unitary authority

“Level of impact was informed by public health advice and guidance of partner agencies.”

Unitary authority

“The visiting frequency of all professionals was determined by the national guidance on restrictions. Visits were assessed on individual basis. Limitations were placed in line with national requirements.”

Metropolitan district

A smaller proportion of councils that responded to the question provided comments on the following themes:

- Risk assessments undertaken to allow visits to take place. As one council stated, “during March 2020-2021 there were risk assessments that took place prior to visits in children's homes to risk assess rates of confirmed diagnosis or symptoms in the placement to avoid cross infection for staff and all children.”
- PPE being worn to allow visits to take place. For example, one council said, “once restrictions relaxed, visits took place wearing PPE”, whilst another said, “practitioners had to have Personal Protective Equipment when completing visits.”
- No significant change in terms of healthcare and other relevant professional visits. As one council said, “it did not change significantly.”
- Comments about Child and Adolescent Mental Health Services (CAMHS). For example, one council stated, “No CAMHS support during this period and health visiting was limited”, whilst another stated, “CAMHS professionals did not undertake home visits and attendance clinics impacted young people's ability to engage in therapeutic work.”
- Delays for children and service delivery. As one council said, “some delays for children in care on the waiting list for surgeries.”

As Table 56 shows, respondents who reported that visits by healthcare or relevant professionals were limited in children's residential homes during the pandemic to at least a small extent, were asked what was the effect of these limitations. Both English county and single-tier authorities (47 per cent) and Welsh authorities (50 per cent) were most likely to have reported that longer waits for children to receive medical treatment was an effect. Sixteen per cent of English authorities and 21 per cent of Welsh authorities reported that an effect was that children were not receiving adequate medical treatment. Four per cent of English authorities and 14 per cent of Welsh authorities reported an effect was that necessary transfers to hospital were

not undertaken and 2 per cent of English authorities and 7 per cent of Welsh authorities reported that unnecessary transfers to hospital were undertaken.

Table 56: What was the effect of these limitations? Please select all that apply.

	England	Wales
Longer waits for children to receive medical treatment	47%	50%
Children not receiving adequate medical treatment	16%	21%
Necessary transfers to hospital not undertaken	4%	14%
Unnecessary transfers to hospital undertaken	2%	7%
Other (please specify)	35%	29%
Don't know	22%	29%

Base: English county and single-tier authorities (99) and Welsh authorities (14).

Thirty-seven respondents who indicated another response to the question provided comments illustrating the effect of visits by professionals to children's homes being limited. Their responses fell into the following categories:

- stating that there were no significant effects or problems in this area
- describing a general reduction in noticing, diagnosing and treating medical conditions among children in residential care
- noting that there was reduced treatment for routine, non-acute medical conditions
- observing that there was reduced access to routine dental care and opticians

- describing mental health impacts, and/or delays in accessing mental health support, for children in residential care
- stating that developmental reviews were delayed or lengthened
- noting that health checks were in some cases prioritised over treatment
- reporting that preventative health support for children in residential care was limited
- observing a general inability to obtain medical appointments for children in residential care during the period of the pandemic.

Children in foster care

As Table 57 shows, 7 per cent of English county and single-tier authorities reported an increase in the availability of foster placements of any kind for children living in their area throughout the pandemic, while 54 per cent said there was a decrease and 39 per cent reported it had stayed the same. As for Welsh authorities, 5 per cent reported an increase, 73 per cent a decrease, and 23 said availability had stayed the same.

Table 57: Over the course of the Specified Period, was there any change in the availability of foster placements of any kind for children living in the local authority's area?

	England	Wales
Increase	7%	5%
Decrease	54%	73%
Stayed the same	39%	23%

Base: English county and single-tier authorities (147) and Welsh authorities (22).

Children in contact with the criminal justice system

Respondents were asked how the service delivered by the Youth Offending Team (YOT) or Youth Justice Service (YJS) changed during the Specified Period. As seen on Table 58, 47 per cent of English county and single-tier authorities and 59 per cent of Welsh authorities reported that all or the majority of services moved to remote or home working. Around half (51 per cent) of English authorities reported that some services moved to remote or home working and just 2 per cent stated that there was no change to the way services were being delivered. Thirty-two per cent of Welsh authorities reported that some services moved to remote or home working and 9 per cent stated that there was no change to the way services were being delivered.

Table 58: How, if at all, did the service delivered by the Youth Offending Team (YOT)/Youth Justice Service (YJS) change during the Specified Period? Please select the description which most closely matches the way in which service delivery was changed:

	England	Wales
All or the majority of services moved to remote/home working	47%	59%
All services moved to remote/home working	7%	9%
The majority of services moved to remote/home working	39%	50%
Some services moved to remote/home working	51%	32%
There was no change to the way services were being delivered	2%	9%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Respondents were asked what other changes affected service delivery by the YOT or YJS during the pandemic. Table 59 shows that 71 per cent of English county and

single-tier authorities and 55 per cent of Welsh authorities reported that court closures effected these services. Sixty-three per cent of English authorities and 68 per cent of Welsh authorities reported that there was decreased access to restorative justice programmes. A similar percentage of English (4 per cent) and Welsh (5 per cent) stated that there was no change.

Table 59: What other changes, if any, affected service delivery by the YOT/YJS during the Specified Period?

	England	Wales
Court closures	71%	55%
Decreased access to restorative justice programmes	63%	68%
Other (please specify)	45%	68%
None	4%	5%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Seventy-eight respondents specified other forms of changes which affected service delivery by the YOT/YJS during the Specified Period. The most common change described, included in around a third of comments, mentioned backlogs in court cases arising from court closures, in addition to remote court hearings. This was followed by issues arising from the increased use of virtual contact and remote meetings, decreased access or adjusted scope of restorative justice and reparation programmes, and reduced visits to young people in custody or secure estate. Other less common changes mentioned included the following:

- reduced access to young people's homes and/or community venues
- children in the YJS being unable to access other support services, such as child and adolescent mental health services (CAMHS), health services and education

- a marked increase in visits and interventions carried out on doorsteps or outdoors
- an increase in one-to-one sessions matched by a corresponding decline in group work and sessions
- a reduction in voluntary interventions, due to higher risk and crisis cases taking priority
- the introduction of a traffic light (RAG) system to determine whether meetings should be face-to-face or remote
- a reduction in offending behaviour and arrests overall, along with fewer children coming to the attention of YJS generally, from reduced opportunities due to the lockdown restrictions
- increases in some specific types of crime, with non-domestic burglary and antisocial behaviour being cited as examples
- disruption from commissioned providers ceasing their offers
- a suspension of some forms of diversionary activities, prevention work and interventions
- a reduction in informal casework discussions among staff reduced due to home working
- needing to provide computer equipment for some children in deprived families who would otherwise have been unable to make contact virtually
- reporting a general risk and anxiety among young people around contracting COVID-19.

Respondents were asked to quantify the extent to which changes to the YOT or YJS impacted the delivery of services to children, as a result of the pandemic. Eighteen per cent of English county and single-tier authorities and 14 per cent of Welsh authorities reported that it was a serious problem which threatened the ability of the YOT or YJS to deliver services to children throughout or at points during the pandemic. However, authorities were much more likely to report less

of a negative impact. Seventy-three per cent of English authorities and 77 per cent of Welsh authorities stated that this was a challenge but did not often threaten the ability of the YOT or YJS to deliver services to children as the YOT or YJS were able to overcome or mitigate the problems or issues. Furthermore, 9 per cent of English and Welsh authorities reported that generally, this was not a problem and there was no threat to the ability of the YOT or YJS to deliver services to children.

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Table 6061: Please quantify the extent to which changes to YOT/YJS service delivery, as a result of the pandemic, impacted the delivery of services to children:

	England	Wales
This was a serious problem which threatened the ability of the YOT/YJS to deliver services to children throughout <u>or</u> at points during the pandemic	18%	14%
This was a serious problem which threatened the ability of the YOT/YJS to deliver services to children throughout the pandemic	1%	0%
This was a serious problem which threatened the ability of the YOT/YJS to deliver services to children at points during the pandemic	17%	14%
This was a challenge but did not often threaten the ability of the YOT/YJS to deliver services to children as the YOT/YJS were able to overcome/mitigate the problems/issues	73%	77%
Generally, this was not a problem and there was no threat to the ability of the YOT/YJS to deliver services to children	9%	9%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

As shown on Table 61, 66 per cent of English county and single-tier authorities and 41 per cent of Welsh authorities reported that a positive impact from the service changes needed due to the pandemic was improved attendance by partners at YOT or YJS meetings, including virtual attendance. The second most common positive outcome reported by English authorities (39 per cent) was improved relationships between multi-agency partners and the council; 41 per cent of Welsh authorities also stated this was a positive outcome. Thirty-six percent of English authorities and 41 per cent of Welsh authorities said that more regular communication with children and young people in the community was a positive impact of the service changes needed due to the pandemic.

Table 62: Please identify any positive impacts from the service changes needed due to the pandemic. Please select all that apply.

	England	Wales
Improved attendance by partners at YOT/YJS meetings (including virtual)	66%	41%
Improved relationships between multi-agency partners and the council	39%	41%
More regular communication with children and young people in the community	36%	41%
Improved communication with schools about children and young people	26%	14%
Improved relationships with families	25%	14%
Other (please specify)	46%	64%
No positive impacts	6%	9%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Seventy-nine respondents provided comments about other positive impacts to youth justice from the service changes required by the pandemic. The most common other impact, mentioned in two-thirds of comments, was the expansion in virtual and online methods for connecting with young people in the criminal justice system. This was followed by increased creativity, flexibility and tailored communications; closer working with partnership agencies and across council departments, and a faster provision of digital equipment where required. Other, less frequent positive impacts to youth justice services arising from the pandemic included the following:

- increased attendance at meetings by young people and partner agencies
- greater flexibility in organising and holding meetings
- increased parental engagement
- successful mobile and/or community-based youth work sessions
- children actively being involved in assisting the community through the pandemic, as part of restorative justice programmes
- a greater impetus on timely accomplishment of milestones and objectives
- improved collection and sharing of data on young people in the criminal justice system
- increasing development of skills around engaging children through a variety of different methods
- increased good practice shared across the sector
- improved early support and prevention
- identification of unnecessary business processes to streamline
- identification and utilisation of new resources
- improved data collection and sharing
- a move from reactive responses to tailored interventions with individual case managers

- a reduction in rates of offending due to factors introduced by the pandemic
- helpful disruptions to harmful peer associations due to lockdown restrictions and other associated changes
- an opportunity to give families guidance on managing through the pandemic
- a more holistic support offer to children and families beyond responding to criminal activities.

Respondents were asked to identify any difficulties YOTs or YJSs experienced in providing support and supervision to children both in the community and in custody throughout the pandemic. Table 62 shows that the most common difficulty reported by English county and single-tier authorities was obtaining or maintaining contact with children held in custody (63 per cent). Forty-nine per cent of English authorities reported that assessing and managing risk to children was a difficulty experienced by YOTs or YJSs. The joint third most common difficulties experienced by English authorities were obtaining or maintaining contact with children in the community and remand management/pre-release planning of children in custody (both 45 per cent). For Welsh authorities, the most common difficulty experienced was assessing and managing risk to children (77 per cent). This was followed by difficulty obtaining or maintaining contact with children with whom there were safety, welfare or health concerns and staff absences which impacted the ability to provide services (both 50 per cent).

Table 63: Please identify any difficulties YOTs/YJSs experienced in providing support and supervision to children both in the community and in custody throughout the pandemic. Please select all that apply.

	England	Wales
Obtaining or maintaining contact with children held in custody	63%	41%
Assessing and managing risk to children	49%	77%
Obtaining or maintaining contact with children in the community	45%	41%
Remand management/pre-release planning of children in custody	45%	36%
Obtaining or maintaining contact with children with whom there were safety, welfare or health concerns	43%	50%
Staff absences which impacted the ability to provide services	42%	50%
Children did not have safe and reliable access to IT equipment or infrastructure to keep in contact with YOT/YJS staff	41%	45%
Providing the court with bail packages and pre-sentence reports	27%	36%
Specialist YOT/YJS staff were redeployed to their parent units (for example YOT/YJS health workers being redeployed to the NHS)	22%	18%
Partnership working and information sharing	14%	14%
YOT/YJS staff did not have reliable access to IT equipment or infrastructure to fulfil their role remotely	14%	5%
Convening meetings with safeguarding partners	8%	23%
Other difficulties (please specify)	20%	36%
No difficulties were experienced	5%	5%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

Thirty-one respondents specified other kinds of difficulties in the support and supervision of youth justice support. The most common difficulties mentioned were the limitation of contact to doorstep and walking visits, which were not always appropriate or useful, and were often hampered by the weather; the greater difficulty in visiting children in custody and in secure venues; and the issues faced by families without access to reliable IT equipment. Other, less common difficulties mentioned included the following:

- staff struggling to simultaneously adapt to new professional and personal challenges
- the great difficulty in accomplishing good interventions purely through online contact
- longer court waiting periods
- difficulties to partnership working caused by staff from partner agencies, especially the police, being redeployed
- children and families in some cases using COVID-19 to avoid attending meetings and appointments
- meetings at homes causing difficulty among some households experiencing turbulence in the home environment
- problems caused by having to redeploy YJS staff
- difficulties caused by different standards of safety precautions between YJSs and some statutory partners, leading to some situations where youth workers felt pressured to put themselves at risk of infection
- lack of equipment for virtual meetings among some YOTs
- staff absences due to sickness limited the ability to provide some services
- a loss of staff support networks embedded in informal office-based relationships
- difficulties accessing PPE for staff in some cases

- difficulties using online interpreters for communicating with speakers of other languages
- dramatically reduced group work and educational provision
- delayed education, health and care plan assessments and transfers to secondary school
- difficulties caused by needing to transport some children to appointments
- adaptations required to adjust to the COVID-19 requirements over time
- unemployment, poverty and mental health problems facing children in the criminal justice system.

Respondents were asked to quantify the extent to which the difficulties YOTs or YJSs experienced in providing support and supervision impacted children in the community and custody-impacted children. Table 63 shows that 24 per cent of English county and single-tier authorities and 14 per cent of Welsh authorities stated that this was a serious problem which threatened the ability of the YOT or YJS to support and supervise children throughout or at points during the pandemic. English (68 per cent) and Welsh (82 per cent) authorities were much more likely to have stated that it was a challenge but did not threaten the ability of the YOT or YJS to support and supervise children as the YOT or YJS were able to overcome or mitigate the problems or issues.

Table 64: Please quantify the extent to which the difficulties YOTs/YJSs experienced in providing support and supervision impacted children in the community and custody-impacted children.

	England	Wales
This was a serious problem which threatened the ability of the YOT/YJS to support and supervise children throughout <u>or</u> at points during the pandemic	24%	14%
This was a serious problem which threatened the ability of the YOT/YJS to support and supervise children throughout the pandemic	2%	0%
This was a serious problem which threatened the ability of the YOT/YJS to support and supervise children at points during the pandemic	22%	14%
This was a challenge but did not threaten the ability of the YOT/YJS to support and supervise children as the YOT/YJS were able to overcome/mitigate the problems/issues	68%	82%
Generally, this was not a problem and there was no threat to the ability of the YOT/YJS to support and supervise children	9%	5%

Base: English county and single-tier authorities (148) and Welsh authorities (22).

As shown in Table 64, 26 per cent of English county and single-tier authorities and 32 per cent of Welsh authorities conducted reviews into the impact of any changes in service delivery on children.

Table 65: Has the local authority or YOT/YJS conducted any reviews into the impact of any changes in service delivery on children?

	England	Wales
Yes	26%	32%
No	74%	68%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

Respondents who said their authority had conducted any reviews were asked to summarise up to five of the most important key findings from them. Forty-six councils responded to this question.

The joint most common theme discussed was around the **negative impacts of virtual communications**, mentioned by a quarter who responded to the question.

“Limitations in the effectiveness of virtual sessions where children have additional needs or are impacted by trauma, affecting their ability to build relationships with professionals. Assessments when done largely virtually in the very early stages of the pandemic (during full lockdown) were not as comprehensive, due to lack of direct interaction.”

London borough

“Children and young people also stated they liked face-to-face contact and not virtual.”

Metropolitan district

A further quarter who responded to the question made **positive comments around the use of IT or virtual communications**.

“Informally we have been able to broaden contact methods for children using technology that was not as apparent pre-COVID-19, such as WhatsApp calls and video links.”

Metropolitan district

“Use of technology to assist virtual visits was well received by families and professionals.”

London borough

Another common theme was councils making comments around the **difficult relationships children had with professionals and their families**, as well as children’s **own mental health being affected**. This was mentioned by a fifth who responded to the question.

“There is a general observation of increased emotional health and wellbeing needs amongst the generation of young people impacted by the COVID-19 pandemic.”

Unitary authority

A further fifth made comments around the **benefits of face-to-face contact**.

“Contact was maintained but took different forms, face to face contact was preferred contact type and reasons given were related to feeling support, helping maintain a routine and feeling more able to speak.”

County council

A smaller proportion of councils that responded to the question provided comments on the following themes:

- Negative impacts of court delays. As one council stated, “delays in sentencing and progression of children through the criminal justice system”, whilst another council said, “impact of the court and police decision delays and the back log of court hearings led to many children being on bail and some on remand for lengthy periods of time, 12 to 24 months longer than

pre-pandemic, and caused them to not receive support during this period if they were not open cases to services.”

- Lack of IT available for children. As one stated, “some children lacked access to IT, affecting schooling and type of work that could be done with them remotely”, whilst another council said, “many children struggling with learning from home and a lack of suitable environment, lack of family support and lack of IT or suitable place to work at home were all reasons for the difficulties.”
- General challenges faced. For example, one council said, “the reviews highlighted the significant challenges faced by the YOT/YJS in maintaining service delivery during the pandemic.”
- Hybrid working models. As one council said, “a post-COVID-19 review of how we manage our work has shown that hybrid working has allowed us to be more flexible and responsive to the changing needs of our cohort.”
- Efforts being made to increase contact with children. As one council stated, “the key findings include increasing our contact with children in custody”, with another council stating they had “developed more interactive interventions with young people.”
- No specific reviews undertaken or that the findings hadn’t been made available. For example, one council stated, “these findings are not available to us.”
- Review had been positive. For example, one council said, “yes - there have been regular multi agency reviews on service delivery and the impact. These found that services were able to adapt and continue to deliver statutory functions ensuring the welfare of children and protection of the public.”

Respondents were asked whether their authority or the YOT or YJS communicated any issues or concerns it had about fulfilling their responsibilities to children to the Youth Justice Board or any other government body. Forty-four per cent of English

county and single-tier authorities and 68 per cent of Welsh authorities said that they had reported concerns. Thirty-six per cent of English authorities and 14 per cent of Welsh authorities stated that while they had concerns, they did not report them. Twenty per cent of English authorities had no issues or concerns nor did 18 per cent of Welsh authorities.

Table 66: Did the local authority or YOT/YJS communicate any issues or concerns it had about fulfilling their responsibilities to children to the Youth Justice Board or any other government body?

	England	Wales
Yes	44%	68%
No, did not communicate our issues/concerns	36%	14%
No, did not have any issues/concerns	20%	18%

Base: English county and single-tier authorities (149) and Welsh authorities (22).

Respondents who answered 'yes' or 'no, did not communicate our issues or concerns' were asked to summarise the key issues or concerns. A total of 88 authorities provided responses to this question.

The most commonly cited point (rather than an issue as such), made by just under half of councils, was **the regular contact that the YJS had established with the Youth Justice Board (YJB)**. This had helped provide support and guidance on a range of concerns and took the form of virtual interaction, for example through regular online meetings and discussion forums. Many said that these provided them with the opportunity to share best practice and learning, raise issues about the impact of the pandemic on services, ask for advice on statutory service delivery, navigate challenges, gain peer support, share and submit their contingency and recovery plans and also to highlight any positive changes in practice to consider

retaining post-pandemic, (e.g. the benefits in engagement when seeing children outside office environments or for 'walk and talk').

"The YJB also hosted regular regional meetings online, which provided a forum for YJSs to raise any concerns that they had and be able to receive support and ideas from other peers."

Metropolitan district

"We were in contact with the YJB and shared our experiences of adapting work during the lockdowns."

Unitary authority

Around a third of respondents said that **court closures, new court processes and the resulting delays in court proceedings** were a key area of concern. Many noted the negative impact on children and young people, of delayed court appearances and sentencing and extended time on remand. The introduction of new court procedures made cases lengthy, and carers and parents were no longer able attend court with their children. One or two respondents said that adult sentencing was prioritised despite the risks posed by this, and an increase in numbers of those released under investigation (due to deferring a decision to charge) were also noted. A few respondents also said that the backlog of court cases and time taken to adapt to new court processes led to delays and a few suggested that these impacted those who would now be sentenced as adults rather than children.

"Issues were raised with the YJB regarding the length of time children were remanded awaiting trial due to the closure of the courts and backlogs created as a result of this."

London borough

"Initially children in breach of community orders or awaiting sentence were not prioritised for listing at court, however high their risk of harm to others."

County council

“Court closures causing delays in sentencing.”

Unitary authority

Just over a fifth of respondents said that their concerns related to **limited access to and contact with children and young people**. Issues included establishing how and where children would be seen in order to: safeguard, manage risk and vulnerability, supervise in line with court order requirements, conduct probation officer visits and support children in secure estates and in the community. Some respondents noted that they had successfully adapted to virtual visits in order to deliver support packages.

“The main issues were around court delays and limited face-to-face access to young people in relation to delivering meaningful intervention and fully assessing risk and vulnerabilities.”

Unitary authority

“Access to children and young people in custody was an issue during the pandemic, and limited IT in youth offenders’ institutions made levels of contact difficult.”

Metropolitan district

Children in custody were a concern for just under a fifth of respondents. Issues (prior to virtual arrangements being put in place) raised included a lack of ability to fulfil the appropriate adult role and difficulty visiting and communicating with children in custody. A few also mentioned a lack of Personal Protective Equipment (PPE) at police stations, lack of available appropriate adults and the use of small poorly ventilated interview rooms.

“At points it was not possible to see children in person in court cells when sentenced or remanded to custody, although telephone contact was possible. It was also not possible to check custodial warrants and sometimes to see children after they were given community sentences.”

County council

“Flagged up concerns regarding not being able to visit children in custody.”

Metropolitan district

Just over a tenth of respondents said that **staffing issues** were of concern. Some noted the impact on the delivery of services due to sickness absences, staff isolating and the emotional impact of the pandemic on teams that were in some cases already small. A lack of access to appropriate IT for staff working at home was also mentioned by a few respondents.

“There were challenges around service capacity at times as, due to social distancing measures introduced at court, the team had to cover additional days, which proved challenging for a small team, including when staff at various times had to isolate.”

London borough

A small number, less than a tenth, of respondents noted concerns about **how to conduct restorative justice**. This included difficulty undertaking prevention, reparation and intervention work and conducting Out of Court Disposal (OCD) panels.

“There was a building closure which reduced availability of reparation space until a substitute building was identified and made fit for purpose.”

Metropolitan district

Children’s **lack of or limited access to IT**, needed for education purposes and for interaction with professionals, was mentioned as a concern by a small number of respondents.

“During the lockdowns, access to children could be difficult, if they did not have access to suitable IT and locations for using it safely.”

Unitary authority

Health concerns were noted by a few respondents and these included the reduced access to health services and the longer-term mental health implications of multiple lockdowns on young people.

“As we enter the post COVID-19 world, we suspect that we may have to contend with the long-term physical health effects on children as well as the damage to mental health that has been done by the stress of the pandemic and the multiple lockdowns.”

Unitary authority

Comments made by one or two respondents noted that:

- national government guidance changed very quickly, resulting in revisions to staff guidance and frequent staff meetings in order to keep everyone up to date with a rapidly changing situation
- irregular data from the YJB lead to difficulty analysing it
- the YJB suspended meetings during the pandemic
- there was difficulty in partnership working and information sharing
- resettlement and related issues were a concern
- remands were made to local authority accommodation or to youth detention accommodation
- a standardised format of guidance was needed
- the council followed local authority and national guidance
- there was a substantial increase in First-Time Entrants (FTEs) to the criminal justice system post COVID-19.

Seventy-four per cent of English county and single-tier authorities and 55 per cent of Welsh authorities answered ‘yes’ when asked whether, during the Specified Period, any child living in the local authority area started a period on remand in local authority accommodation or in youth detention accommodation. Seventeen per cent

of English authorities and 45 per cent of Welsh authorities stated that no child started a period on remand in this accommodation.

Table 67: During the Specified Period, did any child living in the local authority area start a period on remand in local authority accommodation or in youth detention accommodation?

	England	Wales
Yes	74%	55%
No	17%	45%
Don't know	10%	0%

Base: English county and single-tier authorities (151) and Welsh authorities (22).

Deprivation of liberty

As shown on Table 67, 71 per cent of English county and single-tier authorities and 41 per cent of Welsh authorities reported that at least one child in their area started a custodial sentence in a secure children's home, secure training centre, or young offender institution. Twenty-one per cent of English authorities and 59 per cent of Welsh authorities stated that no child started a custodial sentence in a secure children's home, secure training centre or young offender institution.

Table 68: During the Specified Period did any child or young person living in the local authority area start a custodial sentence in a secure children's home, secure training centre or young offender institution.

	England	Wales
Yes	71%	41%
No	21%	59%
Don't know	9%	0%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Death of a child

As Table 68 shows, when asked whether a local safeguarding practice review had been required in regard to the death of a child or young person that occurred in the Specified Period, 48 per cent of English county and single-tier authorities and 45 per cent of Welsh authorities said 'yes'.

Table 69: Has a local safeguarding practice review been required in regard to the death of a child or young person that occurred in the Specified Period?

	England	Wales
Yes	48%	45%
No	52%	55%

Base: English county and single-tier authorities (150) and Welsh authorities (22).

Children's access to outdoor and recreational spaces

During the pandemic, English single-tier authorities were given powers through The Health Protection (Coronavirus Restrictions) (No 3) (England) Regulations 2020 (which came into effect on 18 July 2020) and for Welsh authorities through The Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020.

Respondents were asked whether their authority used these powers for a range of scenarios. Seventy-seven per cent of English single-tier authorities and 59 per cent of Welsh authorities used their powers to restrict access to children's indoor play spaces either fully or partially. A similar percentage of English (74 per cent) and Welsh (73 per cent) authorities used their powers to restrict access to children's outdoor play spaces, either fully or partially. Around half of English (57 per cent) and Welsh (50 per cent) authorities used their powers to restrict access to public outdoor spaces, either fully or partially.

Table 70: Did the local authority exercise its powers pursuant to The Health Protection (Coronavirus Restrictions) (No 3) (England) Regulations 2020 (which came into effect on 18 July 2020), The Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 or any other Regulations to: (percentage answering ‘Yes’)

	England	Wales
Restrict access to children’s indoor play spaces either fully or partially (such as soft play centres, trampoline centres, leisure centres)	77%	59%
Restrict access to children’s outdoor play spaces, either fully or partially (such as playgrounds, including for example by restricting or limiting access to swing sets)	74%	73%
Restrict access to public outdoor spaces, either fully or partially	57%	50%

English county councils do not have responsibilities for outdoor spaces and play areas and therefore have been removed from the results. Base: English single-tier authorities (129) and Welsh authorities (22).

Table 70 shows that a minority of authorities carried out any form of analysis of the impact on children of restricting access to outdoor and recreational spaces. During the pandemic, 6 per cent of English single-tier authorities and 5 per cent of Welsh authorities did this. Five per cent of English authorities carried out an impact analysis after the pandemic and no Welsh authorities did this.

Table 71: Did the local authority carry out any form of analysis of the impact on children of restricting access to outdoor and recreational spaces, either: (percentage answering 'Yes')

	England	Wales
During the pandemic	6%	5%
After the pandemic	5%	0%

English county councils do not have responsibilities for outdoor spaces and play areas and therefore have been removed from the results. Base: English single-tier authorities (129) and Welsh authorities (22).

All respondents who carried out analysis of the impact of restricting access to outdoor spaces and play areas were asked to set out up to five of the most important key findings of the review or analysis. Six respondents from single-tier authorities provided responses to this question.

The most commonly cited finding was identifying the **need to set up outdoor spaces for those with Special Educational Needs and Disabilities (SEND)**.

Methods used to do this included establishing strategic play areas, providing a cleaned park for those with disabilities and providing letters to confirm individuals were using outdoor spaces appropriately, in case they were challenged whilst outside.

“We made changes to our policies - the main one was the setting aside of a specially cleaned park for disabled children.”

London borough

“During pandemic considered impact on children with specific needs and allowed access to outdoor and recreational spaces if required.”

Unitary authority

Another common finding highlighted the **positive impact of outdoor access and exercise** to both physical and mental health (even if sometimes access to this was in a more limited way, for instance through daily walks or spending time in gardens).

“Access to green space in [authority name] was a key issue during the pandemic, especially for the health and wellbeing of those who did not have outdoor space of their own.”

London borough

Comments made by individual respondents noted that:

- the COVID-19 pandemic affected the social skills, learning, self-confidence and engagement of children
- after conducting risk assessments on the use of outdoor recreational spaces during the first lockdown, no further use restrictions were undertaken
- staff should not feel pressurised into making decisions too quickly due to COVID-19 circumstances
- different ethnic groups used green spaces more or less regularly than others.

Reflections and lessons learned

As shown on Table 71, 43 per cent of English county and single-tier authorities and 36 per cent of Welsh authorities carried out any other reviews, other than those mentioned previously, about the impact of the pandemic on children within its areas of responsibility.

Table 72: Has the local authority carried out any other reviews (other than those specifically outlined above) about the impact of the pandemic on children within its areas of responsibility?

	England	Wales
Yes	43%	36%
No	57%	64%

Base: English county and single-tier authorities (145) and Welsh authorities (22).

Respondents who had carried out any other reviews were asked to set out up to five of the most important key findings of the review(s). A total of 68 authorities provided responses to this question.

The most common finding, mentioned by over half of councils, was the **negative impact of the COVID- 19 pandemic on the closure of schools and childcare settings on children's education and learning**. For younger children or those born during the pandemic developmental delays (including in speech, literacy and numeracy) were reported. Older children experienced disrupted learning, homeschooling (particularly when parents were also working at home) and lack of face-to-face teaching time and this impacted and created concern about their academic outcomes. Post COVID-19 increases were reported: in homeschooling, anxiety about returning to the classroom, those with Special Educational Needs (SEN), school absences, exclusions and suspensions.

“There has been an increase in school absences and emotionally based school avoidance.”

London borough

“Anxiety about the future university, employment and income prospects from not getting the right grades to reach their aspirations.”

Unitary authority

Mental and physical health impacts of the pandemic were findings noted by over half of respondents. Mental health impacts reported by many included: anxiety and depression, feelings of vulnerability, stress and fears for the future. Eating disorders, social, emotional and behavioural issues (exacerbated by lockdown and witnessing COVID-19 deaths) were reported as was a higher demand for counselling support and higher referral rates for Children and Adolescent Mental Health Services (CAMHS). Physical health was impacted by a lack of outdoor activity and sports and more sedentary time, leading to obesity and the risk of longer-term health issues. Late health referrals, decline in immunisations for younger children and a lack of dental care availability were also mentioned by some.

“The worsening state of mental health in children and young people has been attributed in part to the COVID-19 pandemic and associated periods of lockdowns.”

Unitary authority

“Altered access to health services during the COVID-19 pandemic could mean continuation of behaviours harmful to health.”

County council

“The pandemic has taken its toll on the mental health of the nation and its impact is no less in young people, who are showing signs of stress, anxiety, and low mood. This is particularly pronounced among children with SEND and children in care.”

County council

“We are continuing to develop our approach of working with children and young people to develop their own resilience to incidents.”

Unitary authority

“Many found lockdown a safe place and liked time with families. They found the unlocking very difficult.”

London borough

A quarter of respondents commented on findings which suggested the **importance of maintaining contact with children and retaining the provision of services to vulnerable young people** who were at greater risk during lockdown and where safeguarding was the priority. Virtual methods were used to maintain contact but limitations with this method were noted by some when conducting risk assessments and in developing relationships with individuals and families. Some reported that Multi-Agency Safeguarding Hub (MASH) referrals had reduced during the pandemic and several said that social services referrals had increased post lockdown.

“There were difficulties in maintaining standards of service provision and there was a significant reduction in services available.”

County council

The **impact of the pandemic on pre-existing deprivation and inequalities** were findings suggested by around a quarter of respondents. Many said that children from deprived backgrounds (and some from Black and minority ethnic backgrounds) had been impacted to a greater extent or disproportionately by the COVID-19 pandemic. Suggested reasons for this included: health inequalities, more cases of COVID-19 in deprived wards (and those with multi-generational households), a greater use of food banks and less access to healthy food, increased family financial pressures, poor quality housing, difficulties with homeschooling and family members in higher risk occupations.

“Rather than individual findings the reports focused on how the pandemic had highlighted and worsened inequalities in the borough.”

London borough

“The report found that pre-existing health inequalities were exposed and exacerbated during the pandemic”

Unitary authority

Just under a fifth of respondents highlighted how **partnership working and technology** had allowed them to maintain levels of service provision. Many described the positive effects of collaboration, multi-agency partnerships and sharing information, in increasing levels of support and avoiding duplication during the pandemic. Some described how technology had enabled them to continue working digitally when face to face visits were not possible.

“Social workers have been innovative in finding ways to facilitate contact between children and their families during this challenging COVID-19 period, Skype, Zoom, Momo, text alongside visits.”

County council

“The pandemic exposed the power of coming together, taking down silos, turbo charged working and the value of our community assets.”

London borough

A tenth of respondents **mentioned findings relating to employment and finance** during the pandemic. These included reductions in family income, increased poverty, the impact of furlough and concerns about future income prospects.

“Without money young people felt they were unable to access anything that supported them to better their futures.”

Metropolitan district

Comments made by individual respondents noted findings suggesting that:

- the pandemic had increased the potential for sexual and criminal exploitation of young people

- drug or substance misuse amongst young people had increased
- there was an effect on the emotional resilience of those working with children
- there were limits in how far restrictions could be enforced
- a future virus outbreak plan had been developed
- the authority had limited resources available to reflect and review the effects of the pandemic
- during the pandemic there had been a lack of respite for young carers
- when a baby or child is seriously ill and may die, they should not be separated from their parents due to blanket guidelines about possible infection risk, except in exceptional individual circumstances
- legislation changes needed to be regularly reviewed and communicated.

Concluding the survey, respondents were asked to include any other relevant points they wished to raise in relation to the matters set out in the Provisional Outline Scope of Module 8 that would assist the Inquiry in its investigation. A total of 102 councils provided responses to this question.

Resilience, reactivity and collaborative working was raised by just over a third of respondents. They highlighted the speed of the local authority response in finding new ways of working during the COVID-19 pandemic and their focus on finding solutions in order to fulfil statutory requirements. The flexibility and resilience that the workforce had shown was noted as was a vast increase in partnership working and multi-agency collaboration which had enabled a joined-up approach.

“It was a highly reactive period where staff were expected to cover roles well outside their training or experience at very short notice.”

London borough

“Everyone worked together in the best possible way.”

County council

“Whilst very challenging, the council showed itself at its best in terms of focus on vulnerable residents and mobilising to deliver to the most vulnerable in our communities. There was a can-do attitude and some incredibly strong local leadership, with a relentless focus on finding solutions.”

London borough

Just over a third of respondents highlighted a variety of points relating to **education and learning** during the pandemic. These included SEND provision, issues relating to returning to the classroom, social and developmental delays for early years children, classroom behavioural issues, the provision of tech for homeschooling and online teaching, infection control in schools, the impact of the pandemic on school staff, educational attainment and activity around compliance with frequently changing guidance for schools.

“SEND (for example the impact of young children missing early childhood experiences and not developing social and communication skills).”

County council

“Progress and outcomes for children and young people have been impacted, with overall attainment results being lower than pre-pandemic.”

Metropolitan district

Around a quarter of respondents highlighted a variety of points relating to **safeguarding and provision for vulnerable children and young people** during the pandemic. These included: increased service pressure, provision for those in care and care leavers, provision for young carers, developing new virtual ways of working to fulfil statutory functions, conducting outreach work and dealing with frequent national policy changes.

“Many other services and professionals stopped visiting families, thus placing increased pressure on children social care where there was an expectation that visits continue.”

Metropolitan district

“We feel there was increased anxiety across the services that led to an increase in reporting of safeguarding concerns for children.”

Unitary authority

“The demands on carers were exceptional and have been well documented.”

Unitary authority

A quarter of respondents highlighted a variety of points relating to **physical and mental health** during the pandemic. Many respondents noted that they had continued to provide and make suitable adjustments to open spaces, parks, play areas and leisure facilities (within government guidelines), in order to help support well-being. Some also noted the various activities and projects they had organised to support this. However, many respondents reported a decline in mental health and an increase in anxiety amongst children and young people. Some also noted the health inequalities within different socio-economic groups.

“The Inquiry should consider the impact of mental health prevention on this specific group and the lack of support available during this period.”

County council

Recovery from COVID-19 and the legacy of the pandemic was noted by around a quarter of respondents. Comments suggested that the long-term and ongoing impacts of the pandemic should not be underestimated. Impacts were noted in the following areas: education (including outcomes and attainment, school avoidance, classroom behaviours and increased home education), an increase in poor mental and physical health (including issues around emotional wellbeing, loss, isolation and eating disorders), increases in requests for SEND provision and for other services, inequalities, council staff turnover, and financial impacts were all raised. Positive retained outcomes from the pandemic were noted as: improved partnership working and greater and more effective use of tech and hybrid working.

“We are still feeling the effects of COVID as a children and families service receiving referrals about childhood anxiety, mental health, poor school attendance together with ineffective parenting of children who are now reaching school age. This is having a huge impact on our services as referrals are now up substantially.”

Unitary authority

“The ramifications and long-lasting impact is beginning to be felt in terms of long-term mental health issues for young people and also for parents themselves. The poor levels of school attendance are a ticking issue, where significant number so young people will not be prepared, qualified and ready for the world of work, which will impact on the adult social care world and benefit systems.”

London borough

Issues relating to **National government guidance and PPE provision** were highlighted by around a quarter of respondents. Difficulties with implementing the

frequently changing guidance (particularly in schools) was noted by many. Respondents said there was a lack of clarity, timeliness, effective communication and the speed of change with little preparation time was noted. A few respondents also noted a lack of PPE provision, in-particular in schools.

“Local authorities were receiving information via national evening briefings rather than ahead of time. New guidance was frequently received overnight and at weekends.”

County council

“The lack of notice of frequent national policy changes made it difficult to communicate with residents in a way that built trust and was very stressful for staff, as they had to implement policies without sufficient time.”

London borough

“Repeated issuing of guidance for schools should have had better version control to assist local authorities and schools in implementing the changes. Some advice was contradictory and confusing.”

Unitary authority

Around a tenth of respondents noted the **community support** that they had provided during the pandemic, including deliveries of food, housing advice and guidance for businesses.

Finally, one respondent noted the additional complexities they encountered during the pandemic as a result of local government reorganisation.

Findings for English district authorities

Despite children's social care not being a statutory responsibility for district councils, many services they provide contribute to children's and young people's wellbeing holistically. District councils also often work with their county partners in supporting children and young people. For the survey, district councils were therefore asked to respond to a shorter set of questions regarding children's access to outdoor and recreational spaces, as recreation and leisure services fall under their responsibilities, and other support they provided for children and young people.

Children's access to outdoor and recreational spaces

During the pandemic, English district authorities were given powers through The Health Protection (Coronavirus Restrictions) (No 3) (England) Regulations 2020 (which came into effect on 18 July 2020). Respondents were asked whether their authority used these powers for a range of scenarios. Seventy-four per cent reported that they used these powers to restrict access to children's outdoor play spaces, either fully or partially. Sixty-one per cent stated they used these powers to restrict access to children's indoor play spaces either fully or partially. Finally, 48 per cent reported that they used these powers to restrict access to public outdoor spaces, either fully or partially.

Table 73: Did the local authority exercise its powers pursuant to The Health Protection (Coronavirus Restrictions) (No 3) (England) Regulations 2020 (which came into effect on 18 July 2020), The Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 or any other Regulations to: (percentage answering 'Yes')

England	
Restrict access to children's outdoor play spaces, either fully or partially (such as playgrounds, including for example by restricting or limiting access to swing sets)	74%
Restrict access to children's indoor play spaces either fully or partially (such as soft play centres, trampoline centres, leisure centres)	61%
Restrict access to public outdoor spaces, either fully or partially	48%

Base: district authorities (160).

As shown in Table 73, 2 per cent of districts carried out any form of analysis of the impact on children of restricting access to outdoor and recreational spaces during or after the pandemic.

Table 74: Did the local authority carry out any form of analysis of the impact on children of restricting access to outdoor and recreational spaces, either: (percentage answering 'Yes')

England	
During the pandemic	2%
After the pandemic	2%

Base: district authorities (161).

All respondents who carried out analysis of the impact of restricting access to outdoor spaces and play areas were asked to set out up to five of the most important key findings of the review or analysis. Four respondents from district councils provided responses to this question. They reported the following key findings from their reviews:

- that a lack of access to these facilities, play equipment in particular, had had a negative impact on young children
- that strategic play areas should be opened for areas and groups of children most in need
- that it was vital for access to be maintained, even if in a limited way
- that it was especially important to protect and cater for minors dealing with domestic violence
- that council staff should not have been pressured to make decisions as quickly as they were, resulting in negative consequences from lack of access to these outdoor spaces.

Reflections and lessons learned

Respondents representing English district councils were asked to describe how, if at all, their council specifically supported the county council in responding to the pandemic with regard to children and young people. A total of 130 authorities provided responses to this question.

The most common type of support mentioned by nearly half of councils related to a **broad range of assistance for the community as a whole, supporting young people and children but not designed specifically for them**. Many said that this included delivering food, medicines and Personal Protective Equipment (PPE) and contacting vulnerable residents. Some mentioned developing hubs, websites and phone lines to provide information and signposting. Assisting with volunteering at vaccination sites, ensuring compliance with social distancing, sharing assets and assisting with grant provision were other areas of support noted by a few respondents.

“Where required we supported the county council with sharing of information, through communication on our website”

District council

“We supported children and young people indirectly through the delivery of food parcels to vulnerable families”

District council

“Assisting with vaccination sites - marshalling, managing, lending assets, volunteering.”

District council

Around a third of respondents mentioned **collaborative and joint working** with county councils and partner agencies. This included inputting to advisory groups, resilience forums, co-ordinating support, attending multi-agency meetings, offering guidance and advice and sharing data with the county council. Directly in relation to

children and young people, several mentioned working in partnership with children and young people (CYP) on safeguarding referral processes and services.

“We administered local grant funding for children and families in exceptional hardship on behalf of the county council.”

District council

“We developed a data reporting system for these purposes and worked with [name of council] where children and young people were identified.”

District council

“The council continued to implement safeguarding referral processes working in partnership with children and young people's services during the pandemic.”

District council

A third of respondents said that they had **not provided any specific support** to the county council, had provided limited support or had only done so when requested.

“Work with the county council specifically for children was limited during the pandemic.”

District council

“No mutual aid or assistance was requested by the county council with respect to supporting children and young people during the pandemic.”

District council

Around a tenth of respondents highlighted **initiatives specifically designed to support children and young people**, several of which supported them from an educational perspective: for instance, the provision of support for the children of keyworkers, a focus on ventilation and infection control monitoring in schools, the promotion of safe attendance and vaccination and the provision of ambassadors as

links between community and young people who were returning to local schools. Other work mentioned included developing links with local groups and organisations such as the guides and brownies, local theatres and museums, developing a CYP recovery cell, developing community connectors and organising breaks and activities for those with Special Educational Needs and Disabilities (SEND).

“Youth theatre continued to meet online throughout the pandemic.”

District council

“We allowed the country park to be used by a forest school which looked after the children of key workers.”

District council

“We provided ambassadors as links between communities and young people who were returning to local schools, and in particular further education colleges.”

District council

A few respondents commented on support undertaken regarding **physical and mental health provision**. These included projects to help avoid isolation, feel good hubs and online fitness activities. Some mentioned providing support at council sports and play facilities once lockdowns lifted, such as implementing cleaning processes and signage in order to provide safeguards for users.

“We hosted online exercise and well-being classes for children and young people, in partnership with our leisure provider, including multi-sports, virtual boxing, games nights, parkour tuition, fun fitness, online dance and more.”

District council

“Outdoor sports facilities were opened to enable holiday activity and food sessions for children in receipt of free school meals.”

District council

Respondents representing district councils were also asked to describe any other ways, if at all, in which their authority supported children and young people during the pandemic. A total of 104 authorities provided responses to this question.

The most common type of support mentioned by over half of councils related to a **broad range of general assistance for the community as a whole**, which supported young people and children but was not designed exclusively for them. This included the provision of Personal Protective Equipment (PPE), access to foodbanks and delivery of food parcels and medicines, homelessness and wellbeing support, conducting welfare calls, providing signposting to relevant organisations, ensuring the implementation of government guidance and running vaccination centres. In addition, managing the continuation and maintenance of existing support service provision as a whole was mentioned.

“Only indirectly through general public activities - food boxes, with supplementary items like formula, nappies, baby food if required.”

District council

“The council continued to carry out its statutory services, including environmental health services, housing services, community safety services (including family support, domestic abuse services and safeguarding).”

District council

Maintaining access to open spaces and leisure facilities was noted by just under a quarter of respondents. This support included keeping parks and green spaces and leisure facilities such as gyms and pools open for informal play and activities, whenever government guidance allowed. Once restrictions allowed for playgrounds to re-open, safety measures (including conducting risk assessments, adapting and cleaning equipment and the provision of signage and wardens) were put in place by districts, enabling young people and children to use these areas and benefit from the associated physical and mental health gains of doing so.

“Cleaning regimes were put in place and public notices around hand washing before and after visiting play areas and using equipment. We also managed distancing in play areas by removing equipment to ensure a safe distance for users.”

District council

“We kept green spaces and play areas open as much as possible.”

District council

“We ensured our leisure provision was opened as soon as the legislation allowed and had a full range of activities for children and young people as the law allowed.”

District council

A range of **bespoke wellbeing-related provision** for children and young people was described by a fifth of respondents and included virtual events, activity programmes and packs and online support. Examples included: museums running online activities for children, a secret picnic, play kits and activity bags and online guidance and mental health support.

“Bespoke family packs were developed by the council, along with physical activity packs, recipe packs, active minds packs, and distributed to over 100 homes and families.”

District council

“Our community centres ran online sessions for young people.”

District council

“Where we would usually have open days and events for children at the museum, we undertook social media and web campaigns with activities children could do at home.”

District council

A tenth of respondents noted that they had provided **support for education and learning** amongst young people and children. This included the provision of laptops and IT equipment, giving guidance to schools, visits to ensure compliance and assisting with COVID-19 outbreaks in schools.

“Schools supported by provision of laptops to enable remote teaching and learning”

District council

“The council played a central role in managing and investigating a COVID-19 outbreak at a secondary school when pupils returned after lockdown.”

District council

“We also repurposed laptops and tablets from our IT team and distributed to schools for use by children that did not have the technology to be able to engage with online educational activities.”

District council

About a tenth of respondents explicitly said that they had **not provided distinct support for children and young people**.

Finally, individual respondents noted:

- running a survey during the second lockdown to try and identify the needs of young people and establish how they could best be supported
- supporting council staff who needed to care for children or supervise home study with flexible or hybrid working and different management methods
- redeploying staff to support children and young people.

Annex A: Questionnaire

Module 8 of the UK COVID-19 Public Inquiry (“the Inquiry”): Request for Evidence (Survey) from Local Authorities under Rule 9 of the Inquiry Rules 2006

This is a Request for Evidence by way of an on-line survey issued to The Local Authorities in England and Wales issued by the Chairman to the COVID-19 Inquiry, Lady Hallett, in relation to Module 8 (**Children and Young Persons**) under Rule 9 of the Inquiry Rules 2006. The LGA has been asked to collate and analyse responses received on behalf of the Inquiry.

Module 8 will examine the impact of the pandemic on children and young people in England, Wales, Scotland, and Northern Ireland. Details of the Provisional Outline Scope can be found by clicking on [this link](#).

Or, by copying and pasting the following link into your browser:

<https://COVID19.public-inquiry.uk/documents/module-8-provisional-outline-of-scope/>

The purpose of the request is to assist the Inquiry in understanding the challenges which local authorities faced in providing services to children during the pandemic (and whether they differed across the UK). The Inquiry intends to use the responses as an indicator of any issues which it ought to investigate further (and which relate to local authorities).

If you cannot answer a question because your authority was not involved in the subject matter of the question, please say so and clearly set out your reasons.

The request is being sent to all Local Authorities in England and Wales.

If a local authority does not respond, the Inquiry Chairman has power Section 21 of the Inquiries Act 2005 to issue a notice requiring a person to:

- Attend a hearing at a specific time and place
- Provide evidence orally
- Produce documents, or other items, for inspection, examination, or testing
- Provide evidence in written form

For the purposes of this survey please focus on the "**Specified Period**" of time between **1 January 2020 and 28 June 2022**.

Response Deadline

The deadline for responding to this request is **Friday 17 January 2025**.

Contact Details

If you have any queries please email matt.stoker@local.gov.uk then copy in research@local.gov.uk and LGACOVIDINQUIRY@local.gov.uk.

Thank you for taking the time to complete this survey. You can navigate through the questions using the buttons at the bottom of each page. Use the 'previous' button at the bottom of the page if you wish to amend your response to an earlier question.

If you stop before completing the return, you can come back to this page using the link supplied in the email and you will be able to continue where you left off. To ensure your answers have been saved, click on the 'next' button at the bottom of the page that you were working on before exiting.

If you would like to see an overview of the questions before completing the survey online, you can access a pdf [here](#).

#The paragraph below is only visible to respondents who answering on behalf of district councils

For respondents representing district councils, a shorter version of the COVID Inquiry Module 8 survey will be presented. This adjustment reflects the survey's focus on children and young people, which is a responsibility of single-tier authorities and county councils. Many questions are therefore specific only to them. However, certain questions in this survey pertain specifically to areas within the remit of district councils, and the COVID-19 Inquiry Team requires you to respond on these matters.

Definitions

All references to “**days**” are to calendar days.

The “**Specified Period**” is the period of time between **1 January 2020 and 28 June 2022** (the date on which the Inquiry was constituted).

A “**child**” will be defined as an individual aged between 0 to 18.

A “**young person**” will be defined as an individual who was a care leaver between the ages of 18 and 25; or had special educational needs and/or disabilities (up to 25 years old); or was 18 to 25 and attended further and/or higher education and/or training; or was between the ages of 18 and 25 and in the custody of the state.

Please amend the contact details we have on record if necessary.

Name _____

Authority _____

Email address _____

#From this point those who responding on behalf of a district council will skip to Q68.

Planning for children and young people in civil contingencies and emergencies

Q1a. **Prior to the pandemic**, did the local authority hold any civil contingency or emergency plans and/or was it involved in any such planning which specifically considered the position of children and young people?

- Yes
- No
- Don't know

#display if Q1a==Yes

Q1b Please list the name of each plan (and one line description, if this is not clear from the name).

Q2a. **Prior to the pandemic**, did the local authority hold any civil contingency or emergency plans which specifically envisaged the closure of schools or a lockdown?

- Yes
- No
- Don't know

#display if Q2a==Yes

Q2b. Please list the name of each plan (and one line description, if this is not clear from the name):

Q3a. Did the local authority use any existing plans (civil contingency or emergency plans) relevant to children, at any point, during the Specified Period (between 1 January 2020 and 28 June 2022)?

- Yes
- No
- Don't know

#display if Q3a==Yes

Q3b. Please list the name of each plan (and one line description, if this is not clear from the name):

Q4a. **Prior to the pandemic**, did the local authority have any issues or concerns about civil contingency or emergency planning, in particular about any planning issues relevant to children?

- Yes
- No
- Don't know

#display if Q4a==Yes

Q4b. Please briefly set out the concerns:

#display if Q4a==Yes

Q4c. To which, if any, of the following people or organisations did your local authority report these concerns?

Please select all that apply.

- Department for Education or equivalent in Devolved Nations
 - Other central government department or directorate (depending on location within Devolved Nations)
 - Local Government Association and/or Welsh Local Government Association
 - Regional improvement and innovation alliance
 - Select committee
 - MP and/or MS
 - Local resilience forum or equivalent
 - Other (please specify)
-
- Don't know

Closure of Schools in March 2020

Q5a. Prior to the closure of (most) schools, did the local authority take any measures to manage or mitigate the spread of the COVID-19 virus within schools?

- Yes
- No

#display if Q5a==Yes

Q5b. What measures did your authority take?

Please list all measures taken below:

Q6. Approximately how much notice did the local authority have of the decision announced by the Prime Minister on **18 March 2020** that schools would close to most children?

- Time period (in hours)

- No notice (0 hours)
- Don't know / Can't remember

Q7a. Prior to **18 March 2020**, had the local authority started to plan for the eventuality that schools might close, including planning for the remote provision of education?

- Yes
- No
- Don't know

#display if Q7a==Yes

Q7b. Please summarise the arrangements the authority had started to plan for the eventuality that schools might close.

Q8. Prior to 18 March 2020, was the local authority aware of the prospect that vulnerable children might be permitted to attend school in the event of closures?

- Yes
- No
- Don't know

Q9a. Prior to 18 March 2020, had the local authority made any plans to support the attendance of vulnerable children at school. For example, had consideration been given to how vulnerable children would be able to get to school.

- Yes
- No
- Don't know

#display if Q9a==Yes

Q9b. Please summarise the arrangements planned to support the attendance of vulnerable children at school.

Q10a. Prior to 18 March 2020, had the local authority made plans as to how children who attended special schools would be educated in the event of school closures?

- Yes
- No
- Don't know

#display if Q10a==Yes

Q10b. Please summarise the plans for how children who attended special schools would be educated.

Oversight of vulnerable and at risk children

We are interested in how, if at all, children's social care practice in your authority was affected by measures taken in response to the pandemic throughout the Specified Period. Some of the questions in the following section will ask you assess state the level of reduction in certain types of activity in your authority. Please select the answer options you perceive will most closely reflect the situation in your authority.

Q11. What was the overall scale of reduction, if any, in the number of children in need assessments?

- Great reduction
- Moderate reduction
- Small reduction
- No reduction

Q12 If the number of children in need assessments changed significantly at specific points during the Specified Period, please summarise how and when this occurred:

Q13. What was the scale of reduction, if any, in the number of child protection enquiries?

- Great reduction
- Moderate reduction
- Small reduction
- No reduction

Q14. If the number of child protection enquiries changed significantly at specific points during the Specified Period, please summarise how and when this occurred:

Q15. What was the scale of reduction, if any, in the number of children's conferences (in conjunction with safeguarding partners)?

- Great reduction
- Moderate reduction
- Small reduction
- No reduction

Q16. If the number of children's conferences (in conjunction with safeguarding partners) changed significantly at specific points during the Specified Period, please summarise how and when this occurred:

Q17. What was the scale of reduction, if any, in the number of contacts (face to face or virtual) with children in care?

- Great reduction
- Moderate reduction
- Small reduction
- No reduction

Q18. If the number of contacts (face to face or virtual) with children in care changed significantly at specific points during the Specified Period, please summarise how and when this occurred. Please distinguish between face to face and virtual visits if possible:

Q19. What was the scale of reduction, if any, for other face to face (*in person*) work, including pre-proceedings and Family Support Worker work with families?

- Great reduction
- Moderate reduction
- Small reduction
- No reduction

Q20. If the number of other face to face (*in person*) work, including pre-proceedings and Family Support Worker work with families, changed significantly at specific points during the Specified Period, please summarise how and when this occurred:

Q21. What was the scale of reduction for **other services**, if any, for vulnerable children and their families?

- Great reduction
- Moderate reduction
- Small reduction
- No reduction

Q22. If the number of other services for vulnerable children and their families changed significantly at specific points during the Specified Period, please **describe each service** and summarise how and when this occurred:

Q23a. In general terms, over the course of the Specified Period, please quantify the extent to which staff absences or the inability of staff to provide services (for example because of clinical vulnerability), impacted the delivery of local authority **social care services** to children and young people.

*Please select the description which **most closely matches** the way in which services were impacted.*

- This was a serious problem which threatened the ability of the local authority to deliver services to children and young people for the local authority **throughout** the Pandemic.
- This was a serious problem which threatened the ability of the local authority to deliver services to children and young people **at points** during the Pandemic.
- Staff absences or the unavailability of staff was a challenge but did not threaten the delivery of services to children and young people.
- Generally, this was not a problem during the pandemic (in that the local authority managed to maintain the levels of staff needed to provide services to children and young people).

Q23b. What actions, if any, did your council take to minimise the impact of staff absences on children's social care services.

Please specify:

Q24. In general terms, over the course of the Specified Period please quantify the extent to which staff absences or the inability of staff to provide services (for example because of clinical vulnerability) impacted the delivery of local authority **education functions** for children and young people.

*Please select the description which most **closely matches** the way in which services were impacted.*

- This was a serious problem which threatened the ability of the local authority to deliver education functions for children and young people **throughout** the Pandemic.
- This was a serious problem which threatened the ability of the local authority to deliver education functions for children and young people **at points** during the Pandemic.
- Staff absences or the unavailability of staff was a challenge but did not often threaten the delivery of education functions for children and young people.
- Generally this was not a problem during the pandemic as the local authority managed to maintain the levels of staff needed to provide education functions for children and young people.

Q25. In relation to safeguarding, what negative changes related to the pandemic, if any, did the local authority (whether alone or in partnership with other partners) experience?

Please select all that apply.

- A reduction of information, from schools and teachers, about children.

- A reduction in information from other sources about children, for example, neighbours and family.
 - A reduction in information from police forces about children.
 - Greater difficulty in obtaining or maintaining contact with the families of children about whom there was concern.
 - Greater difficulty in being able to see and speak to children about whom there was concern.
 - Greater difficulty in convening meetings with safeguarding partners.
 - Greater difficulty in ensuring there was effective information sharing with safeguarding partners.
 - Problems in information sharing because of staff absences across safeguarding partners.
 - Any other difficulties in the safeguarding of children relevant to the Pandemic (please specify)
-

- None, there were no negative changes

Q26. In relation to safeguarding, what positive changes related to the pandemic, if any, did the local authority (whether alone or in partnership with other partners) experience?

Please select all that apply.

- More regular communication with children in care
 - Improved communication with schools about children
 - Improved relationships between schools and the council
 - Improved attendance by partners at child protection meetings (including virtual)
 - Improved relationships with families
 - Other (please specify)
-

- None, there were no positive changes

Q27. During the Specified Period, compared to 2019, did the number of children referred to social services, because of child protection concerns, change?

- Increase
- Decrease
- Stayed broadly the same
- Other (please specify)

- Don't know

Q28a. Did the local authority carry out (or contribute to) any individual child safeguarding practice reviews (CSPRs) (England), or single unified safeguarding reviews (SUSRs) (Wales) **excluding those into the death of a child**?

- Yes
- No

#display if Q28a==Yes

Q28b. If yes, please summarise up to five of the most important key findings:

Q29a. Did the local authority carry out any **overall reviews** into safeguarding, child protection and/or children's services during or after the pandemic?

- Yes
- No

#display if Q29a==Yes

Q29b. If yes, please summarise up to five of the most important key findings:

Pandemic related changes to rules and regulations about children's social care This includes:

The Adoption and Children (Coronavirus) (Amendment) 2020 Regulations and Adoption and Children (Coronavirus) (Amendment) (No. 2) Regulations 2020 ("the Regulations") (England); The Coronavirus (Scotland) Act 2020; The Adoption and Children (Coronavirus) (Amendment) (Wales) Regulations 2020). We are interested in whether, as a result of any Acts and Regulations which came into force during the pandemic, any social work practice in respect of children changed.

Q30. To what extent, if at all, was there a **reduction in the number of face to face (in person) visits**, to the following groups of children?

Rows

- Children on 'Child in Need' Plans (or their equivalent)
- Children on child protection plans (or their equivalent)
- Children in foster care
- Children in residential care
- Other (please specify)

Columns

- To a great extent
- To a moderate extent
- To a small extent
- Not at all
- Don't know

Q31. To what extent, if at all, was there an increase in the number of virtual visits to the following groups of children?

Rows

- Children on 'Child in Need' Plans (or their equivalent)
- Children on child protection plans (or their equivalent)
- Children in foster care
- Children in residential care
- Other (please specify)

Columns

- To a great extent
- To a moderate extent
- To a small extent
- Not at all
- Don't know

Q32. What, if anything, did your authority do to mitigate the reduction in the number of face to face (*in person*) visits to children?

Please select all that apply.

- Walking visits
- Video calls
- WhatsApp messaging with children / young people
- Other (please specify)

-
- None of these

Q33. What, if anything, did your authority learn from finding other ways to contact children than face to face visits?

Please specify:

Q34a. In general, did the period between social work visits to children in care lengthen (both face to face and virtual)?

- Yes
 - No
 - Other (please specify)
-

#display if Q34a==Yes

Q34b. By how long did the period between social work visits lengthen?

*Please specify the number of **additional weeks** between visits. For example, a **seven week gap would be one additional week** (as the requirement is for six week visits).*

Q35a. Did the timescales lengthen for the review of care plans for children in care?

- Yes
 - No
 - Other (please specify)
-

#display if Q35a==Yes

Q35b. By how long did the timescales lengthen for the review of care plans for children in care? *Please specify the number of **additional weeks**.*

Q36a. Did independent visits (pursuant to regulation 44 of the Children's Homes (England) Regulations 2015, or their equivalent) to residential children's homes occur on a monthly basis?

- Yes
- No
- Not applicable (have no local authority-run children's homes)

#display if Q36a==No

Q36b. How often did those independent visits to residential children's homes occur?
Please specify:

Q37a. Did children's homes in your area exercise the power granted to them under the Regulations to deprive children of their liberty when they were showing symptoms of coronavirus?

- Yes
- No

#display if Q37a==Yes

Q37b. Please provide an approximate figure as to the number of occasions upon which children were deprived of their liberty?

#display if Q37a==Yes

Q37c. Was this monitored by your local authority?

- Yes
- No

Q38a. Was the period for which children could be placed with emergency foster carers extended?

- Yes, for all cases
- Yes, for some cases
- No

#display if Q38a==Yes, for all cases OR Yes, for some cases

Q38b. By how long was the period for children being placed with emergency foster carers extended?

*Please specify the number of **additional weeks**.*

#display if Q38a==Yes, for some cases

Q38c. What were the criteria under which the period of placement with emergency foster carers was extended?

Q39a. Was the requirement for a nominated officer to approve decisions to place children in care outside the local authority's area changed?

- Yes, for all cases
- Yes, for some cases
- No

#display if Q39a==Yes, for some cases

Q39b. What were the criteria under which children could be placed in care outside the local authority's area without approval by a nominated officer?

Q40a. Was the requirement for a (non-local authority) prospective temporary foster carer to be a connected person changed?

- Yes, for all cases
- Yes, for some cases
- No

#display if Q40a==Yes, for some cases

Q40b. What were the criteria under which the requirement for a prospective temporary foster carer to be a connected person was lifted?

Q41. Did the availability of short break/respite foster placements (for example, for disabled children) change?

- Increased
 - Decreased
 - Stayed about the same
 - Other (please specify)
-

Q42a. National regulations changed the stage at which medical reports or assessments had to be completed for the purpose of approving proposed adopters or foster carers. Did your authority make use of this change?

- Yes, for all cases
- Yes, for some cases
- No

#display if Q42a==Yes

Q42b. In what circumstances did your authority make use of this change?

Q43a. National regulations changed the requirement for independent panels to approve foster carers and adoption placements. Did your authority make use of this change?

- Yes, for all cases
- Yes, for some cases
- No

#display if Q43a==Yes

Q43b. In what circumstances did your authority make use of this change?

#display if Q44a==Yes

Q44a. Were there any other changes your authority made as a result of the Regulations?

- Yes
- No
- Don't know

Q44b. Please specify:

Q45. If you have carried out any overarching reviews into social work practices, during the pandemic (as opposed to individual case reviews and those mentioned earlier), please summarise up to five of the most important key findings:

Schedule 12, Part 1 to the Coronavirus Act 2020

Q46a. Did the local authority implement any of the provisions of this part of the Coronavirus Act 2020 (disapplying assessment requirements) (or any other pandemic related statutory provisions) as it applied to:

"Young carers and their needs for care and support" (paragraph 2)

- Yes
- No

#display if Q46a==Yes

Q46b. In what circumstances were the provisions applied to young carers?

Q47a. Did the local authority implement any of the provisions of this part of the Coronavirus Act 2020 (disapplying assessment requirements) (or any other pandemic related statutory provisions) as it applied to:

"The transition for children to adult care and support" (paragraph 15)

- Yes
- No

#display if Q47a==Yes

Q47b. In what circumstances were the provisions applied to children's transition to adult care and support?

Q48a. Has the local authority carried out any reviews into the impact of changes made during the pandemic under these provisions on children and young people?

- Yes
- No

#display if Q48a==Yes

Q48b. Please summarise up to five of the most important key findings from these reviews.

Children in care homes

Q49. Overall, in the first six months of the pandemic, how easy or difficult was it for children's home providers to access PPE?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult
- Don't know

Q50. Did the council help local children's home providers to access PPE during the pandemic, or not?

- Yes

- No
- Don't know

Q51. Overall, in the first six months of the pandemic, how easy or difficult were children's home providers finding it to access COVID-19 tests?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult
- Don't know

Q52. To what extent, if at all, did delays to receiving test results for children and staff in children's homes make it harder to control outbreaks?

- To a great extent
- To a moderate extent
- To a small extent
- Not at all
- Not applicable - there were no delays

Q53. How did your authority find the guidance received from the UK Central Government/Welsh Government, about restrictions on children's home visits?

- Very good – Guidance that was clear, succinct, consistent and timely
- Fairly good – Guidance that was fairly clear and consistent, and reasonably timely
- Not very good – Guidance with a number of elements missing or unclear/inconsistent, and/or not very timely
- Not good at all – Guidance which was unclear, inconsistent/changing and/or missing elements; and not at all timely
- Don't know

Q54a. Did your authority provide any support (either to the families/friends of children in children's homes, to the children themselves, or to the children's home providers) or not, in order to mitigate the impact of the restrictions on visiting children's homes?

- Yes
- No
- Don't know

#display if Q54a==Yes

Q54b. Please specify how your council tried to mitigate the impact of the restrictions on visiting children's homes.

Q55a. To what extent, if at all, were visits by healthcare professionals or relevant professionals generally limited in children's residential homes, throughout the period of the pandemic (March 2020 to June 2022)?

- To a great extent
- To a moderate extent
- To a small extent
- Not at all
- Don't know

#display if Q55a==To a great extent OR To a moderate extent OR To a small extent

Q55b. If this changed significantly at specific points during the Specified Period, please summarise how and when this occurred:

Q55c. What was the effect of these limitations?

Please select all that apply.

- Children not receiving adequate medical treatment
- Longer waits for children to receive medical treatment
- Necessary transfers to hospital not undertaken
- Unnecessary transfers to hospital undertaken
- Other (please specify)

-
- Don't know

Children in foster care

Q56. Over the course of the Specified Period, was there any change in the availability of foster placements of any kind for children living in the local authority's area?

- Increase
- Decrease
- Stayed the same

Children in contact with the criminal justice system

Q57. How, if at all, did the service delivered by the Youth Offending Team (YOT)/Youth Justice Service (YJS) change during the Specified Period?

Please select the description which most closely matches the way in which service delivery was changed:

- All services moved to remote/home working
- The majority of services moved to remote/home working
- Some services moved to remote/home working
- There was no change to the way services were being delivered

Q58. What other changes, if any, affected service delivery by the YOT/YJS during the Specified Period?

- Decreased access to restorative justice programmes
- Court closures
- Other (please specify)

-
- None

Q59. Please quantify the extent to which changes to YOT/YJS **service delivery**, as a result of the pandemic, impacted the delivery of services to children:

- This was a serious problem which threatened the ability of the YOT/YJS to deliver services to children **throughout** the pandemic.
- This was a serious problem which threatened the ability of the YOT/YJS to deliver services to children **at points** during the pandemic.
- This was a challenge but did not often threaten the ability of the YOT/YJS to deliver services to children as the YOT/YJS were able to overcome/mitigate the problems/issues.
- Generally, this was not a problem and there was no threat to the ability of the YOT/YJS to deliver services to children

Q60. Please identify any positive impacts from the service changes needed due to the pandemic.

Please select all that apply.

- More regular communication with children and young people in the community
- Improved communication with schools about children and young people
- Improved relationships between multi-agency partners and the council
- Improved attendance by partners at YOT/YJS meetings (including virtual)
- Improved relationships with families

- Other (please specify)

-
- No positive impacts

Q61. Please identify any difficulties YOTs/YJSs experienced in providing **support and supervision** to children both in the community and in custody throughout the pandemic.

Please select all that apply.

- Greater difficulty in obtaining or maintaining contact with children in the community
- Greater difficulty in assessing and managing risk to children
- Greater difficulty in partnership working and information sharing
- Greater difficulty in convening meetings with safeguarding partners
- Greater difficulty in obtaining or maintaining contact with children with whom there were safety, welfare or health concerns
- Greater difficulty in obtaining or maintaining contact with children held in custody
- Greater difficulty in remand management and pre-release planning of children in custody
- Greater difficulty in providing the court with bail packages and pre-sentence reports
- Staff absences which impacted the ability to provide services (for example because of staff isolation due to clinical vulnerability or from contracting COVID-19)
- Specialist YOT/YJS staff were redeployed to their parent units (for example YOT/YJS health workers being redeployed to the NHS)
- YOT/YJS staff did not have reliable access to IT equipment or infrastructure to fulfil their role remotely
- Children did not have safe and reliable access to IT equipment or infrastructure to keep in contact with YOT/YJS staff

- Other difficulties (please specify)

-
- No difficulties were experienced

Q62. Please quantify the extent to which the difficulties YOTs/YJSs experienced in providing **support and supervision** impacted children in the community and custody-impacted children.

- This was a serious problem which threatened the ability of the YOT/YJS to support and supervise children **throughout** the pandemic.
- This was a serious problem which threatened the ability of the YOT/YJS to support and supervise children **at points** during the pandemic
- This was a challenge but did not threaten the ability of the YOT/YJS to support and supervise children as the YOT/YJS were able to overcome/mitigate the problems/issues
- Generally, this was not a problem and there was no threat to the ability of the YOT/YJS to support and supervise children

Q63a. Has the local authority or YOT/YJS conducted any reviews into the impact of any changes in service delivery on children?

- Yes
- No

#display if Q63a==Yes

Q63b. Please summarise up to five of the most important key findings from these reviews.

Q64a. Did the local authority or YOT/YJS communicate any issues or concerns it had about fulfilling their responsibilities to children to the Youth Justice Board or any other government body?

- Yes
- No, did not communicate our issues/concerns
- No, did not have any issues/concerns

#display if Q64a==Yes OR No, did not have any issues/concerns

Q64b. Please summarise the key issues/concerns:

Q65. During the Specified Period did any child living in the local authority area start a period on remand in local authority accommodation or in youth detention accommodation?

- Yes
- No
- Don't know

Deprivation of liberty

Q66. During the Specified Period did any child or young person living in the local authority area start a custodial sentence in a secure children's home, secure training centre or young offender institution.

- Yes
- No
- Don't know

Death of a child

Q67. Has a local safeguarding practice review been required in regard to the death of a child or young person that occurred in the Specified Period?

- Yes
- No

#display if Q67==Yes

Please provide a copy of any relevant review to
LGACOVIDINQUIRY@local.gov.uk.

Please include the name of your authority and words 'local safeguarding practice review' (and subtitle if any) in the **subject line** of your email.

Please include the name of your authority in the **name of the file** provided.

Unfortunately, the COVID Inquiry team **does not accept links**. Therefore, please send a copy of the document.

Children's access to outdoor and recreational spaces

Q68. Did the local authority exercise its powers pursuant to [The Health Protection \(Coronavirus Restrictions\) \(No 3\) \(England\) Regulations 2020](#) (which came into effect on 18 July 2020), [The Health Protection \(Coronavirus Restrictions\) \(No. 2\) \(Wales\) Regulations 2020](#) or any other Regulations to:

Rows

- Restrict access to public outdoor spaces, either fully or partially
- Restrict access to children's outdoor play spaces, either fully or partially (such as playgrounds, including for example by restricting or limiting access to swing sets)
- Restrict access to children's indoor play spaces either fully or partially (such as soft play centres, trampoline centres, leisure centres)

Columns

- Yes
- No
- Not applicable
- Don't know

Q69a. Did the local authority carry out any form of analysis of the impact on children of restricting access to outdoor and recreational spaces, either:

Rows

- During the pandemic
- After the pandemic

Columns

- Yes
- No
- Not applicable
- Don't know

#display if Q69a – During the pandemic==Yes OR After the pandemic==Yes

Q69b. Please set out up to five of the most important key findings of the review/analysis.

Reflections and lessons learned

#Do not display to those who are responding on behalf of a district council

Q70a. Has the local authority carried out any other reviews (other than those specifically outlined above) about the impact of the pandemic on children within its areas of responsibility?

- Yes
- No

#Do not display to those who are responding on behalf of a district council

#Display if Q70a==Yes

Q70b. Please set out up to five of the most important key findings of the review(s):

#Only display to those who are responding on behalf of a district council

Q71a. Please use the space below to describe how, if at all, your council specifically supported the county council in responding to the pandemic in regards to children and young people. *You may wish to review the long version of the survey here to understand the areas of county council support for children and young people that the Inquiry Team is particularly interested in.*

#Only display to those who are responding on behalf of a district council

Q71b. Please use the space below to describe any other ways, if at all, in which your authority supported children and young people during the pandemic.

Q72. Please write in any other relevant points you wish to raise in relation to the matters set out in the [Provisional Outline Scope of Module 8](#) that will assist the Inquiry in its investigation?

Please specify:

STATEMENT OF TRUTH DECLARATION

This questionnaire is signed on the basis of the information provided to me by my authority officers who were engaged in this work which I believe to have been offered after careful consideration and diligent inquiry. I confirm that the information given in this response is true and accurate to the best of my belief and knowledge.

Signature (please type in)

Job title

Date (dd/mm/yyyy)

Thank you for completing this survey for the COVID-19 Inquiry's Module 8 Rule 9 Requests to the LGA and WLGA.

PLEASE ONLY PRESS SUBMIT IF YOU ARE FINISHED AS YOU WILL NO LONGER BE ABLE TO RETURN TO THE SURVEY.



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