# **West Sussex County Council**

#  **RISK ASSESSMENT FOR RESPITE ARRANGEMENTS 2020**

**Names of child(ren):**

**Age of child(ren) and DOB:**

**Mosaic numbers:**

**Main Foster Carers name/s and Mosaic number:**

**Respite Carers name/s and Mosaic Number**

**SSW completing risk assessment:**

Overview

Respite involves bringing two households together which increases the risk of infection. Until recently respite arrangements were not possible under the initial Covid-19 public health measures, but the easing of restrictions means that they can now take place in England, other than in areas subject to local lockdown. Arrangements made between two households are compliant with the Government’s latest public health announcements in relation to Covid-19.

 The primary aim of this document is to enable respite arrangements to go ahead and to ensure that these arrangements are managed as safely as they can be and in accordance with the current regulations and [Government Guidance.](https://www.gov.uk/coronavirus?gclid=EAIaIQobChMIpLTiz8fj6gIVV-DtCh1VQwjbEAAYASAAEgLqiPD_BwE)

Respite arrangements will be agreed upon consideration of the safety and wellbeing of the child / children and all other parties involved. Given the demand for respite at this time and the limited availability of carers able to offer respite priority will be given to carer households deemed to be under particular stress or hardship – requests will therefore be assessed on a case by case basis and signed off by the Fostering Practice Manager.

SSW’s, SW’s and Foster Carers can seek health advice from our Looked After Nurses using the contact details below.

*Sc-tr.wsxlacnurses@nhs.net*

*North Office:* *01444 413928*

*South Office (coastal area): 01273 265952*

*West Office (Chichester):* *01243 793665*

BASIC INFORMATION

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| **\*It will be the responsibility of the child/ren’s main carer to contact the respite carer/s the day before the contact is due to begin to verify that no-one in their household including the child is exhibiting any symptoms, and that everyone in the respite household is symptom free.** How long is the respite period that is being proposed? (provide dates and time frame)What is the reason for the respite period? Has the child had respite with intended respite carers previously?If not, what plans are in place to ensure the experience is positive for the child / young person?Will the main carers maintain contact with the child, if so by what means and how frequently?Can the child contact the carers if necessary?  |
| (summarise here) |

RISK FACTORS TO BE CONSIDERED

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| --- | --- | --- |
| **RISK FACTOR**  | **CAN THIS RISK BE MITIGATED AND IF SO HOW** | **DETAIL/FURTHER COMMENTS**  |
| Is the child in the clinically extremely vulnerable group? |  | If yes, what is the health condition and what medical advice has been given? |
| Is the respite carer or anyone within their household in the clinically vulnerable group? |  | If yes, what is the health condition and what medical advice has been given?  |
| Is the main carer or anyone within their household in the clinically vulnerable group? |  | If yes, what is the health condition and what medical advice has been given?  |
| Has any member of the main carer household been symptomatic in the last 14 days?  |  |  If yes, has a COVID 19 test been undertaken? |
| Has any member of the respite household been symptomatic in the last 14 days?  |  | If yes, has a COVID 19 test been undertaken? |
| What would the plan be for the child should a member of the main carer household become unwell during the respite period? |  | What is the contingency plan for the child? |
| Does the child have any emotional, behavioural or physical needs that might impact on the respite arrangement? |  | What is the plan should the respite period need to end prematurely?  |
| Are there any reasons why all parties are not able to adhere to government guidance on handwashing and use of PPE?  |  | Is additional guidance needed? |
| Is the respite carer, child, or anyone within their household leaving the house on a regular basis e.g. to go to work/school/absconding and, if so, where?Does this elevate risk to any party?  |  | If yes, how will the risk to the child be mitigated against?  |
| Physical contact between the child and respite carer/s may be important for some children. |  | If Yes, how will this be managed safely and, in a child, centred way? |
| **Additional Risk Factors**  |  |  |
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| Making the respite happen Is there anything else that needs to be considered before the respite can be approved? |
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| Are both the main foster carer(s) and respite carer(s) in agreement with the respite going ahead in light of the risks identified above? |
| Main Carer – Yes/ No (Please add email confirmation that carer has read this risk assessment and is in agreement)Respite Carer – Yes/ No ((Please add email confirmation that carer has read this risk assessment and is in agreement) |

Decision – to be completed by the Fostering PM

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| Yes, this respite episode can go ahead - please set out the reasons for this decision. |
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| No, this respite episode cannot take place - please set out the reasons for this decision  |
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Name: Name:

Role: Supervising Social Worker Role: Child/ren’s Social Worker

Date: Date:

**Practice Manager Approval:**

Name:

Role:

Date: