

**Covid -19 Transitions Planning RISK ASSESSMENT**

NOTE: Completion of Coram Baaf emergency self-declaration of health form [**Emergency Self-Declaration of Health form**](https://corambaaf.org.uk/sites/default/files/coronavirus/health/CoramBAAF%20Covid-19%20emergency%20self-declaration%20health%20form.doc) **MUST** be attached with this risk assessment for all in the foster carer and adopter households

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s name | Local Authority | Childs SW  | ASW per number | ASW SW | Adopters ASW per number |
|  |  |  |  |  |  |

**What is in the child’s best interests?**

**How can we do this?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current risks  | Details to be include: | Actions | Comments | Agreement | Date |
| Placement request | *To include - Formal match, Fostering for adoption* |  |  |  |  |
| Current situation  | *To include - infection, self-isolation and timescales for these* |  |  |  |  |
| Completion of Coram Baaf emergency self declaration of health form[**Emergency Self-Declaration of Health form**](https://corambaaf.org.uk/sites/default/files/coronavirus/health/CoramBAAF%20Covid-19%20emergency%20self-declaration%20health%20form.doc) | All in Foster carers householdAll in adopters household |  |  |  |  |
| Any parties in ‘at risk’ category | * Foster carers and children in their home,
* Adopters,
* any birth/adopted children already in adoptive placement,
* child(ren) to be placed
 |  |  |  |  |
| Significant factors/Risks to current foster placement | e.g. capacity to meet children’s ongoing needs, notice given etc) |  |  |  |  |
| Adverse impact on child(ren) of staying in foster placement  |  | Review: 2 weeks1 monthMore than 1 month |  |  |  |
| Adverse impact of delay upon child(ren) |  | Review: 2 weeks1 monthMore than 1 month |  |  |  |
| Adopters capacity to manage transitions  | * Resilience,
* Ability to use support network
* Managing self- isolation pre and post placement
 |  |  |  |  |
| Adopters previous childcare experience |  |  |  |  |  |
| Variation to standard practice proposed |  |  |  |  |  |
| Impact on stability of prospective adoption placement | Summarise strengths/vulnerabilities |  |  |  |  |
| Support available in transitions | For child(ren),foster carers and adopters including how this will be given to them (direct, virtually). |  |  |  |  |
| Contingency Plan.Eg if agreement is for all virtual support and more face to face support is needed. |  |  |  |  |  |
| Support available to adoption placement | Post placement to child(ren) and adopters and how this will be given (direct, virtually) |  |  |  |  |
| Advice given by Medical Professional |  |  |  |  |  |
| Agreement of fostering team | Team Manager level |  |  |  |  |
| Agreement of Childcare Team | Team Manager level |  |  |  |  |
| Agreement of IRO |  |  |  |  |  |
| View of Adopt South West |  |  |  |  |  |

All Risk Assessments to be sent to Operations Manager Adopt South West and the child’s LA team manager for agreement prior to ADM agreement

Social Worker: Date:

Team Manager: Date:

Agency Decision Maker Date: