

WHEN BEST PRACTICE IS JUST SAFE PRACTICE

Making Placement Decisions During Large-scale Emergencies Like the COVID-19 Pandemic

An SFAC Practice Guide



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Introduction

'How do we make decisions for children during an emergency like the COVID 19 pandemic?'

Perhaps, not surprisingly, this is the number one question we've been asked recently.

It's a very hard question to answer, especially when we know your aim is to do the best you can for the children you're protecting and caring for. Often, the dilemma goes something along the lines of:

How do I ensure my work is of a safe standard when I can't visit the child or family, have cases needing immediate decisions, and resources that are even more limited than usual?!

There have been a lot of resources released recently hoping to provide some support in this area. Having looked through many of them, we realised there seemed to be a gap when it came to brief, practical strategies organisations can implement immediately. We hope the following decision map and accompanying guide to making decisions about where and how to place a child during a large-scale emergency, like the COVID-19 pandemic, helps fill that gap.

Confident readers of English should get through all of it in 15 - 20 minutes - unfortunately, putting it into practice will take a bit longer than that!.

Managing expectations in emergencies

Before we go any further, we want to make it very clear that during a large-scale emergency like a pandemic or immediately after a natural disaster, our goal changes. We're no longer aiming for 'best practice.' Instead we're going for 'the safest practice within current limitations'.

It's important to remember in the midst of a crisis 'good enough' really is good enough.

Emergencies are tough; emotionally, physically and professionally. We face limitations in what we can do and have to take bigger risks. Our day to day practice has to be different from our normal processes. That may also mean it's different from what we want to do.

The combination of change, uncertainty and heightened risk also means our baseline stress levels ("our starting point") is higher than normal. We may feel scared, anxious, and worried about children we are unsure are safe. We might be anxious and worried for ourselves. We may feel frustrated we can't do more. Emotions and experiences will vary from place to place and person to person and even within individuals on any given day but everyone will face periods of challenge and stress throughout the emergency period.

A change of focus

Our primary focus during times of crisis has to be basic needs - food, water and safety. Ultimately, this means organisations need to change their assessment processes to focus on these core needs and prioritise their cases accordingly. In crisis mode, cases we might normally respond to very quickly may have to be put on a waiting list as more pressing cases (life or death situations) take priority. Safety and survival are paramount.



Usually, our work at SFAC involves equipping our partners to protect and care for the children they work with in a way that allows them to not just survive but to thrive. In times of crisis, however, the focus flips from thriving to surviving.

From “best practice” to “safe practice”.

The decision map on the following page- and the explanation and guidance that follows are designed to help you work through the process of assessing and finding appropriate placements during this pandemic or similar, large-scale emergencies. They relate to decisions where you (and your organisation) believe a child needs to move in order to be safe and where restrictions arising from the emergency situation are limiting the services you can offer.

We are grateful to have had the assistance of Joseph Luganda from CALM AFRICA in Uganda in developing this for you.

You will also find an outline of what to include in your Emergency Assessment processes and paperwork, along with some sample Emergency Assessment Forms in the Appendices.

Some things stay the same

1. In all circumstances, day to day and during emergency situations, we must first work with government officials and processes. This includes informing the appropriate authorities of any actions and decisions you've made.

2. In all circumstances, even during large scale emergencies, the first response is always to try and resolve concerns, meet needs and lower risk without moving the child to a new placement (carer/children's home/family member etc.).

For a family struggling to provide basic needs such as food and water, the first priority is to explore how to meet those needs. It is not to move a child.

Where there are concerns about a child's safety the first response is to ask “Can we support the family to improve the situation and lower the safety concerns?” However, during widespread emergencies, the available support is likely to be more limited which will have consequences for determining which cases you prioritise, the support you offer as an organisation and when you may make the decision that the child needs to live elsewhere.

Large scale emergencies mean there will be children's homes, foster carers, kinship carers or even parents who are usually able to care for children but can no longer do so. This may occur for a variety of reasons related to the nature of the emergency. For example, at the moment, carers may have contracted the virus or and been quarantined or hospitalised. Many other parents and carers are unable to work due to lockdown or social distancing restrictions and, as a result, can't afford food and other necessities.



WHEN BEST PRACTICE IS JUST SAFE PRACTICE

CHILDREN'S HOMES

that have been mandated to close by government

CHILDREN'S HOMES

trying to reduce number of residents to enable improved social distancing

CHILD IN THE COMMUNITY

living in an unsafe family or family is unable to care for child due to COVID related issues

Does the child regularly visit family members during holiday periods or for other reasons and this has been considered safe?

YES

No

Conduct an Emergency Assessment of the family to determine whether they are able to care for the child under the current circumstances and what support they will need. Can they care for the child?

Minimal assessment of carer required

YES

No

Are there other formal care options available to you - registered foster care programmes with approved carers, small registered children's homes, etc. and have you conducted an Emergency Assessment of them?

Check organisation has completed a suitable carer assessment

Have you investigated emergency options (Informal kinship care, foster care, community support) and conducted an Emergency Assessment?

More indepth assessment of carer required

It's time to **ANALYSE** the results of your **Emergency Assessment**, looking at all available options, to determine which is most likely to be **SAFE, APPROPRIATE** and in the **BEST INTERESTS** of the child.

Develop a **Care Plan** which includes support for the identified placement including any financial support, monitoring processes and day to day care needs of the child and a timeframe for the placement to be reviewed.

Monitor the emergency situation and government advice. Take steps to return to **best practice** and your usual assessment and decision making processes as soon as it's safe to do so.

The limitations of the emergency may mean, despite their best efforts, your organisation is unable to resolve these issues and assist the child to stay where they are until the emergency has passed and your organisation is able to return to their usual procedures. Large scale emergencies require creative responses and new ways of working.

Emergency Assessments: determining which living arrangements will be safest for the child

The aim of the emergency assessment process is to determine whether the child's basic needs can be met where they are for the unknown period of COVID19 restrictions and, if not, where they would have the best chance of being safe.

This is a very limited assessment compared to what would be considered best practice under normal circumstances but still allows your organisation to gather the information needed to make a decision regarding the child's immediate safety until the emergency abates, restrictions lift, and a full assessment can be conducted.

Methods for conducting assessments under restrictions.

Phone and video calls are valuable tools in emergency situations. Video calls might include someone doing a camera review of their house and both phone and video calls allow for interviews with everyone in the household.

For some of you, this won't be a practical option. In those circumstances face to face visits must only take place subject to government advice, risk assessment of safety for the staff member (which must be prioritised), and only where absolutely necessary. In the current situation strategies need to be implemented to allow social distancing to take place.

If assessments cannot be completed then the placement should not go ahead as without a clear understanding of the situation you cannot be confident the child will be safe.

Emergency assessments should only be conducted if it has been determined a child cannot remain where they are. If this is not the case, assessments should be delayed until after the emergency when a full, best practice, process can be followed.

This might happen for the following reasons:

- The child is living in a children's home that has been mandated to close by the government.
- The child is living in a children's home that is trying to reduce numbers as a result of the emergency situation (in the current situation, this might be in an effort to improve social distancing and isolation option or as a result of low staff due to COVID-19 infections or exposure).
- The child is living in the community in an unsafe family.
- The child is living in the community in a family that is unable to care for them as a direct result of the emergency (e.g. parents hospitalised due to COVID-19 infection).

The emergency assessment process is designed to help your organisation find a safe option that can temporarily care for the child during the emergency and until best practice assessment processes can resume.

Step One

Is there a family member the child regularly visits that is considered safe (and is either known to you, the child or the family)?



If you are working in a children's home you will, hopefully, have this information. Ideally it will be recorded in their case file. We are aware not all children's homes have such files. If this is the case for your organisation, we would recommend setting up a clear case management system as soon as you are able after the emergency situation. Be sure to keep careful records of any assessments conducted during the emergency period so they can be incorporated in the new system. We can help you develop a case management system if this is something you would like assistance with.

If you do not know this information, or the child is living in the community, then it's time to ask the family and the child.

There are several reasons we explore this option:

- It's familiar (therefore the child is more likely to feel safe and be safe),
- it's where a child already has a relationship (therefore the child feels a connection and a sense of belonging so are likely to feel safer),
- it meets their identity/cultural needs (provides for their emotional need to connect to themselves, their family and their environment),
- it involves minimal change (our brains prefer familiarity and the certainty that comes with it so feel safer when change is minimised).



If we think of a child's main needs as physical and emotional safety - both being and feeling safe and a sense of belonging (connection to people, place and culture), then a home where they experience these things is where they have the best chance of thriving.

Therefore, if this first option can provide safe care, it is in the child's best interest to move there.

Step Two

What if there is no information or no family member known or able to provide such care; or such options are impractical (too far away, for example)?

This is when we then need to explore the other options.

Formal Options

Are there any formal foster carers available? Are there any children's homes (preferably small ones) that are regulated and you know are safe?

If yes, these might be viable options for a temporary solution as they provide you with an option that has been assessed as safe by another organisation, for example: the regulating body of the children's homes or the organisation providing foster care.

But we need to check two things first:

1. Do the assessments/inspections/reports from the other organisation satisfy us that the placement would be safe for the child and meet the child's needs, especially if there are any disabilities?

a) This is important as your organisation needs to ensure any child placed with a foster carer or a children's home will not suffer abuse, neglect or have to move again.

Never assume that a children's home or formal foster care placement is going to be safe and appropriate.

b) If you do not have assessments/inspections/reports you might use your own knowledge (or other people's knowledge) of the organisation providing the care but you need to be confident that it will provide safe and appropriate care and this should only be done as a final resort if all other alternatives have been exhausted.

2. Are there any better alternatives?

Informal Options

In emergency situations, organisations sometimes choose places for children to live that have not been through the standard full assessment procedure. This might be a family member who has not previously cared for the child but knows them, or might be a member of the community known to you or the family or someone community leaders know of who might be able to offer care to a child.

Keeping in mind the importance of belonging and connection, a safe and appropriate placement with a family member, even if it is one the child hasn't previously stayed with, is usually preferable to alternatives. However, conducting an assessment to ensure it will be a safe place for the child to live is still essential. This should be a more in-depth than the one that would be completed if the child was to be placed with a family member they stay with regularly. In this case, the assessment will need to explore what they know of the child, their parenting experience, how they can meet the child's needs, their motivation and more (See Appendix A) so you can assess if the placement is more likely than not to be safe and appropriate for a significant period of time.

Placement with a community member is more risky but is sometimes the best option. This type of placement requires an even more in-depth assessment, exploring the reasons why they want to do this, whether the child might be at risk of trafficking, abuse or slavery as well as the standard questions around parenting experience, how they will meet the child's needs, and so on.

In the UK, Dan has placed a child with a neighbour who knew the child very well and was willing to care for them until we could conduct a full assessment of the situation.

In Uganda, Joseph has arranged for a local community member known to the CALM staff to become a temporary foster carer until they could conduct a full assessment and find a suitable, long-term arrangement.

In both scenarios, checks must be made with police and community leaders and you need to consider how practical it is for your organisation to monitor the placement. Remember that checks need to include everyone in the household and assessments should involve talking to everyone in the household.



Informal options provide a higher level of risk as we know the least information about the people and homes involved but they could still provide a safe option for the child.

In all situations, emergency assessments need to take into account any visitors to the home as well as other homes the family might visit for overnight stays. Initial steps can include asking the family not to have overnight guests or stay overnight elsewhere until a time where more thorough assessments can be completed.

Monitoring of the Child to Ensure Safety during Large Scale Emergencies

It is vital that children living in the community and in children's homes are monitored to ensure they are safe.

Monitoring normally involves visiting the child and talking to them face to face. However, in the case of a wide spread emergency situation like the current pandemic you may be limited to phone or video calls. Monitoring could involve texts/whatsapp or other sources. Children may not be able to talk freely so it might be useful to set up codewords prior to their move to the new living situation for them to use to indicate they are not safe.

Just as during non emergency periods, the frequency of monitoring visits or calls will vary according to the needs and vulnerabilities of the child and the placement. In informal options, such as a family or community member the child doesn't normally visit, checks should be daily or every other day for the first month and then reviewed but never less than once a week. In other situations it should be a minimum of once a week and more frequent in the first month (every other day.)

If possible ask trusted community leaders or community members to also check in by phone calls, distance observations (walk by the home if safe to do so and within government guidelines) etc.

What if there is a concern about the child's safety in the placement?

This will need to be carefully managed with government officials and processes for child protection but steps may include increased calls and checks and support. If in doubt, the child may need to move to another safe place. You can find more information about helping children be and feel safe on our website!

What if calls are difficult?

Consider your options for providing carers with prepaid SIM cards or a basic phone at beginning of placement if possible. If phone access or other forms of contact and monitoring are going to be impossible to conduct safely, then you will need to review whether or not the placement can go ahead.

Analysis: deciding which placement is best

When we are deciding between placements we need to consider a number of factors.

Which one:

- is going to provide the safest level of care?
- is the more practical in terms of monitoring?
- is the placement we have the most information about?
- is the placement best suited to meet the child's needs and causes the child the least disruption (eg geographical changes, family connection etc)?

It may be in a child's best interest to remain in a children's home. When exploring if a child can live elsewhere the conclusion may be that they could be safer in the home and the risks are too great or uncertain for you to be satisfied they can go elsewhere.

A word of caution:

Never assume any one placement option is safer than another. Every option must be properly assessed in order to make an informed decision based on the needs of the individual child.

During the COVID-19 pandemic (and in other emergency situations), for some children, remaining in a children's home that is safe, providing food, access to water, preventing visitors, has toilets, has carers and is taking steps to provide extra care to minimise risk of infection may be a safer and more appropriate alternative than an emergency placement or move into the community in a rushed process. As circumstances improve and a full assessment can be conducted, that child's placement in the home can be properly reviewed and alternatives considered, if appropriate.

The priority always needs to be to ensure the child and you and your team are SAFE.

What happens next? Some things to consider

When COVID19 restrictions are lifted, or the emergency eases, you can explore whether any emergency placements you have made could become more long-term or even permanent. Before making these decisions, more in-depth assessments would need to be conducted. If you're interested in finding out more about how to do this, please use the form on our [Contact page](#) to get in touch.

Emergency situations, like the COVID-19 pandemic, often expose holes in our processes or problems with our normal way of working. Taking time after the emergency to reflect on what worked, what didn't and what systems your organisation could have had in place beforehand, both in a large scale emergency and in your day to day practice, can lead to important steps towards best practice and providing the highest quality care and protection to the children you're responsible to. Again, this is something we can help you with.

In the following pages you will find a number of Appendices designed to help you adapt or develop your own emergency assessment and procedures. It is important to note that we haven't included the "perfect form" - just suggestions for what should be covered and a sample form developed by Joseph Luganda for use in Uganda. Every organisation will need to come up with their own processes and recording systems to fit their unique circumstances. Just as every child's needs are unique so their care should be too,, every organisation has a unique situation and requirements to meet so their policies, procedures and paperwork should reflect that.

We hope this is a helpful starting point for you. Everything outlined here will need adapting to your context, culture, legislation, resources, government guidance and restrictions and it is not the only way of doing things. It's an idea and framework to support your responses.

As the emergency resolves, you and your organisation can continue on your journey towards ensuring the way you work is best practice but, for now, the focus is on safe practice. Hang in there!

And remember, good enough really is good enough.



Appendix A

What to consider in your Emergency Assessment process and paperwork

Assessing the child's needs and available options

The child's name and age

A summary of child's health needs including:

- immunisations the child has had;
- current medication;
- recent illnesses (in last three years);
- any disability or underlying health issue – eg asthma, eczema, other, and, in the current context, have they suffered any COVID-19 symptoms.

A summary of child's behavioural needs including:

- Do they demonstrate any significant risk taking behaviours (alcohol, drugs, running away, aggressive behaviour, sexual behaviour, other); what is the most supportive and effective response to those behaviours?
- Does the child engage or are they withdrawn? Do they need additional encouragement to participate? etc.

A Summary of child's emotional needs including:

- child's emotional well-being generally
- any traumatic experiences suffered in their lives

A summary of child's educational needs including:

- current school details including the year the child is in,
- contact details of the school,
- current education plans – can the child attend school at the moment or are restrictions in place that mean this is not possible,
- whether or not a new school be identified nearer the child's new placement if school attendance becomes possible

Where is child currently living and why does this need to change

What are the child's views about going to live somewhere else; where would they like to go and why (has any preference of the child's been assessed if different from the options currently being assessed)

What are the views of the parents (if available) about their child going to live somewhere else; where would they like their child to go and why.

What family members does the child regularly see or visit and when do they do this: (include parents, uncle/aunts, siblings, grandparents - anyone they visit on school holidays, or

otherwise regularly visit or see)

Have any of these people been assessed to see if they could care for the child, what was the outcome of the assessment, and what was the date of this assessment?

Is there a plan to assess or re-assess any family member identified in the previous questions or a different family member/community member?

If so, when will this be completed/if completed what was outcome (and if positive how will it meet the needs of the child), what are the advantages and disadvantages of the placement, why might it be an appropriate placement?

Are there any formal foster care placements available? If yes, how would that placement meet the needs of the child, what are the advantages and disadvantages of the foster care placement? Has the foster care organisation's assessment of the carer been checked, why might it be an appropriate placement?

Are there any small residential facilities available that in your organisation's experience are considered safe and potentially an appropriate placement option?

If yes, how will that children's home meet the needs of the child, what are the advantages and disadvantages of the placement? Has the home been checked and how have you determined it is safe (is it regulated, are there inspection reports; what are staff/child ratios; is food and safe water readily available; are good hygiene practices in place; is it fire safe; do the children live in dormitory style/shared rooms and, if so, are processes in place to isolate children when they're unwell etc). Why might it be an appropriate placement?

If the child is currently living in a children's home and it is possible they could remain there, how will the children's home meet the needs of the child? Consider all the aspects you would consider if you were assessing the possibility of moving the child to another children's home (see above paragraph).

A summary of your analysis (how you reached your decision)

Information to include: what options are possible, what are the advantages and disadvantages of each option, what is viewed as the best in comparison to other available options and any option to remain in their current placement

When will any move occur? How is it going to be monitored? Who will do the monitoring and when will they do it?

What support will be provided to the carer? Who will provide it? When and how?

When will there be a review of options if further assessments are outstanding?
(for example; a child might move to one emergency placement immediately whilst another emergency placement, that can provide a longer short-term option, is being assessed i.e. a formal foster care option/informal community member may provide care for 72 hours but then a grandparent provides care for 4 weeks until COVID19 crisis restrictions ease and everything can be reassessed).



Note:

Normally, when considering the advantages and disadvantages of a placement, organisations are trying to take a holistic view of which option is most likely to meet the greatest number of a child's needs and is, therefore, in a child's best interests. In emergency placements the child's best interests are viewed through a narrower lens where the main priority is safety.

Assessing a potential carer

Name and address of potential carer(s)

Name and ages of everyone in household

Is the carer known to the child?

Has the potential carer cared for the child before? If they have, how was that experience – what were the problems, what worked well, why did it end (if it did), what support, if any, was required?

Are any members of the household known to the police and, if so, what for and what level of risk does this present to the child/ren being placed there?

What is potential carer's income – will it allow for an extra child/ren being placed with them or will they need extra support?

Property – is it suitable and able to meet the needs of the child? Is there anything that can be provided or is needed?

What is the health status of the carers and people in household and does this pose a risk to the child/ren's placement?

In situations where social distancing restrictions are not in place or have been lifted:

Are there regular visitors to the house and do any of these people present a risk to the child?
How will carers supervise and monitor the child in the community and ensure their safety?

How will the carers meet the needs of the child? It's important to record the evidence you have to demonstrate they can meet the child's identified health, emotional, behavioural, and educational needs (as best as can be in any restriction periods – including how the child would go to school if allowed and able to).

Have enquiries been made with others to ask their opinion about the child living with the prospective carer and, if so, what are their views (is it safe, any problems etc) :

- Other family members
- Child's parents
- Community members
- Police and other agencies (school headteacher, doctor, etc)
- Local government child protection agencies/committees etc

Did your enquiries identify any concerns about the prospective carers (consider incidents of domestic abuse/gender violence, relationship issues, financial issues, child care issues, any alcohol/drug misuse, prostitution, mistreatment, abuse or neglect of children, or any other concerns?

Will the carers enable regular monitoring to take place via calls, visits (if safe and appropriate)?

Analysis of the information

What risk factors are identified for this placement for this child?

What protective factors are identified (i.e. what are the strengths of the potential carer(s))? What actions can be taken to strengthen the protective factors and minimise risks?

Overall, are the risks manageable and are the protective factors sufficient for the child to safely live with the carers for a short period of time?

Recommendation: your paperwork now needs to indicate what is being recommended on the basis of your assessment. Are you recommending the placement go ahead or not.

If the placement is going ahead your paperwork also needs to indicate how and when (be specific and include times and dates) it will be monitored and who will do the monitoring.

We would recommend this section of your paperwork is signed and dated by the person who completed the assessment and analysis, their line manager/a senior member of staff and, where necessary, any government or other official whose approval is required.

We also recommend those taking on the care of the child read (or are read depending on reading levels) and sign a carer's agreement form. A sample of such a form is provided in the next appendix.



Appendix B

Sample Carer Agreement Form

We/I {name of carer(s)}

agree to take care of {name of child/ren}

to the best of our ability and provide safe care.

We allow {named person} of {name of organisation}

to visit and contact us and {name of child}

to check that {name of child} is safe at any time.

We also understand that this placement is short-term and may end. We know that if we want to apply for the child to remain in our care further assessment will need to take place.

We agree to keep records of any health issues, report to {named person} if anyone suffers any ill-health {insert "and/or" COVID-19 symptoms if relevant}.

We also agree not to use corporal punishment against {name of child}.

We agree to safely keep all records provided and to give regular updates to {name of worker}.

The emergency contact details of {name of worker} are:

The emergency contact details of {other support available} are:

The emergency contact details of {name of organisation}'s manager are:

{name of organisation} agree to provide the following support which will be reviewed every week:

What support is provided	Who will provide the support (name of person and agency)	When it will be provided (specific dates & times)	How it will be provided (method)
<i>e.g. Food parcel</i>	<i>CALM Uganda – Mary Ucembe</i>	<i>Each Monday 4pm</i>	<i>Delivery will be dropped off outside house</i>
<i>e.g. Parenting Support</i>	<i>CALM Uganda – Lee Luganda</i>	<i>Available every day on phone and leaflets provided on Monday of first day of placement</i>	<i>Advice on phone, parenting advice leaflets provided</i>



Thereafter the organisation and carer will agree a Care Plan to provide ongoing support and care for {name of child} until the emergency situation is resolved/until a full assessment has been completed to determine a formal arrangement for approved short-term or long-term foster care/kinship care placement.

(Where appropriate and required)

{Name of parents} agree to the placement and give consent for the carer, {name of carer} and {name of organisation} to care for their child and make decisions as if they were the parent (or equivalent wording in line with government regulations and legislation)

(And/Or)

{Name of government agency/worker} agree this placement is appropriate and delegate responsibility to the carer and {name of organisation} to care for the child and make decisions as if they were the parent (or equivalent wording in line with government regulations and legislation)

Carers:

Signed

Date

Parents:

Signed

Date

Organisation Manager

Signed

Date

Government Agency Representative

Signed

Date

Child (if of an age where they can make informed decision)

Signed

Date



Appendix C

A form developed by Joseph Luganda for use in Uganda at this time

Emergency Assessment for Children needing to be placed into Family Based Care during and after the COVID 19 Period

This emergency assessment seeks to support the most vulnerable children that may need urgent placement into Family Based Care. Being the less privileged and a minority group of people, children have highly suffered the consequences of the COVID-19 outbreak. The aftermath of this outbreak shall have orphaned children, others sexually abused and exploited, some dead, physically abused and others malnourished.

SECTION 1: ABOUT THE CHILD AND THE CURRENT CAREGIVERS

Name of the Child: _____ Case No: _____

Age: _____

Mother's Name _____

Father's Name: _____

Age: _____

Age: _____

Is the child currently being cared for by their parent(s)? YES/NO.

If no, please complete section b) and c), if yes, please move onto section d)

Please state if the child is being cared for in an alternative care arrangement:

Circle appropriately: Kinship Care, Foster care, Children's Home, Adoption

How long has the child stayed in the kind of care arrangement mentioned above?

..... days, Weeks, Months, Years

c) Current caregivers:

Name(s): _____

Age(s): _____

Address: _____

Why is the child currently in alternative care? Please give details.

Does the child have an essential information form and/or care plan and is this attached to this document? YES/NO. If no, please state why this is not the case.

d) Does anyone else live in the household? If yes, please give name, DOB, and relation to the parent(s)/caregiver(s) and relationship to the child.

e) Has the child previously been in alternative care? YES/NO. If yes, please give details as to when and why this occurred.

SECTION 2: HEALTH STATUS OF THE CHILD & CURRENT CAREGIVERS:

State if the child currently has any health issues:

How long has the child been infected by the health issue mentioned above?

..... days, Weeks, Months, Years



Has the family/individual child received any kind of support from Government/ organisation/ friend during the COVID 19 period? YES/NO If yes please state the kind of support that the family received.

During this period of COVID 19, how many meals does the family have a day?one, two, three,

Has there been any change in the number of meals per day since the COVID 19 period started? YES/NO. If Yes, please give details.

Has the child/children been involved in any kind of labor exploitation during this COVID 19 period? YES/NO If Yes, please give details.

Reason for assessment

Why is the child being assessed to be removed from this care?

What has been done to prevent the child from having to move from this care?

Would it be unsafe for the child to remain in this care?

Is there anything else being done that may result in the child staying in this care?

Is there anything else being done that may result in the child being able to return to this care?

If the Child is in a Children's Home:

What is the name of the home?

What is the Children's Home's main source of funding?

Is there any other source of funding for the Children's Home apart from the main one mentioned above?

Has the Children's Home received any support from Government/another organisation/ individual during the COVID 19 period?

Has the home heard from the main funder since the COVID 19 outbreak? YES/NO. If No, please give details (if known)

Is the child there through self-recruitment/self-placement/self-referral or on a court order? Please give details.

What is the total number of children living in the home at the time of this assessment?

Are there any other children that live in the Children's Home but are currently not here? YES/ NO. Please give details.

Has the number of children living in the Children's Home changed due to COVID-19?

How many staff are there usually and how has this changed due to COVID-19?

Is the home looking to voluntarily close, being asked to close or trying to reduce the number of children there? YES/NO. If yes, please give details.

Does the home have dorms or rooms?

How many children per dorm/room?

Does the child have access to a bathroom? YES/NO.

Are there any issues with food/water generally? YES/NO. If Yes, please give details.

Are there any issues with food/water due to COVID-19? YES/NO. If Yes, please give details.

Who is the planned emergency prospective caregiver for the child?

Name:

Age:

Type of care:

Are they related to the child? YES/NO. If Yes, please state how they are related.

Do they already know the child? YES/NO. If Yes, please state how they know the child.

When will the child's situation be reassessed?

SECTION 4: CHILD PROTECTION CONCERNS:

If the child is in Family/Kinship/Foster Care or Adoption:

Has the child/other children in the family been subjected to any form of abuse before and during the COVID-19 period? YES/NO. If Yes, how severe was the abuse and what measures have been taken to address the issue?

Has the family experienced any form of Gender based violence before and during the COVID-19 period? YES/NO. If Yes, how often and what measures have been taken to address the problem?

If the Child is in a Children's Home:

Has there been any form of child abuse within the Children's Home before and during the COVID-19 period? YES/NO. If Yes, how severe was the abuse and what measures have been taken to address the issue?

Does your Children's Home still have the same number of Social Workers and caregivers that you had before and during the COVID 19 period? YES/NO. If No, what is the reason for the change?

COVID-19:

Has the child been indirectly impacted by the effects of COVID-19? YES/NO. If Yes, please give details.

Is the child at risk of significant harm due to the effects of COVID-19? YES/NO. If Yes, please give details.

Is the child at risk of significant harm for reasons unrelated to COVID-19? YES/NO. If Yes, please give details.

Does the child have any underlying health conditions that make them more vulnerable to COVID-19? YES/NO. If Yes, please give details.



SECTION 5: POTENTIAL CARER INFORMATION

Name(s): Age(s):

Address and Contact details:

Occupation Expected start date of placement:

Other people in the household.

Name(s): Age(s):

Relationship to carer:

Impact of COVID-19.

Has the carer or anyone in the carer's household been infected by COVID-19? YES/NO. If Yes, please give details as to who was infected, when, how (if known) and if they have recovered.

Has the carer been indirectly affected by COVID-19? YES/NO. If Yes, please give details.

Will the carer require additional support due to the impacts of COVID-19? YES/NO. If Yes, please give details as to what support will be required.

How will the carer ensure the child remains safe during the COVID-19 pandemic?

What is the carer's financial income and where is this sourced from?

Has the carer been financially impacted by COVID-19? YES/NO. If Yes, please give details as to how they have been affected.

Has the carer received any kind of support from Government/organisation/friend during the COVID 19 period? YES/NO If yes please state the kind of support they received.

Can the carer afford for the child to be placed with them? YES/NO. If No, where will the financial support come from?

Carer's previous experience.

Is the carer known to the child? YES/NO. If Yes, please state how the carer knows the child.

If the carers are the parents of the child, why was the child not being cared for by them?

Have they cared for the child before? YES/NO. If Yes:

When and for how long?

Were there any problems?

What worked well?

Why did the placement end?

What additional support is required?



Carer's assessment and suitability.

Has the carer been assessed and approved for care? YES/NO. If No, an assessment will be necessary.

Has the carer had any experience caring for a child previously? YES/NO. If Yes, please give details.

What went well?

What did not go well?

Why did the carer stop caring for the child?

What motivates the carer to care for this child?

Does anyone in the household have a criminal record or are known to the police? YES/NO. If Yes, please give details.

What level of risk would this present to the child being placed there?

Is the carer's property suitable to meet the needs of the child and other members in the household?

Does the property have an accessible garden? YES/NO.

Is the carer's property safe and suitable for the child to be accommodated? YES/NO. If No, what concerns are there about the property and can any adjustments be made to make it suitable?

Is there any additional support that can be provided to help meet the needs of the child? YES/NO. If Yes, please give details.

Has the carer's access to food or water been affected by COVID-19? YES/NO. If Yes, please give details.

Is there any additional support that can be provided to help this? YES/NO. If Yes, please give details.

Have enquiries been made with other people/organisations about the carer's suitability? YES/NO. If yes, what were the positive outcomes of the enquiries?

Have there been any incidents/concerns that may affect the carer's ability to look after the child? YES/NO. If Yes, please give details.

What are the risk factors of the child living with this carer?

What are the protective factors of the child living with this carer?

What actions are possible to strengthen protective factors and minimise risks?

Are the risks manageable? YES/NO. If Yes, how?

Are the protective factors sufficient for the child to live safely with the carers temporarily? YES/NO. If No, can this be supported so they are sufficient?



Is there a risk the child will be moved elsewhere? YES/NO. If Yes, please give details.

Is the child at risk of abandonment/slavery/any other inappropriate risks? YES/NO. If Yes, please give details.

Why is this placement safe? Please give evidence if available.

Why is this placement unsafe? Please give evidence if available.

Can the risks be minimised with support you can offer under COVID-19 restrictions? YES/NO. If Yes, please give details - what is this support and does this minimise the risks enough for the child to be safe there?

Is this placement the preferred choice? YES/NO. If No, why not?

Are more assessments needed and when will they be completed? YES/NO.

Carer's health and suitability to meet the child's needs.

Does the carer or anyone else in the carer's household have any health issues? YES/NO. If Yes, please give details.

Is the carer at high risk if they were to contract COVID-19 (due to age or underlying health issues)? YES/NO. If Yes, please give details.

Does this pose a risk to the placement? YES/NO. If Yes, please give details.

How will the carer be able to meet all of the health needs of the child?

How will the carer be able to meet all of the behavioural needs of the child?

How will the carer be able to meet all of the emotional needs of the child?

How will the carer be able to meet all of the cultural and religious needs of the child?

How will the carer be able to meet all of the leisure needs of the child?

How will the carer be able to meet all of the educational needs of the child?

What is the carer's understanding of the child's situation?

How do they feel about this?

What do other members of the household/close relatives or friends understand of the child's situation?

How do they feel about the child being cared for by the carers?

Other information.

Does the carer have a phone or can they be provided with access to a phone? YES/NO. If No, why not?

Will this place them at risk? YES/NO. If Yes, please give details.

How can the carer ask for support?

How can the situation be monitored and who by?

Is there any increased risk of the child for illnesses by living with the carer? YES/NO. If Yes, please give details.

Do the carers agree to regular communication to ensure the safety of the child? YES/NO. If No, please give details.

Have any other family assessments been completed or are able to be completed? YES/NO.

Are any of these possible placements? YES/NO. Please give details as to why the child is not being cared for by them or why they are not a possible placement.

Do any of the alternatives offer better advantages to the child? YES/NO. If Yes, what are they and why?

When will the placement be re-assessed?

SECTION 6: RECOMMENDATION AND ADDITIONAL INFORMATION.

Please make a recommendation for the next step. State whether the child needs to be moved from where they are now to an alternative safer place (Kinship care, foster care, Transitional care). Give details for your recommendation and any other additional information.



Appendix D

Other resources you might find useful

You can find some examples of UK Emergency Assessment Forms on our website here

Specific guidance for working during the COVID-19 pandemic

The following two documents from The British Association of Social Workers (BASW) focus on England and Wales but you may find some of the practical suggestions useful or they may inspire ideas for your own context. We can always learn from each other!

[Practice guidance for Children and Families Social Work during COVID-19](#)

[Practical guidance on conducting home visits during COVID-19](#) (including how to decide if it's safe to conduct a visit)

[1 Million Home's RAPID framework](#)

[The Better Care Network COVID-19 response page](#) also has a number of more policy based guides and [this practical guide from Cambodia](#)

Notes



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