

**COVID 19 Risk assessment**

**Home visits**

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| **Frequency of visits prior to COVID 19 restrictions:**  |  |
| **Is the child attending a school provision as part of the government offer for vulnerable children?** | Yes  | No  |
| **If you answered no, does this increase the risk?**  | Yes  | No |
| **If yes, detail reason:**  |
| **Is there a confirmed case of COVID19 in the family home?**  | Yes  | No |
| **If yes give details:**  |  |  |
| **Are the family self-isolating due to showing symptoms?**  | Yes  | No  |
| **If yes, detail reason:** |
| **Are the family social distancing?**  | Yes  | No  |
| **If yes, detail reason:**  |
| **If the family are self isolating/ social distancing do the they have support to get food/ medication etc:**  | Yes  | No |
| **If no, what support can be provided:**  |
| **Is it safe to delay a planned visits beyond Statutory Guidance?** | Yes  | No |
| Rationale: |
| **Is the visit able to be conducted virtually?** | Yes  | No  |
| Rationale: |
| **Is the visit able to be conducted through a Door Step Visit?**  | Yes | No |
| Rationale: |
| **Does the level of risk require the child to be seen via a home visit?** | Yes | No  |
|  |
| **Risk management plan:** * Does the child have access to means of communication with their social worker? E.g. What’s app.
* Existing family support? Is the a pre-existing safety plan that can be utilised?
* Does the child have a means by which to connect with their friends/ peers?
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| **Frequency of visits agreed:**  |  |
| **Format of visits agreed:**  |  |
| **Risk assessment agreed by manager?**  | Yes  | No  |
| **Details of authorising manager:**  |  |

This document should be uploaded onto LCS and review as appropriate on the completion of a visit or following the sharing of information.