

**COVID 19 Risk assessment**

**Home visits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? |  | | | |
| **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.