**Risk Assessment** **Tool for Practitioners who are Visiting or in Contact with Families**

In these unprecedented times we are all having to work differently. One positive difference we can make is to share information well across agencies and to co-ordinate our work so children and young people are protected, and families are supported.

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| --- | --- |
| **Child Name** |  |
| **Practitioner completing the Risk Assessment** |  |

|  |  |
| --- | --- |
| **What is the Risk Rag Rating for the Child:** | Red Amber Green (delete as necessary) |

**School Attendance**

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| --- | --- | --- |
| **Is the child attending an education provision as part of the government offer for vulnerable children?** | Yes | No |
| **If you answered no, does this increase the risk to the child/young person** *(not just in relation to our service but also related to the work of partner agencies)***?** | Yes | No |
| **If yes, detail reason:** | | |

**Visit Frequency**

*Work out who will be contacting the family and when – aim to co-ordinate visits/contacts so the child/care leavers/family/carers have regular support – these arrangements may need to last some months, so think about long term provision and sustainability and share the load. Consider the primary need of the child/young person, e.g. Safeguarding, Mental Health or Physical Health.*

* *Use the Visit Planner template (appendix 2) and share with family, carer and professionals (as applicable) the frequency and type of visits to be undertaken*
* *Refer to Guidance for Staff Completing Home Visits (appendix 3) before your visits*
* *Use proforma for Recording the Visit/Contact by Partner Agencies (appendix 4) and upload these to the child’s file when received. This cannot be counted as a statutory visit unless undertaken by a social worker face to face.*

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| --- | --- | --- | --- | --- |
| **Frequency and timing of visits prior to COVID 19 restrictions by each agency:** | Agency: | Agency: | Agency: | Agency: |
| **Frequency and timing of visits after COVID 19 restrictions by each agency:**  *Be clear if visits are face to face or virtual or will no longer be taking place* | Agency: | Agency: | Agency: | Agency: |
| **Are visits (virtual contact or face to face) proposed above enough to mitigate risk? *Using the*** *Visit Planner (Appendix 2)* map out the visits to avoid duplication and spread visits out. | | | | |

**Information Sharing with the Team Around the Child (partner agencies)**

*Be alert to sudden changes in the child’s circumstances and make sure relevant colleagues know as quickly as possible if action is required*

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| --- | --- | --- |
| **Has consent been sought to share information across the partner agencies where this is not already in place?** | Yes (*state who gave it)* | No *(state who refused)* |
| **Are all partner agencies involved with this child / young person aware of their situation?** | Yes | No |
| **Are the names/contact details involved with this child / young person recorded clearly on their file?** | Yes | No |
| **Provide details on how information will be shared between the key agencies in the event of staff changes/lack of availability:** | | |

**Health Status of Household**

*Information to be obtained below prior to any face to face home visit*

|  |  |  |
| --- | --- | --- |
| **Is there anyone at home considered part of an at-risk group?** | Yes | No |
| **Is there a confirmed case of COVID19 in the household?** | Yes | No |
| **If yes give details:** | | |
| **Are members of the household self-isolating due to showing symptoms?** | Yes | No |
| **If yes, detail reason:** | | |
| **Are members of the household social distancing?** | Yes | No |
| **If yes, detail reason:** | | |
| **If members of the household are self isolating/ social distancing do the they have support to get food/ medication etc:** | Yes | No |
| **If yes, outline the support being provided?** | | |
| **If no, what support can be provided and by whom?** | | |

**Risk Management**

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| --- | --- | --- |
| **Is it safe to delay a planned face to face visit in relation to Covid 19?** | Yes | No |
| Rationale: | |
| **Is the visit able to be conducted virtually?** | Yes | No |
| Rationale: | |
| **Risk management plan:**  Does the child have access to means of communication with their social worker? *E.g. What’s app/text/mind of my own (what if they are non-verbal?)* | Yes | No |
| **Where no, what action needs to be taken?** | | |
| **Is there a change or deterioration in physical health, mental health or behavioural presentation?** | Yes | No |
| **Where Yes, what action needs to be taken? i.e. Inform colleagues in health services** | | |
| **Does the child have a means by which to connect with their friends/ peers?** | Yes | No |
| **Where yes, has advice been given to parents/ carers on online safety?** | | |
| **Existing family support? Is there a pre-existing safety plan that can be utilised?** | Yes | No |
| **Where family support is identified, are the child’s records up to date with the contact details for the family support members, can these be shared with team around the child?** | Yes | No |
| **Where there is no existing family support plan, or the family support plan can no longer be actioned due to the impact of Covid 19 – what steps can be taken to reduce the impact of this for the child?** *E.g. Virtual / phone contact between family members, family organising shopping to be delivered, family providing toys/books for child* | | |

*Risk assessment to be uploaded onto the child’s file*

*If the family circumstances change or there is a reduction/change to professional availability risk assessment is to be reviewed. Managers will need to consider if a Need to Know is required.*