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| **DOCUMENT 1-SHROPSHIRE COVID RISK ASSESSMENT TOOL FOR FACE TO FACE FAMILY TIME** |
| **Completed by:** |
| **Date:** |

1. **THE CHILD/REN**

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| **The children involved in this arrangement** | | |
| Name (*add rows if required*) | LCS ID | Living together Y/N |
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2. **FAMILY TIME ARRANGEMENTS**

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| **Current family time arrangements for this/these particular child/ren & adult(s)** | | | | | | | |
| Between (name child/ren and adults involved) | | What face to face arrangements were in place pre-COVID restrictions | | What is the new face to face arrangement proposed within COVID guidance | | How has this been agreed (specify if court directed/Contact Order/informal arrangement) | |
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| **What other communication is being used for family time-X where applies** | | | | | | | |
| Between (name child/ren and adults involved) | Sending photos and pictures | Video/voice recordings | Face Time | Telephone call | Skype | WhatsApp | Other-specify | |
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3**. THE CHILD/REN-individual details-COMPLETE THIS SECTION FOR ALL THE CHILDREN INVOLVED INC. SIBLING FAMILY TIME**

***Please copy and paste this section below if more than one child involved in this particular face to face family arrangement***

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| **Details for individual child** | | | | | | | | | | | | | | | |
| Full Name | Age/DOB | | Ethnicity | | Needs to be shielded? Y/N | Other COVID health vulnerability (e.g. asthma/pregnancy)? | | | Any other vulnerability relevant to this assessment (e.g. not keeping to COVID guidance) | | | | At school/nursery | | Having face to face time with anyone else outside the household Y/N-specify |
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| **COVID 19 Risk Assessment** | | | | | | | | | | | | | | | |
| Has this child benefitted from virtual family time? | | | | | | | | | | | Y/N- if no state reason | | | | |
| Does this child want face to face family time to resume/start? | | | | | | | | | | | Y/N-if no state reason | | | | |
| Have you assessed that face to face family time is needed to progress their permanence plan/fulfil their Care Plan at this time? | | | | | | | | | | | Y/N | | | | |
| Will this child be able to understand and follow the COVID guidance on social distancing and hygiene in family time? | | | | | | | | | | | Y/N -if no state reason | | | | |
| If NO- state below any mitigation that can be put in place to enable face to face family time to take place safely (e.g. preparation beforehand/person to accompany them who can guide/address hygiene): | | | | | | | | | | | | | | | |
| If of age, has this child/young person followed COVID guidance in their personal life re social distancing and contact with others outside their home? | | | | | | | | | | | Y/N-if no specify | | | | |
| What impact will the COVID guidance on social distancing have on this child’s experience of face to face family time? | | | | | | | | | | | Specify below | | | | |
|  | | | | | | | | | | | | | | | |
| Does this child have any other particular vulnerabilities (e.g. emotional disregulation) that will be impacted on before, during or post face to face family time during COVID restrictions? | | | | | | | | | | | Specify below | | | | |
|  | | | | | | | | | | | | | | | |
| If PPE is assessed as necessary what will the impact be for this particular child in terms of their experience of face to face family time? (inc. whether child is allergic to latex) | | | | | | | | | | | Specify below | | | | |
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| Is this child showing any COVID 19 symptoms? | | | | | | | | | | Y/N- | | | | | |
| If YES have they been tested/awaiting test outcome: | | | | | | | | | | | | | | | |
| Has this child had a confirmed diagnosis of COVID 19? | | | | | | | | | | Y/N | | | | | |
| If agreed, how will this child/young person travel to and from face to face family time?  If by public transport state mitigation against COVID risk | | | | | | | | | |  | | | | | |
| Is this child able to have face to face family time outdoors (weather permitting) | | | | | | | | | | Y/N | | | | | |
| If NO, state reason: | | | | | | | | | | | | | | | |
| Any other information relevant for this COVID risk assessment about this child: | | | | | | | | | | | | | | | |

4. **THE ADULTS THEY ARE TO HAVE FAMILY TIME WITH -individual details- DO NOT COMPLETE THIS SECTION IF FAMILY TIME IS BETWEEN SIBLINGS UNDER 18 ONLY**

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| --- | --- | --- | --- |
| **Adults with whom child/ren proposed to be having face to face family time within this arrangement-*name all here*** | | | |
| Name | Contact Details- address/tel.no./email address | LCS ID | Living together? Y/N and specify who lives with whom |
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***Please copy and paste this section below if more than one adult involved in this particular family arrangement***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details for individual adult** | | | | | | | |
| Full Name | Age | Ethnicity | Needs to shield self or other-Y/N. If Y specify | Other COVID vulnerable group (e.g. pregnancy/age)-specify | | Other potential COVID related risk (e.g. works with vulnerable group/close contact with others outside COVID guidance) | Having face to face family time with anyone else? Y/N |
|  |  |  |  |  | |  |  |
| **COVID 19 Risk Assessment** | | | | | | | |
| Is this person happy with the virtual family time arrangements? | | | | | Y/N- if no state reason | | |
| Have they been able to keep to the virtual family time arrangements? | | | | | Y/N-if no state reason | | |
| Does this person want face to face family time with this child/ren | | | | | Y/N- if no state reason | | |
| Does this person have the capacity to follow the COVID guidance in respect of social distancing and hygiene during family time? | | | | | Y/N-if no state reason | | |
| Has this person been following COVID guidance in their personal life-social distancing; hygiene; contact with others within COVID guidance? | | | | | Y/N- if no state reason | | |
| If NO to either Q above state below any mitigation that can be put in place to enable face to face family time safely (e.g. supervised family time; preparation beforehand): | | | | | | | |
| Does this person engage in any activities that may increase COVID risk?  E.g. illegal drug misuse/multiple relationships | | | | | Y/N-specify | | |
| Is the person willing to wear PPE if the COVID risk assessment requires this? | | | | | Y/N-also specify if allergic to latex | | |
| Does this person live with anyone else? | | | | | Y/N | | |
| If living with someone else, is/are the other person(s) needing to be shielded or vulnerable for other reason (e.g. pregnancy/age).  Specify below: (*do not record personal details of anyone not directly involved in this family time- just state any vulnerabilities so that risk can be assessed)* | | | | | | | |
| Are the other people this person lives with following the COVID guidance? | | | | | Y/N | | |
| If NO- specify below any risk the person coming to face to face family time may bring with them arising from this: | | | | | | | |
| Is the person or anyone in their household showing symptoms of COVID 19? | | | | | Y/N | | |
| If YES- have they been tested/awaiting test outcome? | | | | | | | |
| Has the person or anyone in their household had a confirmed diagnosis of COVID 19 | | | | | Y/N | | |
| If YES- when are they likely to be symptom-free? | | | | | | | |
| If agreed, how will this person travel to and from face to face family time?  If by public transport-state mitigation to COVID risk | | | | |  | | |
| Is the person willing/able to travel safely to have face to face family time near to the child’s home? | | | | | Y/N | | |
| If NO, state reason and any mitigation that can be put in place: | | | | | | | |
| Any other relevant information about this person relevant to this COVID risk assessment: | | | | | | | |

**5. CARER HOUSEHOLD INFORMATION -who this child lives with**

***Please copy and paste this section below if more than one carer household involved in this particular family arrangement***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| This section is required to ensure COVID risks to and from others in the child’s household are known and are fully taken into account. It is NOT required to provide personal details that identify other children or household members other than the carers themselves.  PLEASE ALSO REDACT CARER CONTACT DETAILS & ADDRESS IF NOT TO BE SHARED WITH PERSON HAVING FACE TO FACE TIME | | | | | | | | | | | | | | | |
| Name(s) of main carers/residential home: | | | | |  | | | | | | | | | | |
| Contact number: | | | | |  | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | |
| Are the carers/res home supportive of face to face time taking place? | | | | | Y/N If No-specify | | | | | | | | | | |
| Are the carers/res home able to support this face to face time in their home? | | | | | Y/N If Yes-specify how | | | | | | | | | | |
| If the carers have a car-are they able to transport the child/ren to and from the location of the family time? | | | | | Y/N | | | | | | | | | | |
| Other Household Members: | | | | | | | | | | | | | | | |
| All Adults (over 18) | | | | | | | | | | | | | | | |
| Relationship to child | | Age | | | | Ethnicity | | Shielding self or other Y/N-specify if Y | | | Other COVID vulnerability (e.g. pregnancy/asthma) | | | Any other vulnerability relevant to this assessment (e.g. work involves personal care of others or close contact with others/not following COVID guidance) | |
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| Other Children in household (under 18) | | | | | | | | | | | | | | | |
| Relationship to child | Age | | | Ethnicity | | | Needs to be shielded Y/N-if Y specify | | Other COVID vulnerability (e.g. pregnancy/asthma) | | | Any other vulnerability relevant to this assessment (e.g. not keeping to COVID guidance) | At school/nursery Y/N | | Having face to face time with others outside the household Y/N |
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| COVID risks | | | | | | | | | | | | | | | |
| Is the carer or anyone in their household showing symptoms of COVID 19? | | | | | | | | | | If YES- have they had/are they awaiting a test | | | | | |
| Has anyone in the carer household been diagnosed with COVID 19? | | | | | | | | | | Y/N | | | | | |
| Dose the carer or anyone in their household need to self-isolate due to having been in contact with someone with COVID 19 | | | | | | | | | | Y/N | | | | | |
| Any other relevant information? | | | | | | | | | | | | | | | |

**6. SOCIAL WORKER’S SUMMARY ASSESSMENT OF RISK FACTORS**

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| Does anyone involved have confirmed COVID 19? If Yes-Specify if this impacts on the decision for face to face family time and what, if any mitigation is possible to manage this safely |
|  |
| Does anyone involved have COVID 19 related symptoms? If Yes- Specify if this impacts on the decision for face to face family time and what, if any mitigation is possible to manage this safely |
|  |
| Is anyone involved having to self-isolate or shield? If Yes- Specify if this impacts on the decision for face to face family time and what, if any mitigation is possible to manage this safely |
|  |
| Are there any particular vulnerabilities identified in this risk assessment that need to be taken into account when assessing the COVID risks for this face to face family time to take place for anyone involved in the arrangement or those they live with? If Yes- Specify how this impacts on the decision for face to face family time and what, if any mitigation is possible to manage this safely |
|  |
| Do all the people involved in this face to face family time understand and follow social distancing? If No- Specify how this impacts on the decision for face to face family time and what, if any mitigation is possible to manage this safely |
|  |
| If anyone has been identified in this assessment as NOT following COVID guidance how will this impact on the risk of COVID being spread if this face to face family time takes place and is there any mitigation that can be put in place to manage this safely? |
|  |
| Is anyone involved in this assessment unhappy or objecting to this face to face family time taking place (related to COVID risk)? If Yes-specify whether this impacts on the decision for face to face family time to go ahead and state if any mitigation is possible to address this |
|  |
| Will this face to face family time cause anxiety, distress or upset for any one involved (related to COVID restrictions)? If Yes-specify how it may impact on the decision for face to face family time to go ahead and state if any mitigation is possible to address this |
|  |
| Are there any barriers identified in respect of location, venue or transport that will impact on the decision about face to face family time related to COVID risks? If Yes- specify how this impacts on the decision for face to face family time to go ahead and state if any mitigation is possible to address this |
|  |
| Are there any risks identified from this risk summary for the person(s) providing transport or supervising this proposed face to face family time if different from the persons already identified in this risk assessment? If Yes- specify how this impacts on the decision for face to face family time to go ahead and state if any mitigation is possible to address this |
|  |
| Are there any other factors that need to be taken into account as part of this COVID risk assessment for face to face family time? If so specify and state if any mitigation |
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**7. CONCLUSION AND RECOMMENDATION**

***Answer all questions***

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| --- | --- |
| **This face to face family time does not place anyone directly involved in this arrangement or anyone they live with at risk of COVID 19** *(Yes means this does NOT place them at risk of harm)* | Y/N |
| **This face to face family time arrangement can be arranged within current COVID guidance (refer to current guidance)** | Y/N |
| **This face to face family time can be arranged safely for all involved in this arrangement within an agreed Family Time Safety Plan** | Y/N |
|  | |
| **If NO to any question above then face to face family time is not safe for this child at this time.**  **If Yes to all Qs but social worker does not think face to face family time arrangements are right for this child at this time-state reasons below:** | |
| **Are there any vulnerabilities, barriers, concerns, anxieties or objections to this face to face family time that will need to be managed within the Safety Plan?** | |
| **If Yes- List here:** | |
| **Name of worker completing this assessment:** | |
| **Worker’s views:** | |
| **Signature:** | |
| **Date:** | |
| **Name of Manager signing off this assessment:** | |
| **Manager’s views:** | |
| **Signature;** | |
| **Date:** | |

***This Document is to be recorded in the LCS record of the child/ren involved with a Manager’s case note to state the outcome and used to make the Safety Plan if face to face family time is agreed.***