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| **DOCUMENT 2**  **FACE TO FACE FAMILY TIME VISIT SAFETY PLAN** | | | | |
| **To be used in conjunction with Document 1-Face to Face Family Time Risk Assessment**   * **Document 1 must be completed in advance** * **The face to face family time arrangement must be approved and Doc 1 signed by the agreed manager and shared with all involved** * **This Family Time Safety Plan must be checked prior to each face to face time to ensure nothing has changed and all arrangements are in place** * **The Family Time Safety Plan must be updated if any manageable changes** * **If there is a significant change the social worker and team manager for the child must be informed so the Risk Assessment can be updated** | | | | |
| **UPDATE TO FACE TO FACE FAMILY TIME RISK ASSESSMENT DOCUMENT 1** | | | | |
| **Is there a confirmed case of COVID-19 in the carer household or home of the person(s) the child is due to see?** | **Yes** | | **No** | |
| **If yes give details:**  **Can this risk be mitigated for this face to face time? If so amend Safety Plan** |  | | | |
| **Is anyone involved in this arrangement self-isolating due to showing symptoms?** | **Yes** | | **No** | |
| **If yes, give details:**  **Can this risk be mitigated for this face to face time? If so amend Safety Plan** |  | | | |
| **Is everyone involved engaging in social distancing?** | **Yes** | | **No** | |
| **If no, does the Safety Plan cover this or can it be updated to cover this risk?**  **Specify** | | | | |
| **Is everyone involved following the COVID 19 guidance?** | | **Yes** | | **No** |
| **If no, does the Safety Plan cover this or can it to be updated to cover this risk?**  **Specify** | | | | |

***Now complete/update the Face to Face Family Time Safety Plan on the next page***

**You must have completed Doc 1 and followed the COVID Face to Face Family Time Guidance**

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| **FACE TO FACE FAMILY TIME SAFETY PLAN-to be shared with all involved and updated for each family time agreed** | | | | |
| **Location agreed as safe** | | **Specify:** | | |
| **Transport arrangements agreed as safe** | | **Specify:** | | |
| **Frequency, dates and times agreed** | | **Specify:** | | |
| **Mitigating actions in place to address any identified risks or vulnerabilities** | | **Specify:** | | |
| **Format of this face to face family time agreed:** | | **Specify below-who is involved; what has been agreed; who is responsible; when will this be done; how will this be actioned** | | |
| **State who is involved in this arrangement:** | | | | |
| **Actions agreed:** | | | | |
| **Who** | **What** | | **When** | **How** |
| **Face to Face Family Time Risk Assessment (Doc 1) agreed by manager and updated?** | | **Yes** | | **No** |
| **Details of person completing/updating this Safety Plan** | |  | | |
| **Date completed/updated** | |  | | |