**COVID-19 Risk Assessment Tool**

This risk assessment tool should be completed for all children and young people who have an Integrated Children’s services worker allocated to them, whatever their legal status. Please read the Covid 19 – Visiting Practice Guidance before completing this document and refer any concerns to a line manager for consultation if you require this.

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| --- | --- | --- | --- |
| **Date** |  | | |
| **Name of Child/ren** |  | **Mosaic ID** |  |
| **Social Worker** |  | **Team Manager** |  |
| **Status of child(CIN/CP/LAC/Care leaver/enquiries under s47 of the Children Act )** |  | | |

|  |  |  |
| --- | --- | --- |
| **Is there a confirmed case of COVID19 in the family home?** | Yes | No |
| **If yes give details about any self-isolating timescales:** | | |
| **Are the family in the ‘shielding’ category?** | Yes | No |
| **If yes, detail reason:** | | |
| **Are the family stating they have been in contact with a person with symptoms or a person who is confirmed to have COVID 19?** | **Yes** | **No** |
| **If yes, give details:** | | |
| **Is the child attending a school provision as part of the government offer for vulnerable children?** | Yes | No |
| **If ‘no’ does this increase the risk for the family? If no, detail below what support is needed to manage this.** | Yes | No |
|  | | |
| **Is the child eligible to be in receipt of free school meals?** | Yes | No |
| **Are these being collected? If not, detail how family is managing below.** | Yes | No |
|  | | |
| **Frequency of visits and reviews prior to COVID 19 restrictions: Detail below:** | | |
|  | | |
| **Does the child have independent methods to contact professionals or persons assessed as safe (Social media, own mobile phone, safe identified family members, phone credit, apps such as What’sapp, Microsoft teams or other)** | **Yes** | **No** |
| **If yes, please give details:** | | |
| **If the family are shielding or self isolating do they have support to get food/ medication etc:** | Yes | No |
| **If no, what support can be provided:** | | |
| **Is it safe to not visit at all currently or reduce visiting? Provide details below. YES / NO** | | |
| **Is the visit able to be conducted virtually (eg via Microsoft teams)? YES / NO**  **Detail the rationale below:** | | |
| **Risk management plan:**   * Consider amongst other things: * Child’s vulnerability and adversity factors, set against protection and resilience factors. * Does the child have access to means of communication with their social worker?. * Existing family support? Is there a pre-existing safety plan that can be utilised? * Does the child have a means by which to connect with their friends/ peers?   **Detail below** | | |
| **Risk assessment and Management Plan** | | |
| **Type and Frequency of visits agreed during Covid 19 period:** | | |
| **Risk assessment agreed by manager?** | Yes | No |
| **Authorising manager name and date:** |  | |
| **Save the completed risk assessment on a case-note on the Child File – title Covid 19 risk assessment** | | |