**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 worker aware of need to confirm whether there a confirmed case of COVID19 in the family home or anyone shielding directly prior to visit?** | Yes | | No | |
|  | | | | |
| **Does any family member have a known high risk factor should they be exposed to Covid 19 (ie health conditions/ ethnicity)** | Yes | | No | |
| **If yes, detail who and why:** | | | | |
| **Are additional actions needed to ensure visits can continue safely for all parties?** | Yes | | No | |
| **Give details of what action, by whom:** | | | | |
| **Is the child attending a school / education** | Yes | | No | |
| **Has school attendance change pattern since lockdown** | Yes | | No | |
| **If not attending, detail below what support is needed for them to resume access to education** |  | |  | |
| **Give details of what action, by whom, by when:** | | | | |
| **Is the child eligible to be in receipt of free school meals?** | Yes | | No | |
| **Are we confident that the children have sufficient food during school holidays** | Yes | | No | |
| **If No, detail what action is needed:** | | | | |
| **Are there any know other risks / ACES that will place the YP at greater risk of harm if not seen face to face** | Yes | | | No |
| Detail risk and protective factors / action needed: | | | | |
| **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:** | | | | |
| **Is it safe to only use virtual methods of contact with this young person to establish wellbeing / lived experience** | | **Yes** | | **No** |
| **If yes, detail the rationale below:** | | | | |
| **Risk management plan:**   * Consider amongst other things: * Social work England updates / PSW Guidance:   [Best Practice Guide for Assessing Online Risks, Harm and Resilience and Safeguarding of Children and Young People Online](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fesafeguarding.org%2Fpublications%2FPSW%3Dand-SWE-Best-Practice-Guidance-for-Assessing-Online-Risks%2C-Harm-and-Resilience-and-Safeguarding-Children-and-Young-People-Online-2020-05-26.pdf&data=02%7C01%7Cweb.content%40socialworkengland.org.uk%7C8fe0cec33b9b4fbc539b08d803c857e6%7C687e5818d7b4485783d1ddad97154a74%7C0%7C0%7C637263506283922344&sdata=sCgW5LFt444GNF%2F84pV6hDiXS31du4z%2F6PETLMndkmU%3D&reserved=0)  [Best Practice Guide for Risk Assessment and Prioritising Children and Families’ Needs](https://esafeguarding.org/publications/PSW-and-SWE-Best-Practice-Guide-for-Prioritizing-Children-and-Families-Needs-and-Risks-20200505.pdf)  [Best Practice Guide for Video/Virtual Calls/Conferencing and Virtual Home Visits](https://esafeguarding.org/publications/PSW-and-SWE-Best-Practice-Guide-for-Video-Call-and-Virtual-Home-Visit-20200505.pdf)   * 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** | | | | |
| **Social worker analysis / Risk assessment** | | | | |
| **Plan (including contingency) and visiting frequency / type** | | | | |
| **Line managers comments** | | | | |
| **Authorising manager name and date:** |  | | | |
| **Review date (3 monthly)** |  | | | |
| **Save the completed risk assessment on a case note on the Child File – title Covid 19 risk assessment** | | | | |