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| **Assessment tool for considering family time during Covid-19 restrictions**  |
| **Child’s name**  |  |
| **Child’s DOB**  |  |
| **Carer’s name**  |  |
| **Person in family/friends network who request relates to** |  |
| **Date of Review of these arrangements** |  |
| **Previous (pre Covid-19 restrictions) family time arrangements**  |  |
| **Who has requested this family time?** |  |
| **Is this family time Court ordered, are we in care proceedings?** |  |
| **Where will the family time take place?** |  |
| **How will the child get there safely?** |  |
| **How will their parent get there safely?** |  |
| **Who will supervise?** Explain if the plan is for the family time not to be supervised and why |  |
| **How does the current carer feel about supervising/being involved family time (where needed) including transport** |  |
| **How long will the family time last?** |  |
| **Does anyone due to attend have any underlying health conditions/vulnerabilities?** For example any reasons why they would be shielding, have they had any symptoms? |  |
| **Are we confident that the child or young person can achieve social distancing** (remaining at least 2 metres apart at all time)? |  |
| **Are we confident that their parent can maintain social distancing?** |  |
| **How has the child/ren been prepared for the family time and that hugs/close personal contact may not be possible?** |  |
| **What are your concerns?** |  |
| **How could these be managed safely?****What would be put in place**e.g. hand sanitiser before you come in, the parents goes in first and waits, Schedule of expectations in place  |  |
| **Views of child or young person**  |  |
| **Views of their carer** |  |
| **Views of parent (or person this family time relates to)** |  |
| **Social Work Risk Analysis of Family Time****-Is this safe to take place or not and why** **-Suggested frequency** Including why you think this face to face family time is necessary and brief analysis of the impact if this is a positive recommendation or this cannot take place at this time.  |  |
| **Team Manager’s view of risk assessment and recommendations** **If not safe to do face to face family time what are the alternatives?**(Team Manager to add to child’s Mosaic record)  |  |