**An example of a Home Visiting risk assessment.**

(This might be placed at the beginning of every file)

**Home Visit, Out of Hours, Lone Worker or Unfamiliar Venue Risk Assessment.**

Please answer the following questions to help you assess any potential risk to children, parents, workers and others prior to undertaking the work.

|  |  |
| --- | --- |
| Referring agency / person |   |
| Contacted for further information | Yes |  | No |  |   |
| Address |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
| Tel No: |  |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
| Names of Care Givers in the household |  DOB |   |   |   |   |
|   |  |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
| Any other adults in the household? (List below) | Have they a history of violence of any sort? |
|   |  |  |  |  |  |  |  |   |
| Address |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
| Legal Status and known Child Protection concerns: |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Risk / concerns: | Details: | Risk  | No Risk |
| Alcohol abuse known to be in household |  |  |  |
| Any substance abuse known to be in household |  |  |  |
| Presence of violence reported – both within home and directed atothers |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Risk / concerns: | Details: | Risk  | No Risk |
| Verbal abuse / threats expressed to other workers in the past. |  |  |  |
| Member of household has committed Schedule 1 offences, e.g. ABH, GBH. |  |  |  |
| Health and hygiene issues that may cause a riskRisk / Concerns: |  |  |  |
| Pets that may cause a risk – including risk of allergic reaction |  |  |  |
| Other risks to user or staff.E.g. Is any visitor likely to be violent? |  |  |  |
| Are entrance / exits from the property accessible without obstructions? |  |  |  |
| Are there any hazards associated with the property?  |  |  |  |
| If you have answered yes to any of the above questions, please provide appropriate details.  |
| Contingency plans should any of the risks identified above present a problem. |
| Consider whether two workers should attend the visit?  Yes / No |
| Has your supervisor been advised of the risk and what action was advised? |
| Have the Social Worker, GP or other professionals involved been advised of the risk and what actions have been agreed? |
| **Action: Ensure the visit is marked in the electronic diary and has an alert 10 minutes after the expected end time.** |

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| **\*\*\* If concerns arise during the visit contact must end for that session \*\*\*** |

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| **Level of Risk to worker** | **HIGH** | **MEDIUM** | **LOW** or NONE |

|  |  |
| --- | --- |
| Completed by: | Date: |
| Supervisor: | Signed: |
|  |