**Model Home Visiting Risk Assessment Checklist**

**HOLY TRINITY CHURCH CUCKFIELD – Joyfully serving Jesus**

Name of adult to be visited ……………………………………………………………………...

|  |  |
| --- | --- |
| 1. Does the adult have a history of violence, or threatening behaviour? *If yes, please detail below* | *Yes/No*  *Not known* |
|  | |
| 2. Is the adult a risk to themselves? | *Yes/No*  *Not known* |
|  | |
| 3. Does anyone living in the house have a history of violence or threatening behaviour? *If yes, please detail below* | *Yes/No*  *Not Known* |
|  | |
| 4. Does anyone who visits the adult have a history of violence or threatening behaviour? *If yes, please detail below* | *Yes/No*  *Not Known* |
|  | |
| 5. Does the adult have any vulnerabilities that would make it inappropriate for him/ her to be visited alone (eg by a single male or female?) | *Yes/No*  *Not Known* |
|  | |
| 6. Does the adult have any health problems that may cause unpredictable behaviour? *If yes, please detail below* | *Yes/No*  *Not Known* |
|  | |
| 7. Are there any health risks associated with visiting the adult at home? (Examples might be infestation, smoking, intravenous drug use, infectious diseases, dangerous pets?) *If yes, please detail below* | *Yes/No*  *Not Known* |
|  | |
| 8. Is the adult’s home in a well-lit area? *Please detail below any difficulties you are aware of.* | *Yes/No*  *Not Known* |
|  | |
| 9. Is there suitable parking nearby, is this well-lit?  *If known, please state below the best place to park* | *Yes/No*  *Not Known* |
|  | |
| 10. Is there easy access to and exit from the home, more than one exit from the home. Are doors obstructed and not easily opened. *If yes, please detail below* | *Yes/No*  *Not Known* |
|  | |
| 11.Are there any other risk factors or hazards (Including mental health,  substance/alcohol mis-use)? *If yes, please detail below* | *Yes/No*  *Not Known* |
|  | |
| 12. Is there mobile phone reception at the address ?  *Please detail below any other information you think is important*  *Completed by …………. Role:*  *Copy passed to Parish Safeguarding Officer on ……………………………………….*  *Signed ……………………………………………………*  *Date:* | |
| NB for any serious/immediate safeguarding concerns out of hours see the WSCC adults safeguarding team details: <https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/raise-a-concern-about-an-adult> OR see the contact details on the Holy Trinity website [www.holytrinitycuckfield.org](http://www.holytrinitycuckfield.org/) | |

Approved by the PCC: 16th March 2020