

## Model Home Visiting Risk Assessment Checklist

Name of adult to be visited .....

1.	Does the adult have a history of violence, or threatening behaviour? <i>If yes, please detail below</i>	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? <i>If yes, please detail below</i>	Yes/No Not Known
4.	Does anyone who visits the adult have a history of violence or threatening behaviour? <i>If yes, please detail below</i>	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? <i>If yes, please detail below</i>	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?) <i>If yes, please detail below</i>	Yes/No Not Known
8.	Is the adult's home in a well-lit area? <i>Please detail below any difficulties you are aware of.</i>	Yes/No Not Known

9.	Is there suitable parking nearby, is this well-lit? <i>If known, please state below the best place to park</i>	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. <i>If yes, please detail below</i>	Yes/No Not Known
11.	Are there any other risk factors or hazards (Including mental health, substance/alcohol mis-use)? <i>If yes, please detail below</i>	Yes/No Not Known
<p><i>Please detail below any other information you think is important</i></p>		
<p>Completed by ..... Role:</p> <p>Copy passed to Parish Safeguarding Officer on .....</p> <p>Signed .....</p> <p>Date:</p>		