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| --- | --- |
| **COVID-19 Assessment plan** | **Assessment plan in respect of: *(Child/parents name) ……………………………………………………*****Assessment Type: *(Please state the type of assessment being completed)*****Name of worker completing the Assessment Plan: …………………****Name of Team Manager: …………………………………** |
|  | **Assessment plans are an important tool of social work and even more important during the COVID -19 crisis.****The purpose of this specific planning tool is to demonstrate how the assessment will/would normally be completed including visiting families in their homes following social distancing. If families have tested positively for COVID, are displaying symptoms or have received a “shielded” letter then the assessment will need to be adjusted to manage the risk on COVID infection.****This tool should help to identify how those changes will influence/impact the assessment process and demonstrate how we plan to minimise or mitigate the impact of changing the assessment methodology.****The recommendation is that before the assessment commences you plan alternative methodologies so the plan is in place should families or worker becomes symptomatic during the assessment. The plan is shared with families (and legal representatives where they are in place) so they are aware and agree to the assessment plan before the assessment commences.** |
| **Date** | **Session details/ plan areas of work to be completed** | **How this would normally be completed (Methodology)?** | **How this will be completed under COVID 19 restrictions (adjusted methodology)?** | **Impact of the change in methodology and how this will be mitigated. *(Remember that doing things differently might have a positive impact)*** |
|  | ***Below is an example of a Family Centre Parenting Assessment this can be deleted and any assessment plan can be added.*** |  |  |  |
|  | Agreed areas of work meeting: letter of Instruction & schedule of work. (Family Centres) | Face/FaceFamily Centre  |  |  |
|  | Genogram  | Face/FaceFamily Centre / Home visit | * *Worker shares a genogram of a well-known TV family so parent/child can see a genogram (can be posted through door).*
* *Ask parent/child to draw their own family Genogram, take a photo and share with S/W.*
* *S/W either calls/WhatsApps/video calls parent/child and talks through their genogram and create a final genogram to include information from the discussion.*
 | * *Requires some pre-planning.*
* *Family may struggle drawing their genogram.*
* *Not seeing body language might reduce understanding.*
* *Family preparing their own genogram before the discussion might increase their reflection*
 |
|  | ECO MAP | Face/FaceFamily Centre / Home visit  |  |  |
|  | Experiences from Childhood (timeline) | Face/FaceFamily Centre / Home visit |  |  |
|  | Experiences from Childhood (timeline) | Face/FaceFamily Centre / Home visit |  |  |
|  | Previous relationships | Face/FaceFamily Centre / Home visit |  |  |
|  | Needs of the child/ren | Face/FaceFamily Centre / Home visit |  |  |
|  | Local Authority concerns | Face/FaceFamily Centre / Home visit  |  |  |
|  | Motivation & Capacity to change | Face/FaceFamily Centre / Home visit |  |  |
|  | Direct observations of parent/s with child/ren | Observe in family centre/ or home if child/ren remain at home  | * Greater emphasis on using historical information.
* Use information from other professionals
* Observation of Family at a park.
* Video calls at critical times of the day, breakfast time, tea time, etc.
* Use of purposeful activities during calls to create movement around the home and individuals
 | * Cleary record the source of information
* Note the consistency of information over time and from differing sources
* Specific in analysis the weight you give to the observation.
 |
|  | Home conditions | Home visit |  |  |
|  | Direct observations of parent/s with child/ren | Face/Face  |  |  |
|  | Review sessions to date | Face/Face  |  |  |
|  | Share assessment  | Face/Face  |  |  |

Date shared with Parent/s……………………………………………………

Signature of Parent/s…………………………………………………………