# Model Home Visiting Assessment Checklist

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

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| 1. Does the adult have a history of violence, or threatening behaviour? *If yes, please detail below* | Yes/No *Not known* |
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| 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* |
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| 4. Does anyone who visits the adult have a history of violence or threatening behaviour? *If yes, please detail below* | Yes/No *Not Known* |
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| 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/NoNot Known |
|  | |
| 6. Does the adult have any health problems that may cause unpredictable behaviour? *If yes, please detail below* | Yes/No *Not Known* |
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| 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* |
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| 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* |
|  | |
| *Please detail below any other information you think is important*  *Completed by …………. Role:*  *Copy passed to Parish Safeguarding Officer on ……………………………………….*  *Signed ……………………………………………………*  *Date:* | |