**TEMPLATE RISK ASSESSMENT PROCESS**

There is an expectation that children with a social worker will attend provision, unless in consultation with the child’s social worker and family it is agreed this is not in the best interests of the child.

School and college staff should continue to work with and support children’ social workers to help protect vulnerable children. This will be especially important during the COVID-19 period.

Every vulnerable child with a Social Worker should have a risk assessment process undertaken in conjunction with the parents and the relevant multi agency professionals involved to determine:-

1. Whether the child will remain at home or attend school
2. If remaining at home what contact levels should be in place from the school
3. What form of contact should this be-phone, skype, home visits
4. What contact arrangements are in place from other multi agency professionals
5. What contingency plans does there need to be if risk increases
6. This risk assessment to be agreed and shared with the Social Worker/EHC Team/Virtual School

|  |  |  |
| --- | --- | --- |
| Pupil / student’s name | Age | Class |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Risk Assessment completed by | Date | Time |
|  |  |  |

|  |
| --- |
| **Does the child or young person have an EHC Plan? If yes please answer the following:** |
| Date of Annual Review for this academic term? (actual or predicted)  | \_ \_ / \_ \_ / \_ \_ \_ \_ a / p (circle) |
| What are the potential health risks to the individual from COVID-19, bearing in mind any underlying health conditions? This must be on an individual basis with advice from an appropriate health professional where required. |
|  |
| Name and role of health professional consulted: | Date: | Time  |
|  |  |  |
| What are the risks to the individual if some or all elements of their EHC plan cannot be delivered at all, and the risk if they cannot be delivered in the normal manner or in the usual setting? |
|  |
| Name and role of other professionals consulted: | Date: | Time  |
|  |  |  |
| What is the ability of the individual’s parents or home to ensure their health and care needs can be met safely? |
|  |
| Name and role of other professionals consulted: | Date: | Time  |
|  |  |  |
| What is the potential impact to the individual’s wellbeing of changes to routine or the way in which provision is delivered? |
|  |
| Name and role of other professionals consulted: | Date: | Time  |
|  |  |  |

**Before speaking to a parent or carer**, please check to see if the Y/P is supported by either a Child Protection Plan (CP); on a Child In Need Plan (CIN); Is a Child Looked After (CLA); Care Leaver (CL); Young Carer or if there are any other concerns about the Y/P’s welfare.

**If CP/ CIN or CLA please speak to the Social Worker first**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vulnerable Children** |  |  |  |
| Is the young person on the CP Register?  | Yes\* | No | Name of social worker: |
| Is the young person on a CIN Plan? | Yes\* | No | Name of social worker: |
| Is the young person supported by a TAF/TAC/Early Help Assessment & Plan | Yes | No | Name of lead practitioner: |
| Is the young person a Child Looked After?  | Yes | No | Name of lead person: |
| Is the young person a Care Leaver?  | Yes | No | Name of lead person: |
| Is the young person a Young Carer?  | Yes | No | Name of lead person: |
| \*Name of Social Worker discussed with: |  |
| Phone / mobile number? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Worker view on remaining at home  | Yes | No | Date: |  |

Specific reasons for their decision:-

*
*

If their view is YES, please record the agreed contact arrangements between the school or provider/parent and social worker.

*

**Name of parent or carer the risk assessment was undertaken with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conversation with parents or carer Date:**

**Explain 1 and 2 below**

* ‘On Sunday 22 March, the Government issued…….
* ‘Those who are vulnerable should be risk-assessed by their setting, school or college……..

**Explain that this meeting/phone call forms a part of the risk assessment**

As you may be aware, all schools were asked to close on Mon 23 March to prevent the spread of Coronavirus. The Government has now issued guidance saying the safest place for vulnerable children is also at home unless there are specific reasons for them needing to be in a school (it may not be possible for it to be at our school as the LA need to make the most appropriate arrangements)

|  |  |  |
| --- | --- | --- |
| Are you able to keep your young people at home until further notice? | Yes | No |
| If no what are the specific reasons this isn’t possible?*
 |
| Are there any other professionals working with your young people? | Yes | No |
| If **yes**, please list below:*
*
 |
| Are you in receipt of Free School Meals (FSM)  | Yes | No |
| Are you a single carer? | Yes | No |
| If Yes If you became ill, have you a suitable support network  | Yes | No |
| **Who would look after the Y/P?** |  |
| If concerns are raised with you about the health of a foster parent, or that of someone in their household, advise them to discuss this with their social worker to ensure that this is taken into account when assessing what is in the best interests of their foster child and record details of concerns here: |
|  |
| What are the best telephone numbers to contact you on/others? |  |
| Is there a quiet space for your young people to work at home ? | Yes | No |
| Do you have access to the internet?\*\* | Yes | No |
| Can your young person use it at home to access the work we can send  | Yes | No |
| Do you/can you use media platforms such as skype?  | Yes | No |
| Would you like your young person to be contacted in this way if possible?  | Yes | No |

\*\*If you do not have the internet we will be in contact about getting work to you in a different way\*\*

|  |  |  |
| --- | --- | --- |
| Have you any other concerns or issues? | Yes | No |
| If **yes**, please list below:*
 |
| Are you considered a Key Worker? | Yes | No |
| List names, places of work, job role; working times; P/T or F/T: 1.2. |
| Name of lead person at the place/s of employment together with contact details1.2. |

**Further information may be required in a separate phone call or conversation**

## Approved by Head Teacher/Setting Manager

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| --- | --- |
| Signed | Date |
|  |  |

On completion of the risk assessment Please upload to Carefirst and school records

|  |
| --- |
| **For Local Authority Use** |
| Date received  |  |
| Date passed to Social Care  |  |
| Date passed to SEND Service  |  |

|  |
| --- |
| **Further Action?** |
| Follow up conversation with setting?  | Y / N |
| Actions agreed: |