1. On Sunday 22 March, the Government issued the following guidance on vulnerable children and young people:-
2. **‘Those with an EHC plan should be risk-assessed by their school or college in consultation with the local authority (LA) and parents, to decide whether they need to continue to be offered a school or college place in order to meet their needs, or whether they can safely have their needs met at home. This could include, if necessary, carers therapists or clinicians visiting the home to provide any essential services. Many children and young people with EHC plans can safely remain at home’.**

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

|  |  |  |
| --- | --- | --- |
| RA completed by and setting name | 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); 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are there other concerns about welfare?** | **Yes** | **No** | **If yes speak to Head or DSL** |
| Does the young person have an EHCP?  | Yes | No |  |
| 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 Early Help?  | Yes | No | Name of lead practitioner: |
| Is the young person a CLA?  | 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 NO, please refer to Head or DSL, do not continue the risk assessment**

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

*

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

# Conversation with parents or carer

**Explain 1 and 2 above**

* ‘On Sunday 22 March, the Government issued…….
* ‘Those with an EHC plan should be risk-assessed by their 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?** |  |
| 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. |
| Is there another carer in the household who is not a key worker? | Yes | No |

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

## Approved by Head Teacher

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

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| --- |
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