

**Covid-19: School attendance risk assessment for children and young people with an EHC Plan/draft EHC Plan**

**Confidential**

**Section 1 – Screening**

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| Name of child or young person: |  | | DOB: |
| Name of person completing this risk assessment template: |  | | NC Year: |
| School, college, early years setting: |  | | |
| Is the child/young person eligible for Free School Meals? | Yes No | Social Worker: | |
| Is the child/young person known to Social Care? | Yes No | Other professionals involved: | |
| Are they on Child Protection Register? | Yes No |
| Are they a Child Looked After? | Yes No |
| Are they on a Child in Need plan? | Yes No |
| Were they previously in care | Yes No |
| Is health service input required for the child/young person? | Yes No | Health contact:  NHS number? | |
| Is one adult at home both a key worker and unable to work at home/combine work with child care | | Yes No  Details of employer/s | |
| Is anyone else in the household identified as being in a Covid 19 vulnerable group e.g. advised to shield for 12 weeks? | | Yes No  Details: | |
| Is anyone else in the household identified as having physical or mental health needs not relating to Covid 19 which could impact on the child? | | Yes No  Details: | |
| Are there other concerns about welfare to self or others?  Has this child been highlighted to your school's LA Link Co-ordinator? | | Yes No If no, please ensure this information is shared as part of the next phonecall | |
| Is a full risk assessment recommended for the individual? | | Yes No If yes, please complete page 2 | |

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| --- | --- |
| School/college/ Early Years setting overview |  |
| Social Care needs overview |  |
| Health needs overview |  |
| Family, child or young person views – to be completed by phone/email | |
|  | |

**Section 2 - Full risk assessment**

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| **Potential Hazard** | **Potential risk to being at home** | **Potential risk to being in an education setting** | **Measures available to reduce risk** (e.g. medication, use of carers, external support, training, PPE etc) |
| Who is available at home to look after the child? |  |  |  |
| Does the child or young person have underlying health concerns? |  |  |  |
| To what extent are the family able to meet the child or young person's health and care needs safely at home (medication, equipment, training, other)? |  |  |  |
| Is there an identified safeguarding risk? If so, has a referral been made to MASH? |  |  |  |
| To what extent are the family able to ensure the wellbeing of the child/young person out of school and help to mitigate wellbeing risks? |  |  |  |
| What are the risks to the child or young person if education or other elements of EHC plan provision cannot be delivered? |  |  |  |
| Does the child or young person constitute a risk to another family member? What help can be given to mitigate this risk? |  |  |  |
| Does the child or young person pose a risk to others in the setting, e.g. physical or hygienic (spitting, licking, touching)? |  |  |  |
| Does/Can the child understand and use social distancing and hand washing? |  |  |  |
| Does the child require positive handling intervention to support regulation? |  |  |  |
| Is the child or young person a young carer? |  |  |  |
| Does the child or young person have attachment needs and require specific members of staff to support them in the setting? |  |  |  |

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| --- | --- |
| What is the education offer being made and how can the child or young person access it? | i.e. weblink, examples etc. |
| Is any different/additional support required? |  |
| Risk assessment decision | Education place required Able to be at home and receive education support |

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

**Please can completed risk assessment information be provided for all children in your school, college or setting with an EHCP and uploaded to SSE (path: Documents>SEN>COVID EHCP Risk Assessments).**

**Please also email** [**sen.education@secure.portsmouthcc.gov.uk**](mailto:sen.education@secure.portsmouthcc.gov.uk) **to alert us to this or if you are unable to upload in our preferred way to SSE, please email the document as an attachment to the same email address. This is a secure email and therefore you can include children's names. Please do not upload, or send as an attachment, risk assessments without children's names, as these are hard to identify.**

**Files should be named CRA\_SurnameForenameDOBDDMMYYYY\_2020MMDD (i.e. COVID Risk Assessment (CRA)\_Pupil Surname, then Forename, their date of birth and then date of file creation). The most recent 'live' version of these documents will be kept on SSE at the file path above.**