**Risk assessment for vulnerable children/young people during COVID 19 outbreak**

**Government Guidance:**

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans. Schools and other education providers may also want to support other children who are vulnerable where they are able to do so.

There is an expectation that vulnerable children who have a social worker will attend an education setting, so long as they do not have underlying health conditions that put them at severe risk. In circumstances where a parent does not want to bring their child to an education setting, and their child is considered vulnerable, the social worker and education setting should explore the reasons for this, directly with the parent [(DfE, 27th March 2020)](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people).

Please note that Children in Care are included in the vulnerable children category and this risk assessment should be done in collaboration with the child’s carer(s) and social worker.

**Guidance for completing this risk assessment:**

For children who are vulnerable and also have an EHCP plan a risk assessment may have already been completed.

Where an existing risk assessment is available, there is not an expectation that the school or setting should repeat the process. However where there is any additional information, this should be added to the existing risk assessment, to take into account new or heightened vulnerabilities, temporary circumstances or those associated with the COVID 19 outbreak.

This form should be completed in consultation with parents/carers, social workers and any other key professionals.

Where possible Bristol City Council wants to encourage all its vulnerable pupils to attend their school/educational setting where possible, the decision should be informed by the completion of a risk assessment and regular review.

When completing this form you should either complete Risk Assessment A (Assessment for a child/young person not attending the setting) or Assessment B (Assessment for a child/young person attending the setting). Please note you may need to complete both over time as circumstances for the child/young person change. The text in the hazards/risks column shows examples and should be adapted for each assessment.

If the complete risk assessment is for a child/young person with an EHCP please forward a copy to the SEN Team at SEN@bristol.gov.uk

**Key Details:**

|  |  |  |
| --- | --- | --- |
| **Name of Child/Young Person** | **Age** | **Date of Birth** |
|  |  |  |

|  |  |
| --- | --- |
| **Home Address** |  |
| **Temporary Address (if applicable)** |  |
| **Name of Parents/Carers** |  |
| **Parent/Carers contact number** |  |

**Contact Information:**

**School/Education Setting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Email** | **Telephone Number** |
| **Head Teacher**  |  |  |  |
| **Designated Safeguarding Lead** |  |  |  |
| **SENDCO** |  |  |  |
| **Designated Teacher**  |  |  |  |

**External Agencies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Email** | **Telephone Number** |
| **Social Worker** |  |  |  |
| **Bristol City Council SEN contact** |  |  |  |
| **Other key contacts** |  |  |  |

**Key Information:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Does the child/young person have a finalised EHCP ?** |  |  |
| **Does the child/young person have a EHCP being processed?** |  |  |
| **Is the child/young person a Child in Care?** |  |  |
| **Does the child have a Child Protection Plan?**  |  |  |
| **Is the child/ young person a Child in Need?** |  |  |
| **Has the child /young person be subject to a Team around the Family or Team Around the School meeting?**  |  |  |
| **Does the child/young person have any dietary needs?** |  |  |
| **Does the child/young person have any medical needs?** |  |  |

**If yes to any of the above please reflect in any risk assessments as appropriate**

**Pen Portrait (Summary of the Pupil Profile)**

|  |  |
| --- | --- |
| **Strengths /what is going well?** | **Areas of concern** |
|  |  |

**Vulnerable Child Risk Assessment A**

**Assessment for a child/young person not attending the setting**

**Name of Child Date of Assessment: Assessed by:**

***Section 1***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What hazards/risk are present or may be generated?** | **Who is affected or exposed to hazards/risks** | **What degree of harm can reasonably be expected*****(Risk Rating Matrix Table 1)?*** | **What precautions are already in place to either eliminate or reduce the risk of an incident happening**(**Existing Controls**)? | **What likelihood/****probability is there of an incident occurring?*****(Risk Rating Matrix Table 1)?*** | **What is the****Risk Rating*****(See* Note *Below & Risk Rating Matrix Table 2*)?** |
| Isolation, anxiety mental health of child or someone in household |  |  |  |  |  |
| Lack of routine  |  |  |  |  |  |
| Household where Domestic Abuse is experienced |  |  |  |  |  |
| Household where the needs of the child are not being met |  |  |  |  |  |
| Going missing/ at risk of exploitation |  |  |  |  |  |
| Online risks |  |  |  |  |  |
| Missing medical appointments/access to specialist services |  |  |  |  |  |
| Other |  |  |  |  |  |

**Section 2 - ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is the hazard/risk you need to control?****(As specified in Section 1)** | What a**dditional precautions** do you need to either eliminateor reduce the risk to an acceptable level. | Who is responsible for implementing these controls | When are these controls to be implemented (Date)? | When w**ere** these controls implemented (Date)? |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Review Cycle e.g. weekly |  |
| Date of Next Review |  |
| Distribution List of Completed Risk Assessment |  |

**Vulnerable Child Risk Assessment B**

**Assessment for a child/young person attending the setting**

**Name of Child Date of Assessment: Assessed by:**

***Section 1***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What hazards/risk are present or may be generated?** | **Who is affected or exposed to hazards/risks** | **What degree of harm can reasonably be expected*****(Risk Rating Matrix Table 1)?*** | **What precautions are already in place to either eliminate or reduce the risk of an incident happening**(**Existing Controls**)? | **What likelihood/****probability is there of an incident occurring?*****(Risk Rating Matrix Table 1)?*** | **What is the****Risk Rating*****(See* Note *Below & Risk Rating Matrix Table 2*)?** |
| Staffing levels to meet the specific needs of the child/young person |  |  |  |  |  |
| The child/young person may require positive handling |  |  |  |  |  |
| The child/ young person requires support with eating/has a feeding plan  |  |  |  |  |  |
| Dietary requirements/ allergies |  |  |  |  |  |
| The child/ young person requires manual handling |  |  |  |  |  |
| Child/young person has an underlying health condition |  |  |  |  |  |
| Child/young person in temporary accommodation |  |  |  |  |  |
| Transport difficulties / lack of public transport  |  |  |  |  |  |
| Reduced first aid/ administration of medicines cover by staff |  |  |  |  |  |
| Meeting the health needs of learners |  |  |  |  |  |
| Children/ young people who run away |  |  |  |  |  |
| Children/ young people showing signs of illness |  |  |  |  |  |
| Children who do not attend when expected |  |  |  |  |  |
| Other |  |  |  |  |  |

**Section 2 - ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is the hazard/risk you need to control?****(As specified in Section 1)** | What a**dditional precautions** do you need to either eliminateor reduce the risk to an acceptable level. | Who is responsible for implementing these controls | When are these controls to be implemented (Date)? | When w**ere** these controls implemented (Date)? |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Review Cycle e.g. weekly |  |
| Date of Next Review |  |
| Distribution List of Completed Risk Assessment |  |

**RISK RATING MATRIX**

(Notes to aid completion of the Risk Assessments A & B)

Table 1

|  |  |  |  |
| --- | --- | --- | --- |
| Potential Severity of Harm | Meaning | Likelihood of Harm | Meaning |
| Fatal/Major Injury Serious InjuryMinor Injury | Death, major injuries or ill health causing long-term disability/absence from work.Injuries or ill health causing short-term disability/absence from work (over three days absence)Injuries or ill health causing no significant long-term effects and no significant absence from work | High (Frequent)Medium (Possible)Low (Unlikely) | Occurs repeatedly / event only to be expectedModerate chance/could occur sometimesNot likely to occur.  |

Table 2

|  |
| --- |
| **Risk Rating - Degree of Injury by Likelihood/Probability** |
|  | **High (Likely)** | **Medium (Possible)** | **Low (Improbable)** |
| **Fatal/Major Injury** | **Very High Risk** | **High Risk** | **Medium Risk** |
| **Serious Injury** | **High Risk** | **Medium Risk** | **Low Risk** |
| **Minor Injury** | **Medium Risk** | **Low Risk** | **No Significant Risk** |

Table 3

|  |
| --- |
| **Action Required : Key To Ranking** |
| **High or Very High Risk** | **STOP ACTIVITY!** Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue.  |
| **Medium Risk** | **Proceed with Caution!** Implement all additional precautions that are not unreasonably costly or troublesome. |
| **Low Risk** | **Proceed with Caution!** Implement any additional precautions that are not unreasonably costly or troublesome. |
| **No Significant Risk** | No further action required. The risk is no more than is to be encountered in normal every day life & is, therefore, regarded as being acceptable. |