

 	<b>Assessment Title:</b>  <b>Individual Pupil Risk Assessment</b> <b>1:1 support for children/young people in 9 schools via video link</b>	Ref.	
		Number	

<b>School Name:</b>	TNCP Cluster	<b>School Address:</b>	Temple Learning Academy, Neville Road, LS15 0NW
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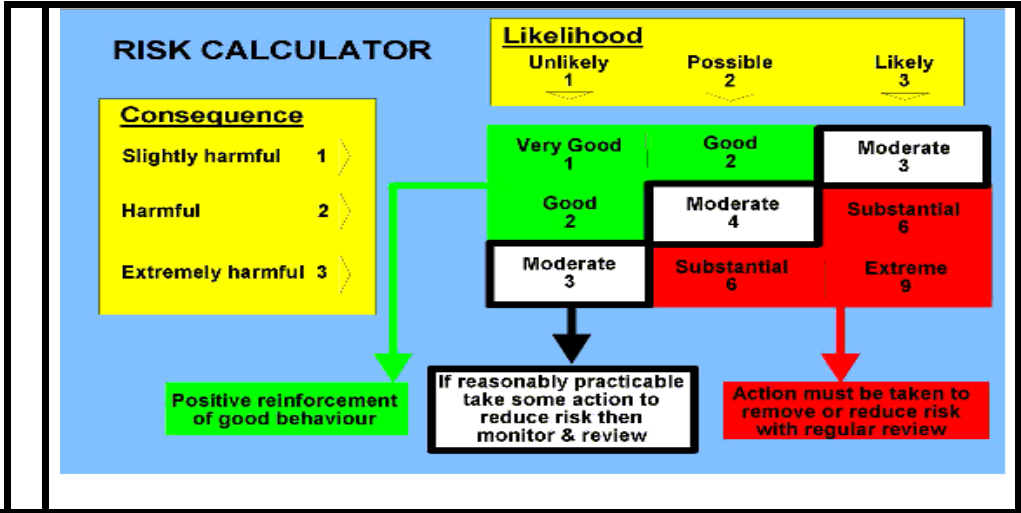
<b>Date Assessment Undertaken:</b>	<b>Name of Assessor (print):</b>	<b>Assessor Signature:</b>	<b>Assessment Review Date:</b>
01/06/20	Lizzie Haigh & Hannah Allen		01/06/21

<b>Name of Head Teacher / Centre Manager (print):</b>	<b>Head Teacher / Centre Manager Signature:</b>	<b>Name of Chair of Governors (print):</b>	<b>Chair of Governors Signature:</b>
Lisa Oxley			

Main Legislation and/or Information Source:	<ul style="list-style-type: none"> <li>- Health &amp; Safety at Work Act 1974.</li> <li>- Management of H &amp; S at Work Regulations 1999.</li> <li>- COVID-19 Government Guidance May 2020</li> </ul>
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<p><b>Background/Key triggers/Key information.</b></p> <p>TNCP Cluster to deliver 1:1 therapeutic interventions with children and young people across 9 school in the partnership.</p> <p>To apply to the offer of therapeutic telephone/online support during the COVID-19 outbreak, and whilst children and young people are not able to access support face to face. To apply to children from Year 6 to Year 11.</p> <p>This risk assessment is to ensure that vulnerable pupils and staff can deliver these interventions safely.</p>
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Hazard observed	Who may be harmed?	Risk rating before controls Consequence x Likelihood =	Control measures/ notes	Risk rating after controls Consequence x Likelihood =	Control measures by: Initial
1 Potential Injury to staff where a one to one intervention is taking place with a vulnerable pupil	TNCP Cluster team	<b>Substantial</b>	<ul style="list-style-type: none"> <li>Risk assessments to be complete for all home visits.</li> <li>Initial home visits to be completed in pairs – PPE to be worn by staff members. Clothing must be washed immediately when staff members return home to prevent virus transmission.</li> <li>Home visit policy in place with team paired up in a buddy system for emergencies.</li> <li>Parents/carers aware of interventions. Written consent given and recorded by worker, including the agreement to use video call</li> <li>Guidance and Support referral information must be comprehensive and identify any risks</li> <li>Assessment of needs prior to intervention to be completed by cluster worker.</li> <li>Resource pack for YP to be delivered to family during initial home visit. Parent/carer to wipe this down using anti-bac. Gloves used to hand over resources.</li> <li>Ensure lead in school/lead professional is aware of intervention (including the DSL).</li> <li>Weekly assessment of needs/risks to be completed with YP using techniques such as scaling. This will explore and address changing factors e.g a YPs mood, if YP is able to speak confidentially, if the home environment feels safe for therapeutic support</li> <li>Ensure staff have access to safeguarding lead to debrief after session/receive support if needed.</li> <li>Staff to offer support in a space that is private and confidential with other people unable to hear/be present for session. Staff to discuss the importance of this with parents/carers prior to the delivery of any intervention. Young person and parent to decide where the safe, confidential space is within the family home/setting.</li> <li>Confidentially agreement to be shared with parent/carer and young person before support begins, outlining safeguarding protocols.</li> <li>Telephone and video call via Teams or Zoom only to keep interactions as secure as possible.</li> </ul>	<b>Moderate</b>	LH/HA/LO/GS

	Hazard observed	Who may be harmed?	Risk rating before controls Consequence x Likelihood =	Control measures/ notes	Risk rating after controls Consequence x Likelihood =	Control measures by: Initial
				<ul style="list-style-type: none"> <li>• If telephone/online connections are lost, staff member to call back after 5 minutes. If unable to reconnect, next agreed session to be completed as arranged. If staff member concerned YP is unsafe, to following safeguarding protocol.</li> <li>• Safe word to be agreed between staff member/YP if YP wants 1:1 to be terminated. Safety plan in place around managing this, i.e. check in at another point.</li> <li>• When using Zoom/Teams:</li> <li>• Do not take or share pictures, Do not share link or meeting ID on public platforms, Never use the personal meeting ID, instead allow Zoom to create a random number for each meeting, Add a meeting password.</li> <li>• Unless you need these features: set screen sharing to "host only", disable file transfer, disable "join before host", disable "allow removed participants to rejoin"</li> <li>• <b>Blurred backgrounds should be used on Teams/Zoom.</b></li> <li>• <b>Do not allow tour of room/belongings.</b></li> <li>• <b>Staff member/YP to be appropriately dressed.</b></li> <li>• If YP is felt at risk of harm to self/others/by others, staff member to follow TNCP/RK safeguarding protocols. Parent/carers to be notified where appropriate/appropriate agencies to be contacted/referred into/emergency services where needed.</li> <li>• Staff to have completed lone working training prior to 1:1 support.</li> </ul>		
2	Potential Injury to children where a one to one intervention is taking place with a vulnerable pupil	Child or young person	<b>Substantial</b>	<ul style="list-style-type: none"> <li>• 1:1 Interventions delivered virtually from a safe school/home environment.</li> <li>• Risk assessments complete for all home visits. Initial home visits to be completed in pairs – PPE to be worn by staff members. Clothing to be washed immediately when staff members return home to prevent virus transmission.</li> <li>• Resource pack for YP to be delivered during initial home visit. Packs to be wiped down by parent/carer using anti-bac. Gloves used to handover resources.</li> <li>• Home visit policy in place with team paired up in a buddy system for emergencies</li> <li>• Guidance and Support referral must be comprehensive and identify any risks.</li> <li>• Assessment of needs prior to intervention.</li> <li>• Ensure lead in school /lead professional and DSL are aware of intervention where</li> <li>• Ensure staff have access to safeguarding lead to debrief after session/receive support if needed.</li> <li>• YP and parent to identify safe space within home environment prior to support, which feels safe and confidential for therapeutic work to be undergone.</li> <li>• Weekly assessment of needs/risks to be completed with YP using techniques such as scaling. This will explore and address changing factors e.g a YPs mood, if YP is able to speak confidentially, if the home environment feels safe for therapeutic support</li> <li>• Confidentially agreement to be shared with parent/carer and young person before support begins, outlining safeguarding protocols.</li> <li>• YP to identify where possible a person in the home environment who can support EWB/mental health. External support networks will also be identified if available.</li> <li>• YP to have crisis numbers and identified support network in place prior to therapeutic support commencing.</li> <li>• Safety plan to be in place where needed.</li> <li>• Telephone and video call via Teams or Zoom only to keep interactions as secure as possible.</li> <li>• If telephone/online connections are lost, staff member to call back after 5 minutes. If unable to reconnect, next agreed session to be completed as arranged. If staff member concerned YP is unsafe, to following safeguarding protocol.</li> </ul>	<b>Moderate</b>	LH/HA/LO/GS

Hazard observed	Who may be harmed?	Risk rating before controls Consequence x Likelihood =	Control measures/ notes	Risk rating after controls Consequence x Likelihood =	Control measures by: Initial
			<ul style="list-style-type: none"> <li>• Safe word to be agreed between staff member/YP if YP wants 1:1 to be terminated. Safety plan in place around managing this, i.e. check in at another point.</li> <li>• YP to be responsible for all work produced during sessions, YP to only complete written work if it is felt this is safe/appropriate.</li> <li>• If YP is felt at risk of harm to self/others/by others, staff member to follow TNCP/RK safeguarding protocol. Parent/carers to be notified where appropriate/appropriate agencies to be contacted/referred into/emergency services where needed.</li> <li>• When using Zoom/Teams:</li> <li>• Do not take or share pictures, Do not share link or meeting ID on public platforms, Never use the personal meeting ID, instead allow Zoom to create a random number for each meeting, Add a meeting password.</li> <li>• Unless you need these features: set screen sharing to "host only", disable file transfer, disable "join before host", disable "allow removed participants to rejoin"</li> <li>• <b>Blurred backgrounds should be used on Teams/Zoom.</b></li> <li>• <b>Do not allow tour of room/belongings.</b></li> <li>• <b>Staff member/YP to be appropriately dressed.</b></li> </ul>		
3 Potential false accusations from or towards staff or pupils	Child or young person TNCP Cluster team	<b>Substantial</b>	<ul style="list-style-type: none"> <li>• Risk assessments in place and referral information comprehensive from school/partners/Mindmate SPA. Any potential risks/concerns to be highlighted by school</li> <li>• Initial visits to be completed in pairs.</li> <li>• TNCP/RK Safeguarding protocols followed</li> <li>• Comprehensive notes and records maintained by staff member</li> <li>• Communication by secure virtual platforms only (Zoom/Teams)</li> <li>• Parent/Carer and YP to sign an agreement that they are happy for the video therapy to take place</li> <li>• Parent/Carer and YP to sign an agreement identifying the quiet/safe/confidential space at the home/setting</li> <li>• If cluster staff become aware that the call is being videoed then the call will be terminated</li> <li>• Telephone therapy to be offered as an alternative to video call if any school/cluster team member have any concerns</li> <li>• Staff and YP to wear appropriate clothing and to request that YP/staff think about how they will appear on screen</li> <li>• When using Video call cluster staff will not asking YP to set up accounts. Therapists will have the account and invite YP as participants and provide the passwords</li> <li>• Do not take or share pictures. Do not share link or meeting ID on public platforms. Never use the personal meeting ID, instead allow Zoom to create a random number for each meeting. Add a meeting password</li> <li>• Unless you need these features: set screen sharing to "host only", disable file transfer, disable "join before host", disable "allow removed participants to re join"</li> <li>• RK/TNCP able to demonstrate compliance with the parental consent requirements contained in the Children's Online Privacy Protection Act ("COPPA") and other applicable laws</li> <li>• Therapist to securely and confidentially provide meeting information and meeting passwords to the student users to ensure the school can maintain supervision and control over its student users' meeting experiences</li> <li>• Blurred backgrounds should be used on Teams/Zoom</li> <li>• <b>Do not allow tour of room/belongings.</b></li> <li>• <b>Staff member/YP to be appropriately dressed.</b></li> </ul>	<b>Moderate</b>	LH/HA/LO/GS

	Hazard observed	Who may be harmed?	Risk rating before controls Consequence x Likelihood =	Control measures/ notes	Risk rating after controls Consequence x Likelihood =	Control measures by: Initial
				<ul style="list-style-type: none"> <li>Staff to have completed lone working training prior to 1:1 support</li> </ul>		
4	COVID-19	Child or young person TNCP Cluster Team	<b>Substantial</b>	<ul style="list-style-type: none"> <li>Staff to maintain 2metre social distancing at all times with families/other staff members when completing visits</li> <li>Staff to wear appropriate PPE, be responsible for cleaning own vehicle and change/wash clothing on return home from visits.</li> <li>Visits to be completed outdoors</li> <li>Visits to be cancelled/terminated if aware that individual has COVID-19 symptoms – staff to then follow COVID-19 government guidance.</li> <li>Assessments and interventions to be completed by telephone to reduce the amount of time exposed to risk.</li> </ul>	<b>Moderate</b>	LH/HA/LO/GS

**Average risk rating**

No of hazards		Total Hazard score	4	Hazard score after controls	4	
		Average score		Average score	4	

**Notes / comments :**  
 Likelihood of Risk - 1 (Unlikely)  
 Consequence of Risk – 4 (Extremely harmful)  
 Total – 3 (Moderate Risk)

Risk Score after controls	Action to be taken
1 – 2	Pupil is unlikely to be a risk to themselves or others within the school community
2 – 3	Pupil may place themselves or others within the school community at minimal risk
3 – 4	Pupil may place themselves or others within the school community at low moderate risk. Pupil will need to be monitored.
4 – 6	Pupil may place themselves or others within the school community at high moderate risk. Pupil will need to be closely monitored.
6 – 7	Pupil may place themselves or others within the school community at low substantial risk. Pupil will need to be closely monitored and staff aware of triggers and interventions.
7 - 8	Pupil may place themselves or others within the school community at greater substantial risk. Pupil will need to be closely monitored and staff aware of triggers and interventions. External assistance may be required and exclusion/ <u>withdrawal</u> from lessons considered.
8 – 9	Pupil may place themselves or others within the school community at high substantial risk. Pupil will need to be closely monitored and staff aware of triggers and interventions. External assistance may be required and exclusion/ <u>withdrawal</u> from lessons implemented.
9	Pupil presents extreme risk to themselves or others within the school community. External agencies will need to be involved and exclusion/ <u>withdrawal</u> undertaken until behaviour can be improved.

People involved in production of the assessment - LH, HA, LO

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