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| Pupil Name: | DOB | Victim / Alleged Perpetrator |
| Date completed: | Initial Review | Current Review Date: |

***Please Note -*** *The terms victim and alleged perpetrator are used to identify the children involved.*

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| **Please Note**  This risk assessment should be completed with factual information and without personal judgement. It is not the role of school to investigate and therefore not appropriate to make a judgement of guilt. Consideration should be given to the wider school community alongside individual risk for pupils.  All related information and actions will be recorded, and the completed risk assessment uploaded to CPOMS/My Concern as part of the school recording and reporting in line with the Safeguarding and Child Protection policy and KCSIE 2022.  This risk assessment will be used, where necessary, and as part of multi-agency working, may be shared with other statutory professionals on a need to know basis and in line with Working Together to Safeguard Children. |

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| **Type of Incident** | | | | | | | | |
| Sexual Harassment *(please make clear the need for a RA at this level)* | | | | | In person | | Online | |
| Sexual Violence | | | | | In person | | Online | |
| Sexual Assault | | | | |  | | | |
| Rape | | | | |  | | | |
| **Where did the incident take place?** | | | | | | | | |
| Online | School Corridor *(please state where in the school)* | Classroom *(please state which one)* | Lunch Hall | Playground | | Out of school *(please state where if known)* | | Other *(please specify)* |
| **If in school, has this area been problematic before?** Yes / No | | | | | | | | |
| **What needs to be done to make the area safer for pupils?** | | | | | | | | |

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| **Factual Account of the incident reported using the pupil’s words or phrases where possible.** | | | |
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| **Low Risk** | **Medium Risk** | | **High Risk** |
| **Have parents been informed?** | | | |
| Yes | No | If NO, why? | |
| **Has a criminal offence been committed?** | | | |
| Yes | No | If YES, have police been informed? | |
| What actions / recommendations have police taken / made? | | | |
| **Has there been a referral into Children’s Social Care?** | | | |
| Yes | No | If YES, what was the outcome? | |

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| **Pupil Voice – What are their wishes on next steps / actions?** |
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| **Risk**  There may be more than one risk area to consider, and it may be easier to add theme separately | **Actions** – this may include, but not limited to   * How will contact between pupils be limited? * Do the pupils share a classroom / classes? (*Consider seating plans, change of class*) * Is there further risk of harm to the Victim or alleged perpetrator? (*i.e., bullying, retribution, online chats*) * Do the pupils share a playground, lunch hall or other social areas? * How to both pupils travel to and from school? * Is there likely contact out of school? * Social Media risks * Are there any police conditions which will impact on the pupils in school? | **Interventions / referrals / support**  This may include but not limited to   * Counselling * External support programme / therapy * Pastoral support * Written agreement * Check-in with trusted adult * Alternative provision for social time | **Outcomes** *(when reviewed)* |
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Pupil signed…………………………………. Parent Name……………………………………. Signed………………………………………….. Date………………………………………………..

Completed by………………………………………. Signed……………………………………….. Date…………………… **Review Date……………………………………**