

Protocol for Managing Peer on Peer Harmful Sexual Behaviour in Schools, Settings and Colleges

December 2018



This protocol for East Sussex Schools, settings and colleges has been produced jointly by the SLES Safeguarding team, SWIFT specialist services, SPOA, MASH and Early Help.

After reading through this document and looking at the flow chart, if you have any queries, or require further advice about the processes you should be following, please email SLES safeguarding at SLES.Safeguarding@eastsussex.gov.uk.

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1. Introduction

- 1.1 This document provides detailed local guidance on how schools should respond to incidents of sexual harassment, sexual violence or harmful sexual behaviour, as defined by the Department for Education's (DfE) Keeping Children Safe in Education. Statutory guidance for schools and colleges 2018. This is detailed in Part 5: Child on child sexual violence and sexual harassment and as well as the Department for Education's "Sexual violence and sexual harassment between children in schools and colleges: Advice for governing bodies, proprietors, head-teachers, principals, senior leadership teams and designated safeguarding leads" (May 2018).
- 1.2 For the purpose of this document, sexual harassment, sexual violence and harmful sexual behaviour will all be referred to as "harmful sexual behaviour".
- 1.3 For the purposes of this document all educational establishments will be referred to as schools.
- 1.4 For the purposes of this document all children and young people will be referred to as children.

2. The Process for Initial Responses to Concerns:

- 2.1 Member of staff who sees/hears/or is informed (by either a parent or student) of the sexual behaviour should:
 - Stop the behaviour
 - Report the behaviour to the Designated Safeguarding Lead (DSL)
 - Make a record of what happened, include the following where known:
 - Describe the behaviour. What did the child say/do?
 - Context of the behaviour. Was it spontaneous or planned? Was there any force/aggression?
 - When and where did it happen?
 - Relationship between the children – are they the same age? Any power differences? Are there any significant SEND issues?
 - Response of the child who initiated the behaviour?
 - What was the response of the child who was targeted?

3. Role of the DSL

- 3.1 Using the [Brook Traffic Light Tool](#), assess whether the reported/alleged behaviour is healthy, problematic or harmful. If the behaviour is considered to be problematic or harmful then an immediate referral must be submitted to the Single Point of Advice (SPOA). Do not interview any of the children involved until guidance has been provided from SPOA about whether this is appropriate.
- 3.2 Ensure that the child who has reported the behaviour is reassured that their concerns are being taken seriously and that they will be kept safe. Their wishes in terms of how they want to proceed should be sought and they should be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered;
- 3.3 In cases where the sexual behaviour is considered to be healthy or low level problematic, the DSL should speak with the children involved to obtain a narrative of what has happened and to identify any potential concerns. These discussions will assist to identify the following:

Child who is alleged to have displayed the behaviour:

- Their account of what happened and why?
- How much responsibility they take for what has happened?
- Whether the child is at risk from another person?

Child who is alleged to have been targeted by the behaviour:

- The impact of the behaviour on him/her?
- How the other child managed to get them into position to carry out the sexual behaviour?
- How do they feel about the other child?
- What support do they need?

3.4 The DSL should then re-assess the level of concern using the Brook Traffic Light Tool to establish if the sexual behaviour was healthy, problematic or harmful. If the behaviour is considered to be problematic or harmful, the DSL should contact SPOA for advice.

3.5 In cases where the reported behaviour is assessed to be healthy, the school should make the parents of all the children involved aware of what has happened where possible on the day the behaviour came to light. In cases where the behaviour is assessed by the DSL to be problematic or harmful, contact should be made with SPOA to determine as to whether the parents can be informed of the concerns. SPOA will then provide a view on whether the parents can be informed and when they should be told.

4. Cases referred to Children's Services (SPOA)

4.1 All referrals will be screened by SPOA unless made directly by the police, as those cases are referred directly to the Multi-Agency Safeguarding Hub (MASH)

4.2 In lots of cases there will be no need for any involvement from a Social Worker following the initial referral. The SPOA worker may be able to help identify appropriate support for children, which may include protective behaviours' work to help them identify safe and unsafe touches and who they could talk to if they have any worries. This work could be offered by Early Help Services or the school. These referrals would not progress to MASH.

4.3 If a referral goes through to the MASH teams, then a Social Worker would make contact with the parents of each referred child to discuss the individual needs of each child and assess what support could be offered. The MASH Social Worker will consider whether the case can be referred to another agency for assessment or intervention work or if the case requires Children's Services' oversight due to the identified risks.

5. Ongoing role of the school/DSL**5.1 Risk management plan:**

5.2 When it comes to light that an incident of peer on peer harmful sexual behaviour involving children may have occurred on or off the school site, it is imperative that the school takes immediate action to safeguard all of the children involved. Initially it will not be apparent what level of risk the child alleged to have displayed the behaviour may pose.

5.3 The school should arrange a multi-agency professionals' meeting so that relevant agencies can share information/assessments; discuss concerns and levels of risk and agree a risk management plan (using the "School-based Safeguarding Risk

Reduction Plan” (SRRP). This meeting should take place within 10 working days of the incident(s) of peer on peer harmful sexual behaviour coming to light.

- 5.4 Prior to a multi-agency risk management plan meeting taking place, it is recommended that the school put measures in place which will reduce the likelihood of the children involved coming into contact and ensuring that action is taken to reduce the risks posed by the child alleged to have displayed the harmful sexual behaviour. The school will therefore need to create an **immediate** safeguarding risk management plan (SRRP – see appendix 5) which can then be reviewed at the multi-agency professionals meeting. The plan should consider arrangements for how the child will be supervised in class and during unstructured times of the school day; toilet arrangements; transport to/from school; off-site activities and the risk posed to the child within and outside the school community. **Please see appendix 2 – Guidance for formulating a risk management plan for a pupil who may pose a risk of sexual harm to others.**

The SLES safeguarding team can provide support and advice to the school with the creation of the safeguarding risk reduction plan.

6. Support for children involved:

- 6.1 The school should offer ongoing support to all the children who have been involved. This could include identified members of staff “checking-in” with the children affected to help identify any worries or concerns. This will serve to help all of the children involved to feel safer within the school environment. Keeping Children Safe in Education 2018 (Part 5) acknowledges that in these instances schools will have a “difficult balancing act” in managing the needs of all children and young people involved.

7. Multi-agency Risk Management Meeting

- 7.1 Any professionals from agencies working with the children involved (e.g. Social Worker; Youth Worker) should be invited to the meeting. Parents of the child who has displayed the behaviour should also be invited to attend the meeting (unless there are identified concerns why this would not be appropriate, i.e. potential risk posed by parent to staff or child).
- 7.2 One aim of the multi-agency risk management plan meeting is to consider the evidence of the risks the child may pose (including the nature of the risks and to whom); review the existing SRRP to ensure any potential contact between the child alleged to have displayed the behaviour and the child who was targeted is managed carefully; to consider measures which may need to be put in place to manage any potential risks posed by the child alleged to have displayed peer on peer harmful sexual behaviour; to consider the risks to the child both within and outside of the school community and to consider what support the child may need him/herself to stop the behaviour and to return to a healthy trajectory. Professionals formulating the plan should refer to appendix 2 – “Guidance for formulating a risk management plan for a pupil who may pose a risk of sexual harm to others” when assessing the risks and developing a SRRP.
- 7.3 Considerations of support as well as sanctions should be assessed and planned for on a case-by-case basis. No one solution or approach will be appropriate in all cases and any criminal proceedings, as well as the school’s own disciplinary policy, will be important factors in the decision making. At all times the school should ensure that effective safeguarding principles are followed, and professional advice should be sought where specialist assessments are required.

7.4 Harmful sexual behaviours in children may be (and often are) a symptom of either their own abuse or exposure to abusive practices and or materials. Advice should be taken, as appropriate, from children's social care, specialist sexual violence services and the police.

8. Contact with parents

8.1 Throughout the process the school should maintain open communication with the parents of all the children who have been involved (both children who have been targeted, and those who displayed the behaviour) to ensure any concerns are identified as quickly as possible.

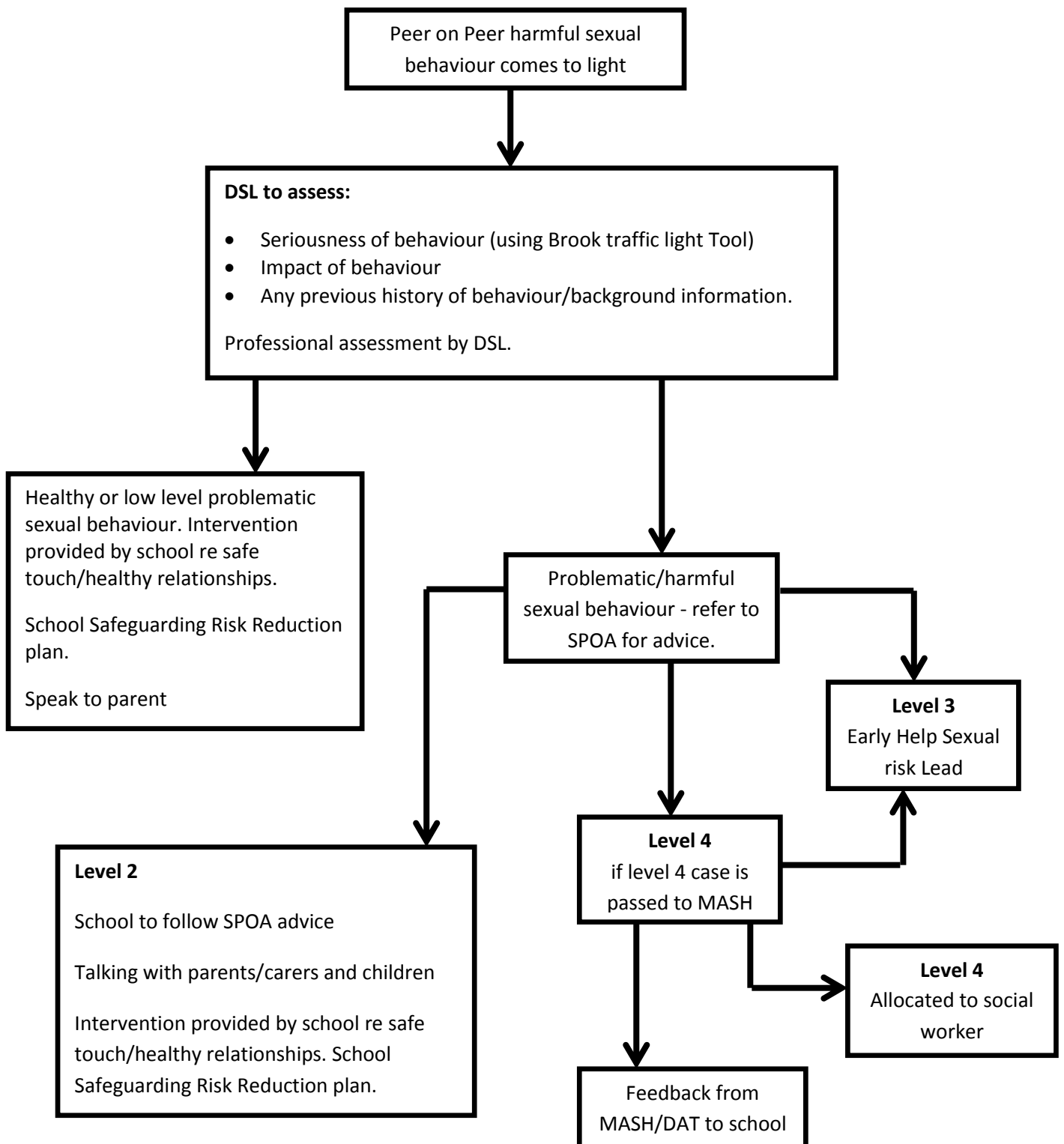
8.2 The parent/Carer of the children should be involved wherever possible and contribute to the completion of a SRRP and provided with a copy.

8.3 Talking to parents about their child's harmful sexual behaviour can make staff feel disempowered. It is recommended that staff approach parents about the behaviour in the same way they would discuss other types of problematic behaviour, such as fighting or substance misuse. Below are some suggestions:

- Be specific about what has happened or been said and the impact it has had on others
- Inform the parents/carers if the incident is a pattern of behaviour
- Help the parents to explore why their child is displaying the behaviour, e.g. "I appreciate this may be hard for you to hear and I wondered if you knew of any reason why he/she may be behaving like this?" or "What do you think would be appropriate action to take?"
- Be clear about outcomes, e.g. the need to implement a SRRP. Ask the parents/carers if they have any ideas on what else may help.

Appendix 1

Peer on Peer harmful sexual behaviour protocol



Appendix 2

1. **Guidance for formulating a School-based Safeguarding Risk Reduction Plan (SRRP) for a pupil who may pose a risk of sexual harm to others**

1.1 This guidance has been created to use alongside “Safeguarding Risk Reduction Plan (SRRP) for Schools and Education Setting: Guidance for Designated Safeguarding Lead and Head teacher” (see appendix 4). It should be used when assessing the risks posed by an individual at the school or education setting and identifying appropriate measures to reduce the potential risks.

1.2 Schools should use this guidance when implementing a SRRP immediately following an incident of peer on peer harmful sexual behaviour coming to light. The plan should then be reviewed with the use of this guidance at the multi-agency risk management meeting. It is essential that the plan is proportionate to the assessed level of risk to ensure that the child is able to experience normal social interactions with their peers.

1.3 Prior to completing a SRRP consideration should be given to the following points, as this will help ensure the plan is better targeted at addressing the risks and providing appropriate support:

- What are the alleged/reported harmful sexual behaviours?
- Is there any evidence of what may be causing the harmful sexual behaviour?
- Who is he/she targeting with the harmful sexual behaviour? (E.g. age and gender of child targeted; nature of the relationship between the children involved – how well do they know one another?)
- Where and when is the harmful sexual behaviour happening?
- What needs is the behaviour meeting for the child? (E.g. rejection in family; wanting to feel loved; own experiences of being a victim and so wanting to feel in control).
- How motivated is the child to change their behaviour?

1.4 In formulating a SRRP, professionals should consider the following factors

Potential contact with the child targeted:

- Does the child who was targeted appear afraid of the child who displayed the harmful sexual behaviour?
- What are the views of the child who was targeted by the behaviour in relation to contact?
- How does the child who allegedly displayed the behaviour present? Do they appear remorseful or is there evidence to indicate ongoing pre-occupation with the child targeted?
- Is there any evidence of hostility/aggression from any of the children involved?
- A child who has experienced peer on peer harmful sexual behaviour may find it distressing being in close proximity to the child who displayed the behaviour. Therefore, consideration may need to be given to whether the children can share a classroom. It will be important to seek the children’s views on this.
- Where possible the SRRP should allow the child who has been targeted to lead as normal routine as possible without fear of coming into contact with the child who displayed the behaviour.
- Is it possible to separate the children involved during the school day? A child is likely to feel safer if he or she knows there is a plan in place which will restrict the contact he or she has with the other child involved. It is important

that the measures which are put in place to restrict the contact are shared with both the child who displayed the behaviour and the child who was targeted. This will enable the child who was targeted to be alert to any behaviour/actions which may not have been part of the agreed SRRP.

- In some cases due to the ongoing level of risk from the child who has displayed the behaviour to another child at school may be so great that it is not possible to manage the risks safely within the school environment. In such cases refer to section 7.3 and 7.4 of this guidance.

Contact with parents:

- Maintain regular and open communication with parents about any concerning or positive behaviour and be clear about how the school are managing the risks.

Supervision:

- A higher level of supervision may be required following the discovery of harmful sexual behaviour, which may be reduced as progress is made and an assessment and /or intervention is completed.
- When a high level of supervision is required initially, this needs to be kept under review for the following reasons;
 - It is difficult for the school to sustain this long term.
 - It does not allow the child to experience normal healthy social interactions with peers or develop healthy relationships with others.
 - It places the responsibility for controlling the behaviour with the adult and not the child. If this is removed the child has no experience of taking responsibility and controlling their own behaviours and their behaviours are likely to remain risky.
 - Decisions on whether to make any changes to the safety plan need to be agreed with the whole safety network (including, other professionals and parents/carers).

Unstructured times:

- Are the risks such that it will be necessary to supervise the child during unstructured times of the day?
- How are staff going to monitor the child during unstructured times of the day (such as break and lunch times)?
- What can be put in place for the child during unstructured times of the day to ensure they still have contact with their peers, albeit in a supervised setting?

School environment

- Keep in mind the high risk areas in the classroom (e.g. any areas of the classroom where staff's view could be obstructed); times of the school day (e.g. changing for PE, break-times) or the school environment (e.g. school toilets). Do special arrangements need to be made for the child in terms of where he or she sits in the classroom? Where they stand when queuing? Where should the child sit when the class are having carpet time? Does the child need to be escorted between lessons?
- What measures could be put in place to reduce the risks? (E.g. use of single cubicle toilets only (disabled or staff toilets).

Transport issues:

- Is the child assessed to pose a risk to others outside of the school environment?

- Is there any evidence to suggest the child who displayed the behaviour may be at risk from others in the school community/outside community as a result of the alleged/reported harmful sexual behaviour?
- How will the child travel to/from school and what times will they arrive/leave school?

Off-site activities:

- What additional measures need to be put in place for off-site school trips? Can the risks be safely managed?
- If an incident occurs or there is evidence of increasing risk during an off-site school activity (including overnight trip), can arrangements be made for the child to be sent home?

Recording:

- Accurate, detailed and comprehensive recording is essential to be able to understand problematic or harmful sexual behaviours and to plan effective interventions. Be clear, record what you saw or heard, e.g. "Pupil A touched Pupil B on the genitals over clothing with an open hand and left it there for 5 seconds". Don't just record "Pupil A behaved sexually inappropriate to Pupil B". This can mean many different things and can be misleading.
- All school staff should record and notify the DSL of any low level incidents, such as "Pupil A smacked Pupil B on the bottom and said he looked sexy". While this behaviour may be the child "larking about", it should not be tolerated or passed off as 'banter', just having a laugh', or 'part of growing up' it could also conform to a pattern of sexualised behaviour observed by other staff. Good communication and sharing of information enables professionals to identify concerns more quickly.

Information sharing:

- Disclosure of the harmful sexual behaviour and the child's risk factors should only be made to relevant school staff (such as class teacher) or other professionals when deemed essential. The parents/carers should be made aware of any staff or other professionals who have been made aware.

School clubs:

- A lot of school clubs are run by outside providers. Consideration will therefore need to be given to whether the child can take part in the activity safely. It may be appropriate to consider alternative changing facilities depending on the supervision of the child and whether disclosure to the activity provider is necessary.
- The school should inform the parents/carers of what action they would need to take to ensure the child could take part in the activity safely.

Support for the child/young person:

- Does the child have a clear understanding of the expectations of the school in terms of his/her behaviour?
- What social activities can the child be engaged in to promote positive peer relationships?
- What is the child's understanding of relationship and sex education? Does additional support need to be offered?
- Does the child need to be referred for specialist assessment/intervention?
- Who will regularly check-in with the child to provide emotional support? Children are more likely to feel secure knowing there is someone they can speak to about any problems they may be having or any concerns they have.

- 1.5 The SRRP should be formally reviewed initially by the school at least on a weekly basis for the first month, with a view to then setting review dates at longer periods, such as monthly or termly to identify if the risks have reduced or increased and whether the child requires any additional support. A multi-agency risk management meeting should be arranged in order to facilitate this review. As time passes it will be important to consider whether the restrictions on the plan can be relaxed, as otherwise this creates a situation where adults become responsible for managing a child's behaviour rather than the child him/herself.

Appendix 3

1. Information for parents on what happens following an incident of harmful sexual behaviour at school

1.1 How the school should respond to an incident of harmful sexual behaviour:

1.2 When there is an incident of harmful sexual behaviour between children at school or outside of school, the school have a responsibility to assess the seriousness of the behaviour, in the context of whether the behaviour is healthy, problematic or harmful, which will take into consideration the following factors:

- The type of behaviour witnessed or being reported.
- The context the behaviour occurred in (i.e. was it planned or spontaneous, was it meant to cause harm or not).
- How does the child who is alleged to have perpetrated the harmful sexual behaviour react when questioned about their behaviour?
- How does the child who has been targeted respond/ feel about the behaviour (i.e. are they upset, fearful or were they engaging in the behaviour freely).
- What the power dynamics between the children involved (e.g. any power differences in respect of age, size, status, ability, strength, personality).
- How often has the behaviour occurred?
- How easy is it to re-direct the child who is perpetrating the harmful sexual behaviour to alternative activities?
- Background information regarding the children involved (family support, any known behavioural concerns).

1.3 In some instances the school will assess that the behaviour being witnessed or reported does not require intervention or input from any other services and in these cases the school will be able to respond appropriately in collaboration with the children's parents. For example, none of the children involved may appear distressed and may have all been freely engaging in the behaviour. In such circumstances, the school may be able to provide education to the children involved about personal boundaries and safe touch.

1.4 In cases where the school assess the behaviour(s) being reported or witnessed to be more serious, they have a statutory duty to refer their concerns to Children's Services. The referral will include all the children who have been involved.

1.5 If possible, the school should make the parents of all the children who have been involved aware of the concerns the same day the harmful sexual behaviour was discovered by staff. At the referral to children's social care stage, schools and colleges will generally inform parents or carers, unless there are compelling reasons not to (if informing a parent or carer is going to put the child at additional risk). Any such decision should be made with the support of children's social care and recorded within the safeguarding files within the school. If the school are able to advise parents of the concerns they should explain to the parents what action they are taking (i.e. referral to Children's Services and why; what safety planning measures will be put in place to protect all children and when these will be reviewed).

2. Children referred to Children's Services:

- 2.1 All referrals will be screened by the Single Point of Advice (SPOA) team, unless the referral has been made by the Police and then these referrals will go straight to the Multi Agency Safeguarding Hub (MASH) for consideration.
- 2.2 In lots of cases there will be no need for any involvement from a Social Worker following the initial referral. The SPOA worker may be able to help identify appropriate support for children, this work could include protective behaviours' work to help them identify safe and unsafe touches and who they could talk to if they have any worries. This work could be offered by Early Help Services or the school. These referrals would not progress to MASH.
- 2.3 If a referral goes through to the MASH team, then a social worker would make contact with the parents of each referred child to discuss the individual support needs of each child and assess what could be offered. The MASH Social Worker will consider whether the case can be referred to another agency for assessment or intervention work or if the case requires Children's Services' oversight due to the identified risks.
- 2.4 Some children who are targeted by other children may believe they are to blame for the harmful sexual behaviour and may show their distress and upset at what has happened to them through their behaviour, sleep, play, eating habits and various other symptoms. Parents can be offered support to help understand how the harmful sexual behaviour may be affecting their child and how they can support him or her to overcome what has happened.
- 2.5 The child who has displayed harmful sexual behaviour and his or her parents will also be offered support to understand his or her behaviour. This may include assessment, as well as some intervention work to equip the child with the strategies he or she needs to ensure they make safe choices and are aware of the consequences of their behaviour.

3. Support for Parents

- 3.1 When it comes to light that a child has been involved in an incident of harmful sexual behaviour (including the child who has been targeted by a peer or the child who has led the behaviour) with a peer at school, this can impact on the child's parents in many different ways. Support can be given to parents by professionals, including advice on how to respond and support their children as a consequence of what has happened.
- 3.2 There are many online resources which provide useful information to parents about how they can support their children to stay safe:
- www.parentsprotect.co.uk - This is an information and resources website, which aims to raise awareness about child sexual abuse, answer questions and give adults the information, advice, support and facts, they need to help protect children. It includes an online learning programme about child sexual abuse for parents. It also has links to lots of different useful resources.
 - www.mosac.org.uk – Mothers of Sexually Abused Children - This website is an excellent resource for mothers/parents of children who have been sexually abused. They have a number of factsheets to support parents in responding appropriately to disclosures; supporting their child in the aftermath of abuse; and, the legal process.

- www.nspcc.org.uk – National Society for the Prevention of Cruelty to Children. The NSPCC “Underwear Rule” resource can be found on their website. The “Underwear Rule” is a simple way for parents to teach their children that their body belongs to them, they have a right to say no, and that they should tell an adult if they’re upset or worried.

Safeguarding Risk Reduction Plan (SRRP) for Schools and Education Settings

Guidance for Designated Safeguarding Lead and Headteacher

Introduction:

What is a Safeguarding Risk Reduction Plan (SRRP)?

An SRRP is required when a child presents a serious safeguarding risk – to themselves, or to other pupils/ members of the school community. Sometimes there will have been a serious incident arising from a child's behaviour in or outside of the educational establishment. On other occasions there may have been a series of incidents such as repeated absconding, threats to harm self or others, repeated mental health crises, violence or sexually harmful behaviour peer on peer and this is building a picture of increasing risk that has not responded to lower level interventions.

The SRRP is for an individual plan to identify and manage risks occurring within the school for a specific child. This sits outside of:

- The health and safety risk assessment for activities that may result in injury or ill health – in this instance the standard risk assessment template would be used; this may also be cross referenced with the SRRP.
- Individual health care plans to support children with medical conditions, this may also be cross referenced with the SRRP.
- The risk assessment proforma D promoted by ESBAS. This may also be cross referenced with the SLES SRRP.

The aim of the SRRP is to provide a format for single or multi agency identification of plans to reduce risk for a child or children in school that can be shared with staff, parents/carers and where agreed appropriate the child.

The educational establishment should take a proportionate and evidence based response to risk, guided by information gathering and informed decision making. The attached risk assessment is designed to be used in consultation with all agencies involved with the child, their family and where appropriate the child themselves. This may for example include Social Care, CAMHS, Youth Offending, Police, ISEND and other specialist services.

It is not possible to eliminate all risk but by working together with an agreed plan and shared understanding the risks can be reduced and managed in the best interests of the child. The focus should be to support an inclusive approach, promoting the child's ability to participate as fully as possible in school life, without prejudice to other members of the school community. The aim of the plan should be focussed on enabling those around the child to support them to gain control of the factors creating the risk and in the longer term enable them to move forward in the most positive way.

It is important to have a clear review and updating system around the plan that reflects changing risks, recognising that some risks may be situational or time limited.

A risk plan created at any single point in a child's education is not necessarily a long term indicator of risk.

It is anticipated that any child who is the subject of a risk reduction plan would have a current and active welfare concern file that details what has led to the development of this plan, and the intended outcome and review pattern.

Identification of a child presenting risk

Children requiring an SRRP may be identified through a number of sources:

- As a result of behaviours displayed in the school, a serious incident or escalating series of events.
- A child joining the school from another establishment with a history of concerning behaviours, as part of short term placement or as a permanent transfer.
- A child joining the school with a plan in place from another Local Authority or education provider.
- Information received from Health, Police, Youth Offending or specialist service.
- Parent or Carers may advise the school of concerns regarding risk.

Examples of when a child may require an SRRP are:

- They have made threats of self-harm
- They have been focussing sexualised behaviours or been involved in sexually abusive behaviours towards other pupils or staff
- They have been the recipient or instigator of significant bullying behaviour that other supports and interventions have not reduced
- They have made repeated, and apparently unfounded allegations towards staff and/or other children this is to protect both the child and others
- They have been the perpetrator of violence or the victim of violence
- They frequently abscond and their whereabouts are unknown

This list is not exhaustive and educational establishments must exercise judgement.

Using the plan:

- The plan should be created at a meeting convened by the school and attended by relevant professionals; professionals who cannot attend should provide their contributions in writing with their proposals for reducing and managing risk.
- The plan needs to be proportionate and realistic, identifying specific risk/behaviours and actions and how any action reduces the risk.
- The plan would form the minutes of the meeting and any contributing documents would be held on the welfare concern file.
- The plan is a confidential document. It should be distributed on a need to know basis with a copy held on the pupil welfare concern file. The distribution list should be agreed at the planning meeting.
- The parent/carer of the child should be involved wherever possible and contribute to the plan's completion and provided with a copy.
- The child should also be able to contribute to the plan where appropriate either by attending the meeting or providing their views and wishes through either writing; support of a trusted adult to deliver their views, perhaps creating a video or any format chosen by them.
- The child should know the outcome of the meeting and be provided with an abridged version of the action plan as appropriate for the individual. A copy of this should also be held on file.
- If there are a number of children to be considered they should have individual plans.
- The Headteacher and the Designated Safeguarding Lead should be involved in the development and implementation of the plan within the educational establishment.
- It is essential that the plan has clear actions identified linked to specific individuals or services with a clear timescale for review and contingency planning.

- All attendees should be clear of any actions allocated to them prior to leaving the meeting.
- Copies of the plan should be distributed to the attendees within 48 hours.

Appendix 5

Safeguarding Risk Reduction Plan (SRRP) by the Standards and Learning Effectiveness Service

INSERT NAME OF SCHOOL			
School-based Safeguarding Risk Reduction Plan			
Date:			
Child's details			
Name	DOB/age	Class/Year group	
Adults included in the development of the plan			Relationship and contact detail
Details of decision regarding parent/carer or pupil involvement – if not included in meeting specify why and how their views and wishes are conveyed.			
Specify any issues of SEN, Child Protection, Race, Culture or Diversity			

Reason for risk management plan:

(Summary of concerns leading to a plan being implemented; consider triggers, control mechanisms, specify the risk or risks and who is at risk. It may be helpful to outline actions that have previously been tried and whether they were successful or not.)

Example: was there a specific incident, escalating behaviour, history

Timescales:

(Duration of plan, review dates and any additional specifics)

Date plan to start:

Please add any supplementary details relevant to this plan:

(Any relevant additional details not already identified i.e. If there are other pupils with linked plans, any legal factors that need to be considered)

Give details any known strategies or precautions required to avoid/manage/predict the behaviour/risks and specific triggers to be avoided

DETAILS: i.e. enclosed spaces, loud noises, male/female worker, no lone worker, after specific intervention sessions (CAMHS, Therapy) significant dates of bereavement, actions likely to occur

Are there any other risks/concerns that you feel should be considered that are not directly linked to this plan.

PLEASE GIVE DETAILS: i.e. Known CSE risk, parental actions. other student responses

Please identify any essential documents that should be read or consider and where they can be located.
Assessments, expert reports/assessments/chronologies/Sen plan, EHCP etc.(ANY PLAN)

PLEASE GIVE DETAILS (INCLUDING DATE AND LOCATION OF DOCUMENT):

Risk Assessment (Please put an x to mark the relevant number)

IDENTIFIED RISK (Please adapt to suit the situation/risk) Score only those that apply. <i>All headings can be changed/deleted to reflect the situation</i>	1 = LOW 5 = HIGH	1	2	3	4	5
Child Protection Issues: Risk of abuse to children. <i>Define type and detail: Sexual, physical, emotional or neglectful.</i>	SEVERITY					
	LIKELIHOOD					
Risk of violence: <i>Of child/parents/adults towards other children, adults and staff members. Domestic violence, threats of violence.</i>	SEVERITY					
	LIKELIHOOD					
Risk to self: <i>Alcohol and Substance misuse, Self harm and suicide</i>	SEVERITY					
	LIKELIHOOD					
Risk of inappropriate sexualised behaviour: <i>Of child/parents/adults towards other children and staff.</i>	SEVERITY					

	LIKELIHOOD					
Offending behaviour, anti-social behaviour of child/parents/adults: <i>Risk to persons, property or possessions, fire setting.</i>	SEVERITY					
	LIKELIHOOD					
Neglect issues: Parental contact issues, Parental conflict	SEVERITY					
	LIKELIHOOD					
Other: e.g. Absconding/on line safety	SEVERITY					
	LIKELIHOOD					

TO BE COMPLETED BY THE HEADTEACHER AND DESIGNATED SAFEGUARDING LEAD				
Total = Severity x Likelihood	SEVERITY	LIKELIHOOD	TOTAL	LEVEL OF RISK: 1-8 LOW 9-15 MEDIUM 16-25 HIGH
Child Protection Issues:				
Risk of violence:				
Risk to self:				
Risk of inappropriate sexualised behaviour:				
Offending behaviour, anti-social behaviour of child/parents/adults:				
Neglect issues: Parental contact issues, Parental conflict				
Other: Other: e.g. Absconding/on line safety				

Matrix Guidance

Risk Level = LH x LS			
Likelihood		Severity	
1	Very Unlikely	1	Has occurred once, assessments indicate this is not likely to be repeated.
2	Unlikely	2	The severity of the incident/behaviour is low and reoccurrence is predictable and with risk management plan in place reoccurrence is reduced. Unlikely to cause serious harm to self, others or property.
3	Likely	3	The frequency and severity of the incident/behaviour is high (weekly or unpredictable) with risk of injury to self or others assessed as likely with a potential for harm or injury to self. Others or property (i.e. physical/sexual/mental health etc.). Risk management plans have not reduced risk. (Consider RIDDOR)
4	Very Likely	4	The frequency and severity of the incident/behaviour is very high (2 or more times a week or unpredictable) with risk of injury to self or others assessed as likely with a potential for serious harm or injury to self. Others or property (i.e. physical/sexual/mental health etc.). Risk management plans have not reduced risk, child or family not cooperating with risk management plan). (Consider RIDDOR)
5	Almost Certain	5	Fatality or Disability is likely. (Consider RIDDOR)

INSERT NAME/LOGO OF SCHOOL HERE

Risk Management Action Plan for: <i>insert name of child</i>	
Date of Plan:	Review Date:
Distributed to: <i>List all people to receive a copy of the plan</i>	
Lead Professional:	Contact details:

Risk detail	Action	Person responsible	Contingency plan
(example) A N Body has previously opportunistically inappropriately touched another student when queuing.	A N Body to be placed at the front of any queue until next review date	All staff to be advised by DSL	Should A N Body not comply with the plan to any member of staff having difficulty in complying with the plan this is to be immediately reported to the DSL for review.
(example) Oliver Twist has been self harming by cutting himself at home and has been threatening to do this at school. Sharp implements have been found on him.	This would need to be broken down further – 1 -Oliver Twist may bring sharp implements into school 2 – Oliver Twist may cut himself As you can see both will require different responses		

Date risk assessment and plan agreed	Name and role in school	Signature
	Headteacher	
	Designated Safeguarding Lead	