**Appendix C: Harmful Sexual Behaviour: Individual Risk Assessment and Safety Plan**

[Keeping children safe in education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) (DfE, 2024) advises that an immediate risk and needs assessment is made following a report of sexual violence. Where sexual harassment is reported, the need for a risk assessment should be considered on a case-by-case basis. The setting risk assessment and safety plan is not designed to replace risk assessments created by other agencies such as Children’s Social Care or the police - these professional risk assessments should inform the setting’s response and assessment.

This individual risk assessment and safety plan template can be used to assess the risks for the victim and the alleged perpetrator. Each child or young person (CYP) will need a separate individual risk assessment and safety plan. The tool should be used immediately after the incident to help inform the response and should be updated as the situation develops and reviewed regularly.

When completing this risk assessment and safety plan, settings will need to consider whether the sexual behaviours displayed are harmful. The NSPCC website page [‘Understanding sexualised behaviour in children’](https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour/understanding#skip-to-content) provides support for settings to be able to distinguish developmentally typical sexual behaviour from sexual behaviours that are problematic or harmful. The tool is based upon Hackett’s Sexualised Behaviour Continuum (2010), as referenced in Keeping children safe in education, and provides settings with guidance, training, and resources. Settings that have a licence to use the Brook Traffic Light Tool can also use this to assess the behaviour.

In this document, we use the terms ‘victim’ and ‘alleged perpetrator’. These are widely recognised and understood terms and helpful for the purposes of this guidance. However, it is important that settings are mindful of the language used to describe CYP and that they use appropriate language and terms. It is also important to understand that not all those who have experienced abuse will recognise themselves as a ‘victim’ and to understand that ‘alleged perpetrators’ may also be ‘victims’ of abuse themselves.

The Individual Risk Assessment and Safety Plan has the following sections:

1. [Child or Young Person’s details and risk assessment information](#_Child_or_Young)
2. [Incident and response details](#_Incident_and_response)
3. [Risk considerations](#_Risk_considerations)
4. [Risk factors and protective factors](#_Risk_factors_and)
5. [Safety plan](#_Safety_plan)
6. [Risk assessment and Safety Plan agreement](#_Risk_assessment_and)
7. [Appendix A: Risk and Protective Factors - examples](#_Appendix_A:_Risk_1)

# Child or Young Person’s details and risk assessment information

|  |  |
| --- | --- |
| **CYP details** |  |
| Name  |  |
| Date of birth |  |

|  |  |
| --- | --- |
| **Risk assessment and safety plan details** |  |
| Risk assessment and safety plan completed by: |  |
| Agencies contributing to the risk assessment and safety plan:*Include the agency name and worker name* |  |
| Date risk assessment and safety plan completed: |  |
| Date to be reviewed: |  |
| Dates the risk assessment and safety plan has been updated: |  |

|  |  |
| --- | --- |
| **Contextual information about the CYP** |  |
| Is the CYP currently known/open to Social Care? Have they previously been known/open? *If yes, please detail the level of involvement: Child Protection (CP), Child in Need (CiN), Child in Care (CiC) or Family Solutions.* |  |
| Does the CYP have a One Plan or EHCP? |  |
| Does the CYP have any health needs, including mental health concerns? |  |
| Are any other professionals involved with the CYP or their family? *If yes, please detail the agency, name of the worker and the worker’s role.* |  |
| Who are the CYP’s parent/carers and siblings? What is the family background? |  |

# Incident and response details

|  |  |
| --- | --- |
| **The incident/behaviours** |  |
| Date and time of incident |  |
| Location of incident |  |
| Name and age of the victim |  |
| Name and age of the CYP displaying the harmful sexual behaviour |  |
| Is there a power imbalance between the CYP involved?*For example, is there a difference in: age, maturity, confidence, social status? Does one CYP have a disability or learning difficulty? Was there consent or the possibility of forced consent/coercion?* |  |
| How the incident became known to staff |  |
| Detail of the incident*Include the types of behaviour and language observed/reported. Record any harm caused that you are aware of* |  |
| Has a crime possibly been committed as part of this incident?*See the Common Language Framework (Appendix B) for crime definitions* | *If you have answered yes to this question, you need to seek advice from both the Police and Social Care as part of your response. The seriousness of the potential crime will impact the method you use to contact these Statutory Partners. For guidance, see Appendix E – Contacting other agencies, including statutory agencies’.* |
| Is this the first time that the CYP has displayed harmful sexual behaviours? *If no, detail the previous incidents/behaviours. Is there a potential pattern of concerning, problematic or inappropriate behaviour? Are there any patterns to the behaviour such as similar times/locations/victims etc* |  |
| Could there potentially be other victims? |  |
| Assessed category for this behaviour | *Normal, inappropriate, problematic, abusive or violent* |
| Reasoning for assessing the behaviour in the category |  |

|  |  |
| --- | --- |
| **CYP’s response to the incident** |  |
| How has the CYP responded to the incident?*Capture the CYP’s voice here. Consider their behaviour, mental health, whether they reported the incident, their attitude to it etc* |  |
| If applicable, what needs could their behaviour be communicating?  |  |

# Risk considerations

|  |  |
| --- | --- |
| **Overview of wider risks and concerns for the CYP** |  |
| Presenting behaviour |  |
| Dysregulation  |  |
| Relationship  |  |
| Family dynamic  |  |
| Community  |  |
| Any other concerns |  |

|  |  |
| --- | --- |
| **Assessment of harmful sexual behaviour risk**  |  |
| CYP’s risk to self | How? -  |
| CYP’s risk to/from specific CYP | Who? – How? - |
| CYP’s risk to/from other CYP in the setting | Who? – How? - |
| CYP’s risk to/from staff/adults | Who? – How? - |
| CYP’s risk in the community | Who? – How? - |
| Does the CYP have any siblings whose risk needs to be considered as part of the setting response? |  |

|  |  |
| --- | --- |
| **Contextual considerations** |  |
| Record any known stressors/triggers for the behaviour.*Consider: particular lessons, activities, times of day, peers, staff, activity outside of school etc.* |  |
| Record any risky locations identified.*Consider: Toilets, changing rooms, unsupervised areas of the school etc.* |  |
| Record any risky activities including use of technology.*Consider: school trips, sports lessons, use of internet, computers, phones etc.* |  |
| Record transport arrangements to and from school and associated risks |  |

|  |  |
| --- | --- |
| **Overview of the CYP’s wellbeing** |  |
| Before the incident |  |
| After the incident |  |
| Are parents/family accessing support for CYP? |  |

# Risk factors and protective factors

*See* [*Appendix A*](#_Appendix_A:_Risk) *for prompts on the risk factors and protective factors to consider*

|  |  |
| --- | --- |
| **Risk factors** |  |
| In the CYP |  |
| In the family |  |
| In the setting |  |
| In the community |  |

|  |  |
| --- | --- |
| **Protective factors** |  |
| In the CYP |  |
| In the family |  |
| In the setting |  |
| In the community |  |

# Safety plan

| **Identified issue***Is the presenting behaviour/risk potential or actual?* | **Strategies to reduce the presenting behaviour/risk***Consider protective factors and current on-going work*  | **Agency/adult supporting the strategy** | **Review***Has the presenting behaviour/risk reduced? Are the strategies effective or do they need amending?* |
| --- | --- | --- | --- |
| *Example:**Evan is touching his genitals in public spaces where other CYP may witness him* | * *Education work – NSPCC Pants*
* *Identifying private spaces where Evan can do this*
* *Welfare check with CYP who have witnessed the behaviour*
 | * *DSL*
* *Parent(s)*
 |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Risk assessment and Safety Plan agreement

|  |  |  |
| --- | --- | --- |
| **Risk assessment and Safety Plan agreed by and shared with:** |  |  |
| **Name** | **Role** | **Signature** |
|  | Headteacher |  |
|  | Designated Safeguarding Lead |  |
|  | Child / Young person |  |
|  | Parent / Carer |  |
|  | Other agencies |  |

# Appendix A: Risk and Protective Factors

|  |  |  |
| --- | --- | --- |
|  | **Risk Factors** | **Protective Factors** |
| **In the child** | * Genetic influences
* Genetic disposition
* Prenatal alcohol exposure
* Low IQ
* Learning disabilities
* Specific development delay or neuro diversity
* Communication difficulties
* Difficult temperament
* Physical illness
* Academic ‘failure/disappointment’
* Low self-esteem
* Feelings of isolation
* Difficulties with impulse control
* Underdeveloped executive functioning skills
* Low harm avoidance
* Sensation seeking
* Difficulties with self-control/regulation
* Aggressiveness
* Anxiety
* Depression
* Hyperactivity/ADHD
* Early persistent social, emotional and mental health needs
* Early substance use
* Social disengagement / Retreating coping strategy
* Conduct disorder
* Favourable attitudes toward drugs
* Rebelliousness
* Early substance use
* Antisocial behaviour
* Self-injury
* Risk taking behaviours
* Risk of knowing or knowing of someone who has completed suicide.
 | * Secure attachment(s) experience
* Outgoing temperament as an infant
* Good communication skills, sociability
* Being a planner and having a belief in control
* Humour
* Confident
* A positive attitude, optimistic approach to life
* Experiences of success and achievement
* Faith or spirituality
* Capacity to reflect
* Ability to self-regulate/self-soothe
* Ability to make friends and get along with others
* Positive physical development
* Good self-esteem
* Good coping skills and problem-solving skills
* Engagement and connections in two or more of the following contexts: at school/setting, with peers, in athletics, employment, religion, culture
* Identity exploration in love, work, and world view
* Subjective sense of self-sufficiency, making independent decisions, becoming financially independent
* Future orientation
* Achievement motivation
* Feeling valued
 |
| **In the family** | * Overt parental conflict including domestic violence
* Family breakdown (including where children are taken into care or adopted)
* Inconsistent or unclear boundaries and limitations
* Hostile and rejecting relationships
* Failure to adapt to a child’s changing needs
* Physical, sexual, emotional abuse, or neglect, maltreatment
* Parental or sibling psychiatric illness
* Parental or sibling criminality, Substance e.g. drugs & alcoholism or personality disorder
* Death and loss – including loss of friendship & pets
* Permissive parenting
* Parent–child conflict
* Inadequate supervision and monitoring
* Low parental warmth
* Parental hostility
* Harsh discipline
* Low/high parental aspirations for child where the child is experiencing extreme pressure or feel unsupported
* Fragile attachments with parents
* Leaving home as a result of conflict
* Homelessness
* Family distress
* Leaving institutional/government care (hospital, foster care, correctional facility, etc.)
 | * At least one good parent-child relationship (or one supportive adult)
* Affection
* Clear, consistent discipline
* Support for education
* Supportive long-term relationship or the absence of severe discord
* Responsiveness
* Protection from harm and fear
* Opportunities to resolve conflict
* Adequate socioeconomic resources for the family
* Consistent and clear boundaries and limitations implemented and maintained including family that provides structure, limits, rules, monitoring, and predictability
* Language-based, rather than physical, discipline
* Extended family support
* Supportive relationships with family members
* Clear expectations for behaviour and values
* Balance of autonomy and relatedness to family
* Behavioural and emotional autonomy
* Healthy prenatal and early childhood development
* Connectedness to adults in the extended family / family support network
 |
| **In the setting** | * Bullying / abuse including online (cyber)
* Discrimination e.g., Racism
* Breakdown in or lack of positive friendships
* Peer influences towards risk taking e.g., associating/partaking with drug-using peers
* Peer pressure
* Fragile pupil to teacher/setting staff relationships
* Experience of educational setting ‘failures’
* Low motivation around education setting
* Accessibility/ availability
* Peer rejection / lack of a sense of belonging/ Interpersonal alienation
* Exclusion / Non-attendance
* Aggression toward peers
* Accessibility/ availability
* Lack of positive role models
* Low ratio of caregivers to children
 | * Inclusive practice
* Personalised/ tailored curriculum if required
* Clear policies on behaviour and bullying
* Staff behaviour policy (also known as code of conduct)
* ‘Open door’ policy for children to raise problems
* A whole-setting approach to promoting good mental health
* Good pupil to teacher/setting staff relationships
* Positive classroom management
* A sense of belonging
* Positive peer influences/ friendships
* Effective safeguarding and Child Protection policies.
* An effective early help process
* Understand their role in and be part of effective multi-agency working
* Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively including risk assessments
* Support for early learning
* Access to supplementary services to support the child’s needs
* Stable, secure attachment to childcare provider
* Regulatory systems that support high quality of care
* Healthy peer groups
* Pupil educational setting engagement/ motivation
* Positive teacher expectations
* Effective classroom management
* Positive partnering between educational setting and family
* High academic standards
* Presence of mentors and support for development of skills and interests
* Opportunities for engagement within educational setting and community
* Positive norms
* Physical and psychological safety
* Opportunities for exploration in work and setting
* Positive adult role models, coaches, mentors
 |
| **In the community** | * Socio-economic disadvantage
* Homelessness
* Disaster, accidents, war, or other overwhelming events
* Discrimination
* Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation
* Other significant life events
* Presence of neighbourhood crime
* Negative Social Media
 | * Wider supportive network
* Good/stable housing
* High standard of living
* Opportunities for valued social roles
* Range of sport/leisure activities available
* Steady employment
* Availability of services (social, recreational, cultural, etc)
* Access to Technology
 |