

Schools Safeguarding Risk Assessment Form

Student Name:	Year Group:	DoB:
Name of person completing RAF:	Role:	School:

OUTCOME OF SAFEGUARDING BEHAVIOUR REFLECTION TOOL <i>(Please tally outcome for each section).</i>	Manageable	Some Concern	Significant Concern
What is the risk?			
Who is at risk?			
When and where is the behaviour most likely to occur?			
Contextual Information Are there any additional factors relevant to the behaviour e.g. difficult home circumstances, loss, trauma, learning difficulty?			
Safeguarding What checks have been made?			
Have files been checked?	Yes		No
Has a chronology of behaviour incidents <i>and</i> family history been compiled?	Yes		No
Describe any apparent patterns.			
What other information has been gathered?			
Has an Early Help Assessment been completed?	Yes		No
	Date completed / reviewed		Why not?
External services involved			
Factors that mitigate the risk What factors reduce the chances of this happening? What supports the school / service in managing the risk?			
Long term strategy What is or should be in place to support the young person and reduce reoccurrence? (i.e staffing, therapeutic intervention, use of external agencies, reporting and monitoring?).			
Response to imminent risk What early interventions de-escalate and manage the risk? What responses work best?			
Supervision and management of the environment Do there need to be any changes made to the management of the risk environment and/or how the child or young person is supervised?			
Voice of the child What views has the child expressed?			

Schools Safeguarding Risk Assessment Form

<p>Liaison with family & professionals' safety Who do you recommend should liaise with the family?</p> <p>Are there any reasons to believe that any family member(s) have been or may be aggressive or violent towards professionals?</p>	<p>Liaison:</p>	
	Yes	No
	<p>If yes please give full details including names and relationship to young person:</p>	
<p>AIM assessment Are there concerns about sexualised behaviour?</p> <p><i>If yes, has an AIM assessment been completed?</i></p>	Yes	No
	Yes (please attach)	No (please complete and attach)
<p>Reducing isolation / celebrating achievement What is or should be in place to support the child or young person socially and to recognise their achievements?</p>		
<p>Recommendations and comments (including potential staff training needs)</p>		
<p>Date of completion of form</p>		