

CPRE London: Risk Assessment for Safeguarding Issues. (NB: For an assessment for health & safety issues, with an example for Events, see H&S Policy)

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| **Person (including role) writing this risk assessment:** | |  |
| **Main Contact for activity (if different from above):** | |  |
| **Event/Activity Name:** | |  |
| **Event/Activity description:** | |  |
| **Date of event/activity:** | |  |
| **Date of risk assessment** | |  |
| **In person Location** | **Name and address:** |  |
| **Online** | **Platform name:** |  |

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| **Attendee Information (estimated, unless actual numbers are known)**  NB: for CPRE London run events, there is a policy of no children under 16, or vulnerable adults without supervision. We encourage agencies that we work with to adopt the same practice. | | | |
| **Number of children under 5:** |  | **Number of adult attendees:** |  |
| **Number of children aged – 5-11 years** |  | **Number of staff / volunteers:** |  |
| **Number of children aged – 12 – 15** |  | **Other attendees:** |  |
| **Number of young people aged 16-18:** |  | **Number of Vulnerable Adults (VAs)** |  |

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| **Risk description** | **Risk Rating (see matrix over)** | | | **Precautions / mitigating action to minimise risk** | **Residual risk after action** | **Emergency actions** |
| **Impact** | **Probability** | **Risk** |  |  |  |
| **Children (C) or Vulnerable Adults (VA) becoming unsupervised or being lost** |  |  |  |  |  |  |
| **C or VA suffering accidental harm or injury** |  |  |  |  |  |  |
| **Children or VA being vulnerable to sexual or criminal perpetrators;** |  |  |  |  |  |  |
| **C or VA being able to consume alcohol** |  |  |  |  |  |  |
| **C or VA witnessing or being involved in substance misuse** |  |  |  |  |  |  |
| **C or VA witnessing or being involved in anti-social behaviour;** |  |  |  |  |  |  |
| **C or VA being bullied** |  |  |  |  |  |  |
| **C or VA witnessing or being involved with inappropriate or dangerous adult behaviour** |  |  |  |  |  |  |
| **C or VA being filmed or recorded, without explicit written permission** |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |
| **Other (specify)** |  |  |  |  |  |  |

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| **Risk Assessment review date:** |  | **Reviewed by:** |  |
| **Comments:** |  | | |

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| **Risk Matrix** | | | | | | |
| **Impact of risk** | **Catastrophic harm**  **(5)** | **5** | **10** | **15** | **20** | **25** |
| **Significant harm**  **(4)** | **4** | **8** | **12** | **16** | **20** |
| **Moderate harm**  **(3)** | **3** | **6** | **9** | **12** | **15** |
| **Minor harm**  **(2)** | **2** | **4** | **6** | **8** | **10** |
| **No harm**  **(1)** | **1** | **2** | **3** | **4** | **5** |
|  | **Rare**  **(1)** | **Unlikely**  **(2)** | **Possible**  **(3)** | **Likely**  **(4)** | **Almost certain**  **(5)** |
| **Probability of risk occurring** | | | | | |

For guidance on good practice on safeguarding children and young people at events see:

https://www.huntingdonshire.gov.uk/media/2747/safeguarding-children-and-young-people-at-events-guidance-for-best-practice.pdf

**CPRE London Safeguarding Incident Report Form**

This form is to be used to record basic information in the light of an allegation, suspicion, or disclosure of a potential safeguarding concern. Completing this record should not stand in the way of contacting Police or other agencies in the event of an emergency or urgent safeguarding incident. To be send to the Director (Anna Taylor) and Designated Safeguarding Lead (Laura Collins) on Completion

##### Name of the person completing this form (YOU):

##### Date and time of completing this form:

##### Your position or relationship to who your safeguarding concern is about:

##### Your telephone number:

##### Your Address:

##### Name/names of person/s the safeguarding concern or incident is about:

##### Date and time of any incident:

##### Address (if known) of person the safeguarding concern is about:

##### Telephone number (if known) of the person the safeguarding concern is about:

Age and Date of Birth of alleged victim (if known)

##### Name and Address of Parent, carer or guardian of alleged victim:

##### Their Telephone Number:

##### What have you witnessed or been told about the incident:

##### Has the alleged victim said anything to you? (do not lead or investigate – Just record actual details of what is said):

**Action taken so far:**

##### External agencies contacted (e.g. 999, or Social Services) yes/no

##### If yes, their name and contact number:

##### Advice received:

##### Signature:

A copy of this form should be sent to the relevant Designated Safeguarding Lead and Director as soon as possible but after any urgent or emergency calls that you feel need to be made. You can also report to a Trustee, if necessary.