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**Risk Assessment – to be used when the reporting party is a student and the responding party is a member of staff**

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| **Risk Assessment – to be used when the reporting party is a student and the responding party is a member of staff** | | | |
| This risk assessment must be completed by the relevant Head of School/Associate Head or Head of Service, when an employee has been accused of sexual misconduct/sexual harassment by a student. Support is available from the HROD team to complete the risk assessment.  Once completed the risk assessment must be saved on the restricted section of the employee file. The risk assessment helps identify what measures need to be put in place to ensure safety of both the student as the reporting party and staff as the responding party. This risk assessment is an internal tool that does not need to be shared with the respondent or the reporting party but can be used to inform the wording of an employee’s suspension letter.  Please be aware that the assessment may be subject to Freedom of Information or Subject Access Requests. The risk assessment must be kept updated and should be reviewed if circumstances regarding the case change. | | | |
| **Section 1: Respondent’s Details (employee accused of sexual harassment/misconduct):** | | | |
| Name: |  | Employee Number: |  |
| Department: |  | Line Manager: |  |
| Job Title: |  | Length of Service: |  |
| **Section 2: Reporting Party’s Details (Name of student (alleged victim(s) of sexual harassment/misconduct):** | | | |
| Student Name |  | Academic Tutor |  |
| Level and Programme |  |  |  |
| **Section 3: Risk Assessment** | | | |
| **Nature of reported sexual harassment/misconduct** | **Notes** | | **High / Medium / Low Risk** |
| Is the report about a single incident or a series of incidents/pattern of behaviour? |  | |  |
| As far as you are aware, have others (e.g., other staff members or students) accused the respondent of sexual harassment /sexual misconduct in the past? |  | |  |
| Describe the reported incident(s) Please keep this factual and provide details only on what has been reported. Include date and time of alleged incident(s) |  | |  |
| Describe the alleged breach of the Staff Code of Conduct |  | |  |
| **Risk to the reporting party** | **Notes** | | **High / Medium / Low Risk** |
| Is it possible to prevent any interaction between the reporting party and the responding party  *If yes, please detail how interaction can be prevented.* |  | |  |
| If it is not possible to prevent interaction entirely, can interaction be limited  *If relevant, please detail how interaction can be limited.* |  | |  |
| Has the reporting party indicated that they would be frightened or anxious, or otherwise negatively impacted, if required to attend their normal academic study if the respondent is present? |  | |  |
| Could there be a negative impact on the reporting party’s safety or wellbeing if the respondent is not suspended or prevented from being in the same workplace as the reporting party? |  | |  |
| Is the Academic Tutor aware of the complaint? |  | |  |
| **Risk indicators for the respondent** | **Notes** | | **High / Medium / Low Risk** |
| Has the respondent made threats against the reporting party or indicated that they are likely to retaliate against them in any way? |  | |  |
| Is the respondent in a position of power over the reporting party (e.g. a student’s academic supervisor)? |  | |  |
| Is the respondent in an intimate close personal relationship with the reporting party or have they previously been in an intimate close personal relationship with the reporting party? Refer to the Intimate and Close Personal Relationship Policy for guidance |  | |  |
| Is there a risk that the respondent could destroy evidence related to the case? |  | |  |
| Has there been any police involvement or legal advice received which impacts on the decision to suspend? |  | |  |
| **Health and Welfare of the Responding party** | **Notes** | | **High / Medium / Low Risk** |
| Does the responding party have any history of mental health problems, any diagnosis and the help they accessed will help establish mental health and psychological wellbeing risks and/or needs. |  | |  |
| Establish whether the responding party has a current mental health problem and whether they are being treated and how this will inform assessments of risk. |  | |  |
| **Professional Support** | **Notes** | | **High / Medium / Low Risk** |
| Identify if the responding party is accessing other professional support for example from union membership |  | |  |
| **Risk to other members of the university community** | **Notes** | | **High / Medium / Low Risk** |
| What precautionary measures need to be imposed on the responding party? |  | |  |
| Could there be a risk/threat to other staff or students if the respondent is not suspended, or prevented from attending a certain workplace? |  | |  |
| Does the respondent work with vulnerable or high-risk individuals? |  | |  |
| **Any other additional information** | **Notes** | | **High / Medium / Low Risk** |
| Record here anything else that needs to be recorded. |  | |  |
| Has consideration been given to the appropriate suspension of IT account if necessary?  *Please detail any action taken.* |  | |  |
| **Section 4: Recommendation** | | | |
| Recommendation on whether to suspend following risk assessment: |  | Decision taken to suspend: |  |
| Suspension Approved by EB member: Name |  | Date decision agreed with EB member |  |
| Date decision communicated to employee: |  | Date of next review: |  |
| **Section 5: Risk assessment carried out by:** | | | |
| Name: |  | Date: |  |
| Job Title: |  | Date risk assessment reviewed (if applicable): |  |