

## RESPONDING TO AND REPORTING BULLYING / HARRASSMENT INCIDENTS

The following guiding principles should apply when bullying behaviour is seen or reported.

- The child or young person who was targeted should be listened to and involved in the discussion of the incident
- The person who was targeted should be encouraged to identify the people involved in bullying as a step to securing their own safety and that of others in the future
- Those identified, as taking part in the bullying behaviour should be listened to and the impact of their behaviour explained to them
- Children or young people should be interviewed separately whenever allegations are made about a group
- A record should be made of the incident
- The record should be shared with the child/young person.
- Communication should take place with the parent(s)/carer(s)
- Planned intervention should be agreed
- Interventions should be supported by a period of monitoring and a follow up discussion. As well as short term monitoring schools should review over a 2-3 month period whether action has prevented recurrence and ensured that pupils feel safe.
- If necessary following review, further action should be planned and monitoring should continue
- A member of senior management for the children's setting concerned should have named responsibility for overseeing the recording, reporting and effectiveness of interventions
- For schools, bullying incidents should be reported on to the governing body\*.

Bullying is an issue that can have such serious consequences. All schools and children's settings need to be alert to the possibility of bullying and responsive to any incidents that occur. It would be unrealistic to expect that no bullying is taking place - in fact it would be very concerning to find any children's setting saying that they never have a problem with bullying.

A lack of accurate data on bullying is a barrier to effective anti-bullying work. It is intended that procedures for recording and reporting will help all children's settings identify specific types of bullying and be supportive of their self-evaluation and action planning processes.

It is recognised that some children's settings may be concerned that they will look bad if they have a number of incidents to report. **This is not the case.** If children and young people are encouraged to speak out this is evidence of a healthy ethos that respects and values children, that will listen to them and will deal with their concerns.

If reporting procedures are successful it would be expected that there would be an initial increase in the numbers of incidents reported.

Schools should review their anti-bullying policy regularly and use the review as an opportunity to achieve consistency in reporting and responding to incidents and to develop teacher's skills.

**\*The School Standards Framework Act 1998'** states that bullying incidents must be recorded and reported to the governing body.

**Racist Incidents** must be reported to the Local Authority.

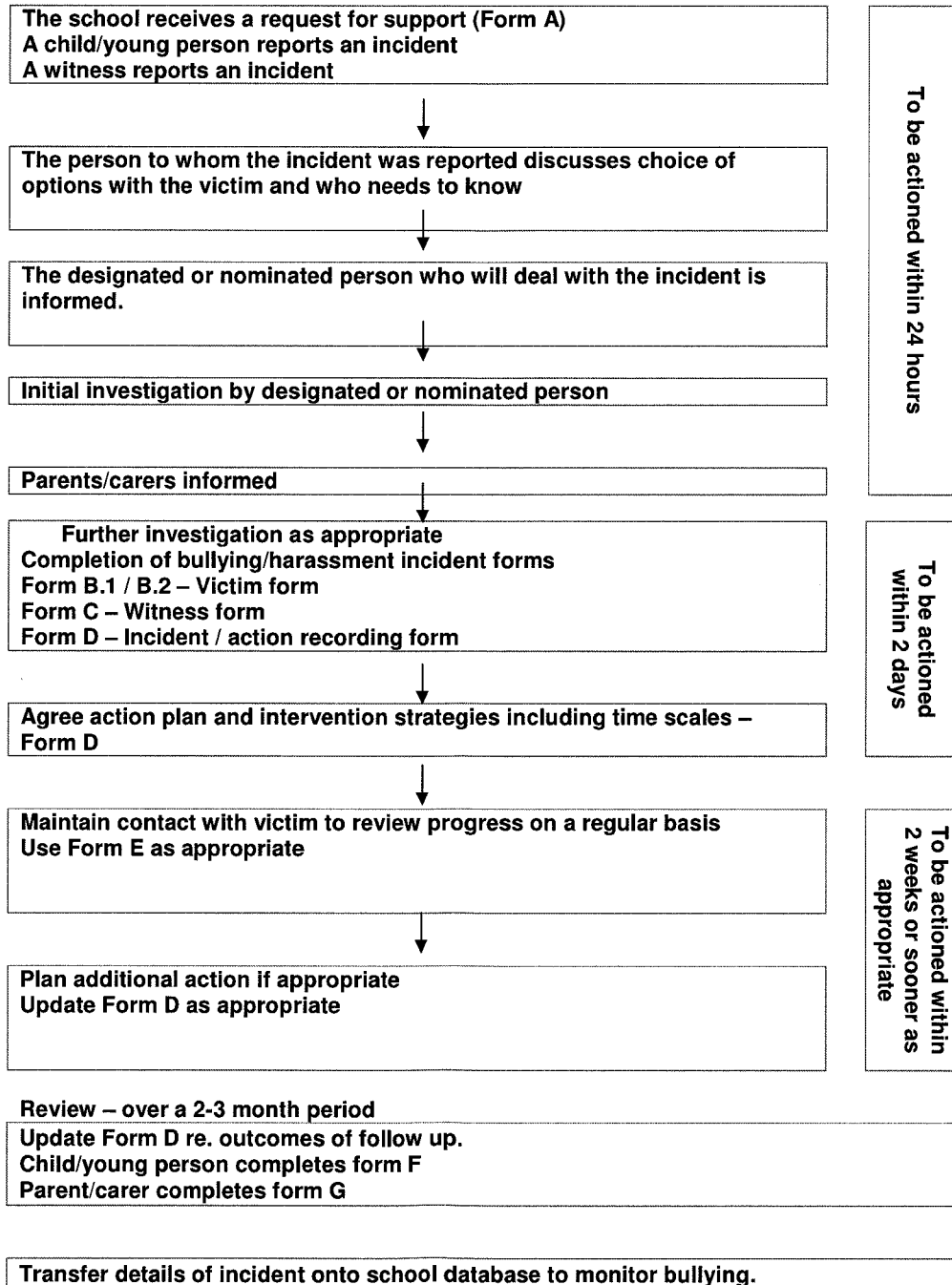
## **RECORDING AND MONITORING BULLYING / HARRASSMENT INCIDENTS**

The following pages detail a range of forms which can be used by the school to record and monitor bullying/harassment incidents. These include:

- Tackling bullying/harassment incidents flowchart
- Bullying/harassment request for support – Form A
  - These are forms that should be made freely available to pupils to empower them to self report
- Bullying/harassment victim reporting form – Form B.1/Form B.2
  - Form B.2 can be used with young children or young people with learning difficulties
- Bullying/harassment witness reporting form – Form C
- Bullying/harassment incident recording form – Form D
- Bullying/harassment review sheet – Form E
- Bullying/harassment feedback sheet – Tell us what you think (child/young person form) – Form F
- Bullying/harassment feedback sheet – Tell us what you think (parent/carer form) – Form G

## TACKLING BULLYING / HARASSMENT INCIDENTS

The following flow chart can be used alongside the forms contained in this section to ensure that all relevant details related to bullying incidents are adequately recorded and monitored. Schools should consider these forms and the flowchart below and integrate them into their existing practice.



Ensure that records are placed onto the child's/young person's file for future reference.

**BULLYING / HARASSMENT – REQUEST FOR SUPPORT – FORM A**

You have a right to be safe and happy at this school and if you are not we want to hear about it. Just fill in this form and put it through the letter-box in the reception area.

The teachers/support staff you have named will send you back the tear-off slip at the bottom of this form telling you when and where you can meet them.

NAME: \_\_\_\_\_

FORM: \_\_\_\_\_

Have you approached a peer helper? Yes / No

Which teacher/support staff do you wish to speak with?

\_\_\_\_\_

**Staff reply slip**

Dear \_\_\_\_\_

Thank you for your note. I would like to meet you at \_\_\_\_\_ (time)

At \_\_\_\_\_(place) to talk about it.

Yours \_\_\_\_\_

**BULLYING / HARASSMENT – VICTIM REPORTING FORM  
FORM B.1**

Name: \_\_\_\_\_

Please describe what happened, what you saw and heard and how it made you feel.

When did it happen? (date and time)

Where did it happen?

Who was involved?

Do you think anyone else saw or heard it?

**BULLYING / HARASSMENT – VICTIM REPORTING FORM  
FORM B.1**

Has anything like this happened before?

If it has / were the same people involved?

What do you want to happen now?

Is there someone in school that you feel comfortable to talk to and to be supported by?

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**BULLYING / HARASSMENT INCIDENT RECORDING FORM  
FORM D**

<b>Name of school:</b>	
<b>School Number:</b>	
<b>Name/s of Victim:</b>	
<b>Name/s of perpetrator/s:</b>	
<b>Date reported:</b>	
<b>Date of incident:</b>	
<b>Reported to:</b>	
<b>Reported by:</b>	

**Victim profile (tick as appropriate):**

Child in Care	<input type="checkbox"/>	Traveller child	<input type="checkbox"/>
Child Protection Register	<input type="checkbox"/>	Gifted/Talented	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Young carer	<input type="checkbox"/>
English as an additional language	<input type="checkbox"/>	Involved with Education welfare	<input type="checkbox"/>

Religion:

**Details of incident (tick as appropriate):**

Disablist incident	<input type="checkbox"/>	Homophobic incident	<input type="checkbox"/>
Racist incident	<input type="checkbox"/>	Faith incident	<input type="checkbox"/>

**Bullying behaviours involved (tick as appropriate):**

Physical behaviour	<input type="checkbox"/>
Threats	<input type="checkbox"/>
Taking belongings	<input type="checkbox"/>
Extortion	<input type="checkbox"/>
Causing damage to property	<input type="checkbox"/>
Name-calling	<input type="checkbox"/>
Taunting	<input type="checkbox"/>
Verbal abuse	<input type="checkbox"/>
Spreading nasty rumours	<input type="checkbox"/>
Sending notes	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>
Text message bullying	<input type="checkbox"/>
Mobile phone calls	<input type="checkbox"/>
Picture/video via mobiles	<input type="checkbox"/>
E-mail bullying	<input type="checkbox"/>



Websites	<input type="checkbox"/>
Chat-rooms	<input type="checkbox"/>

**BULLYING / HARASSMENT INCIDENT RECORDING FORM  
FORM D**

**Location of incident:**

**Frequency and duration of bullying behaviour (tick as appropriate):**

Reported after the first incident	<input type="checkbox"/>
Two or three times	<input type="checkbox"/>
Several times	<input type="checkbox"/>
Persisting throughout the term	<input type="checkbox"/>
Persisting for more than one term	<input type="checkbox"/>

**Details of action taken (tick as appropriate):**

Checked for other known incidents involving the same pupils	<input type="checkbox"/>	Notified class teacher / form tutor	<input type="checkbox"/>
Individual discussion with those involved	<input type="checkbox"/>	Notified parent(s) / carer(s) or relevant contact person	<input type="checkbox"/>
Group discussion with those involved	<input type="checkbox"/>		

**Other actions taken (tick as appropriate):**

Medical treatment	<input type="checkbox"/>	Report to Governors	<input type="checkbox"/>
Police involvement	<input type="checkbox"/>	Support from specific staff (e.g. Learning Mentor)	<input type="checkbox"/>
Referral to other agencies (please provide details)	<input type="checkbox"/>		
Other (please provide details)	<input type="checkbox"/>		

**BULLYING / HARASSMENT INCIDENT RECORDING FORM  
FORM D**

**Details of support systems/actions agreed with Child/Young Person,  
Parents/Carers:**

**Details of sanctions applied in line with school's / settings behaviour  
policy:**

<b>Follow up date set:</b>	
<b>With whom:</b>	
<b>Location:</b>	
<b>Signed and checked by Headteacher or SMT Member</b>	

**BULLYING / HARRASMENT INCIDNET RECORDING FORM  
FORM D**

**Outcomes to follow up:**

Has the bullying stopped? Yes  No

**Details of further action to be taken if required:**

Action:

By whom:

By when:

Further date for follow up:

Was the targeted child/young person and his/her parents/carers satisfied with the outcome?

Yes  No

Further comments:

Signed (member of staff dealing with issue):	
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Checked and signed by Headteacher or SMT Member:	
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**BULLYING / HARASSMENT REVIEW SHEET  
FORM E**

<b>Date:</b>	
<b>Name of Reporter:</b>	
<b>Name of child(ren)/young person(s) involved:</b>	
<b>People present:</b>	

**How has the situation developed:**

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**What does the person who was targeted say they are feeling now?  
Are they feeling safe and satisfied with the action taken?  
If so, how has it helped?**

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**What is the attitude/view of the person(s) involved in the bullying behaviour?**

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**BULLYING / HARASSMENT FEEDBACK  
TELL US WHAT YOU THINK  
CHILD / YOUNG PERSON FORM  
FORM F**

Name: \_\_\_\_\_

We want to make sure our anti-bullying policy is working properly. It would help us if you let us know your views by answering the following questions. This will enable us to improve support to everyone in school.

1. Were you happy with the support provided?      Yes          No   

2. What did you find most helpful?

3. Was there anything you found unhelpful which we could improve?

4. Did you feel you were fairly treated?      Yes          No   

Thank you for your time

Signed (optional)

**BULLYING / HARASSMENT FEEDBACK  
TELL US WHAT YOU THINK  
PARENT / CARER FORM  
FORM G**

Name: \_\_\_\_\_

We want to make sure our anti-bullying policy is working properly. It would help us if you let us know your views by answering the following questions. This will enable us to improve support to everyone in school.

1. Were you happy with the support provided?    Yes        No   

2. What did you find most helpful?

3. Was there anything you found unhelpful which we could improve?

4. Did you feel you were fairly treated?    Yes        No   

Thank you for your time

Signed (optional)