



Scargill Church of England Primary School

Allegations of Bullying: Flow Chart for Staff

Allegation made that a pupil is being bullied. (This could be made by anyone e.g. a pupil, a member of staff or a parent.)

Investigation completed by class teacher.

- Complete Form 1: Initial Investigation into Allegation of Bullying
- Check with member of SLT if child has been involved in previous incidents within the last 12 months

Is it bullying?

Yes

No

- Complete Form 2: Confirmed Bullying Incident Report.
- Upload Form 1 and 2 to My Concern.

- Class teacher and SLT consider lessons to be learned from the incident to avoid repetition.

- Inform Head of School of confirmed bullying.

- Upload Form 1 to My Concern.

- Head of School informs Executive Head, Chair of Governors and Behaviour Link Governor.

- Class teacher informs both sets of parents of the incident and the outcomes.

- Two meetings set up between member of SLT, class teacher and both sets of parents.

- Head of School informs Governors of number of alleged and confirmed bullying cases in Head of School's report to Governors.

- Consequence action for perpetrator in line with Behaviour Policy.

- Complete Form 3: Response to Bullying-Summary of Actions.
- Upload Form 3 to My Concern.
- Implement and review.



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Form 1: Initial Investigation into Allegation of Bullying

Completed by:	Reported by:
Position:	Role:
Date:	Date:

Form of referral (Please tick ✓)							
Verbal Report		Phone Call		Letter		E-mail	

Child(s) name(s) alleged to be experiencing bullying behaviour	Age
Child(s) name(s) alleged to be engaging in bullying behaviour	Age

Reported account:

Details gathered to date:

Action taken to date (Please tick relevant boxes ✓)			
Checked for earlier incidents involving same pupils		Notified member of SLT	
Individual discussions with pupils involved		Group discussion with pupils involved	
Discussion of incident with peers/class		Restorative intervention	
Ongoing support/monitoring from staff		Details of action agreed with pupils	
Applied sanctions		Parent letter/meeting	
Any additional action taken?			



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Factors to help determine if incident constitutes bullying (Please highlight outcome a, b or c)	
a) Incident was bullying if all 3 warnings below are confirmed: (Please tick those that apply ✓)	
	Hurt has been deliberately/knowingly caused (physically or emotionally)
	It is a repeated incident or experience or the involvement of a group
	Involves an imbalance of power: <ul style="list-style-type: none"> • Target feels s/he cannot defend her/himself or • Perpetrator/s exploiting their power (size, age, popularity, abusive language, labelling/name calling etc.)
b) Incident was cyberbullying if messages of an intimidating, humiliating or threatening nature were sent or left on a social networking site	
c) Incident was not bullying on this occasion because it was: (Please tick those that apply ✓)	
	The first hurtful incident between these children
	Words/actions between friends/peers without intention to cause hurt
	Falling out between friends/peers after a quarrel, disagreement or misunderstanding
	Conflict that got out of hand
	Activities that all parties have consented to (check for coercion)

Focus of bullying behaviour (Please tick ✓ all elements which apply in your understanding of the incident and record specific language)		
	Definitely applies	Possibly applies
Age/Maturity		
Appearance		
Size/weight		
Class/socio-economic		
Family circumstances (e.g. caring role)		
Ethnicity/Race		
Religion/Belief		
Gender		
Transphobia/Gender Identity		
Homophobia/Sexuality		
Sexualised		
SEN and Disability		
Ability		

Details of any support given (Please tick relevant boxes ✓)			
Thrive/Mental Health First Aid		Peer Support	
Referral to external agencies		Referral to CAHMS	
None offered		None – offered but refused	
Other – please specify:			

Was alleged bullying confirmed? (Please highlight)	Yes*	No	Insufficient evidence
* If yes, please log details on Form 2 Confirmed bullying report form			



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Form 2: Confirmed Bullying Incident Report

1. Focus of bullying behaviour (Please tick ✓ all elements which apply in your understanding of the incident and record specific language)		
	Definitely applies	Possibly applies
Age/Maturity		
Appearance		
Size/weight		
Class/socio-economic		
Family circumstances (e.g. caring role)		
Ethnicity/Race		
Religion/Belief		
Gender		
Transphobia/Gender Identity		
Homophobia/Sexuality		
Sexualised		
SEN and Disability		
Ability		

2. Manifestations of bullying (Please tick ✓ all elements that apply)	
Perception of individual: feelings of being bullied/harassed	
Isolation/ignoring	
Teasing	
General expressions of prejudice/stereotype	
Racist literature, graffiti, insignia	
Verbal abuse or name calling (Please specify)	
Targeted graffiti or hurtful note writing	
Threats including threatened physical assault	
Mobile phone/text message bullying/harassment	
Internet related bullying/harassment	
Camera phone bullying/harassment	
Actual physical assault	
Other:	

3. Those involved – please also record where appropriate:		
<ul style="list-style-type: none"> • Adults as targets or perpetrator's (At) or (Ap) • Perpetrators from outside the school community (O) • Children who are in care (CIC) or who have Special Educational Needs or Disability (SEND) 		
Child(s) name(s) who are experiencing bullying behaviour	Age	Codes (see above)
Child(s) name(s) who are engaging in bullying behaviour	Age	Codes (see above)

4. Description of incident: Please give a precise account including dates, times, places and any witnesses. Attach any further information (notes of meetings, witness statements)



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5. Action taken: Please record all steps (Including meetings, letters, investigations)

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6. Summary of those notified and/or involved

	✓	Any details (e.g. dates)
Executive Head		
Head of School		
Deputy Head		
Assistant Head		
Chair of Governors		
Member of Governing body		
Class Teacher		
'Target' parents/carers notified		
'Target' parents/carers invited to school		
'Offenders' parents/carers notified		
'Offenders' parents/carers invited to school		
Early Help Assessment		
Local Authority Informed		
Police		
Others (Specify)		

7. Date for monitoring progress of those involved.

Follow up on the incidents and check that all parties are progressing well academically and socially.

Date 1:

Date 2:

Date 3:

8. Member of staff completing this form:

Name:

Date:



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Form 3: Response to Bullying – Summary of Actions

Actions taken to date		
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Date	Actions	By Whom