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| **Task / Operation Being Assessed:** | Harassment, Including Third Party Harassment**NOTE!** This Risk Assessment is an example only and must be reviewed/amended to suit your own business practices and working environment. |
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| **Company Name & Address:** |  | **Reference Number:** |  |
| **Name Of Person Undertaking the Assessment:** |  | **Signature:** |  |
| **Date Of Assessment:** | 07/10/2024 | **Date Review Due By:** |  |

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| **Warning with solid fill** | **Scales of justice with solid fill** | **Group of men with solid fill** | **Shield Tick with solid fill** | **Scales of justice with solid fill** |
| **Significant Hazard**Include Hazards Associated with The Work Here. | **Risk Rating (Before Controls)**Severity X Likelihood | **Who May Be Harmed & How?**List Here Employees, Workers and Others who May Be Harmed by The Activity, Including The Method of Harm. | **How Is the Risk Presently Controlled?**Detail Here Your Present Control Measures, If Further Action Is Required, Include This at The End Of The Document. | **Risk Rating****(After Controls)**Severity X Likelihood |
| Lone Working - Sexual Harassment. | 2X3=6 | **Workers**Potential risk of bodily harm/ stress related with non-consensual harassment and violence/aggression. Risk to lone workers and those who are based from home is considered here, including those who work nights, face customers and travel to different locations on a regular basis. | **Addressing Power Imbalances*** Take proactive measures to mitigate power imbalances in the workplace, such as promoting a diverse workforce and providing support for underrepresented groups .

**Effective Policies and Procedures*** Develop and communicate clear anti-harassment policies that define sexual harassment, related victimization, and provide examples relevant to the workplace.
* Ensure that the policies explicitly state that harassment will not be tolerated and that it may lead to disciplinary actions up to dismissal. These policies include Social Media.

**Engagement with Workers*** Involve employees in the development and revision of anti- harassment policies to ensure their concerns and insights are considered.

**Implement Support Structures*** Provide support and counselling for victims of harassment, ensuring they have access to resources throughout the reporting and investigation process.
* Inexperienced employees are closely supervised and under instruction at all times
* Lone worker risk assessment is carried out Lone workers contact system
* Regular check ins from management including strategies in place to deputise and ensure that communication is maintained. Means of raising alarm tested and drilled with redundancies in place and responses implemented.

**Lone working 'Secret Code' procedure*** ‘Secret Code’ procedure - if worker feels threatened, they can ring the office and ask for an item or a task, for instance the data for the client included in the 'blue folder' or another ruse to alert their supervisor that they're under threat. This can trigger a process to retrieve the worker.

**Lone working is avoided/kept to a minimum*** Panic alarm device issued/installed Preventive Actions for Specific Situations
* For roles that involve customer interaction, provide specific training on handling harassment from third parties, including strategies for de-escalation and reporting .

**Regular Monitoring and Review*** Monitor the workplace environment through surveys and feedback mechanisms to gauge the prevalence of harassment and the effectiveness of policies.

**Regular travel routes implemented*** Travel organised so that recognised routes are taken, vehicle / personal tracking implemented where required.
* Check in on site and check out with management interventions if timed calls missed.

**Training and Awareness*** Conduct regular training sessions for all employees on recognising and preventing harassment. Tailor training for managers and supervisors to include handling complaints and supporting affected workers.
 | 1X3=3 |
| Power Imbalances - Sexual Harassment | 2X3=6 | **Workers:**Potential for workers to be sexually harassed by those in power within the organisation, for instance a zero-hours contracted worker feeling under pressure from a senior leader to tolerate harassment / abuse in order to retain their job. This can also apply to workers who are on secondment and away from their regular support structures, workers deployed to unfamiliar locations where there are local tensions, and where there is a lack of diversity in the senior leadership team which may re-enforce poor behaviours. This abuse may also take the form of a third party interaction where a worker is pressured into activities they do not wish to consent to. | * Documented and communicated sexual harassment policy, working arrangements and procedures
* Workers reminded of policies and procedures.
* Impartial support where senior leadership gender balance is impaired
* Where gender imbalance is present within the senior leadership team, a harassment lead will be appointed in order to encourage reporting and to provide impartial support.
* Inexperienced employees are closely supervised and under instruction at all times
* Training and education of those in positions of senior management.
* Training on sexual harassment is in place for all staff. Refresher training undertaken.
* Whistlblowing procedures and ways of reporting harassment are in place.
 | 1X3=3 |
| Work-Based Social Occasions / Social Interaction - Sexual Harassment | 2X3=6 | **Workers:**Potential for sexual harassment to take place at work-based social events or online, including by third parties. | * Alcohol and Drugs policy in place
* Controlled alcohol sales at the event
* Mobile phones used in the event of an emergency No alcohol or drugs
* Reporting procedures for sexual harassment followed
* Sexual harassment policies are in place which cover Social Media and external events
* Workers reminded of policies and procedures prior to attending the event.

**Third Party Harassment:*** Workers are to alert a colleague in the event that harassment takes place so that this can be addressed with the event organiser, where this isn't possible, the worker will not be left unattended and will be taken to safety where required. If required, the police will be informed.
 | 1X3=3 |
| Verbal Abuse - Verbal abuse directed at workers from colleagues and / or third parties | 2X2=4 | **Workers:**Potential for stress and mental health impacts due to verbal abuse. | * CCTV installed for training, supervision and security purposes
* Challenging behaviour/violence at work policy in place
* Personal safety - aggressive behaviour awareness
* Visitor rules system operated
 | 1X2=2 |

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| **Assessing the Degree of Risk** |
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| **Methodology & Explanation:** |
| Risk ratings are calculated by considering the likelihood of an event occurring along with the severity of the potential consequence should an accident occur. After considering existing control measures, values are assigned to the likelihood and severity from the scales below and these figures multiplied to establish the risk rating. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Put Simply:****S**everity **X L**ikelihood **= R**isk **R**atingIf your overall rating for each hazard after controls are added is ‘Highly Likely’ you should not proceed with the task until you have added additional risk control measures. |  **Severity****Likelihood** |
|  | **Highly Unlikely** | **Likely** | **Highly Likely** |  |
|  |  |  | 1 |  |  |  |  | 3 |  |  |  |  | 5 |  |  |  |
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|  |  |  | 1 |  |  |  |  | 3 |  |  |  |  | 5 |  |  |  |
|  | **Minor Injury / Harm** | **Major Injury / Harm** | **Fatality** |  |
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| **Additional Controls:** |
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| **Warning with solid fill** | **Shield Tick with solid fill** | **User with solid fill** | **Flip calendar with solid fill** | **Scales of justice with solid fill** |
| **Hazard Requiring Additional Control** | **List What Further Action Is Necessary to Control the Risk To An Acceptable Level** | **Person Responsible** | **Date Completed** | **Adjusted Risk Rating**Severity X Likelihood– Take into Account Your New Controls. |
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| **Assessment Completed By:** | **Assessment Approved By:** |

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| **Name:**  |  | **Name:**  |  |
| **Signature:** |  | **Signature:** |  |
| **Date:** |  | **Date:** |  |

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| **Employee / Worker Acknowledgement:** |

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| By signing below, you confirm you have read and understood the contents of this assessment and agree to abide by the safe methods of working contained within it. |
| **Name:** | **Date:** | **Signature:** | **Name:** | **Date:** | **Signature:** |
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