



Eversley Primary School

Child Protection Safeguarding Policy

This policy will be reviewed in full by the Governing Body on an annual basis.

This policy was reviewed and updated in **July 2016**

Next review date: **January 2018**

Safeguarding is the responsibility of **everyone**. This Child Protection policy forms part of an overall Safeguarding strategy that includes a culture of listening to children, safe recruitment practice, appropriate supervision and support for staff, mandatory induction and regular training for all staff colleagues. All staff members at Eversley should be aware of systems within our school which support safeguarding and these should be explained to them as part of staff induction. This includes: the Eversley's child protection policy; the behaviour policy; and the role of the designated safeguarding lead.

Purpose of our Child Protection Policy	<p>To inform staff, trainee teachers, parents, volunteers and governors about Eversley's responsibilities with regard to Child Protection. This policy must be read as part of the induction process for all staff / trainees / volunteers. This policy will be displayed in the school and will also be published on our website.</p> <p>To inform all colleagues of our policy for dealing with allegations against staff / trainees /volunteers.</p>
Safeguarding is everyone's responsibility	<p>Teachers and other school staff at Eversley are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with the children.</p> <p>Staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance Working Together to Safeguard Children 2015. Eversley will work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.</p> <p>We recognise the important role all staff have in the early recognition of the signs and symptoms of abuse or neglect and will access the appropriate early help/referral process immediately.</p>
Ethos of the School	<p>Eversley ensures that the child's wishes and feelings are taken into account when determining what action to take and what services to</p>

	<p>provide. All our systems operate with the best interests of the child at the heart.</p> <p>Eversley also aims to develop an ethos in which children feel secure, their viewpoints are valued, and they are encouraged to talk and are listened to.</p> <p>It also aims to establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child.</p> <p>Eversley staff understand that they form part of the wider safeguarding system for children.</p>
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STATUTORY FRAMEWORK

‘Keeping children safe in education: information for all school and college staff’ (2016) DfE requires all schools to follow the procedures for protecting children from abuse which are established by the Local Safeguarding Children Board (LSCB)

Schools must ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or is at risk of abuse – these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

This document should be read alongside:

- Keeping Children Safe in Education (DfE 2016)
- Keeping Children Safe in Education: Information for all schools and college staff (DfE 2016)
- Working together to safeguard children (DfE 2015)
- Enfield Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures – Electronic.
- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- The Education (Pupil Information) (England) Regulations 2005

Working Together to Safeguard Children (DfE 2015) requires all schools to follow the procedures for protecting children from abuse which are established by the Enfield Safeguarding Children Board. In addition to this:

Keeping Children Safe in Education (DfE, July 2016) places the following responsibilities on Eversley and ALL staff:

- To have a responsibility to provide a safe environment in which children can learn.
- To make sure their approach is child-centered and at all times consider what is in the best interests of the child.
- To share all information and understand that fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.
- To have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.
- To be aware of and follow the procedures established by the Enfield Safeguarding Children Board.
- To consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social health and economic education (PSHE), and through sex and relationship education (SRE).
- To be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- To have procedures (of which **all** staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected abuse.
- To assign a Designated Senior Person (referred to in 'Keeping Children Safe in Education (DfE, July 2016) as Designated Safeguarding Lead') to have responsibility for co-ordinating action within the school and liaising with other agencies. The designated leads will also provide support to staff members to carry out their safeguarding duties.
- To work with the designated safeguarding lead and be aware that they may be asked to support social workers to take decisions about individual children.

- To undergo updated child protection training every three years for all staff and every two years for the Designated Safeguarding Lead Professionals with yearly update taking place.

Keeping Children Safe in Education (DfE, July 2016)

THE GOVERNING BODY

The governing body should ensure that there are appropriate policies and procedures in place in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare.

The governing body must ensure that there is an effective child protection policy in place together with a staff behaviour policy. Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe the procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB working in line with statutory guidance Working Together to Safeguard Children 2015, be annually updated and be available publicly either via the school website or by any other means.

The governing body should ensure that all staff members undergo safeguarding and child protection training at induction. The training should be regularly updated. Induction and training should be in line with advice from the LSCB.

The governing body should recognise the expertise staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. Opportunity should therefore be provided for staff to contribute to and shape safeguarding arrangements and child protection policy.

The governing body should put in place appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future.

THE DESIGNATED SAFEGUARDING LEAD

Governing bodies should ensure that the school designates an appropriate senior member of staff from the leadership team to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

Eversley appoints two Deputy Safeguarding Officers who are also trained to the same standard as the designated lead.

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for safeguarding the child protection, remains with the designated safeguarding lead. This responsibility should not be delegated.

During term time the designated safeguarding lead (or a deputy) should always be available for staff in the school to discuss any safeguarding concerns.

In addition to their formal training, their knowledge and skills should be updated, (for example via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, but at least annually, to keep up with any developments relevant to their role.

Our Designated Safeguarding Lead for Child Protection is:

Mrs Flora Georgiou – Deputy Headteacher – Lead Responsibility

Mrs Hayley Kirkpatrick – Acting Head teacher – Deputy Safeguarding Officer

Mrs Shirley Gonzalez – Inclusion Manager – Deputy Safeguarding Officer

Name of designated CP members of staff	Date of last training
Hayley Kirkpatrick	February 2016
Flora Georgiou	July 2016
Shirley Gonzalez	February 2016

Date of last whole school training	3 rd November 2014
Annual induction training	1 st September 2016

The broad areas of responsibility and requirements for the designated lead include:

- attend Designated Safeguarding Child Protection training (to be updated every two years)
- ensure that Enfield LSCB procedures are followed in the school
- ensure that all staff, governors, trainees and volunteers are aware of these procedures
- putting necessary measures in place to ensure that all staff, governors, trainees and volunteers understand how to discharge their roles and responsibilities
- ensure that appropriate training and support is provided to all staff on a three year rolling programme
- develop effective working relationships with other agencies and services

- decide whether to take further action about specific concerns (e.g. refer to multi agency teams, Social Services or Police)
- liaise with Social Services teams over suspected cases of child abuse
- ensure that accurate records relating to individual children are kept in a secure place and marked 'Strictly Confidential'
- submit reports to, and attend Child Protection Conferences
- ensure that the school effectively monitors children who have been identified as 'at risk'
- provide guidance to parents, children and staff about obtaining suitable support.
- if the designated teacher for child protection is not also the designated teacher to promote the educational achievement of children who are looked after, close liaison between these staff colleagues should be ensured.
- make all staff aware that **if, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral.**

The nominated governor for child protection is Peachey David.

SCHOOL PROCEDURES

Early Help

- All staff should be prepared to identify children who may benefit from early help. In the first instance, staff should discuss early help requirements with the designated safeguarding lead.
- Staff may be required to support other agencies and professionals in an early help assessment. Identifying emerging problems, liaising with the designated lead, sharing information to support early identification and assessment and in some cases acting as the lead professional in undertaking an early help assessment.
- The role of the designated safeguarding lead in early help is that they should support the staff member in liaising with other agencies and setting up inter-agency assessments as appropriate.
- Cases need constant review and communication with children's social care if the child's welfare is still a concern and the child's situation does not appear to be improving.

Making a referral

- All staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.
- Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.
- If any member of staff is concerned about a child he or she must inform the designated teacher.
- If any member of staff is concerned about safeguarding practices with the school they should speak to the headteacher.
- If any member of staff has a concern about another member of staff and safeguarding they should speak to the headteacher.
- If any member of staff has a concern about the headteacher they should speak to the Chair of Governors – Mandy Bird.
- Any member of staff that believe a child is at risk of radicalisation should report to the Designated Safeguard Lead who would make a referral to Channel.
- Information regarding the concerns must be recorded on a 'Logging a Concern Form' in writing by the member of staff on the same day. The recording must be a clear, precise, factual account of the observations.
- All Child Protection records will be stored in the Deputy Headteacher's office in a locked cabinet.
- The designated teacher will decide whether the concerns should be referred to the children's social care department. If it is decided that a referral will be made, this will be done without prior discussion with the parents. Parents will be asked for their consent if this does not present danger to the child/children concerned. However it is important to note that any staff member can refer their concerns to children's social care directly.
- ***If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point. SPOE assessment and referral team 0208 379 5555.***
- Staff must be aware of their new mandatory reporting duties with regards to known cases of female genital mutilation (FGM). If a **teacher**, discovers that an act of

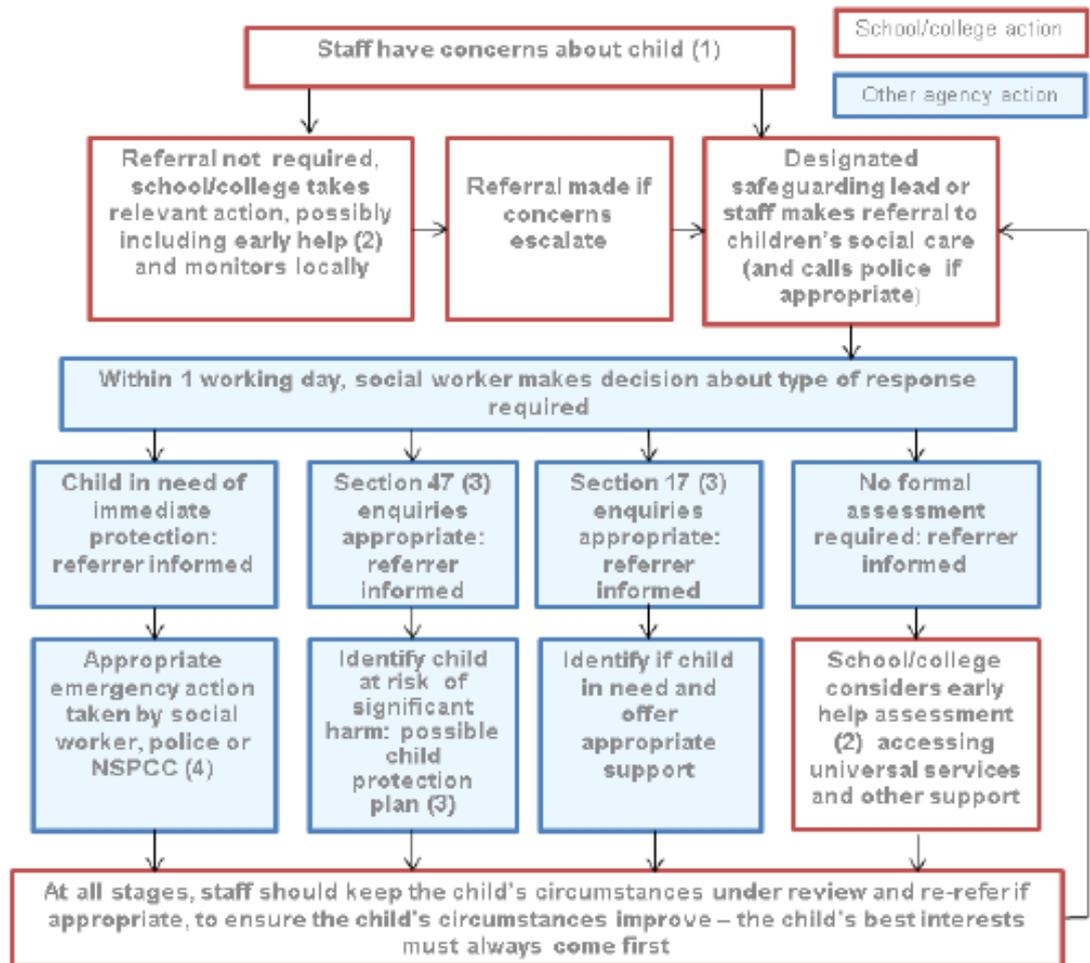
Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the **teacher** must report this to the police.

- If a referral is made to children's social care, the designated teacher will ensure that a written report of the concerns is sent to the social worker dealing with the case within 24 hours.
- Particular attention will be paid to the attendance and development of any child who has been identified as 'at risk' or who has been subject to a Child Protection Plan.
- The designated Lead officers will meet weekly to discuss concerns. All concerns that are ongoing are placed in a 'live file' which are updated and reviewed during this weekly meeting.
- If a pupil who is known to be subject to a Child Protection Plan changes school, the designated teacher will inform the social worker responsible for the case and transfer the appropriate records to the receiving school.

STAFF TRAINING AND UPDATES

- In addition to all staff being required to attend safeguarding and child protection training it is recommended that staff should receive updates via email, staff meetings or e-bulletins to keep their skills and knowledge up to date.

Actions where there are concerns about a child



1. In cases which also involve an allegation of abuse against a staff member, see Part four of this guidance.
2. Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working together to safeguard children](#) provides detailed guidance on the early help process.
3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of [Working together to safeguard children](#).
4. This could include applying for an Emergency Protection Order (EPO).

CHILDREN MISSING FROM EDUCATION

- Schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions.
- It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM, sexual exploitation, radicalisation and forced marriage.
- The law requires all schools to have an admission register and an attendance register. All pupils must be placed on both registers. Eversley must place pupils on the admission register at the beginning of the first day on which the school has agreed, or been notified, that the pupil will attend the school. If a pupil fails to attend on the agreed or notified date, the school should consider notifying the local authority at the earliest opportunity to prevent the child from going missing from education. It is important that the admission register is accurate and kept up to date.
- Schools should regularly encourage parents to inform them of any changes whenever they occur. This can assist the school and local authority when making enquiries to locate children missing education. Schools should monitor attendance and address it when it is poor or irregular. All schools must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority.

FURTHER INFORMATION ON CHILD SEXUAL EXPLOITATION

- Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. It can involve violent, humiliating and degrading sexual assaults.
- Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

- Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or education or do not take part in education.
- Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

HONOUR BASED VIOLENCE

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead.

FURTHER INFORMATION ON FEMALE GENITAL MUTILATION

- Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.
- It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines , and Chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges

Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a **mandatory duty** upon that individual to report it to the police.

FURTHER INFORMATION ON PREVENTING RADICALISATION

- Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.
- There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.
- As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

PREVENT

Prevent From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (“the CTSA 2015”), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”

This duty is known as the Prevent duty.

The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

- Eversley staff are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them.
- Eversley staff have clear procedures in place for protecting children at risk of radicalisation. These procedures are that school staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.
- The Prevent duty builds on existing local partnership arrangements. Eversley staff, along with the governing body should ensure that safeguarding arrangements take into account the policies and procedures of the Enfield Local Safeguarding Children Boards (LSCBs).
- The designated safeguarding leads will undertake Prevent awareness training and will be able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.
- Eversley staff will ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Staff should ensure that suitable filtering is in place. It is also important that staff teach pupils about online safety more generally.

LOOKED AFTER CHILDREN

- The most common reason for children becoming looked after is as a result of abuse and/or neglect. The school will ensure that staff have the skills, knowledge and understanding necessary to keeping looked after children safe. In particular, they will ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility.
- Eversley staff will also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead, through the designated teacher for looked after children, should have details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

THE DESIGNATED TEACHER

- Shirley Gonzalez is the designated teacher who will promote the educational achievement of children who are looked after.
- The designated teacher should work with the virtual school head to discuss how Pupil Premium plus additional funding can be best used to support the progress of looked after children in the school and meet the needs identified in the child's personal education plan.

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs;

- communication barriers and difficulties in overcoming these barriers.

ONLINE SAFETY

- **It is essential that children are safeguarded from potentially harmful and inappropriate online material. As such, the governing body should ensure appropriate filters and appropriate monitoring systems are in place.**
- **The appropriateness of any filters and monitoring systems will be informed in part by the risk assessment required by the Prevent Duty.**

WHAT SCHOOL STAFF SHOULD DO IF THEY HAVE CONCERNS ABOUT SAFEGUARDING PRACTICES WITHIN THE SCHOOL.

- Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, are in place for such concerns to be raised with the school or management team.
- Where a staff member feels unable to raise the issue with the Headteacher or the senior leadership team or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:
 - **General guidance can be found at – Advice on whistleblowing**
 - **The NSPCC whistleblowing helpline is available: 0800 028 0285 available from 8am to 8pm Monday to Friday. help@nspcc.org.uk**

RECRUITMENT, SELECTION & PRE-EMPLOYMENT VETTING

At all times Eversley will adhere to the process outlined in 'Keeping children safe in education. Statutory guidance for schools and colleges' (2016) DfE

- Eversley has a duty to act reasonably in making decisions about the suitability of prospective employees based on checks and evidence including: criminal record checks (DBS checks), barred list checks and prohibition checks together with references and interview information.
- A person who is prohibited from teaching must not be appointed to work as a teacher in such a setting. A check of any prohibition can be carried out using the Employer Access Online Service.

- When advertising posts Eversley will make it clear that safeguarding of children is a priority.
- All interview panels will include the headteacher and at least one other member that has also undertaken training about safe recruitment.
- **All staff employed by the school must complete an enhanced DBS check with barred list information, as they will be engaging in regulated activity** (a definition of Regulated Activity can be found on page 17 of this policy).
- In addition to DBS checks, anyone who is appointed to carry out teaching work will require an additional check to ensure they are not prohibited from teaching. Teacher prohibition orders prevent a person from carrying out teaching work in schools. A check of any prohibition can be carried out using the Teacher Services' system.
- Under no circumstances will any individual who the schools knows or has reason to believe has been barred, be allowed to carry out any form of regulated activity at the school.
- Supervised volunteers who regularly teach or look after children are not considered to be in regulated activity. They are not legally required to have an enhanced DBS check. However, it is the policy of our school that these checks will be carried out.
- The school office team will be responsible for maintaining a single central record (register) which will be continually updated. To comply with the requirements of the Data Protection Act, copies of DBS certificates may be kept in the school office for a maximum of six months. The register will cover the following people:
 - All staff (including supply staff) who work at the school
 - All others who work in regular contact with children in the school. This includes volunteers.
- We will ensure that arrangements are in place with contractors to make sure that the contractor, or any employee of the contractor working at the school has been subject to the appropriate level of DBS check, if any such check is required due to the contractor carrying out teaching or providing some type of care or supervision of children regularly. Contractors and contractors' employees for whom an appropriate DBS check has not been undertaken should be supervised if they will have contact with children.
- The school office will always check the identity of contractors and their staff on arrival at the school.

REGULATED ACTIVITY DEFINITION:

The full legal definition of regulated activity is set out in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006 activity includes:

- a) teaching, training, instructing, caring for (see (c) below) or supervising children if the person is unsupervised, or providing advice or guidance on well-being, or driving a vehicle only for children,
- b) work for a limited range of establishments (known as 'specified places', which include schools and colleges), with the opportunity for contact with children, but not including work done by supervised volunteers;

Work under (a) or (b) is regulated activity only if done regularly. Some activities are always regulated activities, regardless of their frequency or whether they are supervised or not.

This includes:

- c) relevant personal care, or health care provided by or provided under the supervision of a health care professional:

- personal care includes helping a child, for reasons of age, illness or disability, with eating or drinking, or in connection with toileting, washing, bathing and dressing
- health care means care for children provided by, or under the direction or supervision of, a regulated health care professionals

PRE-APPOINTMENT CHECKS

Any offer of appointment to a successful candidate, including one who has lived or worked abroad, must be conditional upon satisfactory completion of pre-employment checks.

- We will verify a candidate's identify from current photographic ID and proof of address
- Obtain a certificate for an enhanced DBS check with barred list information for any staff engaging in regulated activity
- Obtain a separate barred list check if an individual will start work before the DBS certificate is available
- Check that a candidate to be employed as a teacher is not subject to a prohibition order issued by the Secretary of State, using the Employer Access Online service <https://www.gov.uk/teacher-status-checks-information-for-employers>

- Obtain a certificate for an enhanced DBS check for all staff not engaging in regulated activity
- We will verify the candidate's mental and physical fitness to carry out their work responsibilities and will carry out a pre-employment health screening via a medical form submitted to the Local Authority.
- We will verify the person's right to work in the UK. Further advice will be taken from the GOV.UK website.
- We will verify professional qualifications

EMPLOYMENT HISTORY AND REFERENCES

- Eversley will always ask for written information about previous employment history and check that information is not contradictory or incomplete. References should be sought on all short-listed candidates, including internal ones, before interview, so that any issues of concern they raise can be explored further with the referee, and taken up with the candidate at interview.
- The purpose of seeking references is to obtain objective and factual information to support appointment decisions. References should always be obtained, scrutinised and any concerns resolved satisfactorily, before the appointment is confirmed. They will always be requested directly from the referee and Eversley will not rely on open references, for example in the form of 'to whom it may concern' testimonials. If a candidate for a teaching post is not currently employed as a teacher, it is also advisable to check with the school, college or local authority at which they were most recently employed, to confirm details of their employment and their reasons for leaving.
- On receipt, references will be checked to ensure that all specific questions have been answered satisfactorily. The referee will be contacted to provide further clarification as appropriate: for example if the answers are vague. They should also be compared for consistency with the information provided by the candidate on their application form. Any discrepancies will be taken up with the candidate.
- Any information about past disciplinary action or allegations will be considered carefully when assessing the applicant's suitability for the post (including information obtained from the Employer Access Online checks referred to previously).
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AGENCY AND THIRD –PARTY STAFF

- Eversley will obtain written notification from any agency, or third-party organisation we use that the organisation has carried out the checks (in respect of the enhanced DBS certificate that written notification has been received that confirms the certificate has been obtained by either the employment business or another such business), on an individual who will be working at the school.
- Where the position requires a barred list check this must be obtained, by the agency or third-party prior to appointing that individual. Eversley will also check that the person presenting themselves for work is the same person on whom the checks have been made.

TRAINEE/STUDENT TEACHERS

- Where applicants for initial teacher training are salaried by the school, the school must ensure that all necessary checks are carried out. As trainee teachers are likely to be engaging in regulated activity, an enhanced DBS certificate (including and barred list information) must be obtained.
- Where trainee teachers are fee-funded it is the responsibility of the initial teacher training provider to carry out the necessary checks, schools should obtain written confirmation from the training provider that these checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children.
- There is no requirement for the school to record details of fee-funded trainees on the single central record.

EXISTING STAFF

- If a school or college has concerns about an existing staff member's suitability to work with children, the school or college should carry out all relevant checks as if the person were a new member of staff. Similarly, if a person working at the school or college moves from a post that was not regulated activity, into work which is regulated activity, the relevant checks for the regulated activity must be carried out.
- Schools have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult; where the harm test is satisfied in respect of that individual; where the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that individual has committed a listed relevant offence; and that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left

- Referrals should be made as soon as possible after the resignation or removal of the individual. Guidance on referrals can be found on GOV.UK.

VOLUNTEERS

- Under no circumstances should a volunteer in respect of whom no checks have been obtained be left unsupervised or allowed to work in regulated activity.
- The school or college should obtain an enhanced DBS certificate (which should include barred list information) for all volunteers who are new to working in regulated activity. Existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check (which includes barred list information). However, schools and colleges may conduct a repeat DBS check (which should include barred list information) on any such volunteer should they have concerns.

VISITORS

- Schools do not have the power to request DBS checks and barred list checks, or ask to see DBS certificates, for visitors (for example children's' relatives or other visitors attending a sports day). Headteachers should use their professional judgment about the need to escort or supervise visitors.

WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – see appendix 1 for details.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home.

- Act in a way that is inappropriate to his/her age and development (full account needs to be taken of different patterns and development and different ethnic groups).
- Display insufficient sense of boundaries and lacks stranger awareness.
- Appear wary of adults and display 'frozen watchfulness'.

DEALING WITH A DISCLOSURE

If a pupil discloses that he or she has been abused in some way, the member of staff should:

- listen to what is being said without displaying shock or disbelief
- accept what is being said
- allow the child to talk freely
- reassure the child but not make promises which it might not be possible to keep
- not promise confidentiality – it might be necessary to refer to children's social care
- reassure him or her that what has happened is not his or her fault
- stress that it was the right thing to tell
- listen, rather than ask direct questions
- ask open questions rather than leading questions
- not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told.

RECORD KEEPING

When a pupil has made a disclosure the member of staff should:

- make brief notes as soon as possible after the conversation
- not destroy the original notes in case they are needed by a court
- record the date, time, place and any noticeable non-verbal behaviour and the words used by the child

- draw a diagram to indicate the position of any bruising or other injury
- record statements and observations rather than interpretations or assumptions
- All notes and records will be added to the Child Protection folder stored in a locked cabinet in the Deputy Headteacher's office.

The DSL will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

SUPPORT

Dealing with a disclosure from a child, and a Child Protection case in general, is likely to be a stressful experience. As a school we offer support through counselling if required.

ALLEGATIONS OF ABUSE MADE AGAINST TEACHERS & OTHER STAFF

- At all times the school will adhere to the process outlined in 'Keeping children safe in education. Statutory guidance for schools and colleges' (2016) DfE
- If a child, or parent, makes a complaint of abuse against a member of staff, the person receiving the complaint must take it seriously and immediately inform the Headteacher. Any member of staff who has reason to suspect that a pupil may have been abused by another member of staff, either at school or elsewhere, must immediately inform the Headteacher. He or she should also make a record of the concerns using the 'Logging a Concerns form' including a note of anyone else who witnessed the incident or allegation. The Headteacher will immediately contact the LADO (DO) Maria Anastasi – 020 8 379 2746
- If the allegation is about the Headteacher, the Chair of Governors must be informed immediately. The chair of Governors at Eversley School is Mandy Bird.
- Where a member of staff feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels are:
 - NSPCC whistle blowing helpline – 0800 028 0285 or help@nspcc.org.uk

Duties as an employer and an employee

- We have a duty of care to our employees. We will ensure that we provide support for anyone facing an allegation and will provide a named contact if the employee is suspended.
- Any allegation of abuse made against a teacher or other member of staff or volunteer in school will be dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is subject of the allegation

Initial considerations

- We will apply common sense and judgement to our procedures for dealing with allegations. Some rare allegations will be so serious that they require immediate intervention by children's social care services and / or police. The Local Authority Designated Officer (LADO/ DO) will be informed of all allegations that come to a school that appear to meet the criteria below:
 - *behaved in a way that has harmed a child, or may have harmed a child;*
 - *possibly committed a criminal offence against or related to a child;*
 - *behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.*
- The Headteacher or chair of governors will immediately discuss the allegation with the LADO and follow procedures and advice accordingly.
- In the event of an allegation being made the school will make every effort to maintain confidentiality.

CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot

promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

COMMUNICATION WITH PARENTS

Eversley Primary School will:

- Ensure the child protection policy is available publicly via the school website.
- Ensure parents are informed prior to a referral unless it is considered that doing so might place the child at increased risk of significant harm by:
 - The behavioural response it prompts e. g a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed.
 - Leading to an unreasonable delay;
 - Leading to the risk of loss of evidential material;
 - Placing a member of staff from any agency at risk.
- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

INDUCTION

All staff, volunteers and trainee teachers will be instructed to read this policy document and will be given training on Child Protection procedures at our school when they take up their appointment. Training with the local authority will be arranged as close to the start of employment as possible. All trainee teachers will receive Child Protection Induction training during the first term of their teaching practice at Eversley Primary School with one of the designated lead officers.

CONTACTS:

Children's Services – 0208 379 2507

Single Point of Entry – 0208 379 5555

NSPCC Helpline - 0800 028 0285

POLICY REVIEW

This policy will be reviewed on an annual basis by the full governing body.

Signed by

Headteacher:

Date:

Chair of Governors:

Date:

APPENDIX 1 - INDICATORS OF HARM

DEFINITION OF ABUSE

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

ABUSE AS A COMPLEX ISSUE

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

SPECIFIC SAFEGUARDING ISSUES

All staff should have an awareness of specific safeguarding issues e.g. that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

All staff should have an awareness of peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting.

- Staff members should report any peer on peer abuse to the lead designated officer who will liaise with the appropriate bodies.

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling
- or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause

- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

- Emotional/behavioural presentation
- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse
- may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment)*
- *protect a child from physical and emotional harm or danger*
- *ensure adequate supervision (including the use of inadequate care-givers) or*
- *ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization
- Emotional/behavioural presentation
- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school

- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g.
 - poor dental health;
 - failure to attend or keep appointments with health visitor, GP or hospital;
 - lack of GP registration; failure to seek or comply with appropriate medical treatment;
 - failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.

- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections

- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities

- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings
- of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations
- of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.