Volunteer Safeguarding Briefing

Welcome and Thank you for your time

1. Keeping Children Safe in Education - what is it?

2. Levels of incidents logged

3. What to do if a child discloses

4. Document you are signing

5. What to do next

Safeguarding and Child Protection

Safeguarding is Everyone's Business - we recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

Safeguarding children:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing impairment of children's mental and physical health or development.
- Making sure that children grow up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children to have the best outcomes.

Child protection:

• refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Early Help

• Early help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse.

1. Keeping Children Safe in Education (KCSIE) - what is it?

Government document detailing actions and responsibilities regarding safeguarding in school - This will be shared with you electronically after this meeting.

PLEASE READ ANNEX A - This document has been sent to you along with this presentation

- It is essential that everybody working in a school or college understands their safeguarding responsibilities.
- Safeguarding and promoting the welfare of children is everyone's responsibility. This means that they should consider, at all times, what is in the best interests of the child.
- No single practitioner can have a full picture of a child's needs and circumstances.

1. Working with children

All staff/volunteers should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. Children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent a curiosity - speaking to the DSL/Class teacher if they have concerns about a child.

• Please note that at no point should you touch or have physical contact with the children you are supporting.

2. Online Behaviour

The major change which educational settings need to be aware of relates to increased expectations and responsibilities regarding the school's filtering and monitoring systems for IT.

In terms of action please report any activity you observe to the class teacher or an LSA/TA, in the room. They will advise on the next steps.

3. Child On Child Sexual Violence And Sexual Harassment : Recognise the scale and impact of harassment and abuse, and that non-recognition / downplaying the scale and scope leads to a dangerous culture in the setting. Staff/Parents volunteers must be vigilant and, rather than waiting for a disclosure.

4. Focus on 'early intervention'

What was previously referred to as "early help" in the KCSIE guidance has now been renamed **"Early help assessment".** These additions and changes indicate a closer focus on record keeping around low-level concerns, and schools should ensure that this closer focus on early intervention is included in their safeguarding training for all staff. ----- Vulnerable pupils

- Share any concerns with either class teacher or a member of the Safeguarding team Jim Usher / Natasha Green / Beccy Flaherty / Rebecca Cannell / Hugh Thomas / Michelle Taylor (GAP club).
- Avoid any physical contact with the child in question (unless protecting them from injury)

2. Levels of incidents logged

- Pastoral / Incident log recorded by CT and discussed on a regular basis by pastoral team
- Vulnerable level of need students that cover a range of criteria (set out by SCC) who may be in need of support individual/family - monitored by Pastoral / safeguarding team
- 3. Disclosure serious allegation immediately dealt with by DSL

All of these need to be logged on our **new online system CPOMS** - This is not your responsibility however it will happen following a conversation with the class teacher or one of the Safeguarding team.

Vulnerable Level of Needs Criteria - Updated

Class Teachers will have vulnerable child indicators stuck up in their room.

				No one indicator on its own leads to a child
Vulnerable Levels of need - Level 2 Early Help				being vulnerable however multiple indicators
Health	Emotional Development	Learning	Basic care, ensuring safety and protection	being valierable nowever maniple indicators
· Inadequate, limited or restricted diet; being	 Some difficulties with family relationships 	Have some identified specific learning needs	 Basic care is not provided consistently 	
under or overweight	· Some difficulties with peer group relationships	with targeted support and / or special educational	Parent / carer requires advice on parenting	start to build up a picture of vulnerability which
 Missing immunisations / checks 	and with adults, e.g. 'dingy', anxious or withdrawn	needs and disabilities (SEND) Support Plan	issues	start to build up a picture of vullerability which
· Child is continually slow in reaching	· Some evidence of inappropriate responses and	 Language and communication difficulties 	 Some concerns around child's physical needs 	
developmental milestones	actions	 Regular underachievement or not reaching 	being met	
Minor concerns re: hygiene, clothing	· Limited engagement in play with others / has	education potential	 Young, inexperienced parents 	needs immediate action CPOMS -
 Dental problems untreated / decay 	few or no friends	 Poor punctuality / pattern of regular school 	Teenage pregnancy	
 Missing routine and non-routine health 	 Mild or moderate disability impacting on 	absences	 Inappropriate child care arrangements and / or 	
appointments	emotional development as outlined above	Not always engaged in play / learning, e.g. poor	too many carers	
 Concerns about developmental progress: e.g. 		concentration	 Some exposure to dangerous situations in the 	Safeguarding Team awareness
bedwetting / soiling; speech impediment; gross	Identity and Self-Esteem	 No access to books / toys 	home or community	Saleguarding realing wareness
motor skills; support and advice required	 Some insecurities around identity expressed e.g. 	 Some fixed term exclusions 	 Unnecessary or frequent visits to GP or 	
regarding toileting needs (e.g. toilet training and	low self-esteem, sexuality, gender identity	 Mild or moderate disability impacting on 	unplanned care settings e.g. Emergency	
routines, constipation, day-time wetting,	 May experience bullying 	learning as outlined above.	Department	
night-time wetting).	 May be perpetrating bullying behaviour 		 Parent / carer stresses starting to affect ability to 	
 Vulnerable to emotional problems, perhaps in 	 Lack of confidence is incapacitating 	Behavioural Development	ensure child's safety	
response to life events such as parental separation	 Child subject to persistent discrimination, e.g. 	 Not always able to understand how own actions 		
e.g. child seems unduly anxious, angry or defiant	racial, sexual or due to disabilities	impact on others	Emotional warmth and stability	Level 2 students - 3 or more criteria across
for their age	 Victim of crime or bullying 	 Finds accepting responsibility for own actions 	 Inconsistent responses to child / young person 	
 Experimenting with tobacco, alcohol or illegal 		difficult	by parent / carer	
drugs	Family and Social Relationships	 Responds inappropriately to boundaries / 	 Parents struggling to have their own emotional 	
Frequent accidents	 Lack of positive role models 	constructive guidance	needs met	different headings on the list - this may lead to
 Emerging risk of child exploitation. Current 	 Child has some difficulties sustaining 	 Finds positive interaction difficult with peers in 	 Child / young person not able to develop other 	and the field field for the list this hay lead to
knowledge / information of a key risk	relationships	unstructured contexts	positive relationships	
Mild or moderate disability impacting on health	 Low levels of parental conflict / infrequent 	Additional needs from Emotional Well Being and	 Starting to show difficulties with attachments 	
as outlined above	incidents of domestic dispute	Mental Health Services	A	Early help Identification
Housing, work and income	 Unresolved issues arising from parents' 	 One-off / occasional short period missing from 	Family functioning and well-being	
Family seeking asylum or refugees	 separation, step-parenting or bereavement Occasional low level domestic abuse 	 Mild or moderate disability impacting on 	 A child / young person is taking on a caring role in relation to their parent / carer, or is looking 	
Paring seeking asymmetric rerugees Periods of unemployment of parent / carer		 Wild or moderate disability impacting on behavioural development as outlined above 		
Periods of unemployment of parent / carer Parents / carers have limited formal education	Children affected by parental imprisonment	benavioural development as outpitted above	after younger siblings • No effective support from extended family	Level 3 students - any 1 criteria listed - further
Low income /Financial / debt problems		Guidance, boundaries and stimulation	Adopted	
Poor state of repair, temporary or overcrowded,	Social and community including education	Parent / carer offers inconsistent boundaries	- margana	
or unsafe housine	Some social exclusion or conflict experiences:	Lack of routine in the home	Self-care skills and independence	external exponent menu here any ined
Intentionally homeless	low tolerance	Child / young person spends considerable time	Mild or moderate disability limits appropriate for	external support may be required.
· Serious debts / poverty impact on ability to have	· Community characterised by negativity towards	alone, e.g. watching television	age limits amount of self-care possible	

· Periods of inadequate self-care, e.g. poor

· Child is continually slow to develop age

appropriate self-care skills

hygiene

· Child / young person is not often exposed to

· Child / young person can behave in an antisocial

new experiences; limited leisure activities

way in the neighbourhood, e.g. petty crime

basic needs met

post-16

proceedings initiated

· Rent arrears put family at risk of eviction or

· Not in Education, Employment or Training

children / young people

· Difficulty accessing community facilities

Being Vigilant - (Your most important role).

Schools are accustomed to monitoring and observing behaviour and are likely to know what is normal for a child.

With regards to safeguarding this may be particularly relevant where there has been no direct disclosure or physical evidence, where there are communication difficulties.

Adopt an attitude of "It is happening here"

Being vigilant may involve monitoring of the following:

Attendance Demeanor/Appearance Behaviour Changes Relationships/Medicals Mood Change Injuries/Marks

3. What to do if a child discloses

Do..

- Listen carefully
- Use 'encouragers' to promote the dialogue of the child but not to lead.... eg '...anything else?....' open ended questions
- Reflect back what the child has said to you, 'So you're telling me that?'
- Repeat precisely what the child has said, '...and then they touched you.....'
- Give the child <u>time</u> to reflect and speak
- Speak to Safeguarding team immediately after the disclosure
- Write up the disclosure notes asap These will be put onto CPOMS system.
- Date, time, sign!



- Ask leading questions, 'What did she do next?' "Did they hit you?"
- Substitute child's words for correct terminology
- Make promises that you cannot keep
- Act shocked
- Jump to conclusions
- Speculate or make accusations
- Never delay immediate response to protect a child



It is not your responsibility to decide if the allegation is true or not

Recording disclosures (not your responsibility but you must talk to member of safeguarding team immediately)

- Do not destroy any original notes in case they are required by court
- Record time, date, place of disclosure on paper, and who else who was around.
- Record child's demeanour and non-verbal behaviours
- Record actual words child uses, do not substitute
- Draw / mark on a body map any bruises
- Be objective in your statements (factual not your opinion)
- This will be uploaded to CPOMS but usually following a conversation with C-SPA

4. Document you are signing

Cleves School Safeguarding Information for Visitors and Volunteers

Safeguarding is a crucial issue and all adults working at Cleves need to be aware of our Safeguarding policy and the following details.

1. In case of a disclosure of concern

Safeguarding Issues come under **four** categories: Sexual, Physical, Emotional, Neglect. If something happens that you feel is a safeguarding issue or a child discloses information to you:

- 1. Listen carefully to the child and avoid interrupting if possible
- 2. Try not to ask leading questions
- 3. Reassure the child that they have done the right thing and you will let another adult know about their problems (A member of the safeguarding team)
- 4. Do<u>not</u> agree that you will keep the information secret and to yourself
- 5. As soon as you get an opportunity write down in as much detail about the disclosure as possible while you can remember accurately what was said.
- 6. Bring it to a member of the Safeguarding Team. This must be as soon as possible and before leaving the school.
 - Natasha Green Designated Safeguarding Lead (DSL)
 - Hugh Thomas: Deputy Designated Safeguarding Lead (DDSL)
 - Rebecca Cannell: Deputy Designated Safeguarding Lead (DDSL)
 - Rebecca Flaherty: Deputy Designated Safeguarding Lead (DDSL)
 - Michelle Taylor: DDSL for GAP Club
- 7. Once shared with the DSL Safeguarding concerns and disclosures must then be kept in strict confidence

There are a number of additional safeguarding categories to be aware of :

- 1. Pupils at risk of radicalisation or involvement in terrorism,
- 2. Forced Marriage(FM) where whistleblowing may come from younger siblings,
- 3. Female Genital Mutilation (FGM)

In all of these circumstances the same procedures apply - Speak to a member of the Safeguarding team

2. Incident Log

If an incident occurs that is not a safeguarding issue but still worth noting it should be recorded. We use CPOMS (Online system) which can often help to build part of a wider picture of a child's situation and can be extremely valuable. If an incident occurs you should:

- 1. Note down anything you see or are told by a child
- 2. Speak to the class teacher and give them your report
- 3. In the absence of the class teacher seek a member of the leadership/safeguarding team and inform them.

3. Whistleblowing

If you wish to contact the Chair of Governor independently of the Cleves email system you can use the following address:

cleveswhistleblowing@outlook.com

If you require a full copy of our safeguarding policy please ask at reception .

Please sign and date a copy of this information sheet to acknowledge you have understand it and will comply with school policy

Signed _____

Date _____

Single Central Record system

We have a Single Central Record system (SCR) for keeping information about key for all staff.

You training and signed forms will be recorded on here as evidence.

5. What to do next

Thank you for your time:

Your next steps are to contact Mrs Stephenson / Mrs Jacoby / Mrs Poole (Reception) in order to:

- 1. Complete your DBS application (spent and unspent convictions, cautions, reprimands and warnings that are held on the Police National Computer)
- 2. Complete the Google Form having read all the appropriate documents