

Dos and Don'ts

- ✓ Listen and be supportive – make it clear you're taking them seriously and will take action to keep them safe
- ✓ Reassure them that what's happened isn't their fault
- ✓ Let the child guide the conversation
 - Ask non-leading questions - TED
 - Tell
 - Explain
 - Describe
- ✓ Explain what you need to do next, and why – be clear about the steps that will be taken
- ✗ Make notes while the child is speaking – wait until the end of the disclosure
- ✗ Ask leading questions
- ✗ Promise not to tell anyone or keep anything a secret – make it clear that you'll need to share what they have told you to keep them safe
- ✗ Interrupt the child to clarify details – this may make them reluctant to continue
- ✗ Talk to the alleged abuser – this could make things worse for the child

Our Safeguarding Team

Designated Safeguarding Lead:

Mr Tom Bird



Deputy Safeguarding Leads:

Mrs Ros Golden



Mrs Alice Hawkins



Mrs Izzy Hammond



Mrs Katie Wratten



Safeguarding Information for Volunteers

Protecting children from mal-treatment and harm

There are 4 types of abuse

Abuse	What is it	Examples	Signs and Indicators
Physical	causing physical harm to a child:	Hitting, shaking or throwing, Burning or scalding,	Bruises/cuts/scratches/scars on soft areas of the body Fractures at different stages of healing Illnesses that are regular, doubtful and/or hard to explain Bites that are oval or circular Burns and scalds Changes in behaviour, such as aggression, withdrawal, clinginess, difficulties sleeping, bed-wetting
Sexual	forcing or enticing a child to take part in sexual activities.	Kissing, touching, rape, involving a child in looking at or producing sexual images; 'upskirting';	Soreness in the genital and anal areas, Marks and bruises, Poor personal hygiene and weight loss/gain, Repeated urinary tract infections; Changes in behaviour such as aggression, withdrawal, clinginess, difficulties sleeping, bed-wetting; Fear and avoidance shown towards a particular person; Sexually inappropriate behaviour; Giving clues: they may drop hints without revealing the abuse outright
Neglect	persistent failure of a parent/carer to meet a child's basic physical and/or psychological needs, likely to seriously impair their health or development	Failure to: provide adequate food, clothing and shelter; protect a child from physical harm or danger;	Consistently inappropriate clothing or footwear; Persistently smelly or dirty; Swollen or thin tummy, poor muscle tone, small or light for their age; Numerous accidents suggesting lack of appropriate supervision; Tooth decay, untreated medical conditions or injuries; Hunger from missing meals, or repeatedly scavenging, stealing, hiding or stealing food with no medical explanation; Attention-seeking or withdrawing; Tiredness; Poor language, communication or social skills
Emotional	persistent emotional maltreatment of a child to the extent it severely affects their emotional development.	Making a child feel worthless, unloved or inadequate;	Injuries from self-harm; Using language/acting in a way, or knowing about things, that you wouldn't expect for their age; Struggling to control strong emotions or having extreme outbursts; Seeming isolated from their parents or carers, fearing or avoiding certain individuals; Lacking social skills; Low self-esteem and criticising themselves; Emotional immaturity, Changes in behaviour such as aggression, withdrawal, clinginess, difficulties sleeping, bed-wetting

If you are worried a child may be at risk, you must tell a member of the safeguarding team before you leave the school site/activity.

The DSL member will record your concerns on our online recording system, asking you to give as much information as possible. Try to remember as much as possible - eg, which side was the bruise - but stick to the facts that you know.

The DSL will also ensure that you are OK and offer support if you need it. You must keep all details confidential and should not discuss any concerns outside of the school.