



VOLUNTEER PACK



Thank you for applying to be a volunteer with us at West Berkshire Mencap. This pack is designed to help you settle in and learn a little about what is expected of you and a little info about the children.

Dear Volunteer

Thank you for signing up to become a volunteer for West Berkshire Mencap. We hope that you will find it a rewarding experience. This pack is designed to give you some information about our organisation and the sorts of children you may meet and what we expect of you as a volunteer.

If after reading this pack please contact the volunteer co-ordinator if you have any questions.

This pack includes some information on different disabilities, communication, a day in the life of, epilepsy and some important policies that involve you as a volunteer.

You will be invited to attend a volunteer training evening which will highlight all of the things that you need to know, these usually take place before the Easter and Summer Holidays.

Volunteering is a very rewarding experience and there are many ways that you can volunteer by just giving up a few hours a week or month. Your volunteering hours can also count towards Duke of Edinburgh awards.

Thank you once again for becoming a volunteer.

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Different Disabilities

Autism

Autism is a pervasive developmental disorder which affects social and communication skills. It may occur with other Learning Disabilities. The rules of language and social behaviour are incomprehensible to the Autistic child, resulting in “Autistic Behaviour”.

Autistic Characteristics

- Difficulty with social relationships
- Difficulty with verbal and non verbal communication
- Difficulty in the development of play and imagination
- Resistance to change in routine
- Echolalic
- Object Fascination

Asperger's Syndrome

Is the name used to describe the Higher functioning end of the Autistic Spectrum. There are many similarities between Autism and Asperger's Syndrome, but also differences. Typical aloofness is not present. The children are normally solitary and tend to become obsessed with particular items. They have severe difficulties in later relationships but they are more able in verbal communication.

Asperger Characteristics

- Difficulty in non verbal Communication
- Non Attentive to “Audience Reaction”
- Special Interest e.g.: trains / Cars
- Difficulty in social relationships e.g.: groups and sharing
- Still tends to be isolated but not aloof.

Down 's syndrome

Down's Syndrome (Trisomy 21) is a chromosomal disorder which occurs when instead of the normal complement of two copies of chromosome 21, there is a whole or sometimes part of an additional chromosome 21. Therefore, affected individuals have three chromosomes 21 in place of the normal pair.

Down's Syndrome Characteristics

- Chromosome abnormalities give rise to specific physical features.
- The range of cognitive disabilities is very wide.
- Associated defects may include ear and eye defects.
- 40% have an associated Heart defect.

Cerebral Palsy

Cerebral Palsy is a disorder of movement and posture which is apparent in the early years. It is due to the damage or failure in development of the part of the brain concerned with movement. Adjacent parts of the brain may also be injured and this may lead to poor sight , deafness or other perceptual difficulties.

Cerebral Palsy Characteristics

- The effects vary greatly with each individual, disability may be slight or severe
- Awkwardness in walking, or of hand and arm movements
- Involuntary movements
- Problems with balance
- May also have learning difficulties.

Communication

People with learning disabilities communicate in a wide range of ways these can involve

- Gesture/ informal signs
- Body language
- Formal signs
- Facial expressions/eye contact
- Pictures/ symbols
- Posture/ bearing
- Proximity and movement
- Words heard and spoken
- Words written and read.



Ways to improve your communication

- Look at the person you are talking to
- Touch them/call their name to ensure their attention
- Stand where you can be clearly seen
- Use gestures or signs for important words
- Make your sentences short and simple
- Use normal facial expressions
- Wait for a response before you carry on
- Offer the person as much choice as possible.



If you would like to teach yourself some signs before volunteering then please look up Makaton on the internet. Makaton is a very simple form of sign language which most of the children attending will use. During the training session you will be taught some of the signs you may need.

P.E.C.S

Picture Exchange Communication System

This is a form of communication using picture symbols or some children may use photo symbols to either make choices or to communicate what they would like. This is just like the child having a voice using pictures.

- You will find a lot of symbols around the Hall in places that lead somewhere e.g. door to the toilets, door to the garden. So that the children are able to choose where they need to go, you will also see boards of symbols being used for snack times to allow the children the opportunity to choose their snack.
- Some children will bring their own folders full of symbols with them, please ensure you help the child to look after these, it is their voice and if lost they are very difficult to replace.
- Staff have access to symbols of certain trips etc, if you feel your child is becoming distressed in any way please ask a staff member and they will be able to help.
- Some children may have timetables of the day, these will be a sequence of symbols that will tell the child what to expect during the day. Staff will explain these to you if your child uses one.



Epilepsy

Introduction

Epilepsy is a condition that causes somebody to have repeated fits. The medical term for an epileptic fit is seizure.

Epilepsy is a relatively common condition, affecting around 456,000 people in the UK. Epilepsy usually begins during childhood, although it can start at any age. Around one in every 280 children is affected by epilepsy.

Seizures

The cells in the brain, known as neurons, communicate with each other by using electrical impulses. During a seizure, the electrical impulses are disrupted, which can cause both the brain and the body to behave strangely.

The severity of the seizures can differ from person to person. Some people will simply experience a 'trance-like' state for a few seconds, or minutes, whereas others will lose consciousness and have convulsions (uncontrollable shaking of the body).

Types of epilepsy

There are three main types of epilepsy:

- symptomatic epilepsy - where the symptoms of epilepsy are due to damage or disruption to the brain,
- cryptogenic epilepsy - where while no evidence of damage to the brain can be found, there are other symptoms such as learning difficulties, that suggest that damage to the brain has occurred, and
- idiopathic epilepsy - where no obvious cause for epilepsy can be found.

See the causes section for more information about the different types of epilepsy.

Types of Seizure

There are many types of seizure, four types are described below, that you may encounter at Mencap

Absences

Absences are seizure that mainly affects children. They cause the child to lose awareness of their surroundings for five to 20 seconds. The child will seem to just stare vacantly into space, although some children will flutter their eyes or smack their lips. The child will have no memory of the seizure.

Absences can occur several times a day. Though they are not dangerous, they may affect the child's performance at school.

Myclonic jerks

Myclonic jerks cause the muscles to jerk as if the person has had some kind of electric shock. There is a loss of consciousness but it is hardly noticeable as it is so brief.

Clonic seizure

This causes the same sort of twitching as myclonic jerks, except the symptoms will last longer, normally up to two minutes. Loss of consciousness may occur.

Tonic clonic seizure

A tonic colic seizure has two stages. Your body will become stiff and then your arms and legs will begin twitching. You will lose consciousness and some people will wet themselves. The seizure normally lasts between one and three minutes but they can last longer.

This is the most common type of seizure, accounting for 60% of all seizures experienced by people living with epilepsy.

Tonic-colic seizure are typically what people are referring to when the use the term 'epileptic fit'.

Causes

The seizures that are associated with epilepsy are due to other conditions or factors that have affected the brain.

The brain is a delicate mix of neurons (brain cells), electrical impulses, and special chemicals, known as neurotransmitters. As a whole, the brain is like a 'living computer', so any damage has the potential to disrupt the workings of the brain and cause seizures.

Epilepsy triggers

Many people with epilepsy find that certain circumstances, or substances, can trigger a seizure. These triggers include:

- stress,
- lack of sleep,
- health conditions that cause a high temperature (fever), and
- flashing lights - this is actually quite an uncommon trigger, affecting only 5% of people with epilepsy, and is also known as photosensitive epilepsy.

Some women may find that they are more prone to having seizures just before, during, or after, their period.

Recovery

In most cases, medical help is not needed when someone has an epileptic fit.

However, you should call 999 if the seizure lasts longer than five minutes, or if they have a series of seizures without regaining consciousness.

You should also seek medical help if it is the person's first seizure, or if they have injured themselves.

If you are with someone who is having a tonic-clonic seizure (epileptic fit) you should:

- move them away from anything that could cause injury, such as a busy road or hot cooker
- cushion their head (if they are on the ground),
- loosen any tight clothing around their neck, such as a collar or tie, to aid breathing,
- when their convulsions stop, turn them so that they are lying on their side,
- stay with them and talk to them calmly, until they have recovered, and
- note the time it starts and finishes.

You should not:

- try to restrain them, or
- put anything in their mouth.

It is impossible for somebody to swallow their own tongue during a seizure.

While somebody having a seizure may bite their tongue, these bites are normally not serious, and will heal in a few days.

Attempting to stop somebody biting their tongue, by placing your hand or an object in their mouth, could be dangerous both for you and them.

Status Epilepticus

Status epilepticus is a seizure that lasts more than 30 minutes, or a series of repeated seizures, without the person regaining consciousness in between.

This can be dangerous as the body can struggle to circulate oxygen, which can eventually cause brain damage.

- Status epilepticus can be treated by a medication called buccal midazolam. This comes in liquid form and it is administered by trickling the liquid into the inside of the cheek. It is then absorbed into the bloodstream.

A day in the life of...



8.15 am Staff arrive – set up the hall and organise the day's events

9.00 am Volunteers arrive, they find out who they have been paired with and check the child's information.

9.15 am Volunteer briefing by staff



9.30 am Children arrive – (organised) chaos beings!



9.31 am Volunteers think “What can I do to amuse this child for 6 hours!!”

10.30 am (or slightly later) The days trips leave the centre



12.30 pm For those left behind lunch.



3 pm The groups return to the centre after having an awesome time. (Some may return around lunch to allow another trip to leave the centre).

3.30 pm Parents arrive to collect children, please tell the parents what your child has been up to today.

3.45 pm We all clean up



4 pm Volunteers leave and have the best night sleep ever and hopefully return the next day.



4.30pm The staff go home!

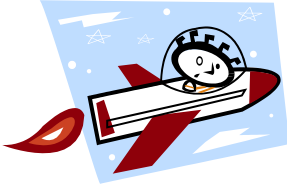
A DAY IN THE LIFE OF...



West Berkshire Mencap Saturday clubs

9.15am. Volunteers arrive, sign in and help set up the hall.

9.30am. The children arrive! Volunteers are paired up with a child.



11.00 am. Snack time, time for a break and then back to entertaining your child.

12.30pm. The parents collect their children and we have a quick tidy up and a lunch break.

1.30pm. A second group of children arrive and the volunteers are paired up with another child.



3.00pm. Snack time

4.30pm. The parents collect the children,

4.45pm. We tidy up and all go home to return next month.

A DAY IN THE LIFE OF...



West Berkshire Mencap
After School Club

3.30pm Staff return to the centre after collecting the children from Castle School.



From 3.30pm. The volunteers arrive (hopefully they are all early), sign in and are paired with a child by a member of staff.

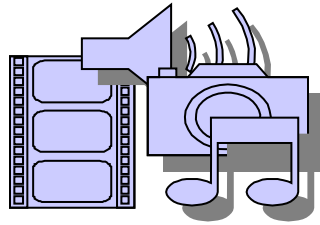
4.30pm. Snack time, the children choose a snack and drink from the kitchen. At the same time the volunteers grab a quick snack from the volunteer snack box.



6.00pm. The parents arrive to collect their child. Once your child has gone please help the staff to tidy the hall.

6.10pm. The volunteers leave.

A day in the life of



Youth club

5.30pm Staff arrive to set up

5.45pm Volunteers arrive

6.00pm Children arrive.

6.10pm Activities begin



7.00pm Tuck Shop open.

8.00pm Children are collected to go home

Volunteers leave.

Staff leave by 8.30pm





Training Notes

Learning Difficulty

This includes anyone with an IQ below 70% (the average is 100%)
It will affect social skills (interaction and communication) and life skills. Many are also affected in some physical way. E.g. 30% of people with a learning difficulty have a visual impairment.

Play

- Come down to the child's level, they can't come up to yours
- Show an interest in the activity
- Let the child lead the game
- Imitate what ever they are doing.
- Give plenty of praise and attention
- Beware of short attention span

DO NOT

- Give too many commands – the children are unable to process lots of instructions

Communication

The children will use behaviours to aid their communication difficulties; this may be displayed in a positive or negative way. The children may cry, pull you shout, jump up and down etc please keep in your mind that the purpose of this behaviour is to get their needs met! Please ask staff if you need any help with your child or suggestions on what your child may need or want.

General Information

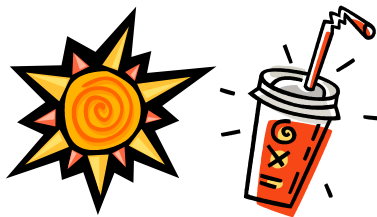
What Happens if I know my child needs medication?

- It is the staff's responsibility to give any child their medication
- Under NO CIRCUMSTANCES can you give medication to a child
- It would be greatly appreciated if you remind members of staff that your child needs medication, as staff can sometimes be very busy.
- Medication should always be locked in the office
- If you have medication it should ideally be locked in the office as well, please speak to a staff member if you have any medication on you.



The Kitchen

- Children are not allowed in the kitchen. The ONLY exception to this rule is when a supervised cooking activity is taking place.
- Volunteers are allowed in the kitchen to make themselves and their child a drink at any time during the day
- If you wish to go into the kitchen please ensure that someone is watching your child.
- No more that 2 volunteers in the kitchen at any time.



Drinks and Hot Weather

- If you are at the centre or on a trip, please offer your child regular drinks, this is especially important in hot weather.

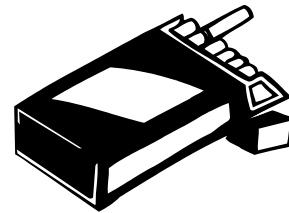
- In hot weather please check your child's bag for a sun hat and ensure they wear it.
- Staff will apply suncream to the children, please prompt staff if you know your child needs suncream applied.
- You are responsible for your own safety in the Sun, please ask staff if you would like suncream, we always have a supply of Boots Soltan factor 30+



What to do when hearing the fire bell

Fire exits will be shown during a briefing session in the morning

- Stay Calm
- Escort your child out of the nearest fire exit, do not stop to pick up belongings etc
- After leaving the building escort your child to the fire assembly point on the field.
- Stay with your child and comfort them if necessary
- If your child is out of their wheelchair, staff will assist you in getting the child safely out of the building.
- A member of staff will take the register for both children and volunteers, please remain silent and listen for your child's name.
- Do not re enter the building until a member of staff says it is safe to do so
- Remember you **must** remain with your child at all times.



What to do if I am a smoker

- Smoking is not permitted on the premises of West Berkshire Mencap
- Under any circumstances DO NOT smoke in front of any of the children attending the services, this applies to volunteers and children on trips out
- If you are desperate and need to have a cigarette PLEASE ask a staff member to watch your child while you go off the premises to have a cigarette
- Please make sure that all cigarettes and lighters are stored in your bags and are well out of the children's reach.

Confidentiality

- Every child and their family have a right for their disability and family circumstances to remain confidential
- As a volunteer looking after a child you will have access to confidential information about them
- Please do not discuss children and their specific problems outside of the centre
- By all means tell your friends and family about the wonderful time that you have had at Mencap, but please do not discuss confidential information.



Toileting

- NEVER EVER go to the toilet alone with your child
- Please ask a member of staff to take your child to the toilet
- If your child wears pads/nappies ask a member of staff to change your child. A staff member may ask you to accompany them to the toilet as even staff can't go to the toilet alone with children.

PLEASE READ THE ENCLOSED CHILD PROTECTION POLICY

CARE PLAN

On the next page is an example of a care plan that we produce for all of the children that attend our services, you will be able to read the care plan for the child that you are looking after before the playscheme session begins. Please take time to read this carefully as it gives tips on what your child likes doing etc.

Example Care Plan

JOE Aged 5

Diagnosis: Downs Syndrome

Allergies: None

Toileting: Joe is still in nappies. **Staff will change him. Please tell us if he needs changing.**

Behaviour:

Joe is a really lovely child, however he will push other children to the floor if he gets excited or frustrated. If he does this please get a member of staff.

Please keep a close eye on him when you are out as he has a tendency to wander or run off. Keep hold of his hand.

Communication: Joe uses Makaton signing and has a few words of speech. He will point at what he wants or take you to it.

Feeding: Joe is fine at feeding himself

Playing with Joe:

Joe likes all the toys at Mencap especially the Trains. Outside he likes the swing, slide, playhouse and sandpit. He loves the roundabout and soft play.

Where you are likely to go.

Swimming, soft play, farm parks etc.

Please be aware that all this information is private and confidential and is to be kept private and confidential

Please report all accidents how ever minor to a member of staff

Medical info: None

POLICIES

PLEASE READ THROUGH



West Berkshire Mencap Children's Services
Policy on use of Volunteers

1. A record must be kept of each volunteer. This record must include: name, address, date of birth, and information relevant to their work.
2. Satisfactory references must be sought before taking on any new volunteer these must come from someone who is not related to the volunteer.
3. Volunteers must be asked if they have ever been convicted of a criminal offence or been made the subject of any Order, civil or criminal, made by a Court of Law, involving offences against the person, children, or handling money.
4. Volunteers must be informed that they are under an obligation to treat all information concerning the children and their families in the strictest confidence.
5. On receiving the application, references will be taken up in writing, and once satisfactory references have been received they will be offered a position to volunteer.
6. Volunteers must sign their application forms stating that the information given on the form is correct to the best of their knowledge.
7. All volunteers must be notified accordingly to whether or not their application to work on the club / project is successful.
8. All volunteers must be offered training by the children's services. This may happen after the volunteering has started as it is usually only twice a year, and depends on when you start to volunteer. This training should include: daily routine, play, disability awareness, communication and epilepsy awareness. Volunteers will be expected to attend at least one training session.
9. Each volunteer must be given information sheets as given out in any training event.
10. All volunteers must be made aware of their responsibilities.
11. All volunteers are accountable to the Children's services team and Play Leaders.
12. Each volunteer will have access to a Volunteers handbook which is available at the centre. If a volunteer wishes they may ask for an individual handbook.
13. Each volunteer must complete a Health Check form, and be informed that subject to their answers given it may be necessary for them to complete a more detailed form.
14. Each volunteer will be required to sign a volunteer agreement before beginning volunteering.



Notes for volunteers

- All volunteers **must** sign in the book so we know which amazing volunteers are here.
- You will be assigned a child to look after, if their notes are available please read through them and ask any questions if needed. Please remember all notes are **Confidential!!**
- Please introduce yourselves to the child's parents, and please note what the child's belongings look like and where they are.
- Please note any cuts, marks or bruises (however minor) that your child has and report them to the staff. **ALL** cuts marks and bruises **MUST** be reported.
- During the day, all accidents (however minor) that **YOU** or your child have must be reported. Even a graze!
- Make sure child plays safely.
- Assist staff by prompting them if your child's pad / nappy needs changing, never change a child yourself.
- Make sure you are **Never** in a room / area alone with a child, stay where others are or in groups when on trips.
- All children should be given drinks regularly and ask them if they need the toilet.
- Children should be sat at a table at lunch times. Some children may need assistance – ask a member of staff if you are not happy to do this.
- At the end of the day **DO NOT** hand over the child that you are with to any adult until the play leader tells you to. Even if you recognize the adult as the child's parent.
- Help each other. If you see another volunteer struggling ask them if you can help. Feel free to get a member of staff, we are here to help!

- There is a **No smoking** policy on playscheme. If you get desperate then ask someone to look after your child and go out of sight of the centre. On trips **Never** smoke in front of a child.
- Small children need car seats/ or booster seats, please check with staff.
- No shoes in sensory room or soft play room.
- No food or drink in sensory room or soft play room
- Volunteers **never** shout at the children
- Volunteers **never** restrain the children
- Your safety is essential so please do not wear jewellery as it can be easily broken and pulled.
- **Have FUN!!!**

Volunteer Agreement

This volunteer agreement describes the arrangement between West Berkshire Mencap children's services and (name of volunteer) _____

We really appreciate your willingness to volunteer with us and will do the best we can to make your experience of volunteering with us enjoyable and rewarding. Our volunteers are really important to us and the people we work with and add enormous value to everything that we do.

Part 1: The organisation

Your role as a volunteer is to provide one to one support for children with additional needs, to enable them to play, have fun and socially interact. Our organisation's objectives are:-

- **To provide equal play opportunities for children with a learning disability, with or without a physical disability.**
- **To provide respite for Parents and Carers**
- **To provide training and opportunities for volunteers who want to work with children with a learning disability, with or without a physical disability.**

West Berkshire Mencap commits itself to the following:

1. Induction and training

- To provide you with an introduction to West Berkshire Mencap, the children's services, its staff, your volunteering role and the induction and/or training you need to meet the responsibilities of this role. The Volunteer Handbook provides more information. There is a copy available at the centre, or you can ask for an individual one.
- A brief training session will be provided at various times throughout the year that you will be expected to attend. This session will include information on disabilities, communication and your role as a volunteer.

2. Supervision, support and flexibility

- To explain the standards we expect for our services and to encourage and support you to achieve and maintain them.
- To provide a named person who will meet with you regularly to discuss your volunteering and any successes and problems.

- To do our best to help you develop your volunteering role with us.

3. Expectations of the organisation

- To supply the volunteer with information that will help the volunteer in the performance of services, subject to the organisation being able to disclose such information without being in breach of confidentiality.
- To promptly and efficiently deal with any enquiries or concerns made by the volunteer.
- To provide adequate support to the volunteer and the provision of training where required assisting in the performance of services.
- West Berkshire Mencap will undertake appropriate risk assessments for the safety of the volunteers

4. Expenses

- Volunteers will be provided £5 each session that they volunteer to cover their expenses such as bus fares and lunch etc. At after school club you will receive expenses for a maximum of two sessions a week.
- If you are volunteering as part of your Duke of Edinburgh Award the expenses for after school club are not paid.
- Volunteers will be reimbursed for out of pocket expenses connected to their duty, subject to the volunteer producing receipts and it being agreed first.

• 5. Health and safety

- To provide a copy of our health and safety policy in the volunteer handbook

6. Insurance

- To provide adequate insurance cover for volunteers whilst volunteering approved and authorised by us.

7. Equal opportunities

- To ensure that all volunteers are dealt with in accordance with our equal opportunities policy, a copy of which is set out in the Volunteer Handbook and available at the centre..

8. Problems

- To try to resolve fairly any problems, grievances or difficulties you may have while you volunteer with us. The first person to approach would be the volunteer manager. If the concern cannot be resolved informally then the volunteer should put it in writing to the volunteer manager and a formal meeting will be held.

9. Duration and termination

- This agreement shall continue until terminated by either party. The organisation will endeavour to give you as much notice as possible to the volunteer of termination and it is hoped that the volunteer will do the same.
- Where the agreement is terminated the volunteer agrees to promptly return any of the organisation's property that may be in his/her possession.

Part 2: The volunteer

I, (volunteer's name) _____ agree:

- To help West Berkshire Mencap fulfil its services to children with additional needs.
- To perform my volunteering role to the best of my ability
- To follow the organisation's procedures and standards, including those relating to health and safety and equal opportunities, in relation to its staff, volunteers and clients
- To meet time commitments and standards agreed to, and to give reasonable notice so that other arrangements can be made
- To provide referees, as agreed, who can be contacted
- To at all times during the continuance of this agreement and after termination, keep all confidential information confidential.
- The volunteer agrees to, at all times during the continuance of this agreement and after termination, keep all confidential information confidential and , without any limitation, shall not disclose information to any person and shall not use any confidential information for any purpose other than the performance of services.
- Volunteers will under no circumstances photograph the children accessing the services

Signed on behalf of West Berkshire Mencap

Signature: _____ Position: _____

Name (print): _____ Date: _____

Signed by volunteer: _____

Name (print): _____ Date _____

PLEASE RETURN THIS AGREEMENT WITH YOUR APPLICATION FORM



West Berkshire Mencap Children's Services
Safeguarding and Child Protection policy

Useful telephone numbers

Duty Social Worker - 01635 503090

Emergency (out of hours) duty team: 01344 786543

CHILD PROTECTION

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WELFARE

PART A: GENERAL PRACTICE (page 7)

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CHILD PROTECTION

In the first instance any incident that causes concern but which, on the advice from Social Services, does not require immediate action, but should be kept on record. Use form **CPI "Record of Concern"** (sometimes referred to as an "Incident Report") for this purpose (ask members of staff for a form).

For a list of some signs and types of behaviour which may indicate that a child is being abused, see the attached green sheet "The identification of Child abuse" produced by the NSPCC.

PART A: DEFINITIONS OF ABUSE

(As defined by the National Society for Prevention of Cruelty to Children (NSPCC))

Physical Abuse

Where a child is physically hurt. It can involve hitting, shaking, squeezing, burning or biting. It also involves giving a child poisonous substances, inappropriate drugs and alcohol. Physical abuse can leave signs - look out for children with frequent bruising, burns, fractures and cuts - all without reasonable explanation of cause.

Sexual Abuse

When children are exploited sexually by adults who use them to meet their own sexual needs. It includes sexual intercourse, fondling, masturbation, oral sex and exposing

children to pornographic materials. Children who have been sexually abused often become depressed and withdrawn, they display unusually aggressive behaviour, may have eating problems and relationships with adults that exclude others. They may display over-sexualised behaviour inappropriate for their age.

Neglect

Where parents fail to meet the basic and essential needs of their children - like food, clothes, warmth and medical care. Leaving children alone is another form of neglect. Children who have been neglected suffer a number of difficulties, they may seem unusually withdrawn and miserable, they may be over-aggressive, have eating and nutrition problems and be dirty and smelly.

Emotional Abuse

Where a child consistently faces a lack of love and affection, or is continually threatened by verbal attacks, taunting and shouting. Children who have been emotionally abused may seem sad, cry a lot and display apathetic or aggressive behaviour. They may well have a lack of confidence and low-self esteem.

PART B: SOMEONE TELLS YOU THEY HAVE BEEN ABUSED

The following guidelines (including parts C, and D) are based on those given in the “Mencap Operational Manual” section D11: “Suspected abuse procedures and guidelines”.

Notes on definitions used below: “service user” will mainly refer to the child using the West Berkshire Mencap Children’s Service.

PART B1: Action by the person receiving the allegation (for everyone except the Activity Leader / Co-ordinator)

1. On receiving the allegation **you should listen to the service user and hear them out.** Do not ask leading questions. Check out if anyone witnessed the incident.
2. You should not at this stage involve any other staff member.
3. You must tell the person making the allegations that you will have to report what they say to the activity leader. You also must say that they may have to take actions.
4. Provide verbal comfort and reassurance to the service user, both during the interview and afterwards. For help with this see the attached green sheet “Listening and talking to abused children” written by the NSPCC.
5. Afterwards, report verbally to the activity leader, as soon as possible.
6. Make a written report of exactly what was said by the service user and yourself. Record the names of any witnesses. Submit the report to the activity leader who will report to the Children’s Officer. The statement may be required by the police, if a police investigation takes place. You should make the report using **Form CP2: Report of Abuse Allegations.** (Ask members of staff for a form).

7. This written report is strictly confidential and must not be disclosed except to others to whom a report of the allegation is made (e.g. police, social services). Do not discuss it with colleagues.

PART B2: Action to be taken by the Activity Leader / Co-ordinator (not the Children's Officer)

1. As above (part **B1**), but refer to the Children's Officer of West Berkshire Mencap.
2. If the staff member brings the report to you or the complainant him/herself does at the urging of the staff member then:
 - do not question the service user again
 - do not question the person who is alleged to have committed the abuse, even if they are onsite. You are dealing with an allegation of a serious criminal offence. This questioning is the role of the police and/or a senior officer of Mencap.
 - Do not question the witness (if there is one).
3. You must now report to the Chief Executive Officer of West Berkshire Mencap.
4. A written record of the allegation(s) as recorded by yourself/the original member of staff, and the action you have taken must be made to the Chairman to whom you have reported verbally.
5. You must consult with the Chief Executive Officer whether and how to report the allegations to one or more of the following people:
 - Police
 - Parents
 - Other close relatives
 - Social Services department
 - Doctor
 - Other care staff
6. Where possible the consent of the alleged victim should be sought before reports to others are made. When this is not possible, discuss with your Chief Executive Officer whether to report to one or more of the above persons without this consent.

PART B3: Action to be taken by the Children's Officer

As above (part **B2**), but refer to the Chief Executive Officer of West Berkshire Mencap.

Reporting to the police

1. All allegations of SERIOUS nature should be reported to the police immediately the allegations are made.
2. The decision as to whether the allegations amount to SERIOUS abuse may only be taken by a director of "West Berkshire Mencap" or any officer s/he has specifically delegated this authority to.
3. If, however, the alleged victim decides s/he wishes to report the allegation to the police, they have the right to do so without any need to seek "permission" from any elected member, a director, or any other officer. In this case the alleged victim should be assisted as necessary to make the report. Senior officers should be informed as a matter of courtesy.

In such a case as any outlined above:

4. Contact the police.
5. Ask for either the “Special Team for People with Learning Disabilities” or the “Child Liaison Team”. (Child Liaison is a non-uniformed branch who advise/investigate incidents of physical/sexual abuse. Whilst this section of the police force may not seem the most appropriate for adults with a learning disability, experience shows that they are extremely sensitive in dealing with allegations of abuse against people with learning disabilities).
6. The police officer will discuss the incident with all concerned and decide if evidence is sufficient to support a conviction.
7. Make sure that the Special Team/Child Liaison police officer contacts Social Services. (If it is outside office hours the emergency social work duty team will need to be contacted. Telephone numbers are at the top of this policy document. The police should do this automatically.)
8. Check with the police if parents/carers should be contacted. Obviously, if the parent is the suspect, this should not be done but otherwise it is good practice to inform the next of kin.
9. Ensure that someone is with the service user throughout the police interview.

Notes on “Reports”

1. Clear objective notes and reports must be made of ALL decisions taken, the reasons behind decisions and subsequent action.
2. These reports must include times, dates, persons present and their job titles and must be signed and dated as a true record of events by all those involved.
3. Use **Form CP2: Report of Abuse Allegations**. (Ask members of staff for a form).
4. These reports must not be disclosed to any person except on a “need to know” basis. Those people who will need to know are those to whom the allegations or suspicions have been reported, and may include police, parents, a social worker.
5. You should NOT discuss the allegations or suspicions of abuse with anyone except those who “need to know”.
6. Decisions about disclosure must be made in consultation with your Activity leader / Co-ordinator & the Children’s Officer. Any disclosure alleging abuse may give rise to action in defamation if the allegations or suspicions are unproven.

PART C: YOU SUSPECT SOMEONE HAS BEEN ABUSED

1. You must write down your suspicions giving the precise and detailed grounds on which your suspicions are based. You must explain exactly what you think has happened and give any evidence you have to support your suspicions.
2. This report is **STRICTLY** confidential and must not be disclosed except to those to whom a report of the suspicion is made (e.g. Children’s Officer, Chief Executive Officer or other persons listed below).
3. This report should not be typed for you by another person. It should be hand-written or typed by you personally.
4. You should make this report using **Form CP2: Report of Abuse Allegations**. (Ask members of staff for a form).

5. Inform the Children's Officer, taking your report with you. Discuss your suspicions and the way in which these concerns should be further investigated. You should consider how these suspicions should be discussed with the person you think has been abused. If the Children's Officer is not available then report to the next level of management, as available: Family Adviser, Chief Executive Officer, Chairman of West Berkshire Mencap.
6. The Children's Officer must discuss it with the Chief Executive Officer, and discuss whether and how to contact the "duty social worker", or any one of the following people as they consider necessary:
 - Ofsted
 - Police
 - Parents
 - Other close relatives
 - Social Services department
 - Doctor
 - Other care staff
7. Where possible the consent of the alleged victim should be sought before reports to others are made. When this is not possible, discuss with the Children's Officer, whether to report to one or more of the above named persons without this consent.

Reporting to the police

1. The decision as to whether your suspicions amount to **SERIOUS** abuse and/or seem well founded, may only be taken by a director of "West Berkshire Mencap" or any officer s/he has specifically delegated this authority to.
2. If, however, you feel particularly convinced of the validity of your suspicion you are free to report as a private citizen. But note that reporting your suspicions to someone in authority does not release you from your general duty of confidentiality in respect to the details of the service user and their personal lives.

Notes on "Reports"

1. Clear objective notes and reports must be made of ALL decisions taken, the reasons behind decisions and subsequent action.
2. These reports must include times, dates, persons present and their job titles and must be signed and dated as a true record of events by all those involved.
3. Use **Form CP2: Report of Abuse Allegations**. (Ask members of staff for a form).
4. These reports must not be disclosed to any person except on a "need to know" basis. Those people who will need to know are those to whom the allegations or suspicions have been reported, and may include police, parents, a social worker.
5. You should NOT discuss the allegations or suspicions of abuse with anyone except those who "need to know".
6. Decisions about disclosure must be made in consultation with the Children's Officer. Any disclosure alleging abuse may give rise to action in defamation if the allegations or suspicions are unproven.

PART D: THIRD PARTY REPORTS SUSPECTED ABUSE TO YOU

1. You must write down exactly what that person says in their own words.
2. You should make this report using **Form CP2: Report of Abuse Allegations**. (Ask members of staff for a form).
3. This report is **STRICTLY** confidential and must not be disclosed except to those to whom a report of the suspicion is made (e.g. Children's Officer or Chief Executive Officer).
4. Anonymous allegations must be investigated but whenever possible you should persuade that person to give their name so that they can be contacted for more information if necessary.
5. You must state to the third party that you are obliged to act on this information.
6. Report to the activity leader, taking your report with you. Discuss your suspicions and the way in which these concerns should be further investigated. You should consider how these suspicions should be discussed with the person who has been abused. If the activity leader is not available then report to the next level of management, as available: Children's Officer, Family Adviser, Chief Executive Officer.
7. A report of the suspected abuse may be necessary to one or more of the following people. You should consult the activity leader about this. The activity leader must discuss this with the Children's Officer and Chief Executive Officer if the Children's Officer identifies as necessary, and discuss whether and how to contact these people:
 - Police
 - Ofsted
 - Parents
 - Other close relatives
 - Social Services department
 - Doctor
 - Other care staff

Should intervention be required by other agencies the Chief Executive Officer of "West Berkshire Mencap" must be consulted prior to the action being taken.

7. Where possible the consent of the alleged victim should be sought before reports to others are made. When this is not possible, discuss with the activity leader who will refer to the Children's Officer, whether to report to one or more of the above named persons without this consent.

Reporting to the police

1. The decision as to whether the third party's suspicions amount to **SERIOUS** abuse and/or seem well founded, may only be taken by a director of "West Berkshire Mencap" or any officer s/he has specifically delegated this authority to. Only a director of "West Berkshire Mencap" or her/his delegated officer, may take the decision to **OFFICIALLY** report third party suspicions on behalf of Mencap.

2. This provision does not prevent the third party from directly reporting their suspicions.

PART E: INTER DISCIPLINARY PROCEDURES

1. If the allegations or suspicions are directed against a member of “West Berkshire Mencap” staff the Children’s Officer must consider immediate suspension of the staff member. If the allegations are against the Children’s Officer then the decision of suspension will be taken by the Chief Executive Officer of “West Berkshire Mencap”.
2. This dismissal must be done in accordance with Mencap Disciplinary Procedure (see Personnel Procedures Manual) and any disciplinary action which is subsequently taken will be in accordance with this procedure.

For “Reporting suspicion of abuse which is alleged to have happened outside “West Berkshire Mencap Children’s Services” e.g. Adult Training Centre, workplace, home, see bottom of page nine, of the “Mencap Operational Manual” section D11: “Suspected abuse procedures and guidelines”.

For other issues relating to staff allegations, Legal information, or for further information on contacting outside agencies, see Section II (page ten onwards) of the “Mencap Operational Manual” section D11: “Suspected abuse procedures and guidelines”.

WELFARE

PART A: GENERAL PRACTICE

1. The welfare of the child must always be of paramount importance to staff and volunteers who must act to reflect this.
2. Any concern for the child’s welfare must be initially discussed with the Co-ordinator who will discuss issues with the parent(s).
3. If a child is seen to be at risk the Co-ordinator would discuss this with the Chairman, and may then seek advice from the NSPCC or the Social Services “duty social worker” or a “Health visitor” or Ofsted.

PART B: ALCOHOL

1. Staff (which includes volunteers) are asked to consider the effects of the consumption of alcohol while off duty on the performance at work, with particular attention being given to the period immediately prior to beginning duty.
2. Staff beginning duty should not give any reason to suspect that they have been drinking. “West Berkshire Mencap Children’s Services” (its clubs / projects) reserves the right to send staff home who appear intoxicated by alcohol, without pay for the day in question.

3. West Berkshire Mencap Children's Service staff are not permitted to consume alcohol on the premises of the Mencap centre.

Note: "on duty" is defined as whenever a staff member is carrying out business relating to any West Berkshire Mencap Children's Service.

PART C: SMOKING

1. Smoking is not permitted on the premises or grounds of the Mencap centre.
2. When off-site smoking is prohibited in any area used by the children attending the club / project.
3. When off-site staff are asked to smoke in an area that is not visible to the children, due to the risks of passive-smoking.

PART D: ILLEGAL SUBSTANCES

1. The knowledge or witnessing of use of illegal substances directly prior an activity with "West Berkshire Mencap" will result in immediate suspension.

PART E: SECURITY

1. As far as understanding allows, staff should seek to communicate to the children the risks of stranger/danger.
2. Wherever possible the club / project should use a strategy of easy identification for staff and children, especially when in public areas e.g. badge, hats, T-shirts.



West Berkshire Mencap Children's Services
Health & Safety policy

1. **Health** (page 1)
2. **Illness** (page 1)
3. **Accidents & Emergencies** (page 2)
4. **First aid** (page 2)
5. **Medicines** (page 2)
6. **HIV** (page 2)
7. **Hygiene** (page 3)
8. **Safety** (page 3)
9. **Fire** (page 3)
10. **Sun** (page 4)

Definitions

“parent” refers to the responsible adult who cares for the child, this may be a carer or guardian.

“the club” refers to the children's service / project being provided eg. “Satfun”

“Volunteer” = Anyone employed in the club on a voluntary basis

“Play Assistant” = Anyone employed in the club who is not the on-site leader

“Play Leader” = Anyone who is employed in the club who is an on-site leader

“Co-ordinator” = Person with management responsibility for the club

1. Health

- The welfare of every child in the club is paramount at all times.
- The club must be a safe environment for all children, staff, and volunteers.
- Staff must discuss any concerns about a child with the parent initially, and must ask parents that they will discuss any concerns they may have with the Co-ordinator, in confidence, now and in the future.
- Each parent must complete details about their child's health in the club application form.
- Parents must be told to inform the Co-ordinator of any changes to their child's health.
- Parents must be asked to advise the club (Co-ordinator) of allergies, especially dietary ones, so staff can be aware and can accommodate their child.
- **SMOKING ANYWHERE IN THE CLUB IS STRICTLY FORBIDDEN.**

2. Illness

- It is the parent's responsibility to inform us if their child has an infectious disease such as Measles, Chicken Pox, Mumps etc. They must be informed of this responsibility.
- Parents of all the children must be informed of reported cases of serious illness but not identity.
- The Club has the right to refuse any child with an infectious disease.

- Parents must be asked to let us know the reason for their child being absent, with as much warning being given as is possible.
- Children suffering from diarrhea and/or vomiting must be excluded for a minimum of 24 hours after the condition has stopped and preferably not return until the child is fully fit. Children with head lice will not be allowed to attend until they have received the appropriate medication.

3. Accidents & Emergencies

- All parents must sign a consent form allowing the club staff to seek medical assistance in the case of accident or emergency.
- A form giving detail of any fits that a child has had during the club session, and/or of any medication administered shall be sent home to the parent, and a copy kept in the "Health & Safety" folder.
- All accidents shall be entered in the "accident form", each accident recorded on its own sheet of paper. The treatment shall be witnessed and the entry countersigned. Parents shall be shown the form and asked to countersign it.

4. First aid

- All staff shall be trained in First Aid by "British Red Cross" or some similar recognised first aid / ambulance service. If training is not possible for any member of staff, then a basic working knowledge of first aid must be sought.
- All staff shall be familiar with the whereabouts and contents of all the First Aid Kits.
- Any vehicle used to transport children shall carry a first aid kit. (In any vehicle children must always be accompanied by a member of staff.)
- Safety procedures shall be carried out by staff in case of injury or bleeding.

5. Medicines

- Parents shall be informed of their responsibility to let staff know what medication their child needs by completing the "Health Form" correctly.
- All medicines to be administered during the duration of the club must be kept locked in the office until needed, and then returned there after use.
- Parents whose child needs Buccal Midazolam will be required to sign a completed care plan including signed consent allowing a trained member of staff to administer the Buccal Midazolam. The form shall give detail of the medication and after how many minutes of fitting it should be used.
- A form giving detail of any fits that a child has had during the club session, and/or of any medication administered shall be sent home to the parent, and a copy kept on the child's records.
- care plans will be completed for all children who require Buccal Midazolam, Epi pen, insulin or any other invasive medication.

6. HIV

- Consideration shall be given to the possible dangers of cross infection from HIV or Hepatitis whilst dealing with accidents and injuries, and basic hygiene procedures will always be followed.
- Staff shall be trained to deal with the spillage of blood and other bodily fluids in a safe way at all times, to avoid the risk of cross infection.
- Safety procedures shall be carried out by staff in case of injury or bleeding.

- Staff shall be aware that the knowledge of a child having HIV will only be known if the parent has chosen to share this knowledge.
- When a child has been sick, is wet, or soiled, or where blood needs to be cleared up:
 - wear disposable latex gloves
 - wash any spillage on the child or self with soap and warm water
 - Where the spillage has soiled the floor, a solution of one part bleach to ten parts hot water shall be used for cleaning. Use detergent and hot water on carpets.
 - Any kitchen towels, wet wipes, or nappies shall be double-wrapped and placed in the marked bin for appropriate disposal.
 - Where the body fluids have got onto clothing, the clothing shall be removed and washed.

7. Hygiene

- Cleanliness is paramount.
- All staff and volunteers shall share responsibility for keeping the club clean. i.e. the toilets, toys, equipment.
- Toilets shall be checked (by staff) and cleaned regularly by an employed cleaner.
- Cuts shall be covered at all times.
- All equipment and toys shall be cleaned with a disinfectant regularly for safety.
- Plastic gloves shall be used when changing any child or attending to any cuts.
- Staff and volunteers shall ensure that children wash hands after using the toilet, and before snack time.
- Paper towels shall be used for drying hands for hygiene purposes, and children should be encouraged to cover their mouths when coughing.
- Tissues shall always be at hand and the children encouraged to dispose of their tissues into a bin.

8. Safety

- The club shall be a safe environment for all children, staff and volunteers.
- All equipment, toys, and outside play areas shall be checked regularly for safety. A record of these checks must be kept on file.
- If children are to use toilet/washing facilities that are also accessible to the public, staff must accompany children.
- If children are to change for activities, such as swimming, in communal areas such as in sports clubs, they must be overseen by a staff member.
- Children must not be allowed to enter the kitchen area, unless for a supervised activity
- All potentially dangerous liquids, powders, medicines, tablets, drugs, alcohol, aerosols, matches, lighters, polythene bags, cling film, blades, toiletries, and sharp objects (e.g. knives/scissors) must be locked away or placed out of reach of children.
- All low electric sockets shall be fitted with plain safety covers.
- Children shall never be able to leave the premises unsupervised.
- Children shall NEVER be left unsupervised near ANY level of water; and when swimming in a pool accompanied on a 1:1 basis.
- All staff and volunteers shall be aware of the danger of extremes of water temperature.
- Poisonous shrubs/trees/plants shall not be in the play area or otherwise accessible to the children.

- Staff shall familiarize themselves with possible hazards in public areas.
- The club is covered by West Berkshire Mencap's insurance policy.

9. Fire

- Staff, volunteers and children must all have a fire drill each time a new child is admitted to the club.
- Induction training for staff (inc. volunteers) must cover what to do in the event of a fire.
- "In case of fire" instructions shall be displayed at various points in the Mencap Centre, and all staff must be made aware of them.
- A separate "Fire procedure" specific to the clubs will be displayed around the hall.
- Fire safety equipment is inspected regularly and maintained by an approved firm.
- Volunteers shall try to ensure that children understand they are having a fire drill.
- An evacuation/fire log book shall be kept by office staff at "West Berkshire Mencap".
- Wherever possible electrical appliances shall use short flexes and never have wires that trail across the floor.
- Wherever possible a separate socket shall be used for each individual electrical appliance.
- Smoke detectors shall regularly be checked, and ensure that they are audible in all parts of the building.
- Ensure that fire exits are always kept clear, and are easily opened from the inside.

FIRE PROCEDURE: *Name of Club*

1. Stay Calm
2. Play Leader to collect the visitor's book, and call fire brigade if not done so already.
3. Play Assistant to open fire exit and tell the children to follow (a member of staff) out to the field.
4. Play Leader collects the register and checks the building.
5. All staff help to usher children out and offer reassurance when needed.
6. Play Leader calls register, and checks visitors' book, to account for every-one.
7. Keep children safely grouped together until a fire officer allows re-entry or gives other guidance.

10. Sun

- Parents shall be asked to provide sun hats, sun-cream etc.
- Parents will be asked to sign consent for administering sun cream, they will either consent to us using "Boots Soltan" or sign to use a specific sun cream provided by parents. If no consent is provided then the children will be kept out of the sun.
- Every effort will be made by staff and volunteers to protect the children from the Sun's harmful rays.
- Staff and volunteers are personally responsible for protecting themselves from the Sun's harmful rays.



West Berkshire Mencap Children's Services Equal opportunities policy

1. "West Berkshire Mencap Children's Services" recognise that groups of people and individuals (including children) are discriminated against in society today. They can be treated less favorably in the provision of services; access to facilities; employment and other opportunities. We work for equal opportunities for all our staff, volunteers, children and their families.
2. We are aware of the disadvantages that are caused by discrimination, and share the view that it is morally wrong.
3. All staff and volunteers working with children within "West Berkshire Mencap Children's Services" must value and respect the different racial origins, religions, cultures and languages in society so that each child is valued as an individual without racial or gender stereotyping.
4. All staff and volunteers working with children in "West Berkshire Mencap Children's Services" must be aware that children from a very young age learn about different races and cultures including religion and languages and will be capable of assigning different values to them. The same applies to gender and making distinctions between male and female roles.
5. All staff and volunteers working with children in "West Berkshire Mencap Children's Services", in the knowledge of point 4, should practice behaviour that enables the children to develop positive attitudes to differences of race, culture and language and differences of gender.
6. In all aspects of its work, especially with reference to the admission of children and the employment of staff, "West Berkshire Mencap Children's Services" adheres to the "Royal Society Mencap" equal opportunities policy.

"West Berkshire Mencap Children's Services" must commit to developing its services within an equal opportunity framework by:

- Adopting policies which encourage and promote anti-discriminatory practice.
- Discouraging and opposing practices that lead to discrimination and marginalization.
- Encouraging the development of a positive identity for all children and adults involved within the services it provides.
- Working within the present legislative equal opportunities framework, particularly the Children Act 1989.
- Ensuring that our admission of children does not discriminate against any group or individual.
- Opposing all aspects of unlawful discrimination on the grounds of race, culture, gender, disability, marital status or sexuality.



West Berkshire Mencap Children's Services Complaint's policy

Definitions

- "Volunteer" = Anyone who works within a children service on a voluntary basis
 "Play Leader" = An employee who is not the on-site leader
 "Children's Officer" = An employee who is the on-site leader
 "Chief Executive" = An employee responsible for the management of West Berkshire Mencap

Policy

- Complaints should be recorded onto a "Complaint's form" (see attached).
 - Staff must ensure they are building a good rapport with children and parents, ensuring time to talk.
 - Staff should ask parents on a regular basis whether they have any concerns.
 - Staff should seek the views of children who use the service and consider given comments in the drawing up of any programme of activity.
 - Staff should be aware that complaints do not just come from parents, but from colleagues and children too. Complaints from children should be listened to and acted upon accordingly.
- The club / project must deal with internal complaints from staff by adopting the following procedure.
- The following printed information must be given to all who work in the club/project as it explains the necessary procedure:

Complaint made by	About	should be made to
Volunteer	Volunteer	Play leader or Children's Officer
Volunteer	Play leader	Children's Officer
Volunteer	Children's Officer	Chief Executive Officer
Play Leader	Volunteer	Children's Officer
Play Leader	Play Leader	Children's Officer
Play leader	Children's officer	Chief Executive Officer

- The club / project must adopt the following procedure for dealing with complaints from parents.
- The following printed information must be given to parents as it explains the procedure:

We hope that your experience of our services will signify a happy and fulfilling time for your child and your family. However, should you experience problems or have cause for a complaint about any aspect of the running of the children's services, or about a member of staff, or indeed about a volunteer, please discuss this in confidence with our Children's Officer. If the problem cannot be resolved, after reference to Children's Officer, you should discuss the matter with the Chief Executive of West Berkshire Mencap.

If the complaint is about our Children's Officer, and remains unresolved after reference to Chief Executive Officer, you should contact the Chairman of West Berkshire Mencap directly. In dealing with any complaints it may be necessary for independent advice from OFSTED to be sought. OFSTED Piccadilly Gate, Store Street, Manchester, M1 2WD Tel: 0300 123 1231

It is our intention that you and your child's association with the children's services will be a happy one.

"I enjoy volunteering because..."

I enjoy volunteering because... well, where do I start? I guess the main reason is because it is so fulfilling and rewarding, for both the children and me.

Sometimes, the littlest things can be the most rewarding, like coaxing a smile or even a small laugh from a less responsive child, or having a more active child listening to and carrying out my instructions, or having a child who normally isn't very affectionate giving me a big hug.

Another reason why I enjoy it so much is it's one of the greatest feelings to watch a child, especially a special needs child, develop and start to learn new things through play. Feeling like I'm helping them, and improving their quality of life by playing with them and teaching them new things, and just watching them grow up, is truly one of the best feelings there is.

It's a major confidence boost as well, every time something I've decided to try out works out well, or a child repeats a phrase we've taught them, I become more confident in what I'm doing.

There's also the fact that everyone who works there or volunteers there are so friendly and caring. I've lost track of the amount of friends I've made just from turning up and talking to new people.

Plus, it's always just SO much fun. During playschemes we get to go to exciting places like farm parks and big soft play areas and even Legoland and Thorpe Park, meaning lots of fun for us and the children we're with!

And if we're at the centre after school or on Saturdays there's always so much to do, like playing games like cops and robbers in the playground or chilling out in the sensory room. I know I've done well if when the parent comes the child doesn't want to go home!

Then, at the end of the day, even when I'm so exhausted I feel like crawling home, the thought that I made a difference and made someone happy, even if it was only for a couple of hours, is enough to keep me coming back each day, ready to make more of a difference, make more friends, and help improve the quality of life for more people.

By Hannah Turner