

Safeguarding Policy Amendment

CHARTER OF CHILDREN'S RIGHTS



RIVERSIDE BRIDGE SCHOOL

'EXCELLENCE FOR ALL'



Ratified by Governors: 6th February 2018

To be reviewed: February 2019



Riverside Bridge School

**SAFEGUARDING POLICY AMENDMENT
Charter of Children's Rights**

Review Frequency: Annually

Date of ratification: February 2018

Date next review due: February 2019

Scope of Policy: This Charter is an amendment attached to the Safeguarding Policy and applies to all staff, students, governors and volunteers at Riverside Bridge School

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CHARTER OF CHILDREN'S RIGHTS

1.0 When I am at Riverside Bridge School, wherever I am, whoever I am with, whatever I am doing, I have these fundamental rights:

1.1 Being valued as an individual means:

- being cared for and treated as unique
- being talked to and about by my own name
- being consistently cared for across settings
- being encouraged to be me
- being given enough time to take part, do things for myself, understand and be understood

1.2 Being treated with dignity and respect means:

- being addressed with respect; never referred to or about as if I am my disability, nor as if I am one of my needs, nor as if I am a piece of equipment, nor finally as if I am hardly a child at all
- being involved in conversations; never being talked about as if I am not there having my privacy respected at all times and in all places
- having all information about me treated carefully, kept safe and shared only with those people who need to know; never discussing me in the presence of another child
- being given the best possible care that can be provided
- being involved in decisions that affect me; being actively encouraged to express my views and where these cannot be taken into account, then told why

1.3 Being loved and cared for as a child first means:

- having the same rights and choices as other children of my age and culture and, as far as possible, the same kind of life
- consistent care from staff who really care about me and know me well
- being actively supported as part of a family; having my parents fully involved in any planning for me and acknowledged as ultimately responsible for me
- having access to communication equipment at all times and being listened to and heard when I need to communicate, even if it takes a long time and even if I am not easy to understand
- being given information about what is happening before it happens
- being given explanations of procedures before they occur
- being given opportunities to play

1.4 Being safe means:

- not being exposed to unnecessary risks
- being protected from abuse:
 - **Physical abuse** including any physical punishments or unnecessary rough handling
 - **Emotional abuse** including malicious teasing and taunting, unjustifiably ignoring me, controlling me through fear, shaming or humiliating me or deliberately misinterpreting my communication
 - **Sexual abuse** including any sexual act or contact with me
- being part of a service that is integrated; not having to hear things that may undermine my faith in the service as a whole
- knowing that I have all of these rights, all of the time I am at Riverside Bridge School, and that these rights can only be denied with good cause
- knowing that all of the important adults in my life are aware of these basic rights and are clear about what I can do if these rights are infringed or not respected

Statement of Adult Responsibilities

2.0 Every person employed at Riverside Bridge School, wherever they are, whoever they are with, whatever they are doing, has these fundamental responsibilities in their involvement with our pupils:

2.1 Valuing children as individuals means:

- caring for and treating every child as unique
- talking to and about every child by their own name (not always as one of many: the group, the class, the children)
- consistently caring for children across settings and encouraging children to be themselves
- giving children enough time to take part, do things for themselves, to understand and be understood

2.2 Treating children with dignity and respect means:

- addressing every child with respect; never referring to or about a child as if they are their disability or as if they are one of their needs nor as if they are a piece of equipment, nor finally as if I am hardly a child at all
- Involving a child in conversations; never talking about a child as if they were not there ("Has she been to the clinic?", "Does she want a drink?")
- respecting every pupil's privacy at all times and in all places
- treating all information about children carefully, keeping it safe and sharing it only with those people who need to know; never discussing one child in the presence of another child
- giving the best possible care that can be provided
- involving children in decisions that affect them: actively encouraging children to express their views and where these views cannot be taken into account, then explaining why

2.3 Loving and caring for the children as children first means:

- having the same rights and choices as other children of my age and culture and, as far as possible, the same kind of life
- providing consistent care from staff who really care about them and know them well
- actively supporting each child as part of a family; involving their parents fully in any planning for their child and acknowledging their ultimate responsibility for their child
- having access to communication equipment at all times and being listened to and heard when I need to communicate, even if it takes a long time and even if I am not easy to understand
- being given information about what is happening before it happens
- being given explanations of procedures before they occur

2.4 Keeping children safe means:

- not exposing children to unnecessary risks and protecting children from abuse:
 - **Physical abuse** including any physical punishments or unnecessary rough handling
 - **Emotional abuse** including malicious teasing and taunting, unjustifiably ignoring them, controlling them through fear, shaming or humiliating them or deliberately misinterpreting their communication
 - **Sexual abuse** including any sexual act or contact with them

- being part of a service that is integrated; not letting children hear things that may undermine their faith in the service as a whole such as disputes between staff or between departments
- letting children know that they have all of these rights, all of the time they are at Riverside Bridge School and that these rights can only be denied with good cause, for example if the exercise of the right would be injurious to the child or other people
- ensuring that all of the important adults in the pupil's life are aware of these basic rights, and being clear about what you and they can do if these rights are infringed or not respected.

RIVERSIDE BRIDGE SCHOOL

3.0 Guidelines for good practice in intimate care

All of the pupils we work with have the right to be safe and to be treated with dignity and respect, as set out in the Charter of Children's Rights. These guidelines are designed to safeguard both pupils and staff, and apply to every member of staff involved with the intimate care of pupils at Riverside Bridge School. They aim to support good practice in intimate care.

Children with disabilities can be very vulnerable. All staff involved with their intimate care need to be sensitive to the pupil's needs and also aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare, but certain basic guidelines will safeguard both pupils and staff. Everyone is safer if expectations are clear and approaches are consistent as far as possible. If you cannot work within these guidelines for any reason, please talk with your line manager.

3.1 Treat every pupil with dignity and respect and ensure privacy appropriate to the pupil's age and situation

Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child in accordance to the procedure as laid out in the **Intimate Care Policy**. This practice is actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse, however this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. So staff are supported in carrying out the intimate care of children alone unless the task requires the presence of two people.

3.2 Involve the pupil as far as possible in their own intimate care

Try to avoid doing things for a pupil that he/she can do alone. If a child is able to help, ensure they are given the chance to do so. Support the pupil in doing all that they can for themselves. If a child is fully dependent on you, talk with them about what you are doing and give them choices where possible.

3.3 Be responsive to a pupil's reactions

Check your practice by asking the child, particularly a child you haven't previously cared for, questions relating to their personal care such as, "Can you wash there?", "How does mummy do this?" etc. If a child expresses dislike of a certain person carrying out their intimate care, try and find out why. If a child appears to have a "grudge" against you for some reason, ensure your manager is aware of this.

3.4 Make sure practice in intimate care is as consistent as possible

Line managers have responsibility for ensuring their staff have a consistent approach. This doesn't mean that everyone has to do things in an identical fashion, but it is important that approaches aren't markedly different between different staff. For example, do you use a flannel to wash pupil's private parts rather than bare hands? Do you pull back a pupil's foreskin as part of daily washing? Is care during menstruation consistent across different staff?

3.5. Never do something unless you know how to do it

If you are not sure how to do something please ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal Valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent in these procedures.

3.6 If you are concerned, report it

If during the intimate care of a child you accidentally hurt them, the child seems unusually sore or tender in the genital area, appears to be sexually aroused by your actions, misunderstands or misinterprets something, or has a very emotional reaction without apparent cause, report any such incident as soon as possible. This should be reported to another person working with you and make a brief written note of it. Some of these could be cause for concern about the child, or alternatively the child or another adult might possibly misconstrue something you have done.

3.7 Encourage the child to have a positive image of their own body

Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a pupil's intimate care can convey lots of messages to them about what their body is "worth". Your attitude to the pupil's intimate care is important. Keeping in mind the pupil's age, routine care should be enjoyable, relaxed and fun. Playing games with children, tickling and cuddling as part of a pupil's care is actively encouraged as long as the pupil's right to say no is respected.