

**Swindon Borough Council**  
**Fostering Service**  
**Personal Care and Relationships**

**Physical Contact**

Foster Carers must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for children.

Physical contact should be given in a manner which is safe, protective and avoids the arousal of sexual expectations, feelings or in any way which reinforces sexual stereotypes.

Whilst Foster Carers are actively encouraged to play with children, it is not acceptable to play fight or participate in overtly physical games or tests of strength with the children.

**Intimate Care**

Children must be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on Foster Carers.

Such arrangements must emphasise that children's dignity and their right to be consulted and involved will be protected and promoted; and, where necessary, Foster Carers will be provided with specialist training and support.

Unless otherwise agreed, children will be given intimate care by adults of the same gender.

**Bedrooms**

Each child over 3 will have their own bedroom or, where this is not possible, the sharing of the bedroom will have been agreed by the placing authority and the Foster Carers' Supervising Social Worker must have conducted a risk assessment and any arrangements must be outlined in the child's Placement Plan.

Children should be encouraged to personalise their bedrooms, with posters, pictures and personal items of their choice.

Children of an appropriate age and level of understanding should be encouraged and supported to purchase furniture, equipment or decorations. For older children this should be part of a plan to prepare the child for independence.

Children's rooms should be kept in good structural repair and be clean and tidy. The furniture should conform to standards of flame retardant materials as advised by Trading Standards.

All bedroom windows should have a lock or restrictor on them. A risk assessment should always be carried out as to the likelihood of the child putting themselves at risk by climbing out of the window. If a risk is identified, the Supervising Social Worker should consider strategies to reduce/prevent the risk, which should be outline in the child's Placement Plan.

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Children's privacy should be respected. Unless there are exceptional circumstances, Foster Carers should knock the door before entering children's bedrooms; and then only enter with their permission. The exceptional circumstances where Foster Carers may have to enter a child's bedroom without asking permission include:

- To wake a heavy sleeper, undertake cleaning, return clean or remove soiled clothing; though, in these circumstances, the child should have been told/warned that this may be necessary.
- To take necessary action, including forcing entry, to protect the child or others from injury or to prevent likely damage to property. The taking of such action is a form of physical intervention.
- To care for a baby/young child.

**Puberty and Sexual Identity**

Foster Carers must adopt a non-judgemental attitude toward children, particularly as they mature and develop an awareness of their bodies and sexuality.

Foster Carers must adopt the same approach to children who explore or are confused about their sexual identity or who have decided to embrace a particular lifestyle so long as it is not abusive or illegal.

Children who are confused about their sexual identity or indicate they have a preference must be afforded equal access to accurate information, education and support to enable them to move forward positively. As necessary this must be addressed in Placement Plans and Care Plans.

**Pornography**

All materials published, circulated or available to children (including the internet) must promote and encourage healthy lifestyles and images of men and women that are positive and encouraging.

Children must be positively discouraged from obtaining material that is potentially offensive or pornographic.

If they obtain such material that is suspected to be illegal it must be confiscated. This should be discussed with the child's Social Worker and if there are concerns that the child has been exposed to extreme pornography, the concerns should be shared with the child's Social Worker and their Manager who will consider what additional action is required.

If children obtain material legally they should be required to keep it private.

**Sexual Activity**

Children under the age of 13 are deemed to be incapable of giving consent to sexual activity. Therefore, children of this age who engage in sexual activity must be referred under

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Safeguarding Children Procedures (as a Child Protection Referral) as potentially suffering from Significant Harm.

Children's social workers, placement officers and care providers must be alert to such relationships when considering the placement of children under 13. Children of this age who are likely to be at risk from each other (or from older children) should not be placed together.

When considering the placement (or ongoing placement) of children over the age of 13, managers must assess the risk of sexual relationships developing and should ensure strategies are in place to reduce or prevent these risks if they are likely to be exploitative or abusive.

Where children aged 13 - 18 are placed together with no identified risk of exploitative or abusive behaviour, Foster Carers must monitor any developing relationships, sensitively but positively discouraging children from engaging under aged sexual relationships.

Overall, Foster Carers should be mindful of their duty to consider the overall welfare of children and this may mean recognising that illegal activity is taking place and working to minimise risks and consequences. If there is any suspicion that a child is engaging in illegal behaviour it must be discussed with the child's social worker who will consider what further action is required under the Safeguarding Children Procedures.

Any actions taken in this respect will be subject to consultation and must be addressed in Placement Plans.

Should Foster Carers suspect children are engaging in sexual relationships, they should:

- Ensure the basic safety of all the children concerned.
- Inform the Supervising Social Worker, who should notify/consult the child's Social Worker

**Contraception and Pregnancy**

Access to contraceptives will not be conditional on children giving information about their lifestyles and contraception will never be withdrawn as a punitive measure. Looked after children are entitled to the same level of confidentiality as any other young person unless it is deemed they are at risk of sexual exploitation or risk of significant harm.

Whilst not encouraging it, it is understood that children may engage in sexual activity; some before they reach the age of consent. In such circumstances the carers' Supervising Social Worker should consult the child's Social Worker to agree what reasonable steps can be taken to minimise risk of pregnancy or infection, including facilitating contact with relevant agencies providing contraceptive advice. Contact local sexual health and contraceptive centre.

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If a child is suspected or known to be pregnant the Foster Carers should notify their Supervising Social Worker and the child's Social Worker to decide on the actions that should be taken.

**Sexual Exploitation**

Children may have previously exchanged sex for rewards, gifts, drugs, accommodation and money. Some maintain this lifestyle whilst continuing to be accommodated by the authority. Such situations must be reported to the Fostering Service's Team Manager.

The Supervising Social Worker and Foster Carers must be alert to such behaviours and should do all they can to create an environment which encourages children to be open about their past or present attitudes and behaviours and which demonstrates they will be supported to guide them away from such lifestyles.

Where there is any suspicion that a child is engaged in such behaviour it should be addressed in the child's Placement Plan together with strategies to be adopted to help the child find alternative lifestyles need to be identified.

In addressing these behaviours consideration must be given to the extent to which the child is suffering Significant Harm and whether it is necessary to refer the child under Safeguarding Children Procedures in the area where the child is living.

**Sexually Transmitted Diseases**

If it is known or suspected that a child has a sexually transmitted disease (including HIV and AIDS), the Supervising Social Worker and child's Social Worker must be informed so that they along with the Foster Carer can decide what action needs to be taken.

Where appropriate, the issue should be discussed and any questions answered as openly and honestly as possible. This may require obtaining factual information, and contacting the Sexual Health clinic.

**Peer Group Abuse**

The possibility of peer abuse will always be taken seriously but we recognise it is equally important not to label or stigmatise normal sexual exploration and experimentation between children.

Behaviour is not a cause for concern unless it is compulsive, coercive, age-inappropriate or between children of significantly different ages, maturity or mental abilities.

If at any time Foster Carers suspect children are engaged in abusive sexual relationships as perpetrators and/or victims, they must immediately inform the Supervising Social Worker, who, must consult the Social Worker and make a referral under the Safeguarding Children Procedures.

**Menstruation**

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Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from Foster Carers.

There should also be adequate provision for the private disposal of used sanitary protection.

**Enuresis and Encopresis**

If it is known or suspected that a child is likely to experience enuresis, encopresis or may be prone to smearing it should be discussed openly, with the child if possible, and strategies adopted for managing it; these strategies should be outlined in the child's Placement Plan. Foster Carers and Supervising Social Workers, together with the Social Workers for the children concerned, should consider the possible reasons for enuresis and encopresis. There may be a variety of reasons but it is likely that such behaviour is symptomatic of anxiety and worries about previous experiences including abuse and neglect.

It may be appropriate to consult a Continence Nurse or other specialist, who may advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:

- Talk to the child in private, openly but sympathetically.
- Do not treat it as the fault of the child, or apply any form of sanction.
- Do not require the child to clear up; arrange for the child to be cleaned and remove then wash any soiled bedding and clothes.
- Keep a record, either on a dedicated form or in the child's dairy sheet.
- Consider making arrangements for the child to have any dinner in good time before retiring, and arranging for the child to use the toilet before retiring; also consider arranging for the child to be woken to use the toilet during the night.
- Consider using mattresses or bedding that can withstand being soiled or wetted.

**Guidance in Relation to Personal Care and Relationships**

The term 'Touch' is used throughout this manual in two different contexts.

'Touch' as a form of physical intervention designed to prevent a child or others from being injured or to protect property from being damaged; and the use of 'Touch' to enable Foster Carers to demonstrate affection, acceptance and reassurance.

This section provides guidance relating to the demonstration of affection, acceptance and reassurance.

It is acknowledged that touch raises particular issues for those working with children. Some people have views about applying a "hands off" or "hands on" policy with children result from scandals of child abuse, or fear of violence from children. Foster Carers may be anxious about allegations of inappropriate physical contact with children.

However, touch is acceptable; but Foster Carers should consider the following:

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- The child's background and previous experiences. The child may have had particular experiences which make it difficult to accept touch from an adult; or the child's experiences may lead to a need for more touch than is acceptable. It is therefore important for carers to obtain information about the child's background before acting, in any way not just in terms of the use of touch. If there are particular needs that the child has or if it appears that the child may respond more or less favourably to touch, this must be reflected in the planning process. Dependent on the age and level of understanding of the child, (s)he should be involved in this assessment and planning; and should be encouraged to consent to being touched; or to place conditions on it.
- The child's culture and boundaries. The culture or values of the household should be such that touch is encouraged; as a positive and safe way of communicating affection, warmth, acceptance and reassurance. Foster Carers and children should be encouraged to use touch, positively and safely. But it is important for Foster Carers and children to know if boundaries exist within the home or for individual children. If boundaries or expectations exist for individual children they should be set out in their Care Plan and Placement Plan. If boundaries or expectations exist for the home, they should be clear. For example, if carers are not expected to allow children to sit on their laps, or to carry children, this should be stated, preferably in writing.

In the absence of any plan or expectation, the following should be taking into consideration;

- When thinking about who is an appropriate person to touch a child, it is vital to consider what the adult represents to the particular child. Personal likes and dislikes will play a part in any relationship.
- In addition, many factors influence the power relationship between adult and child, including gender, race, disability, age, sexual identity and role status.
- The background of the child will also influence any decision about who represents a 'safe' adult in the eyes of the child.
- Children from ethnic minority backgrounds may be used to different types of touch as part of the culture.
- Children who have been subject to physical or sexual abuse may be suspicious or fearful of touch. This is not to say that children who have experienced abuse should not be touched, it may be beneficial for the child to know different, safer and more reliable adults who will not use touch as a form of abuse.
- For each child, what constitutes an intimate part of the body will vary; but generally speaking it is acceptable to touch children's hands, arms, shoulders. It may be appropriate to hug or cuddle children, or carry or give them 'piggy backs'.
- Other parts of the body are less appropriate to be touched, by degrees. Some parts of the body are 'no go areas'.
- Therefore, it may be appropriate to touch a child's back, ears or stroke their hair or knees - if the child indicates such touch is acceptable. To go beyond this would be unacceptable, even if the child appeared to accept it.
- In any case, no part of the body should be touched if it were likely to generate sexualised feelings on the part of the adult or child.

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- Also, no part of the body should be touched in a way which appeared patronising or otherwise intrusive.
- Therefore, the context in which touch takes place is usually a decisive factor in determining the emotional and physical safety for both parties.
- What message is being sent out to the child? If the intention is to positively and safely communicate affection, warmth, acceptance and reassurance it is likely to be acceptable.
- A fleeting or clumsy touch may confuse a child or may feel uncomfortable or even cause distress. Foster Carers should touch with confidence, and should verbalise their affection, reassurance and acceptance; by touching and making positive comments. For example, by touching a child's arm and saying "Well Done".
- Where children indicate that touch is unwelcome carers should back off and apologise if necessary.
- Foster Carers should talk to their Supervising Social Worker and record their interactions with children. If particular strategies work, or not, colleagues should be informed so they can build on or avoid making the same mistake.
- Touch of an equally positive and safe nature is acceptable between Foster Carers; demonstrating positive role models for children. Showing that adults can get along and use touch in non-abusive or threatening ways.
- It is also acceptable to talk about how touch feels, about acceptable boundaries and expectations; doing so in 'house meetings' or key worker sessions.
- Play fighting is no alternative for this. It is unacceptable.
- The key is for carers to help children experience and benefit from touch, positively and safely; as a way of communicating affection, warmth, acceptance and reassurance.

**Appropriate Language**

It is essential that all Foster Carers are aware, that the use of foul and abusive language directed towards children is totally inappropriate and unnecessary. This will only have the effect of demeaning children, have a negative effect on child/carer relationship and lead to an escalation of disruptive and challenging behaviour.

All Foster Carers need to be aware that any complaints relating to foul and abusive language will be treated seriously and may lead to disciplinary measures.

**Friendship and Support**

Confidence and good rapport with particular adults is a fundamental element in good care practices. Whilst children are in foster care a variety of problems will arise, at times of stress or crisis every child needs an adult to turn to.

Warmth and understanding are essential, but everyone needs to know and understand when a relationship is inappropriate. The fine line between what is "proper" warmth and understanding and what is regarded as "improper" is likely to vary depending on the needs and experiences of the individual child.

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Where it is known that a child has been a victim of sexual abuse and it is likely he or she will behave towards carers in a sexual manner, particular rules will have to be drawn up for Foster Carers. This may involve the need to avoid being alone with the child, by always having a third person present.

What is important is that Foster Carers need to be putting the children's interests first and always considering what is appropriate in any given situation with a particular child.

**Interaction on a One To One Basis**

Foster Carers must have knowledge and understanding of the child and his or her background, and be able to recognise and respect any emotional 'barriers' the child has 'erected'.

Foster Carers should be sufficiently aware of their own feelings, so that they can recognise the dangers of a relationship with a child becoming sexualised and stop to consider what is happening and what they are doing.

Other people's feelings and views, of both adults and children, need to be taken into account. If there is any indication that a relationship could be viewed as inappropriate, the Foster Carers should discuss the issues with their Supervising Social Worker and the child's Social Worker.

It is not a matter of Foster Carers never becoming involved in close one to one relationships with a child, it is a vital part of the 'caring' task, however, Foster Carers must be aware of the dangers, which this type of work can bring and be clear where the boundaries in such relationships lie.