

1.13.5.1 Physical Contact with Children/Young People

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1. Legislative Framework and Guidance

- Regulation 11: The positive relationships standard
- Guide to the positive relationships standard
- Regulation 19: Behaviour management and discipline

2. Outcome

Children/Young people are helped to develop, and to benefit from, relationships based on mutual respect and trust, an understanding about acceptable behaviour and positive responses to other children/young people and adults.

3. General

Due to the trauma experiences of the children/young people in our care, a key issue for many of them will be confusion over how to behave and react when either giving or receiving love, affection or physical contact. It is our job therefore to teach them gently and consistently what our boundaries are, and to take adult control of boundary issues which may be confusing to the children/young people. This has major implications for the way in which physical contact is interpreted by the child/young person and has major implications for the care practices of staff of both genders. Suitable arrangements should exist in all homes for matters relating to physical contact, intimate care, enuresis, encopresis and other aspects of children's/young people's personal care.

4. Physical Contact

1. Staff must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for children/young people.
2. 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.
3. Whilst staff are actively encouraged to play with children/young people, it is not acceptable to play fight or participate in overtly physical games or tests of strength with the children/young people.

5. Care Practices towards Children/Young People of the Opposite Sex

Our policy is to 'normalise' the overall living environment by engaging mixed gender staff teams. In this context it is inevitable that staff will work with children/young people of the opposite sex and must be aware that for their own protection and that of the child/young person sensible common sense precautions need to be taken. Some examples are listed below:

1. Staff must never enter a child's/young person's bedroom, bathroom or WC in the company of the child/young person without another member of staff being present, or without justifiable reason (i.e. if lone working and no other staff member available);
2. Under no circumstances will staff of the opposite sex deal with any intimate care of the child/young person, particularly when this involves the child/young person showering, bathing, using the toilet or in the case of adolescent females when they commence menstruation;
3. Appropriate physical contact is acceptable (providing staff are familiar with any 'taboos or phobias' contained within the case file) when confined to shoulders, arms, back and possibly head;
4. Full frontal hugs are not permitted and if confronted with this situation by a child/young person staff will turn sideways on;
5. Discussions, jokes, innuendos and stories of a sexual nature are strictly prohibited;
6. Deliberate inappropriate touching is prohibited.

In case of doubt a risk assessment must be completed before embarking on a course of action.

6. Dealing with Sexuality and Personal Relationships

1. The forming of healthy and appropriate personal relationships with children/young people is an important part of the care process.
2. Staff should strive to be appropriate role models behaving at all times in a warm, caring and professional manner promoting the use of positive attitudes towards self management and social responsibility. Praise, encouragement and reward reinforce this. We endeavour to create a climate where cooperation, courtesy and consideration for others will flourish.
3. We will consider all influences – social and environmental that will have affected the children/young people in our care, behaviourally and/or emotionally. We will sensitively and appropriately work towards improving self-esteem and self-worth.
4. Young people may occasionally try to proposition members of staff verbally. This may manifest itself as a teenage crush which if dealt with appropriately can help a child/young person to establish acceptable boundaries appropriate to their age and stage of development.
5. Occasionally, a child/young person may attempt to use their sexual prowess in order to achieve a position of power in which could undermine the skills and effectiveness of the member of staff concerned and would undoubtedly have serious repercussions concerning the entire establishment.
6. At all times, staff should be aware of this and at the slightest suggestion of such problems, report this to the home manager or head of service who will alert the child's/young person's social worker.
7. A plan of action will be devised which may involve professional counselling in order to bring the situation under control quickly and to assist the child/young person to overcome this sensitive and potentially dangerous issue. 8. Staff must realise that the children/young people who come to us may very quickly exploit a perceived weakness in any staff member who is unprofessional either by gesture, inference or statement. Any member of staff behaving in such a manner will be subjected to the company disciplinary procedure.

7. Guidelines and Principles of Acceptable and Non-Acceptable Practice

Although our children/young people may still believe that they will be exploited by adults or other children/young people, or that it is acceptable to behave inappropriate with others, we need to teach them that, as carers, we will not do this. Healthy physical closeness and appropriate hugs and reassurance are very important to any developing child/young person young people, especially if they have poor care experiences in the past. These children/young people do not need to be cared for at arm's length as their need for love and nurture is the same as any child's/young person's. Staff whilst working with children/young people will want to respond naturally to the child/young person in a positive way by making positive contact. This may be a response to staff being pleased with a child/young person or as a response to distress. These situations can be an area of concern to staff about what is acceptable or not acceptable. Therefore the following guidelines and principles need to be applied by all staff:

1. It is important that staff should feel able to express affection to the child/young person in their care. This is normal in a relationship involving a parental role;
2. In the case of some children/young people, physical contact may be an important means of communication;
3. It is important that any physical contact be given from the side of the child/young person. They should never be approached from directly behind or directly in front;
4. It is important that children/young people are carefully monitored when having any physical contact, for any sexual arousal;
5. The child's/young person's history should always be considered. When a Placement Plan is being agreed it is important to discuss such matters and for advice to be sought from the registered manager/home manager;
6. Age and gender should always be considered when making a decision about appropriate contact between a staff member and a child/young person;
7. There must be no intimate touch, this includes kissing;
8. Children/Young people must not be allowed to sit provocatively on adults laps;
9. Staff must not straddle a child/young person with legs or allow the child/young person to straddle you;
10. Tickling or play fighting games are not allowed. These can be misconstrued as a preliminary to sexually explorative behaviour, as a test of strength or can be sexually arousing;
11. Unless a serious health risk to a child/young person dictates otherwise, it would not, under normal circumstances, be appropriate for staff to enter any bathroom occupied by a child/young person or to spend unnecessary time alone with a child/young person at bedtime;
12. When a staff member makes a decision not to touch a child/young person who is seeking physical comfort, it is important to give reassurance by other means;
13. It is respectful and safer to ask the child/young person before making contact, e.g. 'Is it OK if I put my arm around your shoulders?'
14. In some situations some individuals give clear verbal and/or non-verbal signals not to touch them or come near. Unless there is an immediate, acute risk of harm to any individual, it is crucial that the message be respected. Intrusive contact at that stage could provoke violence. Staff must strive to ensure that they never place themselves in a situation which may leave themselves vulnerable to allegations. Staff need to be aware of their own responsibility to help to protect themselves, whilst acknowledging that the safety of children/young people should be paramount. Staff need to assess the safety and appropriateness of all contacts, particularly those which happen in isolation.

8. Intimate Care

1. The majority of our children/young people are expected to be responsible enough to undertake the majority of their personal care without direct adult involvement. By this we mean that the child/young person should be able to dress themselves, wash and bathe themselves. If a child/young person was found not able to appropriately manage these aspects then a strategy for staff assisting them would be agreed at a Placement Plan meeting or at a Statutory Review and constitute a part of the child's/young person's Placement Plan/Care Plan. This would be agreed with the Placing Authority, parents and with the child/young person. As part of this, children/young people are encouraged to manage their own intimate care.
2. Children/Young people must be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on staff. Such arrangements must emphasise that children's/young people's dignity and their right to be consulted and involved will be protected and promoted; and, where necessary, staff will be provided with specialist training and support.
3. Unless otherwise agreed, children/young people will be given intimate care by adults of the same gender.

9. Menstruation

Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from staff. There should also be adequate provision for the private disposal of used sanitary protection.

10. Enuresis and Encopresis

If it is known or suspected that a child/young person is likely to experience enuresis, encopresis or may be prone to smearing it should be discussed openly, with the child/young person, if possible, and strategies adopted for managing it; these strategies should be outlined in the child's/young person's Placement Plan. It may be appropriate to consult a Continence Nurse or other specialist, who may provide advice on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:

1. Talk to the child/young person in private, openly but sympathetically;
2. Do not treat it as the fault of the child/young person, or apply any form of sanction;
3. Do not require the child/young person to clear up; arrange for the child/young person to be cleaned and remove, then wash any soiled bedding and clothes;
4. Keep a record, either on a dedicated form or in the child's/young person's Daily Record with detail;
5. Consider making arrangements for the child/young person to have any supper in good time before retiring, and arranging for the child/young person to use the toilet before retiring; also consider arranging for the child/young person to be woken to use the toilet during the night;
6. Consider using mattresses or bedding that can withstand being soiled or wet.

Revision History

Date last updated: Oct 2020

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End