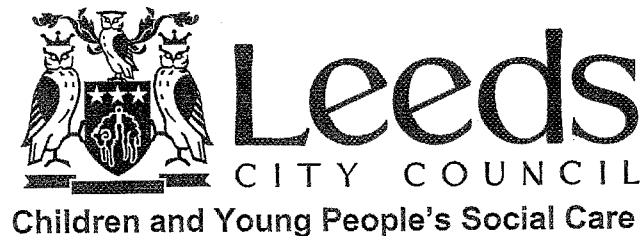


Factfile (Appendix 19b - Management of the Fostering Service)



FOSTERING SERVICE

Intimate Care Policy

Purpose

To provide a consistent framework for all Foster carer's to provide intimate care, to satisfy the requirements of individual Support/Care plans/ Safe care plans and to raise awareness of the risks in providing and receiving intimate care in the recognition that children/young people and carers are vulnerable.

Parents / carers should also be made aware of how intimate care for their child/young person will be managed. These should be viewed as expectations upon foster carers, which are designed to protect both children and carers alike. In situations where a carer potentially breaches these expectations, others should be able to question this in a constructive manner.

Foster carers should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice of their supervising fostering officer or child/young person's social worker. For example, if they do not feel able to conduct intimate care on a 1:1 basis, this should be discussed, as the placement may not be appropriate and alternative arrangements may be considered.

Guidelines

Every child/young person has the right to be supported in a professional manner when receiving care or support from a foster carer. This is

particularly the case in respect of the provision of intimate care. For the purpose of this guideline intimate care has been defined as:

Intimate care involves any physical care or treatment that is an invasion of bodily privacy and which may be a potential cause of embarrassment to the individual or their carer.

Intimate care can include; showering or washing; assistance to use the toilet or sanitary protection; dressing and undressing; assistance with eating or drinking; manual handling; invasive techniques and application of creams or lotions and giving medication. Certain leisure activities such as swimming and aromatherapy may also involve intimate care.

The following is an example of good practice guidelines from Chailey Heritage, a nationally recognised centre for the education, assessment, treatment and support of children with physical and multiple disabilities. They are reproduced here with additions relating specifically to Leeds Foster Carers. Whilst these are considered to be "best practice", individual homes may wish to adapt them to suit their particular circumstances.

Guidelines for good practice (adapted from the Chailey Heritage centre)

1. Treat every child/young person with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one foster carer alone with one child. Leeds Children & Young People Social Care believes this practice should be 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. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, foster carers should be supported in carrying out the intimate care of children/young people alone unless the task requires the presence of two people. Leeds Children & Young People Social Care recognises that there are partner agencies that recommend two carers in specific circumstances. Where possible, the foster carer carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the carer is the same gender as the young person. However, this is not always possible in practice.
2. Involve the child/young person as far as possible in his or her own intimate care. Try to avoid doing things for a child/young person that s/he can do alone, and if a child/young person is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children/young people in doing all that they can

themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

3. Be responsive to a child's/young person's reactions. It is appropriate to "check" your practice by asking the child/young person— particularly a child/young person you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child/young person expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child/young person has a "grudge" against you or dislikes you for some reason, ensure your link worker and the child/young persons social worker is aware of this.
4. Make sure practice in intimate care is as consistent as possible. Foster carers have a responsibility for ensuring that they have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different foster carers? All this should be recorded in the child's/young persons safe care plan and such information should be shared with others who may do respite for the child/young person.
5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures must only be carried out by nursing or medical staff. Wherever possible alternatives to rectally administered nursing interventions will be sought. Other procedures must only be carried out by foster carers who have been formally trained and assessed as competent. *All nursing interventions will be subject to the Training agreement and protocol agreed between Children & Young People's Social Care Department of Leeds City Council, Leeds Primary care Trust hosting Children's services and the Leeds Teaching Hospitals NHS Trusts.*
Where foster carers are caring for children/young people who require medical intervention, it is required that you also read Children and Young People's Social Care policy "Medical Treatment and Medication".
6. If you are concerned that during the intimate care of a child/young person:
 - ❖ You accidentally hurt the child/young person
 - ❖ The child seems sore or unusually tender in the genital area
 - ❖ The child appears to be sexually aroused by your actions
 - ❖ The child misunderstands or misinterprets something
 - ❖ The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any such incident as soon as possible to the child's/young person's social worker and your supervision fostering office and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child/young person or another adult might possibly misconstrue something you have done.

Additionally, if you have noticed that a child's/young person demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and again informed to the child's social worker.

7. Encourage the child/young person to have a positive image of her or his own body. Confident, assertive children/young people who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's/young person's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's/young person's intimate care is important. As far as appropriate and keeping in mind the child's/young person's age, routine care of a child/young person should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. Leeds Children & Young People Social Care recognises that children who experience intimate care may be more vulnerable to abuse:-

- ❖ Children/young people with additional needs are sometimes taught to do as they are told to a greater degree than other children/young people. This can continue into later years. Children/young people who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child/young person may come to believe they are passive and powerless.
- ❖ Increased numbers of adult carers may increase the vulnerability of the child/young person, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- ❖ Physical dependency in basic core needs, for example toileting, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child/young person inappropriately.
- ❖ Repeated "invasion" of body space for physical or medical care may result in the child/young person feeling ownership of their bodies has been taken from them.

- ❖ Children/young people with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child/young person who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

The above is taken largely from the publication *Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability*, 1993. These principles of created vulnerability are also included in bathing, the Leeds LSCB level 2 training, 'Disabled children and Child Protection'

Health, Safety and Risk Assessment

Intimate care should always be provided in a safe and sensitive manner. The safety and well being of the child/young person and the foster carer should be considered a priority at all times. It is accepted that some risks are necessary, but the intention should always be to minimise any risk.

Foster carers and Children/young people are at risk of contracting infections as a result of the provision of intimate care. For this reason foster carers should always wear appropriate protective clothing, particularly disposable gloves, when providing intimate care or where there is a chance of coming into contact with bodily fluids, secretions or excretions. All foster carers also advised that they should be up-to-date with their immunisations.

Risk assessments should be carried out if there are concerns about particular aspects of providing intimate care. These include risks in relation to the use of equipment and aids, the preferred method of providing support, the pattern and behaviour of child/young person and the vulnerability of both child/young person and foster carer.

All foster carers providing personal or intimate care to a child/young person need to be aware that they could be at risk of accusations of misconduct by the child/young person concerned or their family.

All foster carers should be made aware that they are in a vulnerable position when assisting a child/young person alone and must pay particular attention to their actions. Bad practice, abuse and allegations can occur regardless of the sex of those involved. If you are working on a one-to-one situation, and if it is possible to let someone else know where you are, who you are with and what you are doing, then it is recommended that you do so.

All foster carers who provide intimate care to a child/young person should read these guidelines and have opportunity to discuss them, before they perform any intimate care tasks.

Reporting and Record Keeping

It is important to keep records, but only as necessary or appropriate in order to help review practice, and to share information with those foster carers/social workers or other professionals involved in a child's/young person's individual's support. Decision taken by or in the interest of a child/young adult should always be clearly recorded.