

Development of Positive Relationships



RELATED CHAPTERS

Physical Contact and Intimate Care Procedures

Behaviour Management Guidance, which offers guidance on the appropriate use of Sanctions, Reprimands and Physical Intervention.

[Social Work England Professional Standards](#)

Contents

1. [Relationships With Children](#)
2. [Appropriate Language](#)
3. [Friendship and Support](#)
4. [Safe Caring](#)
5. [Touch](#)

1. Relationships With Children

Relationships between staff/carers and children are based on mutual respect and understanding with clear professional and personal boundaries which are effective for both children, Staff/carers and the group as a whole.

The care provided for Looked After Children and the relationships between staff/carers and children are based on the values set out within our Statement of Principles for Practice:

Equality

1. Everybody has an equal opportunity to partake in resources.
2. Everybody has an equal right to time and attention.
3. Everybody has an equal right to make complaints and be made aware of the procedures.
4. Everybody has an equal right to be heard and listened to.
5. All children are children first. Any physical or learning disability should be considered, but not allowed to dominate the manner of care.

6. Children and children's religion and cultural origins/persuasions and disabilities should be acknowledged and fostered. Where at all possible, opportunities should be provided for everyone to experience and practice their cultural and religious route.
7. Participation in group in accordance with age and understanding is encouraged.

Individuality

1. All children are entitled to a Care Package geared to their individual needs (i.e. Care Plan and Placement Plan).
2. Every child has the right to individual privacy.
3. Opportunities for individual pursuits and interests should be fostered and participated in group activities should be voluntary.
4. Every child has the right to individual attention.
5. Every child has the right to express themselves as a unique individual.

Caring

1. The home should aim to provide a safe, caring environment.
2. Every child has the right to experience being part of a caring environment.
3. Every child has the right to have their needs identified.
4. Every child has the right to change their levels of care where able.
5. All children and children should be encouraged to be involved in planning their own care and be informed of areas/agencies that can assist them where appropriate.
6. Staff/carers should receive clear instructions with regard to contact with adults in order to help protect children from threats/abuse.
7. Staff/carers should receive clear instructions with regards to handling difficult situations/sanctions in order to protect the rights and physical safety of children in residence.

Assessment and Planning

1. There should be a detailed assessment of needs of every child and information regarding placement objectives, Staff/carers role with regards to health needs/promotion, care needs, safeguarding and promoting welfare, physical and emotional needs, educational needs and attainment targets, cultural, religious, language and racial needs and how these are met; leisure needs and contact arrangements.
2. It is the primary carer/Keyworker's role to ensure implementation, guidance and support.
3. Child's wishes should be taken into account in the selection or change of primary carer/Keyworker's.

4. Children know content of care plan and placement plan, which is developmentally appropriate.
5. Views of children/parents/contact person are taken into account in initiating any changes to the plan.

Reviews

1. The registered person/primary carer contributes to the placement review and child in care review and ensures the child's participation, before, during and after a review.
2. The recommendations should be reflected in the child's day-to-day care.
3. Reviews should be recorded and staff/carers responsible for pursuing actions at the home are clearly identified.
4. The child's primary carer/Keyworker should contribute to reviews, attend meetings, highlight achievements.
5. Written copies of reviews should be made available to children, help with understanding and stored safely.

Contact

1. Children are provided with practical support for constructive contact with parents, family and other significant people and encouraged to maintain contact. This is discussed at admission and detailed in the child's placement plan.
2. There should be written guidance for staff/carers which includes the rights of children, parents and others to maintain contact, where necessary, to supervise visits in order to safeguard the child, when and how to encourage parents, relatives and friends to take part in activities in the home.

Choice

1. Children should have the opportunity to present their case (with support) in written or spoken form to reviews or any other meeting that might influence their future, with the confidence that their views will be carefully considered.
2. Clear, realistic boundaries whilst in the unit, must be explained in a manner that is appropriate to the age and understanding of the child concerned.
3. The opportunity to participate in the daily running of the home should be encouraged through personal suggestions and group meetings.
4. Every child should be given realistic choices to progress, grow and develop at their own pace.
5. Every child should be able to review the choice of their primary carer/Keyworker with their Social Worker.

6. Every child should have the choice and to whether they engage in activities or not.
7. Children should be encouraged and supported in making their own choices.
8. Every child should have the right to choose where possible their own personal toiletries, belongings, etc.

Continuity

1. Children should be enabled to maintain contact with their family, relatives, friends etc.
2. In order to maintain as much continuity between past experiences and the current environment within the home, Staff/carers should consult with carers over issues such as past setting of boundaries, limits, routines, etc.
3. Wherever possible children should be enabled to maintain links with workers, environments, personal belongings.
4. Staff/carers should make every effort to work closely with other carers (e.g. school/parents etc.) in order to facilitate continuity of care.
5. Clear procedures should be used by staff/carers to promote continuity of care between shifts with the units.
6. Every child should be given the opportunity to make a significant record of life experiences which they can keep.
7. Menus, rotas, plans for activities etc, should be available for viewing by children at all times.

Change

1. Care Package/Care Plans should be realistic in their goals.
2. Planned or encouraged change should be appropriate and suitable to the individual concerned.
3. Children should be involved in consultation about changes to their environment.
4. Children should have the right to change their mind.
5. Care plans and Care Packages should be understood and implemented by all concerned and regularly reviewed.
6. Individual programmes should be structured in such a way that highlights the child's strengths.
7. Care Plans and Care Packages should be changed as needs modify.

2. Appropriate Language

It is essential that all staff/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/Staff/carers relationship and lead to an escalation of disruptive and challenging behaviour.

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

3. Friendship and Support

Confidence in and good rapport with particular adults is a fundamental element in good care practices. Whilst children are in the care of residential staff/carers 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 each home's particular ethos.

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

Staff/carers relationships also need to be sufficiently open and confident to allow discussion with one another and to provide opportunities for joint consideration of each other's actions.

Interaction on a One to One Basis

Staff/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'.

Staff/carers need to be aware of their own feelings. They may believe they are the best person to care for, keywork, or support a particular child in a confidential, one to one situation but they should discuss this with supervisors.

Staff/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 both adults and children, need to be taken into account. If there is any indication that a relationship is viewed as inappropriate, the staff/carer member involved should discuss the matter with other staff/carers in order to understand their concerns and to explain their own perspectives.

In general, if they feel in any doubt about their own or other people's feelings, staff/carers should step back, consider what they are doing and discuss the issues with their colleagues.

Each child should have an Independent Visitor (Advocate, Children's Rights Officer, Adult Family Member or Mentor).

Appropriate support is provided for children who are refugees or asylum seekers. Support for disabled children with communication difficulties, communication barriers – access to interpreters/BSL.

All children are given individualised support in line with needs and those children identified as needing help, guidance and support, receive it.

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

One of the prime tasks for a residential worker is to work with the children to maximise opportunities for forming and benefiting from such relationships with adults.

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

Children who have suffered many unexpected losses in adult relationships are likely to be constantly fearful of being abandoned again. Due to the current rota systems and shift patterns which some children may find bewildering, staff/carers can help by explaining their own movements and make sure the children know who will be with them and who will be available for support or advice.

There are clear boundaries that staff/carers should not break when working with children and children. Staff/carers must ensure that children do not have access to their personal addresses, and private phone numbers. If this information is gained by the child then their Line Manager should be informed.

There should be no arrangements made between staff/carers and children to meet socially unless part of an agreed plan made in conjunction with the child's social worker and the Homes Manager. Any meeting that may take place by chance or in unexpected circumstances should be reported immediately to the Home Manager.

The carrying, and the use of mobile phones when on duty within residential services is prohibited. Should there be an emergency or extenuating circumstances that could be improved by carrying a phone then permission from the manager must be given. Staff/carers should never "Text" messages to children in their care nor should they allow children access to their mobile phones.

There is provision for individual personal health, social, sex, relationship and education for each child.

4. Safe Caring

This is a duplicate of the **Safe Caring Guidance**

The following guidance is provided for foster carers, but the principles are appropriate to people caring for children in all settings.

What is a Safe Caring Family Policy?

A Safe Caring Family Policy is a set of “home-rules”. These should be stated and written down so everyone in the household is:-

- Aware of the rules
- They are understood by everyone
- They are adhered to by everyone

Philosophy

“Every child has the right to feel safe and have their own private space within their family placement, and feel protected.”

This means safe for:-

- Any foster child
- Foster carers’ own children
- Any other members of carers’ own family network
- Any other member of the household, visitor or guest

Aims/Objectives of Safe Care Policy

To protect children from abuse or allegations in family placements, by implementing safe care practices.

Children should expect to be safe from:-

- Further abuse from their birth family
- Abuse from any other adults
- Abuse between children, either within or outside the household

Foster Carers should aim to keep themselves safe from false allegations of abuse

Carers should give particular attention to their own situation to ensure that they are not putting themselves in situations that might be open to misinterpretation.

When Should the Safe Caring Family Policy be Developed

Prospective foster carers will receive a copy of Walsall Children's Services Safe Caring Guidance for Foster Carers and the Fostering Network booklet Safer Caring 2002 at the beginning of their assessment. Safe caring will be explored in the preparation and training, and, together with the Form ‘F’ assessor, prospective carers will draw up a Safe Caring Family Policy in consultation with members of the household.

Who Should be Involved

The whole family should be involved in agreeing the policy and reviewing it each year or when family circumstances change. It is particularly important that men in the family are involved from the outset in developing the policy as most allegations are made against male carers. The policy should ensure that well established routines are followed.

On Placement of a Child

A risk assessment will be completed at the time of referral and reviewed at the post placement meeting. It may be that the family policy has to be changed to fit in with the particular needs of that child/young person.

As part of helping the child to settle in, you should explain the family policy clearly to the child/young person, so that they understand your “home rules” and give them an opportunity to discuss this with you.

Depending on the child/young person’s age and understanding and following discussion and agreement of the social worker, you should give them a written copy. Make sure a note is made in your diary that you have explained the family policy to the child and inform the social worker that this has happened so they can make a record on the child’s file.

Walsall Children's Services – Guidance on Safe Caring Policy for Foster Carers

This guidance is based on the authority’s Safe Caring Policy and foster carers are expected to follow it.

A. In the Home

Bedroom

If a child has been abused or has abused another child, the child’s needs and the needs of all other children in your home will be assessed before agreement is given that children can share bedrooms.

Anyone who needs to go into a child’s bedroom should ask permission/knock first and should leave the door open (applies to children as well as adults).

The foster carers’ bedroom is off limits to all children unless with approved exception.

Bedrooms are not generally to be used as play areas for other children. If bedrooms have to be used for activities with others (e.g. young person has a computer in the room) doors will be kept open at all times.

Bathroom

All children who are old enough and able to bath and wash themselves should have privacy in the bathroom.

If a child needs adult help and supervision, this must be discussed at referral point and reviewed in the post placement meeting and included in the care plan.

Dress

Nightwear, dressing gowns and slippers should be used at bedtime, bathtime, etc. Walking around in nightwear or underwear must be avoided as it may give wrong messages to some children.

Playing

Attempt to keep all children within earshot when they are playing and check if they go quiet.

No children to be allowed to play behind closed doors or in bedrooms.

Where ever possible play-fighting should be discouraged, if it does occur carers must observe and intervene if the situation requires it.

Avoid tickling and wrestling games.

Bedtime

Be aware that the child may have been abused by either male or female. This needs to be taken account of in the daily routines including bedtimes.

All carers, male and female, should leave the door open when putting a child to bed.

When stories are being read to the child, carer's must sit next to the bed/floor or preferably read stories in the living room.

When you go Out

Use adults known to you, preferably your back-up carers, family members, close neighbours, friends, other foster carers – all of whom must have been **Disclosure and Barring Service checked (enhanced)**.

Never stay out overnight or arrange for foster children to stay anywhere overnight, without making arrangements with your link worker and the child's social worker (see staying over policy) – [hyperlink to the policy](#).

Travelling by Car

Think carefully about who travels alone in a car with a foster child. It may be safer to avoid travelling alone with a foster child. If this cannot be avoided, the child should travel in the back.

Ensure car is roadworthy (valid road tax and MOT), hold a full UK driving licence, insured and appropriate car seats/belts are fitted.

Where a baby is being transported and there is a passenger airbag fitted, the baby must not travel in the front passenger seat (unless the airbag is turned off).

Generally

No Secrets Rule – Always practice a 'no secrets' rule (surprises are okay).

Appropriate Touching

In acting as “good parents”, physical contact is an important element in the care and comfort of a child.

This could include forms of “parental” affection, such as hugs, goodnight kiss, etc.

For younger children and those with physical and sensory disabilities, physical contact may be the primary means of communication.

Carers should be mindful, however, of the following indicators: -

1. Age and gender must be taken into account in deciding proper physical contact.
2. Avoid situations/locations where you are alone with the child when giving physical contact e.g. bedrooms, bathrooms.
3. Physical contact should not be in response to or be intended to arouse sexual expectations or feelings.
4. A child may not be comfortable with physical contact.

It should be reinforced, that the primary and most important means of care and control is through the strength of the relationship between the carer and child. This can only be achieved by patience, listening, talking to the child and security through fair and consistent guidance and control.

Showing affection

- a. General rule should be that no-one touches another person’s body without that person’s permission. Children should always be asked first if they would like a kiss, a hug or a cuddle.
- b. Children need to be taught by a caring adult to say “no” if they do not want to be touched.
- c. Carers need to be aware that if touch has meant something other than affection to a child in the past, they may misinterpret you showing them physical affection.

The Names you Use

Encourage children to call you by your first name. Do not reinforce young children calling you “mummy” or “daddy”.

Photos/Videos

When taking photos or videos, (definition) ask the child’s/young person’s where age appropriate their permission first, make sure they get copies for themselves and that they know who else will see them and why.

Do not take photos of children having a bath or wearing no clothes or just their underwear or nightwear.

Consents, Confidentiality & Information Sharing Guidance

Education about Sex and Sexuality

See **Personal Health and Sexual Relationships Procedure**

Never introduce discussions about sex and sexual issues with a child.

If discussions occur from responding to a child's questions then you must inform your Link Worker and the child's social worker at the earliest opportunity. All discussions must be recorded.

Use age appropriate language/ resources.

You need to promote and empower children and young people to say "no" to abuse.

Always:

Keep a daily record of the events in the life of your foster child and the rest of your household. (Diary and daily log)

Discuss any incident of concern with the child's social worker or your link worker immediately.

5. Touch

The following guidance has been written with substantial extracts from a practice guide produced by the Social Care Association: *'Touch, A Discussion Paper for Developing a Positive Management Strategy'*.

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 staff/carers to demonstrate affection, acceptance and reassurance.

Guidance is provided elsewhere on the use of touch as a form of physical intervention; see **Behaviour Management Guidance**.

This chapter provides guidance on the latter, relating to the demonstration of affection, acceptance and reassurance.

It is acknowledged that touch raises particular issues for those working with children. Views about applying a 'hands off or hands on' policy with children result from scandals of child abuse, or fear of violence from children. Staff/carers may be anxious about allegations of inappropriate physical contact with children.

However, touch is acceptable; but staff/carers should consider the following:

Children's background and plans

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 staff/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 culture, the boundaries

The culture or values of the home should be such that touch is encouraged; as a positive and safe way of communicating affection, warmth, acceptance and reassurance.

Staff/carers and children should be encouraged to use touch, positively and safely.

But it is important for staff/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, Placement or other relevant Plan.

If boundaries or expectations exist for the home, applying to groups of staff/carers and children, they should be clear. For example, if staff/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 taken into consideration

1. 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.
2. In addition, many factors influence the power relationship between adult and child, including gender, race, disability, age, sexual identity and role status.
3. The background of the child will also influence any decision about who represents a 'safe' adult in the eyes of the child.
4. Children from ethnic minority backgrounds may be used to different types of touch as part of the culture.
5. 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.
6. 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'.
7. Other parts of the body are less appropriate to be touched, by degrees. Some parts of the body are 'no go areas'.

8. 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.
9. 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.
10. Also, no part of the body should be touched in a way which appeared patronizing or otherwise intrusive.
11. Therefore, the context in which touch takes place is usually a decisive factor in determining the emotional and physical safety for both parties.
12. 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.
13. A fleeting or clumsy touch may confuse a child or may feel uncomfortable or even cause distress. Staff/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".
14. Where children indicate that touch is unwelcome staff/carers should back off and apologise if necessary.
15. Staff/carers should talk to colleagues 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.
16. Touch of an equally positive and safe nature is acceptable between staff/carers; demonstrating positive role models for children. Showing that adults can get along and use touch in non abusive or threatening ways.
17. It is also acceptable to talk about how touch feels, about acceptable boundaries and expectations, doing so in 'house meetings' or primary carer/Keyworker sessions.
18. Play fighting is no alternative for this. It is unacceptable.
19. The key is for staff/carers to help children experience and benefit from touch, positively and safely; as a way of communicating affection, warmth, acceptance and reassurance.