

Physical Contact and Intimate Care

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1. General

Suitable arrangements should exist for all **Looked After** Children on matters relating to physical contact, intimate care, menstruation, enuresis, encopresis and other aspects of children's personal care. Where particular arrangements are required for individual children they should be outlined in a **Placement Plan**.

In the absence of such arrangements, the following must be adhered to.

2. Physical Contact

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 way that is safe, protective and avoids the arousal of sexual expectations, feelings or in any way which reinforces sexual stereotypes.

Whilst 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.

3. Intimate Care

Children must be supported and encouraged, depending on their age, to undertake bathing, showers and other intimate care of themselves without relying on 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, carers will be provided with specialist training and support.

Unless otherwise agreed, where a child requires intimate care, it will be provided by carers of the same gender as the child.

4. Menstruation

Carer's and Residential Staff will ensure that adequate access is available to sanitary protection without the need for asking. Where appropriate Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from carer's.

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

5. 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**.

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:

- a. Talk to the child in private, openly but empathetically.
- b. Do not treat it as the fault of the child, or apply any form of sanction.
- c. Do not require the child to clear up; arrange for the child to be cleaned and then remove and wash any soiled bedding and clothes.
- d. Keep a record.
- e. Consider making arrangements for the child to have any supper in good time before retiring, and arrange 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.
- f. Consider using mattresses or bedding that can withstand being soiled or made wet or alerts the individual to the soiling when occurring.
- g. Carer's should also consider when supporting the individual how this may be viewed by other young people in the home and be mindful of any negative behaviours that may be directed to the child with enuresis and encopresis