

Managing Children and Young People's Behaviour within Foster Homes

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1. Introduction

Our aim is to provide clear guidance to Foster Carers on the use of physical contact. We want them to be able to meet the needs of children and young people with confidence. For most foster carers physical contact is an integral part of the job. Foster care can be a complex, difficult, stressful, yet rewarding task. Somerset

County Council recognises that carers need relevant information, support and training to assist them in offering good quality care to children and young people that are looked after. As a Corporate Parent, Somerset County Council recognises that children and young people that are looked after require foster carers who have the skills, knowledge, and abilities to manage their behaviours appropriately if they are to be able to take advantage of the 'life chances' which they are afforded. Somerset County Council has adopted the Team-Teach training approach and provides carers with training on attachment and behavioural approaches.

Support given to a child or young person who is fostered must ensure that the child is safeguarded and protected and that the welfare of the child is paramount. Children who are looked after are all subject to individual circumstances, which can result in feelings of hurt, fear and sadness.

Such feelings together with previous experiences can at times be expressed in behavioural terms. At the same time, children and young people will grow up into a world where people will not always take account of their difficult past experiences. They need to be able to act with consideration for others and themselves.

Behaviour management, like all aspects of foster care is a team effort. Foster carers should never feel isolated in managing behaviour. Behaviour management should be discussed regularly within supervision with Supervising Social Workers and agreed with the child's Social Worker and the child's parent, wherever possible.

2. National and Legal Framework

The legal and statutory framework covering fostering provides guidance regarding the management of behaviour of children and young people in foster care. There is an emphasis on safeguarding and promoting the welfare of the child.

The five key outcomes for all children to achieve are to:

- Be Healthy;
- Stay Safe;
- Enjoy and Achieve;
- Making a positive contribution;

- Achieve economic wellbeing.

National Minimum Standards and Fostering Regulations support the provision of advice about behaviour management to Foster carers

3. Background in Somerset County Council

This policy is integral to the development and work of the Resource Service in order to promote a professional approach to Behaviour Management. This policy is applicable to all Somerset County Council Foster carers. Social workers for children placed by Somerset with external agencies should have sight of and agree the agency behaviour management policy.

In all dealings with the child, their family and carers, our commitment to anti-discriminatory practice and cultural sensitive services must be evident.

Working in partnership with the parents and carers should be balanced by the rights of the child and the statutory duties of the authority.

Children and young people who are looked after will be made aware of the policy and the agreed permissible forms of behaviour management, sanctions and disciplinary measures.

4. Behaviour Management

The aim of the policy and associated procedures and training is to equip carers with the knowledge and skills to be able to manage children's behaviour with confidence.

Principles

An 'overarching principle should be the behaviour you want to see more of is the behaviour you should pay most attention to'. The aim is to shape a young person's behaviour by catching them being good and wherever possible ignoring or distracting negative behaviour. It is advisable to always explore in supervision any use of limit setting techniques that fall within the permitted sanctions to ensure they will be effective.

Underlying this are certain principles which seek to guide carers in managing behaviour effectively. They are:

- Seeking to reward good behaviour;
- Adopting a non-confrontational approach;
- Establishing a good relationship/rapport with children and young people based on mutual respect;
- Establishing house rules which are consistent, explicit and applicable to all children and young people within the household including birth children;
- Acknowledging and appreciating the past life experiences which the children and young people bring;
- The use of age/developmental stage appropriate sanctions when necessary, not as routine;
- Receiving Team Teach training and Attachment training which covers both the origin of behaviours and standard techniques/strategies;
- Working in partnership with children, young people, carers, parents and professionals.

5. Positive Physical Care and Safe Care

Normal physical contact (as would be expected between good parents and their children) is expected between the foster carers and the children they look after. Children need physical and emotional reassurance to feel valued and loved.

Each child has a different history and different needs in relation to their development and their experiences. Carers need also to be aware that aspects of a child's culture may impact on how they experience touch. Having access to this, the foster carer, child and professionals should ensure that Placement Planning is completed and the foster carers have been advised of any possible behaviour issues that can be expected from the child or young person. This agreement should also include how these issues are dealt with on a practical level. Such practical arrangements should be in line with this policy.

Foster Carers need to update their individual Safer Caring Policy regularly with their Supervising Social Workers to ensure that it reflects the age and needs of the child in placement. The Policy should always be updated to reflect the needs of the child if there is a change of placement.

6. Permitted Sanctions

The techniques that are deployed will be largely dependent upon the child or young person's individual circumstances and needs and should also be relevant to their age and developmental stage. The aim is always to reduce and/or eradicate behaviours in a positive and consistent manner through use of praise and reward, distraction and ignoring where possible behaviours that is not critical

Occasionally, though, foster carers will need to exercise sanctions for unacceptable behaviours in the home. Sanctions need to be appropriate to the child's development and understanding. They should be consistent and transparent and included in the house rules. Any sanctions need to be time limited and proportionate. Foster Carers should discuss the use of any sanctions in their supervision sessions.

The following sanctions are acceptable:

The curtailment of an activity, temporary loss of privileges, use of increased supervision.

The appropriation of pocket money to repair damage or for the replacement of loss. Restitution maybe in full, in part or merely token but the children and young people must not be deprived of more than 2/3rds of their total spending money for the week.

The confiscation, temporarily, or permanently, of any article or substance belonging to a child if that may be considered potentially dangerous. For example, knives, gas canisters, needles etc. Caution has to be taken when having any consideration of confiscation as this could trigger negative behaviours.

7. Non Permitted Sanctions

Other sanctions are not permitted and foster carers cannot do or threaten to do:

Use any element of force as punishment including slapping, pinching, squeezing, shaking, throwing missiles, rough handling, punching or pushing in the heat of the moment and/or in response to violence from young people.

Punish or treat in any way that is humiliating.

Refuse meals or deprive of food or drinks. Deny access to amounts and range of foods and drinks normally available to children and young people being cared for (unless this is on medical advice).

Use or withhold medication, medical or dental treatment.

Use accommodation to physically restrict the liberty of any child e.g. locking or otherwise blocking doors.

Restrict contact to and from family and friends.

Restrict contact to independent visitors, advocate, any officer appointed by CAFCASS, solicitor, social worker, independent person regarding complaints and any person representing Ofsted.

Intentionally deprive a child of sleep.

Impose fines, except for reparation and restitution (see paragraph above).

Conduct intimate physical searches. If it is suspected that a child has secreted drugs/weapons on his/her person, then consideration should be given to notifying the police, following consultation with child/young person's social worker or the carers supervising social worker.

Allow participation by a child or young person in any sanction given to another child or young person.

The emphasis is on individual children and behaviour management which is tailored to each child's needs. Some of the behaviours that foster carers may find difficult could include persistent lying, persistent stealing, sexually harmful behaviours, self-harming, aggression, repeated destruction of properties and going missing from home.

Wherever possible, rewarding acceptable behaviour should be the preferred and usual method of reinforcing and encouraging acceptable conduct and behaviour.

Foster carers will be encouraged to seek help and advice where appropriate and are to be provided with in-depth information about the child and their family, such as Placement Plan/Placement Information Record, care plans, risk assessments etc that can help the carer in fully understanding the needs of children or young people placed and any current behaviours or potential future difficulties.

Foster Carers will be supported in obtaining knowledge of external specialist services to assist in the management of particularly difficult or extreme behaviours for example **CAMHS**/drug and alcohol services.

8. Restrictive and Non-Restrictive Physical Interventions

Restrictive Physical intervention involves the use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by young people.

Non-Restrictive Physical intervention covers areas such as touching and managing the environment;

Placement Planning meetings should identify potential behaviours and risks where physical intervention by a carer may be required. Additionally an incident may occur which highlights a risk that physical intervention may be required during a placement.

If such a risk has been highlighted the Fostering Social Worker should with the child's Social Worker organise a **Risk Management Meeting**. If a child is in an agency placement this meeting will need to be co-ordinated by the child's Social Worker and the Placements Team will need to be informed.

The Risk Management meeting should include the carer, the child's Social Worker and manager and the Fostering Social Worker and manager. The child's parents should be included where appropriate or their views should be sought. The meeting should explore behavioural risks, carers' responses and suggest alternative approaches where appropriate. This meeting can endorse the use of physical intervention and agree when and how it should be deployed, within this overarching policy. The meeting should make a clear **Risk Management Plan** to enable carers to manage behaviours with an agreed response. It should include clear expectations about the recording and notification of any incident which requires physical intervention.

The meeting should be chaired by a Team or Operations Manager and a record of the meeting should be given to the carer within 3 working days of the meeting. The record should be made on the child's and foster carers records.

Managing the Environment:

Foster carers will, based on the knowledge and the needs of the young person, display an ability to alter the surrounding to prevent situations occurring or escalating; e.g. discreetly moving objects that may be used as weapons or asking other children to leave the vicinity (redirecting).

Touching:

Although physical contact may on occasions be used to assert authority over a child or young person it is more often an important element of care and parenting.

A young person or child may be successfully engaged by using a 'caring gesture' e.g. placing a hand gently on the young person to encourage compliance and emphasise concern felt for them but clearly it would be essential that the carer has a good trusting and on-going relationship with the child or young person. It is therefore important that foster carers exercise extreme caution when touching an angry or agitated young person as this could escalate a situation.

Restrictive Physical Intervention (Restraint)

Any physical intervention must be justifiable and appropriate to the child or young person's circumstances and must enhance safety. Any physical intervention should take account of the physical, cultural, emotional and medical needs of the individual young person. Physical intervention should not be in any way used as a substitute for any other type of intervention. It should be seen as a last resort. **Wherever possible foster carers should remove themselves and others as an alternative to physical intervention.**

Placement Agreements, Risk Assessments, and behaviour management training and policy will inform any physical intervention and will indicate the necessity for the use of any physical intervention. Where this is indicated, foster carers will receive relevant training and information about the management of behaviour, which will emphasise positive approaches and alternatives to the use of physical intervention where possible.

Most foster carers will go through their careers without having to employ restrictive intervention. However, we recognise that there are a very small number of young people whose behaviour is such that restrictive physical intervention may be required as part of a comprehensive and agreed behaviour management plan. Similarly, there

are very rare occasions when some form of intervention will be required to prevent harm to people.

Definition:

Physical restraint can only be used by carers to hold a young person in order to contain "behaviour likely to result in physical injury to the young person, other young people/children, carers or others at imminent risk of physical harm". The goal of physical restraint is to keep children safe.

The use of force must be reasonable, proportionate, necessary and in the best interests of the child to comply with the Human Rights Act.

- As any physical intervention involves some risk of injury to the young person or foster carers, foster carers must assess this risk against the risks involved in failing to physically intervene when it may be warranted. Physical intervention should never create more risk than the behaviour it is trying to contain;
- Physical interventions must never be used as a punishment, a consequence, to demonstrate authority.
- Physical interventions should only be employed after other less intrusive approaches (such as behaviour support techniques or verbal interventions) have been attempted unsuccessfully, or where there is no time to try such alternatives;
- Physical interventions must only be employed for the minimum time necessary. They must cease when the child/young person is judged to be safe and no longer at risk of self-injury or harming others;
- Any intervention should always be preceded by clear and verbal instructions and warnings of the consequences of ignoring them and then accompanied throughout by attempts to "talk down" and calm the incident until any risk has passed.
- Following any incident involving physical restraint the foster carer must inform the following of the incident and the need to physically intervene: 1. Child's Social Worker, 2. Fostering Social Worker (EDT if out of hours). The incident needs to be recorded by the Foster carer and a copy of that record should be sent to the child's SW and the Fostering Social Worker (**Appendix 1**). The

Fostering Social Worker should ensure that a copy is sent to the Fostering Operations Manager. The child's Social Worker should ensure that a copy is sent to the Operations Manager for CLA.

- The Foster carer should provide the child or young person with an explanation for the intervention and offer an opportunity to express his/her views on what transpired;
- The child's Social Worker should visit the child and discuss the incident with them and ascertain their views. The child should be made aware of the complaints procedure and their ability to contact OFSTED.
- Any incident of physical intervention **will** result in a review of the Risk Management Plan.
- As a result of physical intervention, children, young people, carers and staff may be harmed, bruised or scratched. Any injuries sustained need to be carefully recorded and reported immediately to the Social Worker. Medical attention should be considered for any injured party.

9. Resources and Training Available to Foster Carers

Training underpins the development of understanding and insight for carers seeking to establish behaviour management strategies for individual children and young people.

Foster carers receive information regarding behaviour management in a variety of ways and formats.

- The Skills to Foster preparation course is underpinned by the Department for Education's Training and Development Standards for Foster Carers and the Common Induction Standards and links to the **Fostering Services National Minimum Standards and Regulations 2011**;
- The Skills to Foster preparation course covers areas of child development and children who may have needs beyond what would normally be expected for their age and developmental status. Separation and loss are discussed and all strategies and interventions are based on the needs of the individual child. Case studies are used to create discussion which incorporates house/home rules and safer caring. These discussions are then related to

applicants' feelings about the kind of children they would like to foster and potential behaviour issues which may arise. Each discussion is based upon the circumstances of the individual family. There is also a focus on the needs to understand the Looked After Children's backgrounds in order to understand the behaviour;

- Those foster carers who undertake Level 3 'Caring for Children and Young People' the Diploma in Child Care for the Children and Young People's Workforce receive input which addresses the issues of management and aggression;
- Foster Carers will be given access to a Team Teach training which is affiliated to the Institute of Conflict Management (2015). This covers crisis definition and theory, the use of de-escalation techniques, crisis communication, anger management, physical intervention techniques, the legal, ethical, and policy aspects of their use, decision making related to physical interventions, debriefing strategies and signs of distress and effect on the child and young person. Carers must also have demonstrated competency in performing the intervention techniques. Regular refreshers have to be attended.
- Foster Carers are also offered training in Attachment, Conscious Parenting and behavioural parenting (KEEP).
- Foster carers also have the opportunities within their contact with both supervising social workers and social workers for the children they care for, to discuss issues of behaviour management both generally and specifically and if necessary there is access to external specialist agencies e.g. **Children and Adolescents Mental Health Services** (CAMHS). Supervision Social Workers should discuss Positive Behaviour Management regularly in supervision sessions.

10. The Planning Framework

Planned Admissions

Matching:

At the matching stage any known difficult behaviour should be considered together with any risk posed to the child/young person/or foster carers. **Placement**

Plan/Placement Information Record, Chronology, Care Plan, Health Plan, Education Plan and Risk Assessment

Placement planning:

It is essential that foster carers receive the relevant background written information on the child (CLA documentation), Placement Plan/Placement Information Record and care plan. Agreements about potential behaviours, sanctions, house rules and approach to behaviour management should be recorded as part of the Placement Planning meeting. Such practical arrangements should be in line with this policy.

Foster carers will be informed of the out of hours support arrangements. If a planned admission then foster carers should attend any relevant meetings applicable to the child/young person that is pending admission to their care.

Unplanned Admissions

Despite the emergency nature of unplanned admissions it is essential that they should be an element of matching, discussion and risk assessment. In line with current child care procedures, the placement agreement meeting should be held within 5 days of placement and the relevant background information provided to foster carers.

Risk Management Plan

A risk management plan is an agreed understanding of risks, likely behaviours and response by the carers. If physical intervention is an option it identifies the appropriate technique to be used. Risk Management Plans should be regularly reviewed and amended as required. They need to be endorsed by Team managers for the child and for the Operations Manager for Fostering.

Jo Manning

19/1/16

Appendix 1

Foster Carer Reporting Form for Physical Intervention

Name of Child	
Date of Birth	
Name(s) of Carer(s)	
Is there a Risk Management Plan in place for this child?	Y/N
If yes date of most recent plan	
Date of most recent Safer Care agreement	
Time and Date of Incident	
Place of Incident	
Name(s) of carer(s) involved	
Witnesses	
Please describe events leading up to the incident	
Please describe de-escalation techniques used/ what did you do to avoid using physical intervention?	

Description of physical intervention used and for how long

How did the Incident end?

Please describe repair work undertaken following the incident

Any other information

Signed	
Dated	

Appendix 2

Risk Management Plan for Child in Foster Care



Name

Setting:

Child's history and impact on behaviours: (Describe common behaviours / situations which are known to have led to Positive Handling being required. When is such a behaviour likely to occur?)

Describe what the behaviour looks / sounds like (topography)

PREFERRED Supportive and Intervention Strategies: (Other ways of C.A.L.M.ing such behaviours. Describe strategies that, where and when possible, should be attempted before positive handling techniques are used)

Verbal advice and support
Likes)

Distraction (known key words, objects, etc.)

Reassurance

Take up time

C.A.L.M. talking/stance

Time out (requires a written plan)

Negotiation
Observation)

Withdrawal (Requires Staff/Carer

Choices / Limits
appropriate)

Cool off: Directed/Offered (Delete as

Time allowed out to calm down or cool off

Humour

Contingent Touch

Consequences

Transfer Adult (Help Protocol)

Planned Ignoring

Success Reminder

Others?

Praise Points / Strengths: (Areas that can be developed and built upon) Please state at least 3 Bridge builders.

1.

2.

3.

Medical, Emotional and Cultural needs, experience of abuse, experience of violence, cultural beliefs regarding gender that should be taken into account before physically intervening.

i.e. Astham, Brittle bones

Preferred Handling Strategies: (Describe the preferred holds: standing, sitting, stating number of carers involved)

Debriefing and repair following incident: (What does the child need? What does the foster carer need?)

Recording and notifications required:

Name:

(Please print)

Signed:

Foster Carer: _____

Social Worker: _____

Supervising SW: _____

Date: ____/____/_____
____/____/_____

Review Date:

Other Factors to consider:

- Key behaviour difficulties
- Our understanding of the behaviour
- What we want to see instead
- Environmental Changes that might help
- Monitoring Progress
- How the individual can help
- How Parents or Carers can help
- Rewarding progress