**Promoting Positive Behaviour**

**&**

**Physical Intervention Guidance**

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# **About This Document**

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| Updated by | **Julie Macer-Wright, Fostering Service Manager and Barbara Canepa Consultant Clinical Psychologist** |
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# **Version Control**

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| June 2023 | 1 | This replaces the Promoting Positive Behaviour Policy dated March 2016 . | Julie Macer-Wright &  Barbara Canepa |
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# Legal Framework

See **Appendix A** to view the Fostering Regulations and National Minimum Standards that are relevant to this Policy.

# Introduction:

Most children and young people who are ‘looked after’ have experienced traumatic situations. Others may have disabilities or conditions which severely affect their development. Such experiences will impact upon the way they communicate and express their needs. Foster carers’ approach to looked after children’s behaviour needs to be trauma-informed and therapeutically minded, in line with ECC Fostering Service’s overall ethos. Foster carers should attend the therapeutic pathway training to fully understand how we wish them to parent Essex children in care.

**Main principles around this include**:

* Behaviour is seen as a form of communication
* Behaviour that challenges is often a result of the child or young person’s past experiences, what they have learnt about relationships, themselves and others
* Behaviour must be interpreted through a “trauma lens”, which means that the carer must bear in mind the child or young person’s likely interpretation of events and of their environment
* Behaviour that challenges is often a result of the child or young person not feeling physically and/or emotionally safe
* The main tool to cater for a child or young person’s needs – and to allow the development of effective or socially acceptable (prosocial) behaviour – is the promotion of positive, fulfilling, safe relationships between carers and the children / young people they look after
* Foster carers must not use any form of emotional or physical punishment

Foster carers are expected to apply this policy to approaching behaviour positively for all children in their care and living in the household. Children and young people who have experienced traumatic and difficult experiences will not only respond to how they are treated but also to how they see other children, young people and adults in the household being treated. Seeing another child or young person being related to in a way that is not therapeutically minded and trauma-informed will reinforce their belief that their carers and their environment are not safe.

# Understanding looked after children’s behaviour

Behaviours that challenge and mental health symptoms can be understood as the individual's best adaptations to their life experiences. The adult needs to help the child understand that their behaviours and symptoms are sophisticated adaptations to the threats they have experienced.

Most concerning behaviours can be understood in terms of hypo- and hyper-arousal responses, i.e. the child’s body is either over-reacting or “shutting down” as a reaction to high levels of stress. The ultimate goal is to help the child to calm down (regulate) their nervous system and, in time, for the child to be able to self-regulate. The adult self-regulates, co-regulates the child and helps the child learn how to self-regulate. This approach gets to the heart of the unmet needs that are leading to the difficult behaviours.

As part of our trauma-informed approach to managing difficult behaviour in looked after children and young people, we do not expect the child to find words to express their feelings or to describe their traumatic experiences. In fact, very often children express their distress through behaviour because they are not equipped to make sense, let alone express, their past experiences through language.

Sometimes it is difficult or impossible to fully know what a child has experienced in the past. These experiences may include adversity, loss and absence of something they needed and the presence of frightening and threatening experiences. For all children, taking a trauma-informed approach will be the most effective parenting style for this child.

# Foster Carer and Supported Lodging Carers’ training

There is an extensive training programme for carers, which is accessed through registration to one of three curricula on the My Learning training platform. There is a curriculum for main carers, one for secondary carers (although they can enrol on the main carer curriculum if they wish) and another for supported lodgings carers. Each curriculum accesses the same learning courses but have different timescales and priorities. All carers need to engage in training, in line with the Fostering service training policy. All our learning promotes Essex’s trauma-informed, therapeutic approach. We encourage carers to attend our therapeutic pathway training courses including the Non-Violent Resistance course to be able to fully embrace how best to parent our children in care.

# Touching, holding & restraint

Physical containment of young children to keep them safe is a necessary aspect of caring for them. As children develop, the focus should be to keep everyone safe without resorting to restraining children. Physical restraint of children, when undertaken in a foster home, risks hurting the child, allegations being made and trust being broken. Foster carers are particularly vulnerable to allegations, as they often deal with behaviour on their own, whereas in residential settings and schools there are other adults to support and witness the restraint episode. Restraint techniques are also more likely to be more painful when applied by one single adult.

A child or young person may be held in a manner which does not carry the full force of physical intervention e.g., holding a hand to cross a road, leading away from danger. There may be occasions when a child or young person is upset and needs comfort and reassurance. Foster carers must ensure that their contact is not seen as threatening, intrusive or subject to misinterpretation, and should only offer physical contact when the child/ young person appears comfortable with it.

Foster carers should always be aware that physical contact might be associated with past abusive experiences and lead to foster carers being vulnerable to allegations of abuse. Traumatised children often have perceptions around touch, holding and expression of affection that might not match the foster carers’ expectations or what is deemed to be safe for the child or young person. Rectifying children and young people’s misconceptions, as well as modelling and exposing them to safe ways of being in proximity to others is part and parcel of therapeutically re-parenting traumatised children. Foster carers should support the child or young person to seek and receive physical contact that everyone involved is comfortable with. The foster carer should record the child or young person’s behaviour in their log and ask for support and/or advice on how to approach behaviour they find puzzling or uncomfortable. Such issues should be discussed at the Placement Planning Meeting and the Family Safer Caring Plan should be updated accordingly.

Physical contact should never be secretive or for the gratification of the adult. It should not be withheld or withdrawn as a punishment (for example, telling the child that they will not get a hug until they have finished their homework or have stopped screaming). If an adult believes that an action has been misinterpreted or a child was uncomfortable with physical contact, the incident should be recorded in the foster carer’s logs and reported to the supervising social worker as soon as possible.

# Prevention and de-escalation

We promote the use of de-escalating techniques. The care provided by foster carers should promote effective ways for children and young people to communicate and relate to others, enabling them to express their needs so they can feel safe. Carers should be able to manage behaviour that challenges through building positive relationships with the children they look after. To enable them to do this, it is crucial that foster carers are provided with relevant information about the child or young person as part of the Placement Planning Meeting. This should include, if known, what makes the child feel safe/unsafe, how this manifests itself and what is known to be effective in regulating the child and making them feel safe. If the child or young person is transferring from one carer to another, this information should be known and communicated as part of the placement planning meeting. This will include areas such as children going missing and child exploitation. Supervising social workers should ensure that foster carers are up to date with the current guidance and procedures in these areas.

Children’s behaviour needs to be seen as a way they communicate how they are feeling. Connection (i.e. building trust through relationships) ought to be the main tool whereby a foster carer influences the child or young person’s behaviour. This includes responses to the child or young person whereby maintaining and repairing the relationship is prioritised overreacting to the presenting behaviour.

Rewarding acceptable behaviour should be approached in a way that is suitable for a specific child or young person’s perceptions and beliefs. Traumatised children often struggle with explicit praise and rewards until they have established a sense of safety in their placement. Therapeutic parenting focuses on the child or young person receiving encouragement around “being” rather than “doing”, for example “Thank you for being calm and kind to your sister when she was shouting” rather than “Well done for not hitting your sister when she was shouting at you” or “I can see how much effort you have put in this drawing you made”, rather than “This is a very good drawing”.

# Techniques that prevent dysregulation

It is always better to prevent a child or young person becoming dysregulated (hyper- or hypo-aroused). Foster carers may have their own ways to do this which work best for their child.

Below are some suggestions that could be useful:

* For younger children: sensory regulation. If the child is becoming stressed or overwhelmed, the carer may use a warm/cool moist tissue to gently wipe their face or hands, offer them a drink with a straw, a chewy or crunchy snack, engage them in a regulating physical activity, such as throwing a ball to each other
* De-escalation: if a child has an outburst of dysregulated behaviour, the carer’s focus needs to be de-escalation – minimising risk to the child and those around them, as well as lowering arousal. The carer can help de-escalate the situation by maintaining a calm demeanour. It is important to transmit calm through one’s body language by using relaxed, slow movement, as well as through one’s voice by using a calm, reassuring tone. The carer can choose to remain silent if the child becomes insulting, argumentative or demanding as long as they are mindful of not using silence in a negative or passive aggressive way
* The carer can retain their own self-control by breathing slowly or repeating a calming mantra. It may be better to walk away from the situation (if it is safe to do so) rather than risk losing control, which is likely to escalate the situation
* Instead of reacting to a provoking statement or insult, the carer will choose to respond in a planned manner at a time of their choosing – ‘strike the iron while it’s cold!’
* Gestures of connection: the carer should regularly make gestures of unconditional care and acceptance towards the child/young person, even when their behaviour has been problematic. Some examples: small token gifts like a chocolate bar, a favourite meal or a hot chocolate, sharing an activity, praise for “being” in the absence of a significantly positive behaviour (e.g. “I was thinking how kind you are”, “I was telling my friend what an amazing cook you are!”)
* Connecting comments: simple, brief, pre-planned comments that help re-build the carer’s connection with the child. Some examples can be low key greetings like “Hi, good to see you!” or descriptive appreciation, such as “Thank you for doing what I said!” or “I appreciate your help with this!”. Important: it is essential to avoid combining appreciation with criticism (such as “Thank you for cleaning your room. It would be nice if you did it more often!”)
* Resisting comments: short, succinct statements that address problematic behaviours in non-escalatory ways:
  + Introduction statements e.g. ‘I’d like to talk to you about something that worries me….’
  + Make an appointment e.g. ‘I’d like to talk to you after dinner…’
  + Using ‘I’ statements rather than ‘you’ statements e.g. “I’d like you to come home by 10, please” instead of “You need to come back by 10!”
  + Focus on the problem, not the child. When the problem is seen as external to the child, it becomes easier to work on it together – e.g. “We need to find a way to sort this out!”
* Involve your partner (if caring as a couple) and your support network – enlist the support of other trusted adults who can help you in practical ways to address the more difficult behaviours
* Red card: give a child/young person a red card or an object which they can put up to show you that they are getting dysregulated, or something is upsetting them. This will not only indicate to the carer that they may need to change tack but also helps the child to start to identify events or stimuli that make them dysregulated (trigger points) before they are triggered
* Look at what the child is doing rather than just what they are saying: the child may be provoking the carer with what they are saying, but their behaviour may not be challenging, e.g., a child may consistently tell a carer that they are not going to clean their room but, in fact, they are attempting to do so
* It is important for foster carers to remember that the child or young person’s comments are not to be taken personally: they are more likely to be an expression of the frustration, anxiety, fear or sadness that the child or young person is experiencing
* A few simple and clear house rules can help children and young people make sense of what happens in the home and know what to expect.
* **The use of the PACE model**  is a key tool for developing positive relationships and minimising children becoming dysregulated.

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| Playfulness | Using a light-hearted, reassuring tone – similar to parent-infant interactions – to create an atmosphere of safety and reassurance where no one feels judged and your child feels able to cope with positive feelings. |
| Acceptance | Actively communicating that you accept the feelings, thoughts and internal struggles that are underneath the child's outward behaviour. It is not about accepting the behaviour itself but helping to teach the child to not feel ashamed by their inner turmoil. |
| Curiosity | Without judgement, helping children become aware of their inner life. It is about wondering out loud without necessarily expecting an answer in return. Phrases like "I wonder if"…" will help the child to put a name to their emotions and thoughts. |
| Empathy | Feeling a child's sadness or distress with them, being emotionally available to them during times of difficulty shows the child that they are not alone and that the adult are strong enough to support them both through it. |

# Parenting techniques that should not be used to manage dysregulated behaviour.

Foster carers must **not** use:

* Corporal Punishment – Foster carers should not use any element of force as punishment including slapping, pinching, squeezing, shaking, throwing missiles, rough handling, punching or pushing.
* Treatment that is in any way humiliating, including requiring a child to wear distinctive or inappropriate clothing
* Refusing meals or depriving of food or drinks, denying 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). If a child or young person has missed a meal, the foster carer would need to consider how to manage this, but the principle is that no child or young person should be left hungry.
* Inappropriate use or withholding of medication, medical or dental treatment.
* Use of accommodation to physically restrict the liberty of any child, e.g. locking or otherwise blocking doors, including locking a child or young person outside of the house. Access to some areas of the house can be restricted in order to keep a young person safe, for example restricting a toddler’s access to the kitchen while the carer is cooking
* Restriction of time with family and friends, independent visitors, advocates or any officer appointed by [CAFCASS](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/cafcass.html), solicitor, social worker, independent person regarding complaints and any person representing [Ofsted](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/office_standards_edu.html)
* Intentionally depriving a child of sleep
* Impose fines, except for reparation and restitution (see acceptable forms of control and discipline)
* Conducting intimate physical searches. If it is suspected that a child has secreted drugs/weapons on their person, then consideration should be given to notifying the Police, following consultation with the child/young person’s social worker or the carer’s supervising social worker
* Withholding equipment needed by a disabled child
* No child within the fostering household should be involved in punishment or carry out punishment or consequences against another child. Where carers’ adult children or family members are caring for a looked after child, they can implement consequences to a child in their care in line with normal rules and arrangements in the household. These consequences should be agreed in advance with the primary carers.
* Intentionally punishing a group of children for the behaviour of an individual child or young person.
* Any threat to use any of the above

1. Parenting techniques that are encouraged when managing dysregulatedbehaviour

* Reward systems. Have a clear set of expectations for the child and, where necessary, use reward systems that the child can participate in and track themselves, e.g., star charts. Have a clear set of realistic, achievable targets. By attaining them, the child will not only obtain their “reward” but this will go towards improving self-esteem. See Appendix C for guidance around the use of reward charts.
* **Time-in**: the use of time-out is based on the premise that children are motivated to engage socially, in play and in other activities. Time-out entails withdrawing the opportunity for getting such rewards, in order to punish negative behaviours. However, the reality is that this approach can make children feel abandoned, rejected, frightened and confused. Moreover, timeouts do not actually help children learn to regulate their emotions, develop a positive attachment or learn moral values like right from wrong. Often, time outs lead to more power struggles. Conversely, time-in can be a more effective way to approach a child who is having a difficult moment by kindly inviting them to sit somewhere, nearby the carer, so they can empathise with the child’s feelings. Often, just quiet connection is all that is needed until the storm has passed. By using the time-in approach, children are likely to feel that their needs are being considered; there can be connection between carer and child before a correction is presented. Children are given time to properly process a range of feelings; carers do not feel out of control or create a power struggle to keep the child in the time out. Children do not feel isolated, shamed or scared. Time-in gives carer and children an opportunity to talk about the real issue at hand, once they are ready emotionally.

**The appropriation of pocket money to repair damage** or for the replacement of loss. Restitution may be in full, in part or merely token. Children can learn valuable lessons when asked to contribute from their own pocket money to the cost of repairing or replacing items they have broken or lost. Any arrangements must be negotiated with the child and the SSW or Child’s social worker, it must have clear time limits and should always leave the child with some pocket money to spend.

**Confiscation of any article or substance belonging to a child that is considered to be dangerous or potentially dangerous**, for example, a knife or gas canister. Caution should be taken when considering confiscation as it could escalate behaviour and / or trigger challenge. A clear explanation should be given to the child to explain the reason for removal.

1. Recording of parenting techniques used to manage dysregulatedbehaviour

The foster carer should use their foster carer logs to record all techniques used to manage a child’s dysregulated behaviour. This can be useful to show patterns of behaviour. Foster carer logs should then be used in supervision with the SSW to help the carer reflect on what methods are working or not working and plan future methods. They can also help identify if support from an mental health coordinator, clinical lead or the Therapeutic Fostering Team would be beneficial.

# Support for carers (in addition to the training programme)

There are many avenues of support available to carers when looking after a child exhibiting behaviour that is challenging. Carers are encouraged to seek help and advice as soon as possible and the Fostering service is committed to working constructively with requests for help and not interpreting them as a sign the carer is not coping.

Support could be provided by their supervising social worker, the child or young person’s social worker, mental health coordinators, the quadrant clinical leads, the Therapeutic Fostering Team, CAMHS (Child and Adolescent Mental Health Service) or others who may have encountered the behaviour previously, such as the child’s school. Foster carers are encouraged to work with all other relevant people in the child’s network, to be prepared to discuss the behaviour they are experiencing and to work openly to consider best way forward. Foster carers should work in partnership with children, young people, parents, other professionals and voluntary agencies to understand, support and modify behaviours that challenge.

* **Regular supervision and reflection on carer records about the child**

Supervising social workers should be providing carers with regular supervision which encourages reflective discussion about each child and any worries and successes the carer is experiencing. The SSW should regularly read foster carers’ logs and discuss any issues arising. If there are behaviours or patterns of behaviour that are challenging, the SSW and child’s social worker should work together via a Team Around the Placement approach.

* **Joint meeting with the child’s social worker, the SSW and the carer**

In addition to a Placement Planning Meeting, it is good practice when children are first placed to have a joint meeting with the SSW, carer and child’s social worker and have a reflective discussion to help the carer understand the child’s behaviour in the context of their past trauma, to gain a shared understanding of the difficulties and discuss potential constructive strategies for managing the behaviour in a safe way for all concerned. It may be helpful to produce a written plan, which can be continually reviewed in supervision with the SSW to see how the strategies are working.

* **Team Around the Placement meetings (TAP)**

TAP meetings are a forum where all professionals involved with the child and others who could provide additional services work collaboratively to improve placement stability and prevent unplanned placement moves for children. The aim of a TAP is to offer a cohesive support network around the child and the carer; provide clear plans with accountability for the decisions and work to be undertaken by each relevant person.

TAP meetings may be instigated as a preventative measure when it is predicted that there are likely to be vulnerabilities in the placement or when there are clear vulnerabilities due to the presenting behaviours of the child or young person. TAP meetings may also be instigated when the carer indicates additional support is required even when others do not perceive the child’s behaviours to be complex. The foster carer’s views and lived experience should be acknowledged and are central to the process. At all times, the child should be held in mind and their wishes and feeling should be considered and acted on appropriately.

* **Consultations with the mental health coordinators / quadrant clinical lead**

The SSW or child’s social worker can request a consultation with an MHC or the quadrant clinical lead to support greater understanding of the child’s behaviour and how the carer can best support their needs.

* **Therapeutic Fostering Team**

The Therapeutic Fostering Team can provide ‘Therapeutic Intervention Placement Support’ (TIPS). This service provides a package of support delivered by a worker from the team alongside the allocated quadrant SSW, and potentially alongside the quadrant MHC and quadrant clinical lead. The support provides psychoeducation and reflective sessions aimed at developing the foster carer’s understanding of the child’s behaviour in the context of trauma and child development, as well as helping the carer to understand and manage their responses, thus enabling change.

# Physical Intervention (Safe hold)

Carers should not use physical restraint when caring for Essex children. However, in exceptional circumstances, physical intervention (safe hold) can be used by a carer if this will minimise risk to the child or to others.

Physical interventions should only be used if it has been agreed, by the child’s social worker and their IRO, that ‘safe hold’ is needed as part of the child’s care plan and following consultation with the quadrant clinical lead or the consultant clinical psychologist. The decision to agree safe holding must have clear oversight from the responsible quadrant Service Manager for the child.

Once the plan is agreed, the carer will be taught appropriate safe hold techniques by qualified professional via ESCA. Any carer using ‘safe hold’ or breakaway techniques with a child or young person must understand the legal and good practice context of their actions and carers should only use methods of intervention for which they have received training and have been deemed competent to undertake. The techniques used must be matched to the needs of the child or young person as agreed by a clinician as part of the child’s care plan. The techniques must not be used beyond the time scale agreed in the child’s care plan and cannot be used for any other child.

The techniques should be implemented by the carer only as part of a package of therapeutic intervention overseen by the quadrant clinical lead or by the Therapeutic Fostering Team.

The use of safe holds must be reported as soon as possible to the SSW or child’s social worker and should be carefully written up through carers’ fostering logs so that it can be monitored by the SSW and child’s social worker and clearly recorded on the carers’ file.

If the child was injured, Social Care should be informed immediately. If the incident has taken place out of hours, the carer should inform the duty supervising social worker on the Fostering out of hours support line. If the child or young person sustains, or is suspected of having sustained, an injury during the physical intervention, they must be seen by their GP within 24 hours of the incident and Standards of Care / allegation procedures will be initiated. All children and young people have the right to request a medical examination following a physical intervention regardless of whether any injury was sustained.

When recording the incident, carers should consider:

* Who was involved in the incident and who else was present
* What events led to the child becoming dysregulated
* What the child did that made the carer decide to use physical intervention
* What intervention was used
* How long the intervention was used for
* What the impact was on the child/how effective was it at helping to calm the child
* Whether anyone was injured
* Whether there is anything that the carer could have done differently

# Impact on the child

Incidents that require the use of restrictive physical intervention can be upsetting for all concerned. Opportunities for the child to talk through the incident must be made available. This should be in a safe, calm environment, where carer and child go through exactly what happened and what effect it has had. This is not to apportion blame or punish anyone.

It is good practice to support the child involved, when possible, to also record their perception of the incident. Where necessary, the child should be helped by their social worker to access support from an advocate so that they are able to do this so that their views contribute to planned next steps.

If others within the fostering household/networks have witnessed a physical intervention incident or been involved in any way, the SSW should ensure that they are given the opportunity to be debriefed about the incident.

# Reflection and review overseen by the clinical lead

**Each incident** should be discussed with the clinical lead or Therapeutic Fostering Team to reflect on the effectiveness of the intervention used, assess its impact and decide on appropriate next steps for that child and carer. The foster carers’ logs and any views of the child will be used to help inform the reflective discussion at this review lead by the clinical lead.

The Central Fostering Service Manager is responsible for maintaining oversight of all restraint episodes. The SSW must complete **category A form for each incident when ‘restraint’ / physical intervention / safe hold has been used** in order for Essex Fostering service to accurately report incidents to Ofsted as required by fostering regulations.

# Unplanned physical restraint used in an emergency

In an emergency where carers have used restraint (for example, to intervene to prevent a child from being hurt or hurting someone else), this should be reported as soon as possible to the SSW and / or the child’s social worker and the carer should provide written details in their carer logs. The SSW must discuss the incident with their manager and report it to the registered fostering manager through a Category A report. With all unplanned restraints the service will need to consider whether the local authority designated officer (LADO) should be consulted.

With all incidents of unplanned restraint, following the incident a consultation should take place with the quadrant clinical lead or consultant clinical psychologist to consider the impact on the child and the training and wider needs of the carer.

If the child or young person sustains, or is suspected of having sustained, an injury during a physical intervention, they must be seen by their GP within 24 hours of the incident and Standards of Care / allegation procedures will be initiated. All children and young people have the right to request a medical examination following a physical intervention regardless of whether any injury was sustained.

There may be circumstances where a child or young person’s behaviour is so dangerous that the Police or an ambulance should be called. This should always be discussed as soon as possible with the Fostering Service or the Emergency Duty Service.

# Restriction of Liberty

Children and Young People must not be kept in any accommodation which physically restricts their liberty unless it complies with the legal requirements of secure accommodation. The following are **not permitted:**

* A child or young person should not be locked in a room, with or without another adult being present
* The locking of internal doors to confine a child or young person in a certain part of the home, with or without another adult present.

The following **are acceptable** and would not be seen as a restriction of liberty:

* The locking of external doors during the night or day to prevent intruders from gaining access
* The securing of windows
* Any measures that are taken to prevent children from gaining access to objects or substances which would be unsafe

There may be some circumstances, for example younger children or a child with disabilities, who may put themselves at risk by running away. In these circumstances it is permissible to lock the external door during the daytime, but this should be agreed as part of the Placement Plan for that individual child or young person.

For a young child the risks of them leaving a home are significant and obvious and the case for preventing this is clear and physically restraining such a child it may be necessary to hold or closely supervise them to ensure that they do not run off. However, for an adolescent, where absence from the home is judged as unlikely to lead them to being injured or causing serious damage, physically restraining them, for example by locking the door, is inappropriate. It is important that foster carers recognise that there are practical limitations on their ability to prevent young people from running away if they are determined to do so.

The practice of not allowing children out, e.g., ‘grounding’ is common, and can be an acceptable approach when used within a therapeutic approach whereby grounding becomes ‘staying close’ or ‘time together’. This offers an opportunity to recuperate and reflect on events within the safe home space and with the support of PACEful adults. However, any form of ‘grounding’ cannot include a child or young person being prevented from leaving by being physically locked in or restrained.

# Appendix A - The Fostering Services Regulations 2011, Regulation 13 states:

13.—(1) The fostering service provider must prepare and implement a written policy on acceptable measures of control, restraint and discipline of children placed with foster parents.

(2) The fostering service provider must take all reasonable steps to ensure that—

(a) no form of corporal punishment is used on any child placed with a foster parent,

(b) no child placed with a foster parent is subject to any measure of control, restraint or discipline which is excessive or unreasonable, and

(c) restraint is used on a child only where it is necessary to prevent injury to the child or other persons, or serious damage to property.

(3) The fostering service provider must prepare and implement a written procedure to be followed if a child is missing from a foster parent‘s home without permission.

The **National Minimum Standards** for Fostering Services (2011) state:

3.1) Foster carers have high expectations of all of the foster children in their household.

3.2) Foster carers provide an environment and culture that promotes, models and supports positive behaviour.

3.3) Children are able to develop and practice skills to build and maintain positive relationships, be assertive and to resolve conflicts positively.

3.4) Children are encouraged to take responsibility for their behaviour in a way that is appropriate to their age and abilities.

3.5) Foster carers respect the child’s privacy and confidentiality, in a manner that is consistent with good parenting.

3.6) Foster carers have positive strategies for effectively supporting children where they encounter discrimination or bullying wherever this occurs.

3.7) Foster carers receive support on how to manage their responses and feelings arising from caring for children, particularly where children display very challenging behaviour, and understand how children’s previous experiences can manifest in challenging behaviour.

3.8) All foster carers receive training in positive care and control of children, including training in de-escalating problems and disputes. The fostering service has a clear written policy on managing behaviour, which includes supporting positive behaviour, de-escalation of conflicts and discipline. The fostering service’s policy is made clear to the responsible authority/placing authority, child and parent/s or carers before the placement begins or, in an emergency placement, at the time of the placement.

3.9) Each foster carer is aware of all the necessary information available to the fostering service about a child’s circumstances, including any significant recent events, to help the foster carer understand and predict the child’s needs and behaviours and support the child within their household. The fostering service follows up with the responsible authority where all such necessary information has not been provided by the authority.

3.10) The fostering service’s approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily.

The **Fostering Guidance** 2011 states:

3.96 Being able to promote positive behaviour and manage children’s behaviour well is central to the quality of care provided in any foster home. Negative behaviour should usually be managed through building positive relationships with children. Foster carers need to be able to respond positively to each child or young person’s individual behaviour and to be skilled at both diffusing difficult situations and avoiding situations escalating. The child’s placement plan must set out any specific behavioural issues that need to be addressed or approaches to be used.

3.97 Every fostering service must prepare and implement a clear written policy about acceptable measures of control, restraint and discipline of children placed with foster carers (regulation 13 and standard 3). All foster carers should be made aware of the policy and apply it at all times. The service must ensure that no form of corporal punishment is used on any child by a foster carer or a member of their household, and that no foster child is subject to any excessive or unreasonable measure of control, restraint or discipline.

3.98 The policy should make it clear that restraint should only be used in exceptional circumstances where it is the only appropriate means to prevent likely injury to the child or other people, or likely serious damage to property, and in a manner consistent with the actions of any good parent. Sanctions for poor behaviour must be clear, reasonable and fair and must not include restraint or corporal punishment.

3.99 Wherever possible foster carers should use constructive dialogue with the child or guide them away from a confrontational situation. They should also have an understanding of their own emotional response to a confrontation or threat, and know when to withdraw, concede or seek help.

# Appendix B - Behaviour support for children in foster care flowchart

**Behaviour support needs identified** from information gathered from Care Plan, Risk Assessment or Placement Planning or Matching

information

**Team Around the Placement (TAP**) meeting held with all relevant parties (multi agency) to create a support plan and clearly identifies the roles and responsibilities of each in the network

**Behaviour support needs** identified from foster carer, child’s social worker or supervising social worker

SSW and foster carer update the

**Safer Care Family Plan** &make plans for the carer’s identified **training / learning needs**

If physical intervention may be needed, a **consultation** with a quadrant clinical lead or consultant clinical psychologist **must confirm the** **clinical need for physical intervention** and make plans for the monitoring and review of the physical intervention used

Continue to **monitor behaviour support plan** through TAP meetings, CLA Statutory Reviews, Household Reviews and foster carer supervision.

**Safe hold training** for the carer/s identified through Essex Social Care Academy

Additional behaviour support needed.

Child’s **service manager and IRO agree** physical intervention as part of the behaviour support plan

**Carer records details** of each incident of physical intervention.

**Review of each intervention overseen by the Clinician**

# Appendix C - Guidance on the use of reward charts

The aim of reward charts is to motivate and teach behaviours that the carer believes the child or young person would benefit from mastering, in order to deal better with everyday life, with difficult situations and with conflict. Having “What do I want the child to learn?” as a framework, rather than “What behaviours do I want to change?” is very helpful in setting up and utilising reward charts effectively.

Reward charts, when used within a therapeutically minded frame of mind, can boost the child’s self-esteem, their trust in the carer, the quality of the relationship and, ultimately, the carer’s sense of achievement. Visual reminders of how far we have come can be quite powerful!

Reward charts should never be used as the only way to motivate a child towards prosocial or wanted behaviour. However, they can form part of the connection-building that is at the basis of secure attachment and self-regulation skills.

It is important to actively involve the child in the planning and “building” of the chart. You can use a theme they like, stickers they like (stars are definitely not the only option!), wording they prefer… and, certainly, tasks, rewards and rules they have successfully negotiated with you.

CARERS SHOULD DO EVERYTHING IN THEIR POWER TO HELP THE CHILD ACHIEVE THEIR REWARD! It is often important for children and young people to “save face”, i.e. to feel they have achieved their goals with minimal help; carers can orchestrate the best circumstances whereby a child can achieve!

**Number of tasks**

The younger the child, the lower the number of tasks present in the chart.

Focussing on a limited number of tasks is always a good idea, as it limits the amount of pressure to perform for the child and enhances their focus on the target tasks. When it comes to younger children, however, limiting the number of tasks is essential, as they cognitively cannot bear in mind too many pieces of information at once.

**Type of tasks**

Tasks need to be realistic. The child should always be invited to agree or, even better, suggest what they would like to work on: it needs to be their idea as well as the carer’s, in order to enhance motivation.

Tasks should be actions and not attitudes or personality traits, i.e., the child needs to know exactly what they are supposed to do in order to get a star. For example, “Call the carer when your sister steals your toys”, as opposed to “Stay calm” or “Be kind”.

Tasks can be related (e.g., all “getting ready for school” tasks) or unrelated (e.g., one around hygiene, one around eating and one around tidying).

*If the carer is aiming at a big change in a child’s behaviour*, their best bet is to break the “journey” down and plan to increase the challenge gradually, moving on to the next step only once the preceding steps have been achieved and established.

For example, let’s say the goal is that a child washes themselves independently without prompts. Right now, they need reminders every time they need to attend to any type of self-care task and they need very close supervision and instructions.

Step 1: the child gets a star for every time they go to the toilet and wash their hands once reminded (this might be something they already do! We need to establish the trust by the child that they will, indeed, be rewarded for getting the stars)

Step 2: the child gets a star for every time they go to the toilet and wash their hands without being reminded (but we have cleverly put a nice sign on the toilet / bathroom door, right where the child’s eye lands before opening the door to exit)

Only when step 2 has been established, i.e., has become a habit for the child, step 3: the child keeps getting stars for unprompted handwashing, but now they also have another task: they get a star every time they brush their teeth when prompted. The carer reminds them to brush their teeth and, gradually, they move from telling the child what to do next, e.g., “Put the toothpaste on the toothbrush”, to asking them what needs to happen next, e.g. “Now you have got your toothbrush, what do you need to do next? WOW! That’s right: you are so good at remembering stuff!”

Only when step 3 has been established, i.e., has become a habit for the child, step 4: just as above, but the challenge is now that all of the handwashing and tooth-brushing happens with the carer waiting outside the door in case the child “forgets what’s next”.

We can have steps increasing self-care tasks and increasing independency until, maybe, we get to a point whereby we are building a colourful daily schedule with the child, who now knows how to perform all tasks independently. We are now putting the child in full, “proud” charge of being unprompted by the carer, because they can look at the daily schedule or before-after schedule themselves and tick their achievements as they go along.

*If the carer is confident that the child can attend to a few tasks at once*, a good rule of thumb is for the chart to include one task the child can perform easily (i.e. they are already pretty much doing it), a medium-difficulty task (the child might have started making progress in this task, but still needs to refine it) and a still realistic but harder task (especially for this one, it is essential that the child has fully “signed up” to attempting this).

**Wording of expectations**

The aim is for the child to know exactly what they need to do to get a star! For example, “Eat three pieces of fruit at snack time”, as opposed to something vague like “Eat nicely”.

Affirmative verbs: “Brush your teeth”, “Put your LEGO in its box”, “Eat three pieces of fruit”, as opposed to “Don’t argue at bedtime”, “Don’t leave your room untidy”, “Don’t hit your brother”.

Objective, measurable actions: “Call Mary if another child annoys you”, as opposed to a judgement call, such as “Be kind”.

**Number of “stars” needed**

*The younger the child, the lower the number of stars needed to get a reward. This also applies to the amount of time a child needs to wait till they can get a reward*. For a very young child, counting stars at the end of each day is the best idea: they will still remember what they did during the day and they will not be unrealistically required to plan into a future that is too distant for them to visualise.

For all children and young people, starting with low numbers and periods of waiting before they get a reward is also a smart move: they need to have proof as quickly as possible that the “system” (and the carer!) can be trusted.

If appropriate, and once the system has been tried and tested, the carer can suggest bigger rewards for more stars and / or longer periods of time. Knowing the child, the carer will be able to decide whether they would respond better to “You will get X reward as soon as you have X stars” or whether they would benefit from the containment of a timeframe, e.g. “You need to have at least 4 stars in a week to get X reward”.

*Make sure the child is not required to have 100% success*. For example, if we are giving a maximum of one star a day for a certain task (e.g., “Finishing your breakfast”), then we might want to require 5 stars out of 7 for the child to get a reward. Nobody is perfect or infallible: we should not communicate to children that “less than perfect” is not good-enough. This is especially important for children who have experienced trauma and who are unlikely to have learnt what “good-enough”, or even “good” and “bad” definitely look like.

**Rewards**

This should be something the child wants. The carer can go for treats (e.g. little toys, sweets, arts and craft stuff), for activities (e.g. being pushed on the swings for half an hour, a visit to the child’s favourite park, a movie night, pizza for breakfast) or a mixture of the two. In general terms, it is advisable to aim for rewards that involve the child spending special time together with the carer or other significant people (activities that are part of the care plan cannot, of course, be involved in reward charts!), but children might also benefit from having tangible reminders of their achievements. If the child wants to, they should be welcome to keep their reward charts in a special folder to look at how far they’ve come.

It is tempting to aim for bigger rewards for harder tasks or a high number of stars. This idea ought to be approached with extreme caution. Only much older children can possibly retain the focus required to “stick with” such challenging goals; we do not want to create a situation whereby the child gives up on their mastering of tasks. Furthermore, having big rewards risks shifting the focus from the child’s achievement to the reward itself; this can be emotionally too pressurising and, therefore, distressing for the child. Bigger treats or objects might be best thought of as suitable birthday, Christmas and special celebrations, end of school year presents.

**Rewards only, no punishment element**

Reward charts celebrate a child’s achievements, no matter what other behaviour occurs before or after a star has been earned. A reward chart should never ever be utilised to punish or in any way shame a child.

Under no circumstance will a star be removed from the chart once it has been earned.

Under no circumstance will the chart encompass reminders of unwanted behaviour or even the child’s failure to achieve a star. At the most, a square in a chart will end up staying blank. We turn a new page (metaphorically) every day and we do not linger on missed opportunities or unsuccessful attempts.