

# Children's Services

## PROMOTING POSITIVE BEHAVIOUR AND RELATIONSHIPS WITH CHILDREN IN FOSTER CARE

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## CONTENTS

	<b>PAGE</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Statutory and Procedural Framework</b>	<b>4</b>
<b>3. Planning for Children – Individual Behaviour Plans</b>	<b>5</b>
<b>4. The Prevention of Challenging Behaviour</b>	<b>5</b>
<b>5. Physical Interventions</b>	<b>7</b>
<b>6. After an incident of Physical Restraint</b>	<b>9</b>
<b>7. Children with Special Needs and Physical Intervention</b>	<b>10</b>
<b>8. Recording and Monitoring</b>	<b>11</b>
<b>9. Care and Support of Foster Carers by Hertfordshire County Council</b>	<b>12</b>
<b>10. The Right of Self Defence</b>	<b>13</b>
<b>11. Involvement of the Police</b>	<b>14</b>
<b>12. Conclusion</b>	<b>14</b>
<b>Appendix 1 Statutory and Procedural Framework</b>	<b>15</b>
<b>Appendix 2 Prevention</b>	<b>17</b>

## 1. INTRODUCTION

### Fostering Services: National Minimum Standards 2011

#### STANDARD 3

- 1.1 Foster carers have high expectations of all of the foster children in their household.
- 1.2 Foster carers provide an environment and culture that promotes, models and supports positive behaviour.
- 1.3 Children are able to develop and practice skills to build and maintain positive relationships, be assertive and to resolve conflicts positively.
- 1.4 Children are encouraged to take responsibility for their behaviour in a way that is appropriate to their age and abilities.
- 1.5 Foster carers respect the child's privacy and confidentiality, in a manner that is consistent with good parenting.
- 1.6 Foster carers have positive strategies for effectively supporting children where they encounter discrimination or bullying wherever this occurs.
- 1.7 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.
- 1.8 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.
- 1.9 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.
- 1.10 The fostering service's approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily.

- 1.11 This policy provides guidance to foster carers in the use of physical interventions with children in their care, and is linked to other safe caring practice advice.
- 1.12 The majority of looked after children and young people do not behave in an aggressive, violent or destructive way. Care, control and supervision are essential aspects of good parenting, with the aim of achieving a balance between freedom and control. Foster carers will do all they can to offer a positive caring environment, and any control, discipline or physical intervention, should be seen in this context.
- 1.13 Some children/young people do present challenging behaviour. This may include:-
- Verbal abuse; threats of violence; actual violence; throwing objects; damage to property; spitting; bullying; sexual, racial or other harassment.

These behaviours are unacceptable and foster carers are not expected to endure such behaviours as part of their care.

- 1.14 This guidance is intended to help ensure that foster carers have a clear understanding about the circumstances in which physical interventions, including restraint maybe justifiable. Foster carers need also to be clear and confident in the physical methods that are safe, acceptable and effective, and they will receive training in these methods.
- 1.15 Physical interventions include the use of touch, holding and restraint. They do not involve, however, the overpowering of a child or any form of physical punishment. Foster carers will receive clear guidance about the use of “reasonable force” in providing care and control. Reasonable force is not easy to define, but must be the minimum force needed to prevent harm to the child, carer or others. The force used needs to be proportional to the force used against the carer.

## **2. STATUTORY AND PROCEDURAL FRAMEWORK**

- 2.1 The relevant provisions of the Children Act, and the Department of Health Guidance, are included in Appendix 1.
- 2.2 Foster carers may use “reasonable force” in the following circumstances:
- a. To ensure the safety of, or prevent harm to, the child or young person themselves
  - b. To ensure the safety of, or prevent harm to, another person, for example, the foster carers or members of their family.
  - c. To prevent serious damage to property or setting by the child or young person.

- 2.3 A duty of care exists in civil law, where duties and responsibilities are imposed upon all care professionals, including foster carers.

### **3. PLANNING FOR CHILDREN – INDIVIDUAL BEHAVIOUR PLANS**

- 3.1 If a child or young person is placed in foster care, his/her needs and behaviour will be assessed. It is important that any challenging behaviour is included in this assessment. This information and knowledge will be recorded in the child's own file and discussed with foster carers. The involvement of the child or young person him/herself and those with parental responsibility will greatly assist the foster carer's knowledge of the child's behaviour. Any individual care plan for the child, should take full account of any incidents of challenging behaviour where physical intervention or restraint had been needed in the past.
- 3.2 Thus for looked after children, if his/her behaviour has been challenging enough to require physical intervention, an individual behaviour plan should be created and regularly reviewed, with a view to improving the management of such challenging behaviour. The plan can include the use of safe touch, holding or restraint. A risk assessment should be completed.
- 3.3 If it is believed that a child may behave or has behaved in a way that may require restraint the carer will be offered training to ensure the safety of all involved.

### **4. THE PREVENTION OF CHALLENGING BEHAVIOUR**

- 4.1 Children should be encouraged to take responsibility for their own behaviour.
- 4.2 Carers should provide positive role models to children to encourage good behaviour.
- 4.3 Children should receive positive reinforcement when they exhibit positive behaviour, a reward system may be appropriate for some children.
- 4.4 The priority for foster carers faced with challenging behaviour is to try to stay calm and defuse situations. The right intervention may prevent deterioration into violent or destructive behaviour.
- 4.5 The use of verbal reassurances can calm a child and allow for a 'cooling off' period.
- 4.6 Children can be helped to recognise their own 'triggers' and prevent further incidents.
- 4.7 Carers should try to use positive preventative, calming, diffusing and problem solving skills first.
- (i) Preventative skills which may facilitate opportunities for children to express themselves include:-
- Good eye contact

- A calming tone.
- Listening to the child/young person.
- Giving them a chance to express themselves.
- Giving space/privacy.
- Positive reinforcement.
- Consistency in communication.
- Consistency in care plans.
- Clear boundaries.
- Physical reassurance.
- Use of constructive dialogue
- Guide the children away from the confrontational situation

(ii) Behaviour to be avoided:-

- Getting agitated.
- Staring.
- Confrontation.
- Raised voices.
- Inappropriate language.
- Not listening.
- Taking control away.
- Verbal aggression.
- Inconsistency in communication.
- Unclear boundaries.

Additional guidance is given in Appendix 2.

**4.8 Therapeutic Crisis Intervention (TCI), Webster-Stratton and the ARC**  
Attachment, Regulation and competence training will be provided to carers to help with behaviour management.

- 4.9 Carers need to be aware of their own responses/triggers to confrontation and threats and need to know when to concede, withdraw or seek help, and maintain emotional regulation,

## **5. PHYSICAL INTERVENTIONS**

- 5.1 The intent of any physical intervention is to calm a situation, prevent escalation and keep both children and carers safe. The use of physical interventions with a child **MUST** only be used as a last resort.
- 5.2 Foster carers will be trained in 'Keeping Safe' techniques including the use of safe touch, holding, restraint and breakaway skills if it is felt necessary for the child(ren) they are looking after. All these skills are based on a balance between 'acceptability' and 'effectiveness' and are acts of care.
- 5.3 The circumstances when foster carers may feel justified in using holding or restraint:
- If a child is in imminent danger of significant self harm through his/her own actions.
  - If a child is placing others in imminent danger of significant harm through his/her own actions.
  - If a child is about to cause, or is causing, serious damage to property.

Physical restraint must not be employed to:

- exact retribution
- retaliate for any reason
- punish the child or young person
- as any kind of treatment or therapy
- for convenience
- to instil fear

### **5.4 Safe Touch and Holding**

- Foster carers may find the use of positive touch beneficial to their foster child. Examples of positive touch may include :-
  - Cuddles.
  - An arm around the shoulder.
  - Holding hands.
  - Stroking heads/arms.
  - Gently holding an arm.

- b. Government guidance emphasises the importance of carers having full information about the significance to the particular child of physical contact with adults, particularly if previous abuse has occurred, and the importance of cultural factors in determining unacceptable forms of physical contact.
- c. It is much safer for all concerned, that demonstrations of physical affection or comfort are made in the vicinity of others. Children/young people should always be appropriately dressed (e.g. if in night clothes, in dressing gown as well as pyjamas/night dress). Bedroom doors should be open when carers are settling children/young people.
- d. Other important principles are;
  - i. Children/young people have a right to say “no” to physical contact and their privacy must be respected. However, in circumstances where a child/young person is, in the judgement of carers, endangering, or about to endanger, themselves or others, safety is paramount. In these circumstances the child/young person’s wish not to be touched may have to be set aside to try to make the situation safe.
  - ii. Affection should be based on the child/young person’s need.
  - iii. If physical contact makes either party feel uncomfortable, the carer should gently disengage.

5.5 **Physical Restraint** plays a very minor role in the control of foster children although its consideration dominates the government guidance on ‘Permissible Forms of Control in Children’s Residential Care’. This guidance defines physical restraint as ‘the positive application of force with the intention of overpowering the child’. However safe touch, holding and restraint teach carers how to ‘make movement safe’ rather than to ‘overpower’ the child.

Carers will be shown how to care for children using physical skills in standing and sitting positions.

5.6 During holding and restraint, communication needs to be specific to the needs of individual children. Therefore whilst remaining calm themselves it may be helpful for foster carers to:

- a. communicate with the child calmly, encouraging him/her to relax and become calm e.g. ” please relax a little.....”
- b. talk through the incident, explaining what you are doing, making it clear that holding or restraint will stop as soon as the young person regains self control e.g. ”We are holding you to keep everyone safe, so please can you relax a bit so you don’t hurt yourself or us.”
- c. not talk if you feel that verbal communication is acting as a stimulus to the child’s anger, wait until the child has calmed down sufficiently before talking to them in a calm manner e.g. ”You seem to be more relaxed now, so can we sit and talk about how all this started.....”

The more confident foster carers are in safe touch, holding and restraint, the less likely they may need to employ such techniques.

The skills allow foster carers to move from touch to holding, and if necessary, to restraint, and then to reverse the process as the child/young person calms down.

5.7 Physical methods which are not acceptable :-

- a. techniques designed to cause pain or risk of damage
- b. flexing or bending joints/twisting limbs
- c. restricting breathing or circulation
- d. sitting on a child
- e. striking a child
- f. pinning a child against a wall/furniture
- g. ways that could be viewed as sexual
- h. locking a child in a room

**6. AFTER AN INCIDENT OF PHYSICAL RESTRAINT**

- 6.1 Any need for first aid or medical attention for the child or carer involved remains the first consideration.
- 6.2 Time and space need to be created to talk through the incident with the child to allow him/her to express their feelings and to decide upon the next steps. This is sometimes called 'debriefing'.
- 6.3 The people best placed to undertake this work with the child or young person may be the carers who were involved with the restraint. However, if this is difficult for the carer or felt to be inappropriate, then the child's social worker may be the best person.
- 6.4 There can be no set 'format' for a debriefing experience for the child. One well established technique is the 'Life Space' interview, which was devised for these purposes and is included in TCI training.
- 6.5 Support and debriefing for the foster carer is equally important. At the earliest opportunity, the foster carers should be offered the chance to talk through the incident and their feelings with a supervising social worker or a placement support worker.
- 6.6 The reporting of accidents and incidents of violence is very important and should be dated and signed by the social worker.

## **7. CHILDREN WITH SPECIAL NEEDS AND PHYSICAL INTERVENTION**

7.1 The care of children with special needs is based on the same principles and good practice as for any other child's individual needs.

7.2 For the purpose of this guidance, special needs include:

- a. children who have identified medical conditions where physical interventions could precipitate symptoms or aggravate the condition (for example, asthma or epilepsy)
- b. any learning difficulty
- c. any physical disability
- d. mental health

7.3 In forming care plans for such children, social workers and foster carers should inform themselves as fully as possible about any behaviour stemming from the child's special needs. Those individuals with previous knowledge of the child may well be valuable sources of information.

Equally, professional advice on current behaviour may be an important and valuable asset to carer and social worker, where there is an anticipated need for physical intervention or restraint.

7.4 Planning should take into account :-

a) knowledge about the child's special need

- what is the medical condition and what effects does it have, particularly on the child's behaviour?
- is the condition stable, in remission or unstable?
- who should be contacted for advice and what should be done if the child becomes ill?
- what does the child understand of his/her condition or disability, and how does he/she feel about it?
- are there particular 'trigger' situations or frustrations to be avoided or minimised by carers?

b) knowledge of any communication needs.

- are there any difficulties with speech, hearing or any visual impairments, and how might they be overcome or lessened?
- does the child use any other form of communication (for example, Makaton or Total Communication)?

- would advice from any expert, e.g. a speech therapist be helpful?
- c) knowledge or awareness of any physical dependency on others for basic care routines such as toileting, dressing that may routinely require physical handling.
- d) knowledge of the origins of any challenging behaviour, for example children with severe hearing difficulties may resist guidance and support through lack of comprehension or an inability to communicate wishes.

Individual Behaviour Plans should again be monitored and reviewed regularly to take into account any incidents or developments.

## **8. RECORDING AND MONITORING**

8.1 a) In respect of Looked After Children, foster carers should complete an incident form and forward it to the child's social worker.

b) Information could include :-

- a brief description of the incident including "where was the child?"
- who was present?
- how did it happen?
- what action did you take
- what physical holds did you use?
- is there anything that can be done to prevent this happening again?

8.2 a) These issues should be discussed between carers and the child's social worker, the Supervising social worker and recorded.

b) The issues for the foster carer could include the following:

- The build up to the incident.

What happened immediately before that led up to this incident? For example, was this a difficult contact visit? Was the child/young person not getting his/her own way, or not wanting to do as required? Were difficult issues being raised by an adult with the child/young person?

- The child's behaviour

What exactly did the child/young person do, or how did he/she respond to the incident? Did violence or damage to the property continue or was there a cooling down period?

- The consequences of the incident

How was the incident handled? Was the child/young person punished? Was the child/young person given attention and was it successful or not? (Sometimes rewarding the child inappropriately can reinforce challenging behaviour). Has this caused a disruption in placement?

- The outcome

Was physical intervention – touch, holding, restraint or breakaway skill required?

8.3 The recording and monitoring of incidents of restraint are important for various purposes.

- a) The child or young person's individual behaviour plan will be a more effective document and can be adapted to be more preventative of further incidents with the individual child.
- b) Repeated incidents of physical intervention and restraint will be significant for the child's care plan and ongoing risk assessment
- c) There may be lessons for foster carers' professional development and training needs.
- d) The department will be afforded an opportunity to monitor such incidents on a regular basis for service development purposes.

## **9. CARE AND SUPPORT OF FOSTER CARERS BY HERTFORDSHIRE COUNTY COUNCIL**

9.1 Employers have a duty to ensure, the health and safety of all employees and to provide such information, instruction, training and supervision as is necessary to ensure their health and safety, (s2 Health and Safety at Work Act 1974). Employees also have a duty under this legislation to take reasonable care of the health and safety of themselves and others who may be affected by their acts and omissions at work (s7(a)) and to co-operate with the employer so far as is necessary to enable its duties to be performed or complied with.

9.2 Hertfordshire County Council foster carers will be supported in dealing with challenging behaviour and control issues. This is an area where carers may feel anxious and vulnerable to complaints and allegations as well as sometimes the threat or reality of violence.

While the department expects the highest standards of professional practice, it is essential that carers are not immobilised from dealing with challenging situations by worrying whether they are doing the right thing, whether there will be a complaint, whether they are trespassing on the children's rights etc.

9.3 Hertfordshire County Council will fully support foster carers in the exercise of appropriate control of children/young people in their care, so long as the following conditions are met:

- a) that they have acted reasonably with due restraint and with as much consideration as possible in the circumstances. It is recognised that some control decisions have to be made very quickly, almost spontaneously, under great pressure. The council does not expect carers to 'get it right' in every conceivable situation. It does expect them to act reasonably and responsibly.
- b) that they have acted on a genuine concern for the safety of the child/young person and others, and not for their own gratification or convenience.
- c) that they have acted in accordance with these guidelines.
- d) that all incidents are properly reported and recorded.

It is clearly not possible to give any blanket guarantee of support to carers irrespective of the circumstances or their actions. The council's emphasis nevertheless is on supporting them in the difficult decisions and judgements they have to make.

## **10. THE RIGHT OF SELF DEFENCE**

10.1 In 1:1 situations where carers or other people are being attacked; then carers do have the right to use self defence.

This may include:

- Getting away to call for help and assistance or failing this
- Using 'breakaway techniques' and using 'reasonable force' to prevent injury to self or others. Reasonable force is not easy to define but must be the minimum force necessary to prevent harm to the carer and the child/young person.
- The use of breakaway skills may be needed to prevent injury to self or others, either to get away or to get help to deal with the violent person more safely.
- Self defence differs from both retaliation and punishment, neither of which is acceptable.

10.2 During training, discussion will take place about rights of self-defence, the use of 'reasonable force', and carers will be shown a range of 'breakaway skills'.

## **11. INVOLVEMENT OF THE POLICE**

11.1 Foster carers do have the right to call the police if it is the only safe way to protect themselves or others from assault or property from serious damage.

11.2 The Council recognises the right of individual carers, to press charges of assault, damage to or theft of personal property, etc, against children/young people in their care.

11.3 Children/young people in foster care should expect that, if they are involved in criminal behaviour, depending on the wishes of the victim, the police may be informed. This does not of course mean that the child/young person will be prosecuted, and the full range of available diversion from prosecution strategies will be considered.

11.4 It is anticipated that the police will only be involved when all other interventions have failed . HCC has a responsibility to try and avoid criminalising children in their care

## **12. CONCLUSION**

It is hoped that this policy provides clear guidance to foster carers in the management of challenging behaviour and the use of physical interventions as acts of care and control. Comments from foster carers and social workers would be welcome.

## APPENDIX 1

### Statutory and Procedural Framework

1. The law not only provides a framework for the proper consultation of any child or parent, but also for the actions of foster carers and social workers. A duty and responsibility exists to plan for the assessed needs of children, whether looked after or children in need in the community. Plans should reflect all relevant needs and requirements including those where the physical management of any special needs is involved, and where any need for physical intervention or restraint, to manage behaviour may exist. Such plans should be shared with, and wherever possible agreed with those with parental responsibility. Those exercising the responsibility of actual care such as foster carer in respect of looked after children, should be, wherever possible, full parties to all aspects of the care plan including the behavioural plan and its implementation.

The Department of Health has clarified that the child or young person's wishes or those of parents are the overriding consideration. Social workers and foster carers have, generally speaking, the same rights and responsibilities as a parent, to influence the child in the interests of welfare, to protect him/her from any negative influences, and where necessary, protect others from harm.

The law protects all children against the unreasonable use of force and clearly limits the children who may be deprived of their liberty to those placed in secure accommodation.

Thus parents' wishes should also be taken into account, but cannot constrain day to day carers and others, to the extent they are prevented from controlling the child properly. Nor are foster carers and social workers obliged to simply follow the wishes of the child or young person – his/her wishes can and should be overridden in decisions that affect them, to safeguard and promote their welfare, and protect other people.

2. The Department of Health circular LAC (93) (13), though principally concerned with children in residential care, applies in general terms, to children looked after in foster care and children in need. Physical restraint is described as the positive application of force with the intention of overpowering the child, to protect the child from harming himself or herself or others, or seriously damaging property.
3. The Children's Homes Regulations 1991 (s8(3)(b)) similarly say that the taking of action immediately necessary to prevent a child from harming himself or herself or others or seriously damaging property, is permitted.
4. The Criminal Law Act 1967 (s3) states that a person may "use such force as is reasonable in the circumstances of the prevention of a crime". The assessment of what is reasonable is a matter of judgement.

5. The law is, therefore, to the above degree, permissive, and relies on sound judgement in the exercise of restraint. The Department of Health letter to Directors of Social Services (CI (97)6) states that children are protected from unreasonable force.
6. Social workers and foster carers should be aware of the fact that criminal and civil liability might be said to apply in situations of restraint. The likelihood of actions against the individual or the authority being successfully brought are small, provided that the action taken can be justified as reasonable in the circumstances, and that the social worker or foster carer had been acting within the guidance and procedures provided by the authority.

The law covers for reference, the following:-

### **Part A – General Criminal Law**

- 1) **Assault:** the intentional or reckless doing of an act which causes another to apprehend immediate and unlawful personal violence (e.g. throwing object, threatening words, shaking a fist)
- 2) **Battery:** the intentional or reckless infliction of personal violence on another (e.g. touching, pushing, forcibly administering medication)
- 3) **False imprisonment:** the unlawful and intentional or reckless restraint of freedom of movement from a particular place.

### **Part B – Civil Law**

- 1) **False imprisonment:** act which directly and intentionally and negligently cause the confinement of a person within an area by the defendant
- 2) **Assault:** any act which directly and either intentionally or negligently causes a person immediately to apprehend a contact with his person
- 3) **Battery:** any act which directly and either intentionally or negligently causes some physical contact with a person without his consent
- 4) **Negligence:** failure to do something which a reasonable person would do or the doing of something that a reasonable person would not do and which results in damage to the complainant.

## APPENDIX 2

### Prevention

There are many ways of defusing a situation by tackling the underlying causes of the challenging behaviour. A non-confrontational approach, employing the skills and experience of foster carers and social workers, may well allow space and time to deal with anger and upset.

Some of the suggestions below may be applicable:

- Is there anything to be done to avoid the child or young person feeling 'boxed' into a corner"?
- Would the child be better off left alone?
- Should the level of demands on the child be reduced? Is the child tired, not feeling very well or under stress for any particular reason?
- Could changing the adults present be feasible and of benefit? Some children are more likely to exhibit challenging behaviour when particular adults are present.
- Is there time to talk through the child's feelings and real intentions?
- Can you avoid the child 'losing face' and is the presence of other children or adults influencing this risk?
- Is your own anger feeding the child's? Are you using humour that may be felt as sarcasm or as belittling? Are you 'pushing each other's buttons'?
- Are you the best person to deal with the situation?
- Be prepared to get assistance, leave, or back down and take time out.
- Stay calm, accept and then control your own feelings.