**Kent County Council**

**Promoting Positive Behaviour & Safer Care (including use of Restrictive Physical Intervention)**

**Kent Fostering Service**

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**1. Introduction and Legal Framework**

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 Promoting Positive Behaviour and Safer Care policy and guidance are written with these principles at the centre. In accordance with Regulation 13 of The Fostering Services Regulations 2011 *‘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. Foster carers should always be made aware of the policy and apply it. 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.’*

In line with these Regulations, Kent Fostering are clear that restraint of a child or young person in care 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 a good parent. Sanctions for poor behaviour must be clear, reasonable and fair and must not include restraint or corporal punishment.

In accordance with the Fostering National Minimum Standards (2011) this policy also makes clear that:

* Foster carers have high expectations of all children in their household.
* Foster carers provide an environment and culture that promotes, models and supports positive behaviour.
* Children can develop and practice skills to build and maintain positive relationships, be assertive and to resolve conflicts positively.
* Children are encouraged to take responsibility for their behaviour in a way that is appropriate to their age and abilities.
* Foster carers respect the child’s privacy and confidentiality, in a manner that is consistent with good parenting.
* Foster carers have positive strategies for effectively supporting children where they encounter discrimination or bullying wherever this occurs.
* 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.
* All foster carers receive training in positive care and control of children, including training in de-escalating problems and disputes.
* 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’s approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily.

**2. Encouraging and Rewarding Children**

Whilst children bring their own values and behaviours into foster homes, Foster Carers play a key role in influencing their behaviour. The culture of the home is crucial, and carers are expected to understand, manage and deal with young people's behaviour, including encouraging children to take responsibility for their behaviour and help them to learn how to resolve conflict.

All Children in Care should have clear, fair boundaries, where they feel safe, encouraged and appropriately rewarded, so that they will thrive and do well. If Foster Carers adopt this approach placement stability is far more likely to be achieved.

Foster Carers should always endeavour to:

* Listen to and empathise with children, respect their thoughts and feelings and take their wishes into consideration.
* Look for things that are going well, or any step in the right direction, and appropriately reward it.
* Use rewards in a creative and diverse way, specific to children's needs, capabilities and interests. This may mean that children are rewarded with toys, games, activities or monetary rewards. But all 'tangible' rewards should be accompanied by use of 'nontangible' encouragement and support by demonstrating to children that they have done well. Such 'nontangible' rewards include praising, smiling and hugging children.
* Children usually benefit, early on, from rewards which may appear to outweigh that which is expected. This is normal; over time rewards can be more relevant as children's self-esteem and skills improve. For example:
* Children who have few social or life skills and whose self-esteem and confidence is low may require forms of encouragement and reward which are intensive, frequent or even excessive in order to help/remind them that they are doing well and appreciated.
* A child who has previously been unable to get up for school may be offered a present or activity for getting up on time for a few days.
* However, it should also be borne in mind that some children cannot tolerate praise as it undermines the low perception they may have of themselves. For these children smaller more specific praise is needed.

Over time, as children achieve what is expected, such rewards should be reduced, or children should be expected to achieve more for the same or a similar reward.

**3. Minimum House Rules**

All Foster Carers will have a ‘Foster Family Safe Care Plan’ outlining the overarching rules and boundaries of the home. This should be explained to children, with the reasons for the rules and they should also know that there are rules for everyone. They should not feel that they are being treated with less regard than other members of the household. Ideally these expectations should be known to children before they come to live with the Foster Carers. Some examples are:

* No smoking.
* Keep own bedroom clean and tidy.
* Do not go into any other bedroom.
* Be dressed all the time.
* If you have gone out, return home at the time you have said.
* Always be where you say you will.
* If you want to change your plans when you are out, ask permission first.
* Do not hurt any member of your foster family.
* Do not hurt any pet of your foster family.
* Homework must be done.
* If excluded from school, schoolwork will be done at home taking into consideration individual needs.
* When using the bathroom or toilet always close the door.
* If you have any problems, let you know.
* Try to consider other people's feelings.

**4. Sanctions**

**4.1 Guidance on Use of Sanctions**

Most Children in Care have come to view themselves, and can be viewed, as not good enough. They have had their fill of sanctions, usually imposed inconsistently, unfairly or as acts of revenge. Before imposing sanctions, Foster Carers should do all they can to support and encourage children to do well. If children do not behave acceptably, strategies should be adopted that are encouraging and rewarding.

Rather than noticing and sanctioning misbehaviour it is always better to notice and reward good behaviour, or any step in the right direction. For example, it may be more effective to allow a child to have use of a video or TV at bedtime for getting up on time, rather than taking the TV away for getting up late. The former is discouraging and causes resentment; the latter is encouraging, can improve self-esteem and relationships between children and the foster family.

**4.2 Be creative, think outside the box!**

If children continue to behave in unacceptable ways, they should be reminded about what is expected and given further encouragement to get it right. If misbehaviour persists or is serious, effective use of reprimands can act as a disincentive or firm reminder. If this does not work, or may not, sanctions may be effective.

Where sanctions are used, they must be reasonable and the minimum necessary to achieve the objective. Also, there should be a belief that the sanction will have the desired outcome; increasing the possibility that acceptable behaviour will follow.

If sanctions are imposed, the following principles should be applied:

* Sanctions must be the exception, not the rule. A last resort.
* Sanctions must not be imposed as acts of revenge or retaliation.
* Think before imposing the sanctions; don't apply it in the heat of the moment.
* Sanctions may only be imposed upon children for persistent or serious misbehaviour where reminders and reprimands have already failed or are likely to fail.
* Sanctions should only be used if there is a reasonable chance they will have the desired effect of making the point and in reducing or preventing further unacceptable behaviour.
* Before applying any sanction, make sure the child is aware that his/her behaviour is unacceptable and, if possible, warn him/her that sanctions will be applied if the unacceptable behaviour continues.
* It is the certainty not the severity of sanctions that is important.
* Sanctions should only last as long as they need to and allow the child the opportunity to make a fresh start as quickly as possible.

**4.3 Non-Approved Sanctions**

The following sanctions are Non-Approved, which means they may never be imposed upon children:

* Any form of corporal punishment, i.e. any intentional application of force as punishment, including slapping, punching, rough handling and throwing objects.
* Any sanction relating to the consumption or deprivation of food or drink.
* Any restriction on a child spending time with his or her parents, relatives or friends; visits to the child by his or her parents, relatives or friends; a child's communications with any of the persons listed below\*; or his or her access to any telephone helpline providing counselling or advice for children. (N.B. This does not prevent contact or communication being restricted in exceptional circumstances, where it is necessary to do so to protect the child or others).
* Any requirement that a child wear distinctive or inappropriate clothes.
* The use or withholding of medication or medical or dental treatment.
* The intentional deprivation of sleep.
* The modification of a child's behaviour through bribery or the use of threats.
* Any sanction used intentionally or unintentionally which may humiliate a child or could cause them to be ridiculed.
* The imposition of any fine or financial penalty, other than a requirement for the payment of a reasonable sum by way of reparation. (N.B**.** The Court may impose fines upon children which staff should encourage and support them to repay).
* Any intimate physical examination of a child.
* The withholding of aids/equipment needed by a disabled child.
* Any measure which involves a child making unwelcome demands of another, or the sanction of a group of children for the behaviour of an individual child.
* Swearing at or the use of foul, demeaning or humiliating language or measures.

The persons with whom the child may have contact, in relation to the above, are:

* Any officer of the [Children and Family Court Advisory and Support Service](http://trixresources.proceduresonline.com/nat_key/keywords/cafcass.html) (CAFCASS) appointed for the child.
* Any social worker for the time being assigned to the child by his or her placing authority.
* Any person appointed in respect of any requirement of the procedure specified in the Representations Procedure (Children) Regulations 1991.
* An [Independent Visitor](http://trixresources.proceduresonline.com/nat_key/keywords/independent_visitor.html).
* Any person authorised by the Regulatory Authority e.g. Ofsted.
* Any person authorised by the local authority in whose area the foster home is situated.
* Any person authorised by the Secretary of State to conduct an inspection of the foster home and the children there.

**4.4** **Approved Sanctions**

The following sanctions may be imposed upon children:

* Confiscation or withdrawal of a telephone or mobile phone in order to protect a child or another person from harm, injury or to protect property from being damaged.
* Restriction on sending or receiving letters or other correspondence (including the use of electronic or internet correspondence) in order to protect a child or another person from harm, injury or to protect property from being damaged.
* Reparation, involving the child doing something to put right the wrong they have done, e.g. repairing damage or returning stolen property.
* Restitution, involving the child paying for all or part of damage caused or the replacement of misappropriated monies or goods. No more than two thirds of a child's pocket money may be taken in these circumstances if the payment is small and withdrawn in a single weekly amount. Larger amounts may be paid in restitution but must be of a fixed amount with a clear start and end period. Any decisions in relation to withdrawing pocket money or payments for damage or loss should be discussed with the child's social worker and fostering social worker.
* Curtailment of leisure activities, involving a child being prevented from participating in such activities.
* Additional chores, involving a child undertaking additional chores over and above those they would normally be expected to do.
* Early bedtimes, by up to half an hour or as agreed with the child's social worker.
* Removal of equipment, for example the use of a TV, PlayStation or similar gaming device.
* Loss of privileges, for example the withdrawal of the privilege of staying up late.
* Suspension of pocket money for short periods; discussed with child’s social worker and fostering social worker.

**4.5 Recording of Sanctions**

If a child receives a sanction it should be recorded by the Foster Carer on their daily diary record for the child or young person.

**5. Searching**

Body searches, searches of clothing worn by children or of their bedrooms is not permitted by Foster Carers.

Should a Foster Carer suspect that a child is carrying or has concealed an item which may place the child or another person at risk, they should try to obtain the item by co-operation/negotiation.

If a Foster Carer suspects that a child is concealing an item which may place themselves or another person at risk, they must notify the child’s social worker and their fostering social worker, and in an emergency, also the Police.

**6.** **Serious Incidents requiring the use of Restrictive Physical Intervention**

**6.1 Types of Restrictive Physical Intervention**

Physical intervention means stopping a child/young person from doing something that they appear to want to do by using physical means. The Fostering Service does not encourage foster carers to physically intervene to manage children and young people’s behaviour. Restrictive physical intervention should only be used in exceptional circumstances and as a last resort, to prevent the Foster Carer, the child, or others from being harmed or to prevent serious damage to property. If any form of restrictive physical intervention is used, all other alternative strategies must have been exhausted and Foster Carers must act in accordance with the values and principles set out in this guidance.

There are four broad categories of restrictive physical intervention:

**Restraint**: the positive application of force with the intention of overpowering a child/young person.

**Holding**: any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.

**Positive touch**: This includes minimum contact in order to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility.

**Presence**: A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

**6.2 Foster Carer Training**

All Foster Carers receive training prior to approval to enable them to understand the feelings and behaviours of Children in Careas part of the Skills to Foster course. Various training is also available post approval in positive behaviour management and includes E-Learning and Face to Face courses.

The Fostering Service is also committed to the ‘Fostering Changes’ Programme for Foster Carers, which considers de-escalation skills, observation, reinforcement of positive behaviours, extinguishing negative behaviours, triggers and payoffs (‘Antecedents, Behaviours and Consequences: ABC), the use of praise to encourage positive behaviour, helping children regulate their own emotions, supporting a child’s learning, the use of rewards (both tangible and social) giving clear instructions, ignoring minor negative behaviours, positive discipline, time out and problem solving skills for the carer to use and to teach children. The training raises an awareness of the impact a child’s history may have on their behaviour. The 12-week course is available to Foster Carers at regular intervals throughout the year and Foster Carers who have completed the course testify to its benefits.

Where it has been identified at the time of matching a child with Foster Carers that based on their previous behaviour or level of emotional needs, that they are likely to need restrictive physical intervention methods to support and manage their behaviour, this should be identified in the child’s Placement Plan Risk Assessment, fully discussed at the Placement Planning / Arrangements Meeting and covered in the child’s Safe Care Plan. These documents should be updated throughout placement as necessary, including where restrictive physical intervention has been used and not previously been identified as likely to be a necessary part of managing behaviour.

Consideration should always be given to the development of a Behaviour Management Plan for a child who is placed in solo, complex, disability or enhanced E Bed fostering placements, where they present with significantly higher risk-taking behaviours and/or additional needs. Behaviour Management Plans vary according to the needs of the child / young person and who cares for them, and so can be created / adapted as necessary (for example from those in use in schools or by the Children with Disabilities Teams).

Additional training and guidance will be provided to Foster Carers where physical intervention is likely to be needed to keep the carers, their family and the child/young person safe from harm. The focus of this training is always to de-escalate and reduce conflict and not physically intervene. The Fostering Service is committed to The Non-Violence Resistance Program (NVR) where foster carers are trained to increase their ‘parental presence’ in the face of aggressive and challenging behaviours. The Non-violent resistance methods do not rely on the child or young person’s co-operation or participation and foster carers are coached to be activists in challenging adverse situations, claim back space in the family home refusing to give into unreasonable demands and reconnect with the child/young person through very specific and tailored methods, based on reconciliation gestures.

Team Teach can also be accessed through the Fostering Service. This training promotes positive behaviour management strategies that emphasise relationship building, personal safety, communication, and verbal and non-verbal de-escalation techniques for dealing with challenging behaviour which reduce the need for physical intervention. Foster Carers are also trained in the use of positive handling techniques to resolve conflicts in ways that are safe, and which provide opportunities for repair and reflection for everyone involved.

Some restrictive physical intervention methods such as Restraint and Holding, if not used properly, can pose a serious risk to foster carers, children and young people, so they should only be used where the foster carer has completed the approved training, been deemed competent and has the agreement of the team around the child / young person for physical intervention methods to be used. Where foster carers have not undertaken approved training, the use of restrictive physical intervention may still be justified if it is the only way to prevent injury or damage to property. In these circumstances, Foster Carers must always act in a manner consistent with the values and principles set out in this policy and guidance.

**6.3 Foster Carer & Fostering Service Responsibilities**

In the event of any serious incident requiring restrictive physical intervention Foster Carers should take what actions they deem to be necessary to protect children/or others from immediate harm or injury; and then notify their fostering social worker and the child’s social worker immediately. If the serious incident occurs out of hours, then the area Fostering Out of Hours should be contacted between 5pm – 11pm and County Out of Hours between 11pm – 8.30am. The Foster Carers Restrictive Physical Intervention Record (see appendix 1) should then be submitted to the Fostering Social Worker and Child’s Social Worker within 24 hours; cross referencing that this has been done in the daily diary records for the child/young person.

The Fostering Service collates statistics on the use of restrictive physical interventions via the childrens Liberi system, and uses this information to monitor, inform and improve practice where necessary.

Incidents that require the use of restrictive physical intervention methods can be upsetting for all concerned. Following any medical or first aid that might need to be provided, the child/young person and Foster Carers should be given separate opportunities to talk and reflect on the incident and any future action to prevent the need to intervene or make the situation safer. If others within the fostering household/networks have witnessed or been involved in any way they should also be given the opportunity to be debriefed about the incident to help inform learning for the future. Whereas all foster carers should endeavour to deal with as many of the challenges that are involved in caring for children and young people without involving the Police, if the police are involved, the fostering social worker and child's social worker must be notified immediately. The matter will then be reported to the relevant Senior Manager and an OFSTED notification may be sent according to Schedule 7 of the Fostering Regulations 2011.

**FOSTER CARERS**

**RESTRICTIVE PHYSICAL INTERVENTION RECORD**

***This record must be completed by the Foster Carer when they*** ***use any form of restrictive physical intervention (restraint, holding, positive touch or presence) to stop a child/young person from significantly injuring themselves, others or seriously damaging property.***

***The Foster Carer must inform their Fostering Social Worker immediately (or Out of Hours if between 5pm and 8.30am) and submit this record to their Fostering Social Worker and Child’s Social Worker within 24 hours of the incident of restrictive physical intervention.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of incident** |  | | | | |
| **Location of incident** |  | | | | |
| **Name of child / young person** |  | **Date of birth of child/ young person** | | |  |
| **Name of foster carer(s)** |  | | | | |
| **Name(s) of all other children/young people & adults present at incident** |  | | | | |
| **Start time of incident** |  | | | | |
| **End time of incident** |  | | | | |
| **Description of incident (what happened):** | | | | | |
| **Before (where was the child? What were they / others doing? Was anything different? Any triggers if so what?)** |  | | | | |
| **During (what did the behaviour of the child/young person & others look like?)** |  | | | | |
| **Who / What was at risk of harm or damage?**  **What was the risk(s)? (e.g. hitting, biting, kicking, grabbing hair, running into danger, seriously damaging property/possessions)** |  | | | | |
| **What diversion/de-escalation strategies were used prior to the restrictive physical intervention *(e.g. verbal advice/support, humour, distraction, time out, transfer to different adult, choices, limits & consequences, reassurance, planned ignoring, success reminders/praise, positive handling, stepping away, negotiation)*?** | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | |
| **Method and description of restrictive physical intervention used.** | ***(Delete as appropriate and describe what you did)***  **Restraint**: the positive application of force with the intention of overpowering a child/young person.  **Holding**: any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.  **Positive touch**: This includes minimum contact in order to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility.  **Presence**: A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish. | | | | |
| **Does the child/young person have a Behaviour Management Plan? Y/N** |  | | | | |
| **What (if any) physical intervention methods are included in the child’s / young person’s Behaviour Management Plan?** |  | | | | |
| **What training / consultation has been received in behaviour management which includes use of restrictive physical intervention *(Team Teach, Non-Violence Resistance, consultation with Team Teach Advisor, Placement Stability Team)?*** |  | | | | |
| **Body Map** | **Child** | | | **Adult** | |
|  |  | | |  | |
| ***Please note underneath each body map location of injury/injuries (e.g. Front: R 13 – wrist, L 7)*** |  | | |  | |
| **Agencies informed** | **Medical services** | |  | | |
| **Police** | |  | | |
| **Fostering social worker** | |  | | |
| **Child’s social worker** | |  | | |
| **County Out of Hours *(03000 419191)*** | |  | | |
| **Fostering Out of Hours**  ***(East: EK 1 & 2 & SK): 07740 184615***  ***(West: WK & NK): 07740 184616*** | |  | | |
| **LADO** | |  | | |
| **Reflections on the incident with or by child/young person?** |  | | | | |
| **Further comments or reflections by Foster Carer(s) / others present at incident?** |  | | | | |
| **Signed**  **Foster Carer(s)** |  | | **Date** | |  |

**FOR USE BY THE FOSTERING SUPPORT TEAM**

|  |  |
| --- | --- |
| **Has there been discussion and reflection about the incident in the Foster Carers Supervision? Y/N** |  |
| **Has the child / young person’s Social Worker discussed with the child /young person? Y/N** |  |
| **Has the child / young person’s Social Worker updated the Placement Plan Risk Assessment (if necessary)? Y/N** |  |
| **Is there recommendation for further behaviour management advice / consultation / training for the Foster Carer? Y/N** |  |
| **Does / Has the child / young person’s Safe Care Plan been updated? Y/N** |  |
| **Do / Have the Placement Arrangements been updated?** **Y/N** |  |
| **Do / Has the child / young person’s Behaviour Management Plan been developed or updated (if necessary)? Y/N** |  |

**Restrictive Physical Intervention of a Child/Young Person by a Foster Carer(s)**

Foster Carer(s) physically intervenes in the significant risk-taking behaviour of a child/young person, to stop the child/young person from hurting themselves or others or damaging property. Medical attention should be sought if necessary.

Foster Carer(s) immediately informs their Fostering Social Worker (FSW) and the child/young person’s Social Worker (CSW) (OOH between 5pm and 8.30am) of the incident and the use of restrictive physical intervention.

FSW and CSW offer Foster Carer(s) and the child/young person the opportunity to debrief and provide support as appropriate.

Foster Carer(s) completes ‘Foster Carers Restrictive Physical Intervention Report’ and submits to FSW and CSW by e-mail within 24 hours of the incident.

FSW uploads the ‘Foster Carers Restrictive Physical Intervention Report’ to the Carers Liberi file under ‘Documents’.

FSW records the restrictive physical intervention on the Foster Carers Liberi file under the Restraint tab (no detail – this is included in the above report).

FSW, as part of the Foster Carers supervision:

* Provides opportunity to reflect upon and learn from the incident and use of physical intervention,
* Considers application and relevance of any behaviour management training the Foster Carer has undertaken,
* Considers and recommends any further training or consultation that may be of use in behaviour management,
* Updates the child’s Safe Care Plan if necessary,
* Considers the appropriateness of updating the Placement Arrangements (CSW should update Placement Plan Risk Assessment if necessary) and Behaviour Management Plan (if one in place)