



BEHAVIOUR SUPPORT IN THE FOSTER HOME POLICY

Aim

The aim of this Policy is to inform foster parents and staff about the values and practice of behaviour support for young people in the foster home.

This policy (and supplementary guidance within the Foster Parent Handbook) is intended to assist foster parents and staff to respond to children and young people in a positive and effective way. Children and young people who may have difficulty in expressing themselves appropriately can present with a range of challenging behaviours. In this context, ISP has a responsibility to:

- Protect children and young people and those working with them;
- Support children and young people to be able to express their feelings and manage their behaviour;
- Enable foster parents to effectively support them in the process;
- Facilitate responses that promote a sense of care, self-autonomy, safety and effect positive change.

Outcome

Children and young people are able to enjoy positive relationships with their foster family, interact positively with others and behave appropriately in different situations. They live, grow and develop in environments that are safe, nurturing and supportive, and in a way that assists them in achieving their full potential.

This policy reflects current guidance and a commitment to adopt the Restraint Reduction Network Standards (RRN Standards).

Underpinning guidance, legislation and related agency policies

- The Children Act 1989 Guidance and Regulations Vol.4 Fostering Services, (S22)
- The Fostering Services (England) Regulations 2011, (Reg. 11, 13 and 17)
- Fostering Services: National Minimum Standards (2011) (NMS 3)
- Guidance for Restrictive Physical Interventions, DOH, DfES July 2002
- Department of Health Guidance on Permissible Forms of Control (1993)
- UN Convention on the Rights of the Child
- Working Together to Safeguard Children (2023) and Supplementary Guidance.
- Statement of Purpose
- Whistleblowing Policy and Procedure (2022)
- Safeguarding Policy (2023)
- Safeguarding Children Procedure (2023)

Introduction to ISP Behaviour Support

ISP aims to enable children and young people to get to know who they are and to grow and live in harmony with themselves and others. To achieve this we provide an approach to therapeutic fostering that is specifically designed to improve the psychological and emotional health and wellbeing of children and young people. Therapeutic concepts relating to the effects of trauma, abuse and neglect are used to enable staff and foster carers to view children's sometimes challenging behaviour as communication of confusion and distress in their internal world alongside, rather than simply as, behaviour to be managed. ISP recognises that children with additional care needs and disabilities are significantly more vulnerable to abuse than children without these. We are committed to safeguarding all children and young people in ISP's care in an environment free from harassment and bullying and in a manner that is appropriate to their developmental needs.

Coming to terms with living within a substitute family can be immensely daunting for children and young people who have often experienced traumatic life histories and chaotic relationships. Such experiences can impact their ability to communicate and express their needs, feelings and sadness. It is likely that, at times, they will present with challenging behaviour that reflects their sense of confusion, frustration, anger, anxiety, loss and hurt. They need trusted, compassionate and understanding adults who can look beyond the presenting behaviour, seek to understand the reasons behind it and offer safety, guidance and an environment that positively supports recovery and change.

As a consequence, the children and young people who live within our foster homes can need a greater level of care and one-to-one attention. Behaviour that is often labelled 'naughty' is so often an expression of past hurt and abuse, an absence of care giving, a means of survival and most importantly, a central form of communication for many of our most vulnerable and bewildered children and young people.

Whilst children bring with them their own history, values and behaviours, foster parents have an important opportunity and can play a key role in positively influencing children's behaviour.

The culture of the fostering household is crucial. Foster parents are expected to understand, manage and deal with children's behaviour, including encouraging them to take responsibility for their behaviour and helping them to learn how to resolve conflict. A restrictive, unsupportive, discouraging and punishing culture will result in instability, hostility and possibly severe disruption.

In order to apply this principle, it is necessary for foster parents to develop an understanding of themselves and others and constantly review their position. Raising the self-esteem of young people is fundamental to this process. Therefore, the focus for managing behaviour is positive and sanctions are applied as a last resort.

All foster homes will have clear, fair boundaries, to enable children to feel safe, encouraged and appropriately rewarded; and to help them to thrive and do well. Foster parents who adopt this approach will also experience less instability and disruption. When caring for foster children, foster parents should at all times endeavour to:

1. Listen and empathise with the children, respect their thoughts and feelings and take their wishes into consideration;
2. Always take decisions and act in a way that is in the best interests of children and young people;
3. Maintain a clear duty of care in dealing with all aspects of behaviour;
4. Look for things that are going well, or any step in the right direction and praise or reward it appropriately.

Principles of Positive Care

Being able to promote positive behaviour and manage young people's behaviour well is central to the quality of care provided in any foster home. Building positive relationships with young people underpins the model of behaviour support. Foster parents need to be able to respond positively to each young person's individual behaviour and to be skilled at both defusing difficult situations and preventing situations from escalating. The young person's placement plan must set out any specific behavioural issues that need to be addressed and approaches to be used.

Promotion of positive behaviour in young people is not just a matter of containing challenging behaviour; it should involve enabling young people to assume responsibility for their behaviour in a way that is appropriate to their age and abilities and encourage their awareness of the needs of others. This is more likely to be achieved by helping young people to feel significant, to enhance their own feelings of self-worth to develop resilience and to enable them to have as much control over their own lives as possible. Therefore, foster parents should have high expectations of foster children in their household. Foster parents who are uncertain about how to develop techniques to raise the self-worth of young people can expect the support of their Registered Manager, Supervising Social Worker and Fostering Adviser and should be supported to participate in suitable training. Management of behaviour should be a regular topic at supervision meetings.

ISP is 'aiming to make a difference'.

We achieve this by:

- Providing a safe, welcoming and child-centred environment;
- Having an expectation of, and promoting positive behaviour;
- Valuing the importance of positive relationships;
- Ensuring that everyone feels valued and respected;
- Recognising that everyone has a voice and the right to be heard;
- Promoting an environment that values individuality and positive outcomes for children and young people;
- Ensuring that *all* children and young people have opportunities to become confident and achieve their full potential;
- Recognising and celebrating achievements;
- Supporting and preparing children and young people in coping with their past and for a more secure future.

Strategies designed to manage a young person's behaviour should stipulate that the need for police involvement is used only as a last resort in order to avoid criminalising young people unnecessarily. Where police involvement has been necessary, this will be recorded and reported in accordance with the agency's Monitoring and Notifiable Events procedures.

A Network Based Approach

At ISP we are committed to a multi-disciplinary team approach that underpins our practice. Our therapeutic fostering and PRICE training provide a positive integrated framework that draws on established theoretical bases, research, current thinking, best practice and guidance in the arena of promoting positive behaviour. Within our multi-disciplinary approach, there is an acknowledgement and commitment that our foster parents cannot and should not be expected to manage very challenging behaviour in isolation or in the absence of guidance and a shared understanding and agreement for the strategies of support.

Assessment, risk assessment, planning, intervention and evaluation will always be important in promoting positive behaviour, and should involve all members of the team around the child. From the outset, ISP is committed to gaining and sharing a robust assessment of need that determines the approach to be taken. The mechanisms of referral information, initial placement meeting, placement plan and reviews are

central to the ongoing planning and evaluation of the support in relation to behaviour.

It is recognised that this is often a fluid process given the changing dynamics of children and young people and their lives. Children and young people who present more complex and demanding behaviours will be subject to an individual Behaviour Support Plan.

A central aim will always be to provide a framework that can prevent and, where possible, de-escalate crisis, manage challenging behaviour, provide effective coping strategies and reduce the need for higher level interventions.

Therapeutic Childcare

Many children who are fostered have had experiences that give them little reason to trust adults. They have developed behaviours based on a need to try to protect themselves and to control their relationships and environments. Attachment theory suggests that exposure to warm, consistent and reliable caregiving can change children's previous expectations, both of close adults and of themselves.

We recognise that the most crucial relationship for the child is within the foster family and a great deal of care and attention needs to be given to ensure this is a meaningful developmental relationship. We recognise how everyday caring experiences can be used therapeutically, which is especially relevant for children who have not received good enough parenting during infancy and early childhood. We want foster parents to realise that by looking after a child 24 hours a day they are in a strong position to meet the child's emotional needs as well as help them learn to manage their own behaviour. Although much therapeutic care occurs naturally within the fostering environment, we do not assume that this will simply happen but presume this relationship will need continuing care and attention. Our intention is always to try to be proactive rather than reactive to the challenges and difficulties that may be encountered.

PRICE Training

ISP runs a mandatory training course called Promoting Positive Approaches to Behaviour incorporating PRICE (Protected Rights in a Caring Environment) which all approved foster parents must attend, and which is renewable every 3 years. This course covers positive care and control of children, including training in de-escalating problems and disputes. Supervising Social Workers and Fostering Advisers provide support to foster parents through regular supervision and support meetings that aim to develop the foster parent's abilities and strengths and can offer guidance as appropriate.

Individual Behaviour Support Plans

Within our service there will be children and young people who for a variety of reasons present more complex behavioural challenges. These can be known when the child comes to live with their foster family, or emerge over time. The matching process will have initially assessed the presenting needs of the child against the skills matrix of the foster family. All children placed with ISP have an Individual Risk Assessment and Safer Care Plan completed as soon as is practicable and this is reviewed on a six monthly basis or whenever there is a significant incident. The risk assessment considers the function, frequency, intensity and duration of the behaviours, and the level of risk identified determines the risk reduction strategies, additional resources and frequency of review that will take place.

ISP, in conjunction with the foster parents, placing local authorities and involved professionals will complete the initial risk assessment. A key determinant will always be whether the level of risk can be expected to be safely managed within the context of a home environment. The assessment is geared to providing an evidence base for the decisions around levels of risk managed, approach being taken and support (designated) to be provided.

Embedded in the approach to individual behaviour planning is a proactive ethos that seeks to plan around the needs of the child rather than make reactive responses to emerging challenges. Challenging behaviour can be difficult to provide exact definitions given what is considered challenging for one may be different for another. However, where a child or young person presents behaviour of such an intensity, frequency or duration that their or the physical safety of others is likely to be placed at harm, or it negating their access to ordinary life experiences, this would be considered significantly challenging.

When there are significantly challenging behaviours that may require physical intervention, an individual Behaviour Support Plan will be considered. This plan (dependent upon age, level of understanding and willingness) will always include the views, choices and suggestions of the child or young person. The plan is under the ownership of the wider care team and is subject to regular review, adjustment and evaluation. Where there might be an agreed need for a higher level intervention such as the holding of a child this will be detailed including risk assessment, authorisation criteria, recording and reporting protocols.

Each individual behaviour plan will include:

- Named involved parties;
- Date Plan completed;
- Assessment of presenting behaviours;
- Risk assessment of presenting behaviour;

- Preferred responses and comforters of child or young person;
- Targeted Behaviours and proposed strategy (primary, secondary, reactive);
- Positive Handling Plan including risk assessment (if required);
- Review schedule;
- Signatures of agreement.

The development and review of the Individual Behaviour Support Plan will include a trained PRICE instructor, the foster parent, supervising social worker, fostering advisor, local authority social worker and anyone likely to implement the plan. ISP has a number of trained PRICE instructors who act as behaviour support specialists – providing guidance on Behaviour Support Plans and teaching foster parents how to safely hold children when appropriate.

The Use of Physical Intervention

ISP aims to promote positive behaviour and discourage negative behaviour through the consistent implementation of the positive behaviour management strategies indicated in this policy, and supplementary guidance within the Foster Parent Handbook. However, where negative behaviour is of a physically threatening, violent or seriously damaging nature, the use of physical intervention may be necessary. ISP has adopted the PRICE (Protecting Rights in a Caring Environment) approach to the support and management of challenging behaviour, which applies the Restraint Reduction Network (RRN) Standards.

There are clear legal frameworks, guidance and best practice standards that shape the response of foster parents in situations of extreme challenge. In the first instance the decision to physically intervene is driven by one consideration only that of protection. It is never about achieving compliance and will always reflect a clear ‘duty of care’ and the best interests of the child or young person.

To use physical intervention in the safe management of a situation, a foster parent must be clear that there exists a ‘lawful excuse’ (a reason in law that justifies the action taken). This would be at least one of the following:

- To prevent serious harm to self (the child);
- To prevent serious harm to others (member of family, you);
- To prevent serious damage to property with a consequence of harm;

The next consideration is one of preventing a greater harm from occurring. The question for a foster carer would be ‘if I do not physically intervene will a greater harm occur?’ If the answer to this question is ‘Yes’ then the intervention is likely to be in the best interests of the child. If ‘No’ then what is the purpose of the physical intervention?

There will always be a consideration of necessity, 'did I need to intervene physically?' If as above there is a clear lawful excuse and this will prevent a greater harm from occurring, then the action is necessary. Physical intervention is always considered to be a last resort and follows the exhaustion of other non- physical strategies. There are situations in which there are no safer alternatives but all reasonable steps should have been taken in advance to avoid the need for such intervention. That said, under a duty of care, the policy is clear that at times foster carers may deem the use of physical intervention as a necessary first resort. An example would be a foster parent is out with a six year old, on the way out of the park they run off and head towards a busy main road. The foster parent shouts to the child to stop but it is clear they are not going to. Such is the risk of actual harm that the foster carer determines the need to physically prevent the child entering the road.

It is imperative that the foster parent uses reasonable force and this is always to be the minimum required to achieve the goal of keeping the child and others safe.

There is no legal definition of when it is reasonable to use force. It will depend on the precise circumstances of individual cases. To be judged lawful, the force would need to be in proportion to the consequences it is intended to prevent. The degree of force used should be the minimum needed to achieve the desired result.

Where there is a high and immediate risk of death or serious injury, any foster parent would be justified in taking any necessary action (consistent with the principles of seeking to use the minimum forces required to achieve the desired result).

Such situations could include preventing a child running off the pavement onto a busy road or preventing a child from hitting another person with a dangerous object such as a glass bottle or hammer.

To confirm:

- This policy sets out the framework and includes specific strategies for creating a calm, orderly and supportive home environment that minimises the risk of violence;
- A proactive approach to building relationships and teaching children how to manage their emotions and behaviour is central to the organisational philosophy. This is not a statement rather a commitment to a way of working with all children and young people for all foster carers and staff;
- Preparation, planning and review underpin the effective management of incidents. Foster parents and involved support staff will use their skills to communicate clearly and calmly throughout an incident and a range of secondary prevention strategies (positive body language, space, help scripts, diversion, distraction, tone, time out see section in policy) to support the child.

However, it is important to recognise that these will not always work and there will be situations when foster parent judges that the risks associated with not using physical intervention are greater than those associated with not doing so. This will require an assessment of the situation at the time and may lead the foster parent to intervene quickly.

Decisions on whether the precise circumstances of an incident justify the use of physical intervention should take the following into consideration:

- The seriousness of the incident, assessed by the risk of the harm or damage which is likely to result if physical intervention is not used;
- The chances of achieving the desired result by other means;
- The relative risks associated with physical intervention compared using other strategies.

Examples of situations where the use of physical intervention may be judged as reasonable are as follows:

- A child attacks another member of the foster family;
- Children are fighting, causing risk of injury to themselves or others;
- A child is causing or at risk of causing injury or damage by accident, rough play or misuse of dangerous materials or objects;
- The behaviour creates serious risk to the child's safety, to the safety of other people or to the damage of property.

Foster parents should make every effort to avoid acting in a way that might reasonably be expected to cause injury. However, in the most extreme circumstances it may not always be possible to avoid injuring a child.

The legal and regulatory childcare framework that surrounds foster care is in addition to the common law power of any citizen in an emergency to use reasonable force in self- defence, to prevent another person from being injured or committing a criminal offence.

Protocols for the Use of Restrictive Physical Interventions (RPI)

1. The Agency works towards the use of planned interventions through individualised Behaviour Support Plans and specific techniques most appropriate to the welfare of the child will be documented and used;
2. Only foster parents and support staff that have been PRICE trained are authorised to do so;
3. Restrictive Physical Interventions will only be deployed where there is a clear legal reason for doing so (lawful excuse);

4. The child is always asked to stop, given the chance to take control of their own behaviour and informed of your actions should they not do so;
5. Primary and secondary strategies that have been agreed have been assessed as no longer likely to work;
6. RPI is used as a last resort, bearing in mind that last resort is determined by level of risk;
7. In circumstances where it is evident that serious harm will follow, it will be counterproductive to continue with other strategies;
8. The decision to use a one-person intervention is a skilled judgement and one that assesses it is safe to do so. One-person interventions are more high risk and should be avoided if the foster parent is not confident they can safely manage and bring the situation to the end. If a foster parent uses a one-person technique where with hindsight this is judged as dangerous and inappropriate, then they will be held accountable for any injuries to themselves or the child. Sir Herbert Laming in his guidance makes it clear such intervention in these circumstances is to be avoided;
9. A one-person technique is used where it is safe to do so and the situation will allow for such management, as this is the least form of intervention. One-person strategies can be the least intrusive method of escorting a young person, less frightening for smaller children and a way of gaining a quick foundation in extreme circumstances, allowing a partner to join and assist;
10. If in doubt or you feel the risk is too high move immediately to a two-person technique, this should already be determined in the behaviour support plan;
11. Monitor the psychological and physiological welfare of the child; be aware of the child's previous experiences and sexuality. If the child shows any signs of distress, the intervention must stop:
 - a) Is experiencing any breathing difficulties, very rapid breathing;
 - b) Has a fit or seizure;
 - c) Vomits;
 - d) Shows signs of blue coloration of the hands or feet or any other part of the body (indicates reduced blood flow);
 - e) Shows any Mottling (paleness/yellowing of the skin due to restricted blood circulation);
 - f) Shows physical distress.
12. In circumstances above, First Aid must be given immediately and an ambulance called if necessary. The child should be seen by a doctor to assess any physical or psychological harm;
13. The child should be held in a standing (utilising a wall where possible) or seated position, given the elevated risks associated with holding a young person on the floor;

14. As soon as it is safe to do so, phase down the intervention and return the control to the child, dialogue should be maintained throughout (unless it aggravates the situation) reassuring the child and promoting a message of care;
15. Never act under the influence of your own anger or frustration. Calm, controlled, compassionate and caring intervention is an absolute requirement;
16. Physical Intervention is never about punishment or compliance and to do so is to operate outside of these procedures;
17. Partners or where supporting staff are present need to offer assistance, support other children, possibly move them from the area and ensure any objects that could be used as weapons are removed;
18. Work as a team, one person should lead; effective communication will be central to success.

After the Incident

- Stay close to and reassure the child;
- Make sure nobody is injured and requires medical attention;
- Provide support and reassurance for each other;
- When all parties are composed and the young person is under self-control and accepting directions, begin the debrief process (life space interview) This is central to the repair and reflection of an incident and helps the child to make sense of what has happened, connect behaviour to feelings to actions and result in closure;
- Inform Supervising Social Worker or Out of Hours of the incident; Decide as part of debrief whether to invoke any consequences;
- Complete accident form if necessary;
- Access foster parent debrief processes;
- Return the child to their routine - monitor, support and allow settling time.

Recording of Incidents

A report will be written for every incident in which physical intervention has been used (**ME15 Monitoring Event – Physical Restraint of a Child**). The member of staff completing the report will ensure that the report is fully detailed in accordance with the prompts provided.

The incident will be discussed with the child at the earliest appropriate opportunity, and their comments will be included in the report.

The incident report will be shared with the child's social worker, and will form part of the child's records.

Records of physical interventions will be monitored and tracked in order to identify patterns or any other relevant contextual factors.

Complaints

In the event of a child wishing to make a complaint in relation to the improper use of force during an incident, the complaints procedure will be implemented and followed.