

Leeds Fostering Service

Policy and Guidance on the use of Discipline, Sanctions, and Restraint (use of restrictive physical interventions) in foster placements

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Policy and Guidance on the use of Discipline, Sanctions, and Restraint (use of restrictive physical interventions) in foster placements

This document outlines the policy of the fostering service on acceptable forms of control and sanctions for use in foster homes. It should be carefully read and retained by foster carers. The policy seeks to provide all parties involved in foster care with a framework within which necessary boundaries can be maintained, whilst safeguarding children and foster carers.

1. Underlying Principles

1.1. It is the duty of the fostering service to ensure that children in foster care should have a positive experience of family life and be given the same access to opportunities and boundaries as other children. The setting of appropriate boundaries and good order is a necessary aspect of family life to enable children to develop in a safe and secure environment.

1.2. Foster carers should set and maintain safe, consistent and understandable boundaries for children in relation to acceptable behaviour.

1.3. Assessing and supervising social workers must consider with applicants and approved foster carers the implications arising from the foster carer's views on methods of control and discipline to be used in the foster home.

1.4. Foster carers, through experience and training, should be mindful of safe caring issues, follow the policy of the fostering service, and endeavor to ensure that their home is a safe environment for foster children.

1.5. It is unreasonable to expect children not to misbehave from time to time. Whether it is toddlers exhibiting temper tantrums or direct challenges to a foster carer's authority by an adolescent, there will be times when foster carers need to employ the use of control and discipline.

1.6. Foster carers should be aware that avoiding confrontation and rewarding good behaviour is often the most successful technique available for building positive behaviour, and is more successful than punishing difficult behaviour.

1.7. Foster carers should respond positively to good behaviour. Where the behaviour of children is regarded as unacceptable, it should be responded to by constructive, acceptable and known disciplinary measures in line with this policy and discussed with the supervisory fostering officer.

1.8. Where a child's behaviour is not acceptable the foster carer should give the child the opportunity to redress their actions, and where appropriate encourage the child to apologise.

1.9. Disciplinary measures must be based on establishing positive relationships with the child, which are designed to help them. Such measures must be fair and consistently applied.

1.10. Expectations of behaviour for both foster carers and children should be clearly understood and negotiated by those living in the foster home, including exercising appropriate control over children in the interests of their own welfare and the protection of others.

1.11. In day-to-day decision making, foster carers should demonstrate an appropriate balance between:

- each member of the household's wishes and preferences
- the needs of individual children
- the needs of the group of children residing in the foster home
- the protection of others (including the public) from harm.

1.12. Foster carers should make clear to children the consequences of unacceptable behaviour. Any measures applied should be relevant to the incident, reasonable and carried out as close to the time of the incident as possible.

1.13. Any measures taken to respond to unacceptable behaviour must be proportionate and appropriate to the age, understanding and individual needs of the child. For example taking into account that unacceptable or challenging behaviour may be the result of illness, bullying, or certain disabilities such as autism or communication difficulties.

1.14. All children in the home must be treated equally, without favoritism or prejudice.

1.15. Relationships between foster carers, social workers and children should be based on mutual respect and understanding and clear professional and personal boundaries should be in place, which are effective for all.

1.16. Children should be encouraged to develop an awareness of their rights and responsibilities. All children should be given the children's guide to fostering (or Family Placement Children's Guide) and should have a copy of the complaints leaflet.

1.17. Foster carers and children should be aware that each individual has rights and responsibilities in relation to those who live in the home, and people in the community.

18. No two children or foster carers are identical and in applying this policy foster carers will need to be mindful of the individual needs of specific children. Foster carers should regularly discuss how they apply boundaries with the child's social worker and their supervisory fostering officer.

2. Information to Foster Carers

2.1. Prior to the placement all information available about the child will be shared with the foster carer, including information pertaining to behaviour. A CC6 or CC9 and matching report (for children needing a permanent match) will have been completed, with a risk assessment.

2.2. The child's social worker will ensure that the foster carer has a copy of the Essential Information Record Part 1 and the Placement Plan Part 1 for all children placed, and full LAC documentation will be provided by the child's social worker in the timescales outlined in the National Minimum Standards in Foster Care. This information will include any prior knowledge about the child's behaviour.

2.3. When children are referred to the Family Placement Professional Fostering Service, a Disabled Child's Integrated Needs Assessment is completed by the referring social worker (unless the placement is made in an emergency). This gives details of any challenging behaviours a child may have, and would indicate if a child is presently being restrained in home or school. Potential carers for the child will be given all the relevant information about the child.

2.4. If the placement is planned (rather than made in a short timescale) a planning meeting will be held to share information, plan introductions, and complete the LAC paperwork. This will be an opportunity for carers to be given any information known about the child.

The child's therapeutic needs should be considered at the Placement Planning Meeting. Where relevant the Children's Learning Disability Nursing Team or the CAMHT should undertake an assessment of the child, and a strategy for behaviour management should be in place.

2.5. If a child moves between foster carers a Foster Carer Placement Transfer form will be completed.

3. Safe Care Planning and Risk Assessment

3.1. All foster carers are required to produce a Safe Care Plan for their home and the people living in it. Part of the plan should address how boundaries and discipline are maintained in the foster home. The plan should be shared with the child before the placement commences and referred to in the Placement Agreement. The Safe Care Plan should be reviewed when a new child enters the foster home. If the placement is permanent the Safe Care Plan should be reviewed annually with the supervising fostering officer.

3.2. A risk assessment will be undertaken for each child in placement which will include their propensity to difficult or challenging behaviour (H&S Form .001). this will be provided to the foster carer.

3.3. The Family Placement Service Risk Assessment will be undertaken for disabled children.

3.4 The risk assessment should identify any challenging behaviour a child might have, and in very exceptional circumstances, whether restraint needs to form part of the care plan (see Part 6 Restraint). Where a risk is identified an Action Plan is completed covering the following.

- The risk assessment should identify what the risks are.
- Who is at risk?
- Could the risk be diffused and how?
- Does the foster carer need to intervene or is there a walk away option?
- What are the specific situations which might trigger or heighten the risk?
- What are the behaviour management strategies?
- Is there a behaviour management plan?
- Do other services need to be involved such as the Children's Learning Disability Nursing Team, the Therapeutic Team, or the CAMHT?
- Has the foster carer had training at the appropriate level in behaviour management and therapeutic interventions?

If the challenging behaviour develops in the placement a new risk assessment should be completed in the terms outlined above.

4. Foster Carer Training and Support

4.1. All foster carers attend an initial "Skills to Foster" preparation course where they are told that it is not acceptable to restrain children or to use any type of corporal punishment. There is a session in this preparation training which addresses managing difficult behaviour. Handouts are given on strategies for de-escalating, avoiding or diffusing difficult behaviour.

4.2. Family Placement Service also hold regular preparation courses for short breaks carers for disabled children. Managing difficult behaviour is a topic on the course. Case examples are used, for instance where a child puts themselves or others in danger, and discussions are held as to how the situation should be managed. Handouts are given on strategies for de-escalating, avoiding or diffusing difficult behaviour.

4.3. All foster carers will attend the mandatory training "Promoting Pro -Social Behaviour, which outlines strategies to manage behaviour. Through this course they will acquire knowledge of promoting social behaviour, and understanding deflection, de-escalation, and ignoring strategies.

4.4. Level 4 foster carers, and those dealing with particularly challenging behaviour in foster children, will additionally attend the Therapeutic Crisis Intervention Course. Therapeutic Crisis Intervention helps participants look at the holistic picture from a child centred perspective.

4.5. Foster carers of disabled children will be offered training in specific areas such as autism and learning disability from the Family Placement Service training calendar. These courses will help participants to understand how some behaviours can be linked to a child's disability.

4.6. The Children and Young People's Social Care Therapeutic Team offer regular surgeries to foster carers where they can discuss concerns around a child's behaviour and the management of this.

5 Statutory Framework

5.1. The fostering service is required by regulation 13 of the Fostering Services Regulations 2002 to prepare and implement a written policy on acceptable measures of control, restraint and discipline of children placed with foster parents.

5.2. Regulation 28 requires that the fostering service enters into a written agreement with all approved carers (The Foster Care Agreement), The Foster Carer Agreement covers the matters specified in Schedule 5 of the regulations. These include the requirement 'Not to administer corporal punishment to any child'.

5.3. Standard 9.4 of the National Minimum Standards for Fostering Services requires the fostering service to make it clear to foster carers that corporal punishment is not acceptable, and to set this out clearly in written information for foster carers.

References are made to other relevant standards at appropriate points throughout this document.

6 Leeds City Council's Policy on the use of Discipline and Sanctions

6.1. The following sets out the fostering service policy on acceptable measures of discipline and sanctions of children placed with foster carers as required by regulation 13.

This policy aims to ensure that:

- no form of corporal punishment, including humiliating treatment, is used on any child placed with a foster carer.
- no child placed with foster carers is subject to any measure of control, restraint or discipline which is excessive or unreasonable.
- physical restraint is used only where it is necessary to prevent likely injury to the foster child or other persons.

6.2. Corporal punishment

Standard 9.4 defines corporal punishment as including smacking, slapping, shaking and all other humiliating forms of treatment or punishment. This definition covers a wide range of unacceptable punishment. Humiliating forms of control will be viewed as unacceptable punishment, (for example standing children in the corner). If foster carers are unsure whether an action constitutes an unacceptable punishment they should discuss this with their supervisory fostering officer.

6.3. Unacceptable forms of discipline and control

In addition to the restriction on corporal punishment, none of the following should be used as a form of control or discipline in foster homes:

6.3.1. Any punishment relating to the consumption or deprivation of food or drink

6.3.2. Any restriction, other than one imposed by a Court, on:

1. a child's contact with their parents, relatives or friends.
2. visits to them by their parents, relatives or friends.
3. a child's communications with any of the following persons:
 - (a) any solicitor or other adviser or supporter acting for the child.
 - (b) any officer of the Children and Family Court Advisory and Support

Service appointed for them.

- (c) any social worker for the time being assigned to the child by their placing authority.
- (d) any person appointed in respect of any requirement of the procedure specified in the Representations Procedure (Children) Regulations 1991.
- (e) any person appointed as a visitor for them in accordance with paragraph 17 of Schedule 2 to the 1989 Act.
- (f) any person authorised by Ofsted for the purpose of inspection.
- (g) any person authorised by the local authority in whose area the foster home is situated.

6.3.3. Any restriction on a child's access to any telephone helpline providing counselling for children.

6.3.4. The requirement that a child wear distinctive or inappropriate clothes (unless this is a school uniform, or an organisation whose members customarily wear uniform in connection with its activities, for example the scouts).

6.3.5. The use or withholding of medication or medical or dental treatment.

6.3.6. The intentional deprivation of sleep.

6.3.7. The imposition of any financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation.

6.3.8. The locking of a child in a room

6.3.9. Any intimate physical examination of the child.

6.3.10. The withholding of any aids or equipment needed by a disabled child.

6.3.11. Any measure which punishes more than one child for the behaviour of an individual child.

6.3.12 **The Use of CCTV.** CCTV must not be used as a way of supervising children within a home as part of a Safe Care Plan. CCTV can be used as a deterrent against criminal activity outside the carers home.

Nothing in the above should restrict the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of a child, or the taking of any action immediately necessary to prevent injury to any person or serious damage to property.

6.4. Acceptable forms of discipline and control

6.4.1. Foster carers should discuss the forms of discipline and sanctions to be used within their home with assessing and supervising fostering officers. These will vary between foster carers and sometimes between placements.

Factors that need to be taken into account include:

- the usual forms of control and discipline used with the carer's own children
- the carer's experience of what works well for them
- the carer's own experience of control and discipline as a child
- the age and ability of children to be placed
- the foster child's history, including any experience of abuse
- any needs of foster children arising from a disability
- religious and cultural issues.

6.4.2. The following provides guidance on the forms of control and discipline that are generally acceptable in foster homes. The list is not meant to be exhaustive, nor is it meant to imply that all these methods are appropriate and acceptable in all circumstances. Foster carers should think carefully before employing any of these methods and if necessary seek further advice from the supervisory social worker or the child's social worker.

a) **Delay of pocket money.** Where the child's behaviour is very challenging pocket money may be delayed up to a maximum of 48 hours.

b) **Withdrawal of Privileges** Privileges may be withdrawn for unacceptable behaviour. This may include denial of recreational facilities, but should not normally include denial of attendance at a regular out of school activity such as swimming lessons or attendance at cubs or brownies. Looked after children are often less skilled than their peers or socially isolated and the use of such a sanction may further disadvantage the child.

c) **Grounding.** A child can be denied permission to leave the house for a set period of time or in specific circumstances. As with withdrawing privileges, the carer may still need to ensure that the child is allowed to attend specific activities.

d) **Early bedtime.** An early bedtime can be used positively in order for the child to reflect upon their behaviour. This should be no more than one hour before their regular bedtime.

e) **Time out.** This should be used to affect positive change. It should be used as an opportunity to restore order in the child and home and to

enable the child to reflect upon their behaviour. It should be for limited timescales only and appropriate to the age of the child.

This sanction can range from isolating the child within a room occupied by others to sending them to a room on their own. Care must however be taken to ensure the child's safety, and carers will need to think through the potential impact of the child's previous experiences before placing a child in a particular room. For example, a child who had been regularly abused in a living room should not be placed in the carer's living room.

f) **Restriction of access to personal belongings.** Children have a right to their own clothes, toiletries and other possessions. However, personal belongings may be removed temporarily if they are being misused and /or are likely to be damaged. They should only be removed permanently where it is agreed they are harmful to the child.

Carers may also restrict access to the use of personal possessions, for example a Playstation or personal stereo, as a sanction for a specified period.

Comfort items, such as a favorite doll or bear, should never be removed from a child as a sanction.

g) **Restricting mobility/locking doors.** Subject to the usual security measures of the household such as locking external doors at night, children should never be locked in a room.

It may be appropriate to deny a child access to a particular room or a specific area such as the garden. This may be achieved in a number of ways such as verbal requests locking doors, or standing in the way, while taking care to avoid the risk of a physical confrontation.

7. Leeds City Council's Policy on the use of Restraint in Foster Care.

Philosophy

7.1. The ethos of the fostering service is that restraint will not be used with children and that alternative strategies will be promoted. Exceptional circumstances should be carefully monitored and restricted. Care should be taken to ensure that a culture where restraint is permissible does not develop.

7.2. There is a scale of physical interventions, which could range from a physical prompt, through physically leading a child away from a situation, to actually holding a child and thereby restricting their freedom of movement. Whilst some children, particularly some children with learning disabilities, may need a

physical prompt to assist them in daily activities physically restrictive interventions should not be used.

7.3. Disabled Children The Family Placement Professional Fostering and Permanency Service for disabled children provides family based care in ordinary homes for disabled children as a positive alternative to residential options. The service promotes social inclusion, equality, and the social model of disability. All disabled children will be treated with dignity. It is accepted that some disabled children may have some behaviours which are so challenging that restrictive physical interventions may be needed as a last resort to safeguard the child following a duty of care. These children should not lose their placement within a family because they may need to be restrained for their own safety or that of others. Any holding form of restraint will only be agreed when all other alternatives have been exhausted, and subject to risk assessment.

7.4. Restraint should never be used to

- Establish control over a child or to demonstrate who is in charge.
- Punish a child.
- In a situation where it is possible for the foster carer to remove the other children and themselves out of danger.
- As a way of restricting mobility (e.g. keeping a child in a wheelchair to prevent them from crawling or wandering)

7.5. The use of Restraint as a Last Resort

7.5.1. Carers are advised that children should not be restrained unless this is a last resort. Other strategies should be used. Restraint can only be used if a child is putting themselves or others in immediate and significant danger.

7.5.2. There may be occasional exceptional situations where a child has to be restrained to stop them injuring themselves or others in a situation of immediate danger (for instance a disabled child is about to run into a busy road, or a child is about to hurt another person). If this occurs an Accident/Incident Form should be completed by the foster carer detailing what happened, with copies to the supervisory fostering officer and the child's social worker. A new risk assessment in respect of the child should be undertaken.

7.5.3. If a child's behaviour regularly seriously endangers themselves or others and physical restrictive intervention needs to be part of the plan for the child this should be subject to

- A risk assessment involving the foster carers and professionals involved with the child.
- All other interventions should have been considered including involving the Children's Learning Disability Nursing Team (for disabled children), or

the Therapeutic Team, or the CAMHT in making a behaviour management plan for the child.

- The carers having attended and passed the accredited Therapeutic Crisis Intervention Course, including the restraint element.
- The agreement of the Head of Children's Services.

7.5.4. It should **not** be assumed that where a child has been restrained in other environments that this will be the case in foster placement. Restraint may have been used inappropriately in the past. Many children react differently in different environments. Children should be considered within a therapeutic context. The use of restraint within a foster home would be unusual and exceptional.

7.6. Carer Training and Restraint

The Therapeutic Crisis Intervention Course can have restraint training included, subject to participants having completed the whole course and having been trained in de-escalation techniques. It is not usual for foster carers to be offered restraint training as part of this course because the fostering service's view is that this should be an intervention of last resort carried out only when the child is at immediate risk of harming themselves or others. In exceptional circumstances foster carers can attend Therapeutic Crisis Intervention and be trained in restraint if all other alternatives have been exhausted, a full up to date risk assessment is in place, and this has been agreed by the Head of Service Children.

8. Recording

8.1. Records of very difficult or challenging behaviour will be kept by the foster carer in their foster carer diary.

8.2. The foster carer will discuss the above with the child's social worker and with their supervising fostering officer who will keep appropriate records.

8.3. If a child or a member of the household sustains any injury the child's social worker should be informed. An Accident and Incident Form will be completed by the foster carer, and a copy given to the supervisory fostering officer and child's social worker.

8.4. If a child is restrained in a foster placement an Accident and Incident form will be completed by the foster carer, and a copy given to the supervisory fostering officer and child's social worker.

8.5. If a foster child causes damage to property an Accident and Incident Form will be completed by the foster carer, and a copy given to the supervisory fostering officer and child's social worker.