Behaviour Support

Description

Behaviour Support

https://sparksfostering.org/wp-content/uploads/speaker/post-5254.mp3?cb=1743516717.mp3

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Supporting children

Some children in foster care struggle to manage their **emotions and behaviour.** This is linked to **trauma, loss** or other difficulties that they have suffered.

Some children express their emotional distress with aggressive behaviour or by internalising their feelings.

Many children in foster care are relatively well settled and do not struggle significantly with their emotional regulation.

This policy will outline how foster carers and others can support children who express difficult feelings with **aggressive and challenging behaviour**.



Key principles of promoting positive behaviour

- Children in foster homes have experienced **high levels of distress** and instability; therefore, this is likely to be reflected in their behaviour (including language) for a period of time.
- Challenging behaviour is an expression of unmet need: Challenging behaviour should be considered to be an expression of **sadness, isolation, low self-esteem** or other difficult emotion. Foster carers of children who present challenging behaviour should primarily aim to improve the child's wellbeing.
- Foster carers and staff are expected to have **high expectations and ambition** for the children in their care.
- While the child is in the fostering home, the best source of encouragement for the child to improve and/or maintain positive behaviour is their **attachment** to the foster carer and the **role modelling** by the foster carer/s.
- Strong attachments, stability, feeling heard and having good **self-esteem** are the foundations of positive behaviour.
- Positive behaviour should be appropriately **rewarded**. Rewards include praise, quality time, activities, special food treats, money, stars for their star chart, or other reasonable reward.
- Challenging behaviour should be discouraged by identifying and **meeting children's needs** and implementing **appropriate consequences** such as distracting the child, or by consistently applying agreed consequences.

Knowing the child

The starting point of any **intervention or support plan** for children is to know and reflect on the **child's needs**, experiences, perspective and desires.

Matching appropriately.

If it is known that a child has a history of offending (or otherwise challenging) behaviour or is at risk of challenging behaviour, the child will be matched to appropriately experienced and trained foster carers.

If it is known before matching that the child may need to be supported with approved **holding methods** , the child would only be matched with trained foster carers. If it becomes known that holding may be needed whilst the placement in ongoing, appropriate training and support will be provided to the foster carer/s and child/ren.

Child's wishes and feelings.

Children appreciate **transparency, trust and being heard**; this is particularly the case for children in foster care, who have had many significant decisions made on their behalf, potentially leading to a sense of disempowerment, and not being heard.

It is also important to involve children in **decision-making** because the children need to develop good decision-making skills, which is vital for their development, safety and independent living skills.

Some adults may feel uncomfortable **discussing challenging behaviour** with children, especially if

the children are new to the fostering home and they haven’t yet built up a strong relationship.

The discomfort is often due to fear of upsetting the child, fear of unsettling the child (possibly leading to further disruptive behaviour), or due to lack of confidence about having the conversation.

Foster carers who are looking after children who present with potentially challenging behaviour should be able to discuss the topic confidently and sensitively. Foster carers should be determined to help the child feel secure, stable, optimistic and confident (thereby minimising the risk of challenging behaviour).

Social workers can support foster carers in having these discussions with the children.

If **physical holding** is being considered, this should be discussed with the child as soon as possible. Children who have experienced holding before may offer suggestions or alternatives.

The children should be allowed to **talk about their experience of holding**, what support was offered after holding and their feelings about it. Many children who have experienced holding understand that it is necessary and used as a last resort.

If the child hasn’t experienced holding previously, but it seems that this may be a possibility in the future, this should be discussed with the child and the child should be clear about what to expect.

It should be explained that **holding would only be used to prevent harm** to the child, harm to others or significant harm to property. The child should be assured that they will not be unsafe or in pain.

Developmentally appropriate behaviour.

Making choices, **taking risks** and learning from failures is part of growing up. Like their peers, looked after children need to be supported to learn through experience. When the choices they make are poor or the risks unacceptable, foster carers should be able to talk to the children about their situation and help them understand and manage their behaviour.

Whilst it is normal for foster parents, like parents, to want to avoid unnecessary risks, **excessive caution is unhelpful**. Children and young people need to be exposed to some risks, proportionate to their age and understanding.

Furthermore, children in care should experience the patience, forgiveness and generosity of spirit that every valued child should experience when they make mistakes.

Additional needs.

Staff and foster carers are expected to consider the child’s **development and abilities** when setting expectations for the child. Some children struggle with their behaviour because their development has been delayed as a consequence of abuse. For other children their development is delayed due to cognitive disability.

A child’s individual needs must always be taken into consideration when making decisions about howto support their behaviour.

Diversity.

Other factors to consider include how well the child’s identity needs (including religious, cultural, ethnic and linguistic background) are met – if the child’s identity needs aren’t met, this may impact on the child’s sense of wellbeing and their behaviour.

Encouraging positive behaviour

Regardless of whether a child presents with challenging behaviour or not, foster carers are expected to support children to have the **best emotional health** possible. The following steps encourage best behaviour, optimise the child’s potential, and help to increase the likelihood of the child continuing to live with the fostering family.

Building attachments.

Strong attachments, stability, feeling heard and having good self-esteem are the foundations of positive behaviour.

While the child is in the fostering home, the best source of encouragement for the child to improve and/or maintain positive behaviour is their attachment to the foster carer and the **role modelling** by the foster parent/s.

Foster carers who have established a strong positive attachment with children in their care are much more likely to be able to support a child to recover from distress and to optimise the child’s potential.

Foster carers who struggle with their attachment and affection towards children in their care are expected to discuss this with their supervising social worker.

The attachment should help the child/ren to feel **valued, heard, and safe**. Younger children in particular develop good self-esteem by pleasing the adults in their life; all adults in the children’s lives should be **actively praising** the child/ren regularly (and sincerely).

Children who are struggling to manage their behaviour have a greater need for encouragement and support.

Foster carers are expected to work towards building a ‘**secure base**’ for the children in their care. This can be done by:

- being consistently available (helping the child to trust).
- being sensitive (helping the child to manage feelings).
- co-operation (helping the child to feel effective).
- and family membership (helping the child to belong).

Further information is available in the book ‘The Secure Base Model’, by Gillian Schofield and Mary

Beek.

Ways to show appreciation and value for others include:

- words of affirmation (words praising and commending the child).
- quality time (distraction-free quality time).
- receiving gifts (special symbolic and sometimes spontaneous surprises).
- acts of service (such as cleaning the child's bedroom or doing other chores without complaint).
- and physical touch (cuddles, hand holding, sensitive and appropriate touch).

Once the foster carer and staff have established the various methods of appreciation with the children, it will be clear which methods the child responds better to. The methods can be actively discussed with the children and subsequently, the child can start showing appreciation towards others by using the same methods.

The child will feel more confident in their relationships and in themselves – this will be reflected in improved mood and improved behaviour. Further information is available in the book 'The Five Love Languages', by Gary Chapman.

Children who have **not seen their parents maintain friendships** may not know how to make friends. Friendship is very important for everyone, but more so for young people who are struggling with identity formation. Having strong friendships can lead to high self-esteem and sense of belonging.

Foster carers should discuss the following principles of friendship with all of the children in their care:

- **Positivity:** People like to spend time with people who are fun and make them feel good. The foster carer should explore appropriate ways of bringing positivity into relationships.
- **Consistency:** To build a relationship and a sense of loyalty with others, there has to be regular contact. Contact with new friends should be less regular and the frequency should increase as the relationship develops and trust increases.
- **Vulnerability:** After a relationship has started to develop, some level of vulnerability can be shown. For example, problems can be shared, help can be requested and conflicts or misunderstandings can be discussed. .

(Adapted from 'Frientimacy: How to deepen friendships for lifelong health and happiness' by Shasta Nelson. Note that this book is directed at adult women, but has useful tips for everyone).

Building drive and self-esteem.

Other ways to raise children's self-esteem include:

- helping them to **do well in school**.
- **improve performance** with other activities that they enjoy.
- help them to improve **relationships** with others.
- record their **achievements** (e.g. star charts and certificates)
- help them to achieve targets which matter to them (and are rewarded for).

- encourage children to develop a **range of skills** and knowledge.

Improved self-esteem is likely to result in more appreciation of the foster carers and improved behaviour.

Promoting the child's development.

Children should be informed about appropriate stress management (including therapy or mindfulness), conflict management, improving communication (whether verbal or written), reviewing the child's diet and exercise, and exploring if there are any health problems.

Children should be educated, listened to and empowered to look after themselves as best they can.

Rewarding progress.

Positive behaviour should be appropriately rewarded. Rewards include praise, quality time, activities, special food treats, money, stars for their star chart or other act of reward.

Expectations, targets and rewards for children should be proportionate to the child's development and abilities – all children should be encouraged to make reasonable and realistic improvements, which should be encouraged with appropriate (and generous) rewards.

Rewards should be mostly **focused on effort and determination**, rather than actual outcomes.

Progress made and rewards given should be recorded on the foster carer's **recordings**. Special attention should be given to rewarding progress which is identified in the child's care plan.

Offending behaviour

If it is known that a child has a history of offending (or otherwise challenging) behaviour or is at risk of challenging behaviour, the child will be **matched** to appropriately experienced and trained foster parents.

Any risk of offending behaviour is discussed in the **child's plans** (such as the care plan, placement plans and risk assessments) and appropriate strategies and actions should be identified within the plans to minimise the likelihood of offending behaviour.

Foster carers should **call police** (or other emergency services) if there is risk of harm to the child or others or if a crime is likely to be committed. If there is no immediate threat, police can only be called after consultation with the children's social work and the Sparks Fostering social worker (who will both include the respective managers in the discussions).

Children who are placed into foster care have already suffered considerable **trauma**, which affects their long term outcomes. **Criminalisation** of the children has further negative impact on the outcomes of children placed into care so this should be avoided whenever possible.

Safeguarding issues and the link to behaviour

Children placed into fostering homes are likely to have suffered **traumatic experiences and/or abuse** before entering the fostering home.

Furthermore, children placed into fostering homes are at increased risk of a range of ongoing safeguarding issues, such as trafficking, bullying, or sexual exploitation. Sparks Fostering has policies pertaining to all of these issues.

Children who have experienced (or are continuing to suffer) such significant levels of trauma are likely to express their **confusion and distress** via their language and behaviour.

Any **information** made available to Sparks Fostering about the child's previous experiences will be shared with the foster carers before placing children in the home. Social workers will attempt to **match** children to fostering homes where their needs can be met.

When behaviour is particularly challenging, the **team around the child** will work with the foster carer to offer increased levels of individualised **support** for the child; for example, the child may be offered sessions with a support worker or a counsellor/therapist.



Diversity considerations

Staff and foster carers are expected to consider the child's development and abilities when setting expectations for the child. Some children struggle with their behaviour because their development has been delayed as a consequence of **abuse**, for other children their development is delayed due to **cognitive disability**.

A child's individual needs must always be taken into consideration when making decisions about how to support their behaviour.

The plans for the child should consider the child's current **stage of development** and work to support the child to the next level of development. Some children will move through the stages of development at the expected ages, others may take longer due to additional needs or complex trauma.

Other factors to consider include how well the **child's identity needs** (including religious, cultural, ethnic and linguistic background) are met – if the child's identity needs aren't met, this may impact on the child's sense of wellbeing and their behaviour. See the Equality and Diversity Policy for further information.

Identifying triggers

Knowing the triggers.

Some children are 'triggered (angered) by specific things, for example, some children become angry after contact with birth family. Sometimes the triggers are quite clear to identify, either because there is a clear pattern of behaviour, or the child may be able to articulate some things that make them angry.

Sometimes triggers are quite difficult to identify. A good way to help to identify triggers is to keep a detailed log of every incident. Often, looking through the log can help to identify triggers.

Drugs or alcohol use.

Use of drugs and/or alcohol lowers inhibition; a child who uses substances may do so in order to block out difficult feelings, but then may become more vulnerable to their own feelings because of substance use. Children who are using drugs or alcohol would be supported by specialist substance misuse services, which may include counsellors.

Reminders of previous trauma.

Sometimes children become unsettled because of reminders of previous trauma. For example, buying a new dress may remind the child of an argument that their birth parents had over the purchase of a new dress. Birthdays, changes of seasons, Christmas (or other festivals), attending school, or a range of other things may remind the child of previous trauma.

The child may or may not be consciously aware of the connection between the trigger/reminder and their previous trauma, so the child may not understand why their behaviour has worsened – this can be

particularly distressing for the child and confusing for the foster carers.

Transitions.

Children who are in foster care have experienced significant changes in their life which may be difficult to process emotionally. Some children have experienced several moves of foster homes and several changes of social workers.

If it is known that a child is due to experience another significant change, for example starting a new school or change of worker, this should be planned carefully. The team around the child should work together to formulate a robust transition plan for the child, which involves and prepares the child for the changes ahead.

Where possible, the child must be informed about the changes in advance and involved in the plans for the changes.

Managing triggers.

Some triggers could be managed quite easily; for example, if the child has a phobia of dogs (perhaps linked to previous experiences), then the child should not be placed in a home with dogs. If the child is triggered by a particular food, that food can be removed from their diet (at least until the child starts healing from their trauma).

Some triggers cannot be avoided; for example, a child may struggle around the time of an anniversary of a death. In these instances foster carers (and staff) should put plans in place to distract the child and help them to cope with their difficult feelings.

Therapy, counselling or other ‘desensitising’ interventions may be considered for the child if it is an appropriate time for the work to be carried out. For many children the solution is stability, time, plenty of affection and care, being heard and being able to have some control over the care they receive.

Early identification of aggressive behaviour

Foster carers and staff may come to know the early signs of frustration and anger in the child; this information should be shared with the team around the child so that support can be coordinated. Once the signs are identified, the child’s care plan should be amended to include how the foster carer is expected to respond to escalation in aggressive behaviour.

De-escalation.

In most cases, foster carers are able to anticipate challenging behaviour from the child before it happens, either because of **signs of escalation** (such as raised tone of voice, persistent defiance, or uncharacteristic isolation or lack of eye contact), or because of **known triggers**.

The child’s **safer care policy** should include instruction for appropriate de-escalation techniques and the foster carer or other professionals should speak with the child (depending on the child’s abilities) about the actions to be taken when the child struggles with their behaviour. The child should also be

given the opportunity to make recommendations for how they would like to be supported at the early stages of escalation.

Appropriate **methods of de-escalation** include:

- speaking with the child in a calm tone of voice.
- distracting the child.
- offering ways to use up adrenaline (e.g. skipping, using a punch bag or going for a run).
- let the child have some space. Never stop the child from having private space, but the foster carer must stay nearby until they are confident that the child has calmed down and isn't at risk of harm.

During an emotional outburst children (and adults) **struggle to think rationally** because of the high levels of emotions. Foster carers may find that children do not respond well to instruction when they are upset; however, the child may respond to tone of voice, mention of activities they enjoy, or gentle reassuring touch (such as a hand on the shoulder).

'Transference' and 'counter-transference' of emotions.

Foster carers and staff should be mindful of their own feelings when interacting with children. If the foster carer is having a bad day, the carer may be stressed. Children (especially children who have experienced abuse) are very quick to **pick up on their carers feelings**. The stress of the foster carer may then lead to increased stress for the child; this is called transference.

This is not to suggest that foster carers aren't allowed to have difficult feelings around children, only that they should be mindful of their own feelings, how their feelings may impact on the children and how foster carers can support children to feel comfortable and safe even when the foster carer is struggling.

It is important for children's development that they are able to respond appropriately to other people's stress or anger; however, for children in foster care, this area of the child's development has to be managed carefully because many children in care associate difficult feelings with abuse.

Counter-transference is when the anger of a child leads to anger or stress in the foster carer. The child interprets the stress of the foster carer as being directed at them, which leads to further stress and anger for the child.

In order to avoid this escalation in tension, foster carers must be mindful of their own feelings, and should help children to understand the dynamics of difficult emotions (relative to the child's capacity to understand).

When managed well, the child and foster carer are able to cope with difficult feelings and are able to understand the difference between their own feelings and other people's feelings. Children who have not been supported well (or have limited ability) may react highly to their carer's emotions (much like babies and very young children do).

Foster carers may need to support the child to go through the stages of emotional development that would be expected of children as they mature. Younger children in particular may benefit from the

process of transference so that they are able to see how their carers respond to difficult emotions. This may also be true of children whose emotional development is delayed.

Care and risk planning for aggressive behaviour

If the child's behaviour escalates and it seems that the child is going to become aggressive or hostile, the foster carer should follow the **actions agreed on the child's care plan and risk assessment**. When considering risk, the following factors may be considered:

- The age and understanding of the child.
- The size of the child and how this links to appropriate interventions.
- Any known disabilities, health problems or effects of medication.
- The child's previous experience of trauma and restraint/holding.
- The child's wishes and feelings.
- Acceptable and predictable behaviour for a child, which perhaps does not require a response or consequences.
- The method of holding that would be appropriate in the specific circumstances.
- The impact of the holding on the carer's future relationship with the child.
- Other children or adults in the household or support group to be advised about the actions they must take.
- Whether the foster carer must remove sharp items, glass, or other breakable items which may present risk to the child or others.
- Foster carer to use a calm tone of voice, open palms, limited eye contact.
- Foster carer to offer agreed distractions.
- Foster carer to remind child of agreed consequences.
- The foster carer may need the support of another foster carer or support worker.
- Child's social worker and supervising social worker to be notified as soon as possible (via text during the event if possible, and full write up required asap).
- Intervention should serve to minimise risk and de-escalate the situation and cannot be used after the child has stopped presenting threat of damage or harm.
- If there are concerns about serious harm to the child or others, emergency services may be called.

Sharps and Object-Related Risk

Where there is known or suspected risk relating to sharp objects or concealed items, this must be treated as a **potential safeguarding concern requiring immediate and proportionate assessment**. Responses should be guided by the agency's escalation framework, with clear consideration of risk to the child, carers, and others in the household.

Foster carers are expected to **recognise, report, and respond to concerns promptly**, seeking guidance from the supervising social worker and avoiding actions that may increase risk. All decisions, including searches, police involvement, transport, and environmental safety measures, must be **risk-led and, where appropriate, agreed with the social worker**.

Click here to view the Sharps and other Object-Related Risk Guidance

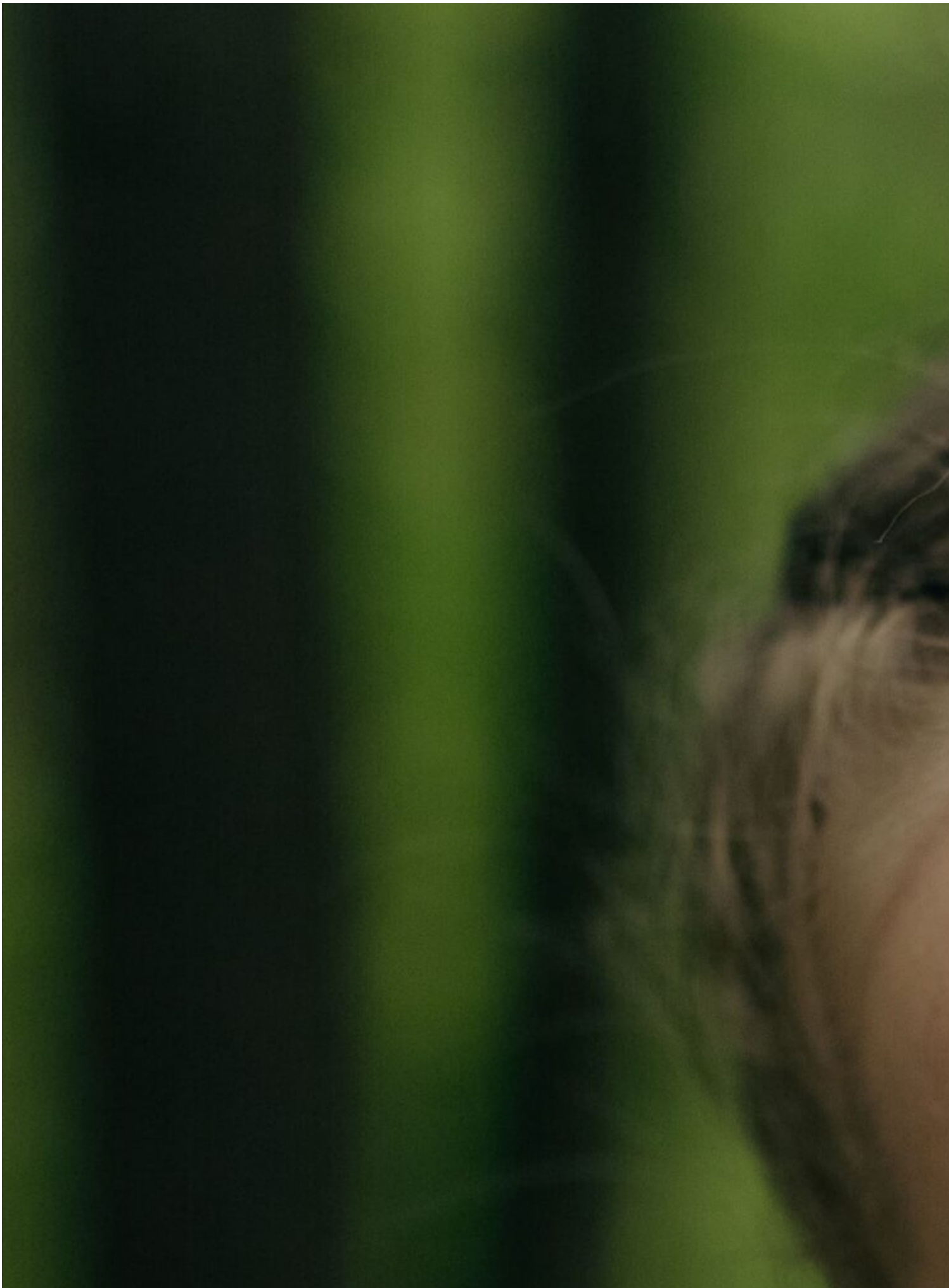
Recognising regression

Sometimes children who have suffered high levels of abuse ‘regress’ to an early age when they become angry, upset or stressed.

This could mean, for example, that a 13 year old starts talking and acting like a 3 year old. Foster carers should respond to this change in behaviour with compassion and care. For example, the child may want to have a book read to them, to have milk and cookies, to role play, or to sing nursery songs.

Indicators of regression should be discussed with the team around the child and a support plan should be put in place to meet the child’s needs.

Children who regress often are likely to struggle with other areas of their development, such as formal education and decision making. The priority need for children who regress is intensive nurturing.



Intervention options

Deciding not to intervene.

Sometimes the appropriate response is to not intervene. Regardless of the lack of intervention, a full write up of the incident would still be required in the foster carer records. The circumstances under which the foster carer must not intervene may also be included in the child's care plan.

Non-physical intervention.

The initial responses to aggressive behaviour should be verbal and through nurturing body language. Whilst this level of intervention is minimal, the foster carer is still expected to provide details about the incident in the foster carer recordings.

Physically re-directing

If a foster carer needs to prevent a child from leaving the home, or if they need the child to move to a safer location, the foster carer may direct the child by using their body to block or guide the child to a different space (without touching the child). The posture should not be threatening or intimidating.

Non-restrictive contact.

This refers to situations where a foster carer has physical contact with a child, but where the child retains a large degree of freedom and mobility and can break away from the carer if they wish. They are not overpowered and have options to move away from the carer.

This might include taking a child's hand or putting an arm around their shoulder to physically guide them away from a situation or pulling a child away from another child they are trying to hit in order to get between them.

Normal parenting activity with toddlers and younger children will inevitably involve non-restrictive contact, such as physically re-directing a toddler.

Similarly, depending on their mood, a child might object and resist if a parent insists on holding their hand near road traffic. This describes routine parenting activity appropriate to the age and development of the child.

Physical restraint/holding.

Foster carers can only physically intervene in a child's behaviour if the child places themselves, the carers, or anyone else at risk. Physical intervention can also be used to prevent serious damage to property.

Foster carers who are likely to physically hold children are provided face to face training which enables them to practice various safe physical holding techniques.

When physically holding a child, the foster carer must **be mindful of the following points:**

- Children cannot be slapped, punched, pushed or handled roughly under any circumstances.
- Adults should hold children from the ‘side on’ so that the front of their body isn’t touching the child and during intervention there shouldn’t be any contact with the child’s eyes, ears, face or sexual areas.
- Carers should not hold children in a way that impacts on the airway, breathing or circulation, such as face down restraint.
- Carers should note that being able to speak doesn’t necessarily indicate that air is entering the lungs. The child’s skin tone and alertness is to be monitored throughout a physical hold.
- Holding a child by the neck carries a risk of suffocation or restricting blood flow to the brain, as well as a risk of spinal injury. Children’s necks should not be held under any circumstances.
- Any techniques that inflict pain are not permissible. Wrists should not be held tightly.
- Techniques should not be used where they extend, or flex, or put pressure on the child or young person’s joints.
- The use of mechanical restraints would usually be an entirely inappropriate way of managing behaviour in a fostering setting. The only exception to this might be in relation to the small number of severely disabled children; for example, where a device such as an arm splint might limit or prevent high frequency and intense self-injurious behaviour.
- It would not be appropriate to lock a child in a room; however, it may be appropriate in a one-off unanticipated emergency scenario to prevent serious risk of harm to the child or others.
- Physical holding must stop when a child’s behaviour is no longer a risk.
- Holding should be stopped immediately if the child has difficulty in breathing, vomits, has a fit or seizure, or experiences swelling or change of hue of skin. An ambulance must be called and first aid administered straight away if there are concerns about the child’s health. The child’s social worker and supervising social worker (or their duty teams if they are not available) must be informed as soon as the child’s welfare is attended to.

If possible, another adult should be in the room (or in sight) during holding. Any other children should be removed from the room. The foster carer (and/or other adult) should phone the children’s social worker and/or the Sparks Fostering social worker as soon as possible (during the incident if it is safe to do so). If there is significant risk of harm to the child or others (or significant damage to property, or if a crime may be committed) police can also be called.

Medical interventions

Children can only be given medication which is approved by the children’s social worker or medical professionals. Also, the medication can only be given in the circumstances specified by medical professionals.

If the dosage and frequency of the medication is at the foster carer’s discretion, the amount given should be in the best interests of the child and the justification for each use should be recorded on the child’s medical record.

The use of medication should be explained to the child in a manner that they can understand (as far as they have capacity to understand). Consent should be sought at every administration unless there is a

serious risk to the child's health without the medication.

Rights of foster carers

The law allows foster carers (and others) to intervene, with reasonable force, to prevent a crime (including assault and criminal damage). Foster carers are also obligated to intervene as far as necessary to keep the child safe from harm.

Environmental Containment Welfare

Where a child's movement is restricted to a limited space for safety reasons (environmental containment), carers must ensure that the child's **welfare, dignity, and basic needs are actively monitored and maintained throughout the period of restriction**. Environmental containment includes situations where a child is prevented from leaving the home or is required to remain within a defined area due to risk.

Environmental containment must be treated as a **significant safeguarding intervention**. The supervising social worker must be informed immediately, and a **social work manager must be made aware as soon as containment is required**. Ongoing updates must be provided in line with the frequency stipulated by the manager to ensure appropriate oversight and decision-making.

This checklist is not a standalone assessment to be repeatedly completed. It is a **structured guidance tool** to support safe practice, proportionate decision-making, and clear recording during periods of restriction. The approach must be **risk-led and directed by the supervising social worker**, including agreement on review frequency and oversight. Updates can be recorded as **live commentary (e.g. on a Trello card or equivalent system)** rather than repeated completion of a full assessment.

Welfare Considerations During Environmental Containment

Carers must actively consider and monitor the following:

• Weather and Temperature
Ensure the environment is appropriate to current conditions (e.g. not too hot or cold, access to ventilation where needed).

• Physical Comfort
The child must have access to appropriate seating, rest areas, and clothing. The environment must not cause physical discomfort or distress.

• Access to Food and Drink
The child must have access to food and fluids at appropriate intervals.

• Toilet Access
The child must have safe and timely access to toilet facilities. Any restrictions must be proportionate, justified, and risk-assessed.

• Dignity Considerations

The child must be treated with respect at all times. Language, tone, and approach must preserve dignity and avoid humiliation, confrontation, or escalation.

• Continuous Supervision
The child must be supervised at all times, in line with the assessed level of risk. Supervision should be calm, non-threatening, and proportionate.

• Review Intervals
The situation must be reviewed regularly, with frequency **directed by the supervising social worker and/or social work manager**. Reviews must consider:

- Whether containment remains necessary
- Whether risk has reduced
- Whether alternative approaches can be implemented

Key Practice Expectation

Environmental containment must:

- Be **time-limited and actively reviewed**
- Be **clearly directed and overseen by the agency**
- Not become routine or passive

The primary aim is always to:

> **Reduce risk while maintaining the child's safety, dignity, and wellbeing.**

Appropriate consequences

Responses to challenging behaviour should be agreed between the child, staff and foster carers as soon as possible, ideally at the start of placement when reviewing the child's individualised **safer caring plan**.

Consequences should not be harmful and should not cause distress or trauma to the child.

Expectations are shared and discussed with the child – children should be invited to edit the expectations if they feel that alternatives would be better suited to them – children are more likely to engage with plans if they are able to contribute and feel a sense of ownership of the plans.

Consequences should be avoided whenever possible, especially when it's clear that challenging behaviour (including language) follows an upsetting incident or difficult time for the child.

The initial response should be to try to reassure and comfort the child – consequences should only be put in place as a last resort, when it's felt that other (nurturing) approaches have been tried and exhausted.

Appropriate consequences should be chosen according to what is significant to the child and could

include:

- reducing or stopping pocket money (the amount is proportionate to the behaviour).
- reducing play dates or other social activities.
- removal of non-essential items such as game stations.
- withdrawing other privileges (such as play dates or other time out of the home).
- stopping extra-curricular activities temporarily (not excessively).

Consequences should be minimal and should be retracted as soon as possible (whilst still being able to encourage positive behaviour).

Consequences which aren't acceptable include restricting contact with family or professionals, inappropriate physical restraint or punishments (see below), deprivation of food, water, medication or sleep, or making a child wear distinctive clothing.

The child should not feel shamed or undervalued as a result of consequences. The language used with children should always be compassionate, patient and should indicate the worth and value of the child – abusive, derogatory and offensive language is not acceptable. The child cannot be subject to intimate physical searches under any circumstances.

Any harmful and inappropriate consequences imposed upon the child would lead to disciplinary action against the foster carer/s (and/or staff member/s), potential de-registration, reporting to the Local Authority Designated Officer, and if harm is caused to the child, police would be involved.

Recovery

Following a holding incident, the child should be supported with gentleness, compassion and patience. If the child complains of pain or discomfort they should be offered medical treatment (and/or taken to a GP or hospital).

During an emotional outburst children (and adults) struggle to think rationally because of the high levels of emotions. Foster carers and children should take the space and time to reflect on challenging situations once they are calm. Foster carers (and professionals) should discuss incidents of challenging behaviour when the child is calm and ready to discuss the incident.

Children should be given the opportunity to discuss incidents with other professionals, including an independent advisor, if they wish to.

Managing challenging behaviour is emotionally draining for foster parents. Foster parents are expected to use their support network and also to speak with their supervising social worker so that they can work through their thoughts and feelings about caring for the child. Appropriate foster carer support is integral to ensuring that the child receives the best possible support.

Discussions between children, foster carers and social workers should be supportive and positive, with a focus on how the child can be better supported to make progress.

Recording

Following an incident of challenging behaviour, the foster carer should write down full details as soon as possible within the foster carer recordings. The details should be emailed to the child's social worker and the Sparks Fostering social worker as soon as possible (ideally within 24 hours of the incident). If there are immediate concerns or risks, both social workers should be contacted by phone straight away.

The foster carer and Sparks Fostering social worker should review the foster carer record and child's record to update any relevant sections.

The Sparks Fostering social worker will notify the agency Safeguarding Lead of any serious behavioural issues (including all incidents of holding). The Safeguarding Lead will notify Ofsted of behaviour incidents which lead to police attending the fostering home, or resulting in child protection enquiries.

The child has a right to view the foster carer recordings and any other documents on their file (except for confidential records) and the child should be encouraged to contribute to the records if they are willing to.

Coordinating a move to a new placement

Where it is agreed that a placement will end, the priority is to ensure that the move is **planned, child-centred, and as emotionally and physically safe as possible**. The giving of notice—whether immediate, 1-week, or 1-month—must be understood within the agency's **Crisis Escalation and Notice Threshold framework**, which sets out how concerns should be identified, escalated, and reviewed in line with agreed expectations.

Click here to view the Crisis Escalation and Notice Threshold Policy

This framework should be read alongside the agency's assessment tools, which define the **expected range of fostering experiences and carer capacity**.

Click here to view the assessment tool: Fostering Behaviour Expectations Ratings

Click here to view the assessment tool: Fostering Identity Expectations Ratings

Where time allows, moves should be **planned rather than reactive**, with clear consideration given to the child's needs, relationships, and understanding of the situation. Planning should reflect the escalation pathway followed (gradual deterioration or rapid escalation) and ensure that the reasons for the move are clearly understood in the context of:

- The child's behaviours (as mapped against the behaviour thresholds)
- The relational and identity-based needs of the child (as identified in the identity expectations tool)

This ensures that the move is not viewed in isolation, but as part of a **structured and evidenced decision-making process**.

The agency will work with all parties to ensure that **information sharing is timely, accurate, and aligned with the escalation framework**. This must include:

- The child's current presentation and known risks
- Behaviour mapped to threshold levels
- Relational dynamics and identity considerations
- Strategies that have been effective or ineffective

This information should directly reflect the **analysis and escalation stages outlined in the Crisis Escalation Policy**, ensuring that receiving placements are fully informed and better matched.

Foster carers are expected to continue to provide **safe, consistent care for the duration of the notice period**, in line with:

- The expectations agreed during assessment
- The escalation and support plans put in place
- The thresholds identified in the behaviour and identity tools

Where difficulties arise during the notice period, these must continue to be managed through the **escalation framework**, rather than treated as separate or unmanaged incidents.

Following the move, a **review of the placement ending** will take place. This must explicitly consider:

- The behaviours presented and their corresponding threshold levels
- The carer's stated capacity during assessment
- Whether escalation steps were followed in line with policy
- The extent to which the situation fell within or beyond expected fostering tolerance

This review must be conducted using:

- The **Crisis Escalation and Notice Threshold Policy**
- The **Behaviour Threshold Calibration Tool**
- The **Identity Expectations Tool**

This ensures that conclusions are **evidence-based, consistent, and comparable across placements**.

Additional resources (optional)

Safe holding guidance.

Use of force, restraint and restrictive practices in the children and young people secure estate.

Safe holding training.

Whilst safe holding training isn't mandatory, it is highly recommended for any foster carers who are caring for children who present with challenging behaviour. Training providers include the following:

Crisis Prevention Institute.

Shades Training

Team Teach.

Child to parent violence

Child and Adolescent to Parent Violence and Abuse (by 'Respect')

CAPVA needs assessment (by the Mayor of London Violence Reduction Unit)

TV shows

- Kids behind bars – BBC
- Adolescence – Netflix – exploring how children are drawn into harmful mindsets and criminal behaviour.
- Unbelievable – Netflix – young person (in care) charged with a crime for reporting that she was raped—and two detectives trying to identify a serial rapist.
- Three Girls – BBC – focuses on exploitation and lack of multiagency working.

Other resources.

Action for children advice on how to support a child who has become violent.

Boy who killed his foster mum with car sentenced – BBC coverage.

De-escalation tips – a short worksheet by the Crisis Prevention Institute.

Encouraging children to listen to instructions (Action for Children).

Examples of behaviour charts (by 'The School Run').

If a child has a meltdown (by Action for Children).

If your child is arrested (guidance from 'Family Lives').

Inside the teen brain (a webinary by the Association of Child and Adolescent Mental Health)

Joon – a behaviour management app for kids with ODD, ADHD, Autism, or any other struggling child.

Lying and stealing (Family Lives).

Making a family kindness chart (Action for Children).

Non Violent Resistance Handbook for Practitioners – Responding to Child to Parent Violence in Practice (free download from Responding to Child to Parent Violence).

Positive and Proactive Care: Reducing the need for restrictive interventions (Department of health guidance)

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Positive discipline (video by Family Lives).

Positive Parenting leaflet from NSPCC

Responding to children who keep saying ‘no’ (Action for Children).

Teen violence or aggression (video by Family Lives).

Tips for behaviour charts (Action for Children).

Toddler always misbehaving (Family Lives).

‘Triple R‘ by Bruce Perry is a model for regulating the emotions of children who are struggling.

Understanding and managing my child’s behaviour. By Action for Children.

Young children who bite or hit (Action for Children)

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