**Promoting Positive Behaviour**

**Standards and Regulations**

Fostering Services National Minimum Standards (England) 2011:

* [Standard 3 - Promoting Positive Behaviour and Relationships](http://www.minimumstandards.org/fost_three.html).

**Training, Support and Development Standards for Foster Care:**

* [Standard 2 - Understand your role as a foster carer](https://www.fosteringhandbook.com/bradford/files/fost_care_tsd_standards_guid.pdf);
* [Standard 3 - Understand health and safety, and healthy care](https://www.fosteringhandbook.com/bradford/files/fost_care_tsd_standards_guid.pdf);
* [Standard 5 - Understand the development of children and young people](https://www.fosteringhandbook.com/bradford/files/fost_care_tsd_standards_guid.pdf).

See also [Bradford Children’s Services Online Procedures, Restrictive Physical Intervention Procedure](https://bradfordchildcare.proceduresonline.com/p_phys_int.html)

1. **Introduction**

Children and young people in foster care will all have experienced abuse, deprivation and loss. They are likely to have frequent feelings of fear, sadness and shame. These feelings and experiences may lead to children and young people behaving in ways which can be hard to understand and challenging to live with. The fostering task requires carers to promote positive behaviour in children and young people by demonstrating kindness, consistency, empathy and an ability to set firm, fair boundaries.

1. **Reasons for Behaviour**

All behaviour is a form of communication. Some is easy to understand, such a baby smiling and waving their arms and legs when they see a favourite person, or a teenager slamming a door after a reprimand. However, when children have experienced high levels of trauma, their behaviour can be hard to explain. For example, a child might long for a trip to a theme park yet when the day comes, they behave badly and complain about everything. Another child may struggle to be truthful, for example by denying they have eaten chocolate, even when their face and fingers are covered in it.

Our basic ‘map’ of how we see the world is drawn when we are babies. By the time a child is 18 months old they will have formed a view of whether adults generally respond kindly or harshly, whether food is provided when you are hungry or whether it is not, whether you are greeted with a smile and a hug, a harsh comment or simply ignored. These experiences will form the child’s view of themselves and others.

Scientists have identified that baby’s brains are born ready for experience, but not fully formed. The experiences the baby has early in life will determine which parts of their brain will be more strongly developed and which less so. A child may have learned that being quiet and trying to be ‘invisible’ is the best way to keep safe. Another may have learned that the only way to get fed and noticed is to make a fuss and keep this up for as long as possible. Some children will subconsciously mimic their parents’ behaviour for example by ‘acting tough’. Most children in care will have low self-esteem and will find it hard to have confidence and trust in others.

How children get along with others and communicate their needs is therefore ‘hard wired’ into their brains from an early age. This does not mean that they cannot change, but it does mean that any change will take time and can only be accomplished with the help of caring and supportive adults.

1. **Promoting Positive Behaviour**

As a foster carer, you will learn some specific strategies for dealing with unwanted behaviour. However, in most cases, children’s lives are transformed in foster care by what psychologists have called therapeutic parenting or ‘Ordinary Magic’. Ordinary magic means the powerful impact on children when they are able to trust that their needs will be met by adults who behave in ways which are kind, fair and predictable. When children experience empathy and acceptance, they gradually learn how to demonstrate these qualities towards others. Therapeutic parenting sounds like a complex idea, but it involves responses as straightforward as greeting children with a warm smile, which communicates genuine pleasure in seeing the child.

The thinking it through part of the brain is slower to develop in children and young people who have spent most of their lives in ‘survival mode’. Once they feel accepted and are treated with kindness and respect, this part of the brain can begin to flourish. Children then learn not to react so angrily, not to feel so overwhelmed and to ask for help if they need it.

Carers should aim to always to respond to children in a way which provides high levels of warmth, shown by smiles, verbal and physical affection, communicating a real interest in the child’s life and their concerns, spending time with them and sharing times of fun and joyfulness. Alongside warmth, carers should also provide clear boundaries, including family rules, a regular routine and logical consequences for misbehaviour.

1. **Guidelines for Positive Behaviour**

It can be helpful to remember that, considering the child’s experience and circumstances, they are almost certainly doing the best that they can. The following list contains guidelines which can help promote positive behaviour:

* Have clear boundaries, along with high levels of warmth and kindness;
* Be a role model: behave as you would like children to behave;
* Have a few clear rules;
* Give gentle prompts and reminders;
* Notice ‘good’ behaviour and comment on it;
* If possible, avoid situations which the child will find difficult;
* Create opportunities for success;
* Try to ensure you are consistent as a family;
* Practise pressing your pause button. If a child does something which upsets or angers you, take a moment or two to calm down and think about it before responding;
* Give small rewards or gestures of appreciation;
* Talk about emotions – use examples from books or TV to talk about how people show or don’t show feelings and how they behave;
* Choose one or two behaviours to focus on. Be selective – you cannot tackle everything at once;
* Involve school. Tell them what you are working on with the child and ask them for support; and
* Be prepared to remind and prompt over and over again. Remember that you are re-wiring the child’s brain which takes time.
1. **Difficult Behaviour**

Sometimes children present behaviour that needs to be changed. Because of their formative experiences, some children may display behaviour which adults find worrying, confusing, challenging or upsetting. It can hard be to deal appropriately with some kinds of behaviour but it is important that you stay calm and don’t respond in anger.

Within the Foster Care Agreement signed by you, you have agreed not to use any form of corporal punishment. The term ‘corporal punishment’ should be taken to cover any intentional application of force as punishment including smacking, slapping, pinching, squeezing, shaking, throwing missiles, rough handling and all other humiliating forms of treatment or punishment. The withdrawal or limiting of food should never be used as part of managing behaviour.

Similarly, restriction of family time with birth family and friends must not be used as a punishment, nor withholding the receipt or sending of letters or phone calls. Children and young people must not be stopped from getting in touch with their social worker, Children’s Guardian or Solicitor.

When carers apply consequences to children and young people’s behaviour, these should be logical and not unduly harsh.

Talk to the child’s social worker and to your SSW about behaviours which are causing problems and decide amongst you how to tackle these.

1. **PACE**

PACE stands for **Playfulness**, **Acceptance**, **Curiosity** and **Empathy**. Bradford Children’s Trust has adopted PACE as one of the strands of our Journey to Excellence. There will be further training and development coming soon. This section provides a brief introduction.

PACE is an approach designed to reduce conflict and improve children and young people’s ability to form successful relationships.

Playfulness means keeping it light, using a soft voice, rather than an irritated one and being calm. It means having fun, using humour (but never sarcasm) and sharing moments of laughter and joy. Playfulness can be used to diffuse a tense situation.

Acceptance means developing an understanding of the child’s inner world and not passing judgement. It means allowing a child to share their true feelings knowing that they will be accepted. Acceptance involves communicating that the feeling is OK, but the behaviour arising from the feeling may not be OK.

Curiosity means taking a position of interest in the reasons for a child’s behaviour. It involves wondering ‘why’ but without asking the child ‘why’ (which often feels blaming and shaming) Sometimes you will share this curiosity with the child, for example “ I wonder if the reason you threw her bag in the puddle was because you thought she was being unkind about your mum’. At other times, you will explore reasons with the social worker, for example “she is always withdrawn and a bit grumpy after contact with her brother…I’m wondering what he says or what it brings up for her”.

Empathy is the capacity and willingness to be with another person in whatever their emotional state. Empathy is standing in the other person’s shoes, recognising and responding to their emotional experience. Being alongside someone in distress or excitement shows your wish to understand, support and comfort them. Empathy greatly assists a child to explore, resolve, and integrate experiences of terror and shame. The adult is communicating strength, love and commitment, with confidence that sharing the child’s distress will not be too much. Together they will get through it.

Further details about PACE will available in future training programmes and via your supervising social worker.

1. **Serious Incidents and Physical Intervention**

If a serious incident such as an accident, violence, assault or damage to property takes place, you should do what is needed to protect children/yourself from immediate harm; and then notify the fostering service immediately.

You should not use any form of [Physical Intervention](http://trixresources.proceduresonline.com/nat_key/keywords/phys_intervention.html) except as a last resort to prevent you or others from being injured or to prevent serious damage to property. Some carers receive training on understanding behaviour and physical intervention but the rule above still applies in these situations.

If any form of [Physical Intervention](http://trixresources.proceduresonline.com/nat_key/keywords/phys_intervention.html) is used, it must be the least intrusive to protect the child, you or others.

At no time should you act unless you are confident of managing the situation safely, without escalation or further injury.

You should endeavour to deal with as many as possible of the challenges that are involved in caring for children without the involvement of the Police, who should only be involved if:

* An emergency occurs that requires their immediate involvement to protect the child or others;
Or
* Following discussion with child’s the social worker, duty worker (**01274 434 475**) or a team manager;
* Emergency Duty Team (out-of-hours) **01274 431 010**;
* If any serious incident occurs or the Police are called, the child’s social worker and your Supervising Social Worker must be notified without delay. You may be asked to provide a full written report of the incident and actions taken.