PREVENTION

1. Agreeing and setting consistent routines and boundaries within the foster home, and ensuring that everyone in the home is clear about and works to these;
2. Getting to know the child or young person well – a strong relationship based on trust and respect is one of the most effective preventive strategies;
3. Involving the child or young person in decisions about their care and reasonable limits, appropriate to their age and understanding;
4. Encouraging good behaviour by noticing and responding when a child or young person is being helpful and constructive;
5. Teaching or modelling respect for others and non-conflictual behaviours, through example;
6. Avoiding promises that cannot be kept or that a partner cannot match;
7. Listening to children, taking time to talk with them and showing a real interest in them;
8. Being aware of activity in the home and where people are, and letting them know where the carer/s are:
9. Planning ahead on the basis of the knowledge already held about a child or young person, and being prepared to deflect or divert a situation;
10. Supporting other members of the household, including partners and young people, to deal with conflict (unless it is agreed that they can cope on their own);
11. Being clear about the differences between anger and aggression, as well as between aggression and violence, and responding accordingly;
12. Being prepared to back down gracefully and apologise where appropriate. It is not helpful for carer/s to try and save face at the expense of acknowledging they were wrong;
13. Using humour at times to diffuse situations – taking care that this does not become making fun of children, which can frustrate and anger them;
14. Being aware of body language, volume and tone of voice, and how these can transmit messages about what someone wants and how they are feeling;
15. Being aware of and willing to discuss feelings.

Unacceptable SANCTIONS

1. Those that intentionally or unintentionally humiliate a child/young person, cause them to be ridiculed or have been experienced previously under different circumstances, for example in their previous home(s);
2. Deprivation of food or drink;
3. Restriction of visits to or by any child, or any restriction or delay in agreed levels of communication by telephone or post with:
   1. A parent;
   2. Any person who is not a parent but who has parental responsibility;
   3. Relatives or friends (there may be exceptions with peers, for example when a child is grounded);
   4. Any social worker assigned to the child by a responsible authority;
   5. A Children’s Guardian, independent visitor or advocate for the child;
   6. Any solicitor acting for the child.
4. Use of, or withholding of medication, medical or dental treatment;
5. Use of accommodation to physically restrict the liberty of any child – except in situations when the child is in imminent danger;
6. The use of a wheelchair, high chair, buggy, playpen, cot or safety gate as a punishment. Some disabled children are strapped in to equipment for their own safety and this is not the same as a punishment;
7. Intentional deprivation of sleep;
8. Imposition of fines;
9. Intimate physical examination of the child. This occurs in the care of some disabled children but clearly not as a sanction;
10. No child must be kept in any form of isolation in consequence of his/her behaviour. If it is necessary for isolation to be used for other reasons, then it must only be with close adult supervision i.e. time out;
11. No excessive use of sending a child to bed early as a punishment.

ACCEPTABLE SANCTIONS

1. The usual forms of control and discipline used with the carer/s’ own children;
2. The carer/s’ experience of what works well for them;
3. The carer/s’ own experience of control and discipline as a child;
4. The age and ability of children to be placed;
5. The foster child’s history, including any experience of abuse;
6. Any needs of foster children arising from a disability;
7. Religious and cultural issues.

It is important that sanctions following unacceptable behaviour are:

* Realistic and sensitive;
* Understandable for everyone in the household;
* Used sparingly;
* Time limited;
* Follow the behaviour as soon as possible; Recorded by the carer/s.