

Manual:	Foster Carers Handbook
Title:	Guidance for Foster carers on promoting the Health of Children and Young People who are Looked After (CC/005/08)
Last Reviewed:	23/02/2015
Next Review Due:	23/02/2018

INTRODUCTION

National Minimum Standard 12.1: *"The fostering service ensures that it provides foster care services which help each child or young person in foster care receive health care which meets her/his needs for physical, emotional and social development, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs".*

Health Needs

Before a placement commences, or at the latest at the placement meeting, foster carers must be provided with as full a description as possible of the health needs of a child. These details will be confirmed in the placement information record. Any details not available at this stage must be provided by the Social Worker as soon as possible.

Foster Carers must:

- Ensure any child/young person placed is registered with a GP and Dentist.
- Take the child to all health appointments.
- Ensure the child is given a healthy balanced diet every day.
- Ensure personal hygiene and general health is promoted every day.
- Encourage healthy active exercise appropriate to the child's needs and development.
- Help the child to access services needed and appropriately advocate on the child's behalf.
- Promote and actively support smoking cessation.

Medical Consent

Where children who are accommodated under Section 20 of the Children Act, the Children and Young Peoples Services does not hold any parental responsibility and therefore has no power to consent to medical treatment unless this has been delegated by the person holding parental responsibility. Where a child is subject to a Care the authority to give consent to medical treatment is as laid out in Appendix 1.

In an emergency a doctor can take whatever action is necessary, even without parental consent.

Any queries regarding who may give consent to which examinations, treatments, immunisation and in what circumstances should be discussed at the Placement Meeting.

NOTE: Any child has a right to refuse to be medically examined. Whether or not the child is of sufficient understanding and maturity to make an informed decision on

consent to be examined is a matter for the doctor to decide. If he/she decides that the child is of sufficient understanding to withhold informed consent, the doctor must refuse to perform the examination.

If a child takes regular medication it is essential that foster carers have been given a sufficient supply and that they are aware of the correct dosage.

Health Care and Assessments

Arrangements will be discussed at the Placement Meeting. As a general rule children accommodated under Section 20 of the Children Act should remain registered with their own GP, dentist and health visitor as they are likely to know the child's background and history.

Where this is not practicable or a child is on a Care Order foster carers may be asked to register the child with their family's GP, dentist, health visitor, optician as appropriate.

Each child should have:

- Visits to the GP as required.
- Dental checks as agreed.
- Ophthalmic appointments, as necessary and advised by optician.

Whilst a child is in the Looked After System there is a legal requirement for him/her to have regular health assessments. Initially these may be carried out by a registered doctor who prepares a written report on the state of the child's health.

- Children under the age of 5 have 6 monthly checks thereafter and
- Children over the age of 5 have annual checks.

After the initial assessment the following health assessments can be carried out by a health visitor, school nurse or specialist nurse LAC. The child's social worker will inform foster carers when the Health Assessment is due and will arrange the appointment. Foster carers should discuss with the Child's Social Worker or Specialist Nurse LAC who will prepare the child for the medical and who will accompany him/her if the assessment is to take place outside of the foster carers home. If the foster carer does not attend the medical the child's social worker should feedback information regarding the outcome of the medical.

Accidents and Injuries

Foster carers are strongly advised to make a note of any obvious signs of illness, injury or neglect present in a child when they are first placed. These should be brought to the attention of the child's social worker preferably before they leave your home or as soon as possible afterwards. Any obvious signs of illness or injury should be treated by a doctor and any signs of abuse must be investigated using the Child Protection Procedures.

If an accident or injury occurs to a child in foster care, the foster carer must inform the child's social worker and their Fostering Supervising Social Worker as quickly as possible. The foster carers should make their own record of events as soon as it is practically possible.

Following any incident/accident the foster carers will be required to assist the Fostering Supervising Social Worker to complete:

- Corporate accident/incident/ill health report form.

- Appendix E (Commission for Social Care Inspection (CSCI)) Notification in the event of an incident/accident of a serious nature.

Caring for Babies

Department of Health advice in respect of cot deaths suggests that there are some precautions which can be taken to reduce the risk:

- Babies should be laid down to sleep on their backs or on their sides with the lower arm forward to stop them rolling over.
- The temperature in the babies room should not be too warm.
- Smoking should not take place anywhere near the baby.

It is both the responsibility of the fostering department to keep foster carers up to date with changes in advice and guidance in caring for babies, as well as the foster carers to implement these changes and act on advice given.

Personal Hygiene/Self Care

Promoting personal hygiene is very important for health, self-confidence and social acceptance.

Foster carers must promote personal hygiene with children and young people at all times. Foster carers need to model positive and safe hygiene practices within the foster care household generally including appropriate food hygiene.

Where appropriate flexibility needs to be considered to support older young people to purchase their own toiletries.

Toiletries must be available at all times. This includes where appropriate sanitary requisites which young people should have in their bedrooms or a convenient place for easy access. (These should not be handed out singly when needed.)

Diet

Children and young people must be provided with a nutritionally balanced diet. The food must be appropriately prepared, nutritious and wholesome and of reasonable quantity. A varied diet must be offered.

If a child or young person has special dietary needs this **must** be met regardless of the nature of why the need is required.

Appropriate diet to meet needs of health, religion, racial origin, personal belief or cultural background **must** be provided.

Children and young people must be offered some choice on a day to day basis. Encouragement to try a wide variety of food should be encouraged.

Children and young people should never be forced to eat food they dislike.

They should be encouraged to eat healthy choices.

There must be some flexibility of mealtimes.

Mealtimes are an opportunity for social inter-action with the rest of the foster family and to have friends (or where appropriate family) to share a meal together. This is positive social contact and can add to a child or young person's life skills.

RELATED DOCUMENTS

Promoting Health Policy