



Worcestershire Children First Fostering

# **Promoting the Health and Wellbeing of Looked after Children**

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## 1. Introduction and Legal Framework

The health (both physical and emotional) of Looked After Children is important and foster carers have a key role to play in promoting this. Many children and young people who become looked after have suffered from neglect and their health needs may not have been identified or met. It is important that when children become looked after that all their health needs are considered and monitored.

### **The Fostering Regulations (2011) Regulation 15 state:**

- The fostering service provider must promote the health and development of children placed with foster parents.
  
- In particular the fostering service provider must ensure that each child—
  - i. is a registered patient with a general medical practitioner (GP)
  - ii. has access to such medical, dental, nursing, psychological and psychiatric advice, treatment and other services as the child may require,
  - iii. is provided with such individual support, aids and equipment which the child may require as a result of any particular health needs or disability the child may have, and
  - iv. is provided with guidance, support and advice on health, personal care and health promotion issues appropriate to the child's needs and wishes.

There is further guidance in the Statutory Guidance for Fostering 2011 which recognises the importance of promoting the health of children in foster carer to support them to grow into mature, stable and well-balanced adults. The Statutory Guidance along with Standard 6 of National Minimum Standards for Fostering sets out the expectations of the fostering service (Worcestershire Children First Fostering), the placing authority (Worcestershire Children First on behalf of Worcestershire County Council) and foster carers.

Worcestershire Children First (WCF) who have responsibility for placing children with WCF are required to monitor the health care of children and young people who are looked after. They must arrange for health assessments, at regular intervals, the development of a health plan for each looked after child and the review of those health plans. WCF's expectation is that foster carers will work with the WCF to support them to meet this requirement.

WCF as a fostering service must be clear on how their foster carers protect and promote the health of children in placement. In particular they must make sure that

- each child is properly registered with a GP, preferably their own prior to being looked after, or if that is not possible, with a GP service in the location of the foster placement.
- each child should be seen by a dentist regularly.

- the child is referred where necessary to an optician.
- that children are provided with any aids or equipment required by particular health needs or disability.

These responsibilities should be undertaken in conjunction with the child's social worker.

WCFF must ensure:

- that its foster carers have the relevant skills and knowledge to be able to meet the health needs of children and young people, administer basic first aid and minor illness treatment, provide advice and support and where necessary meet specific individual health needs arising from a disability, chronic condition or other complex need.
- provide training on health issues which covers basic health and hygiene issues, first aid, health promotion and communicable diseases. Where foster carers are looking after children with complex health needs ensure they receive guidance and training to provide appropriate carer.
- ensure that each foster child is given good advice, support and guidance as necessary on good health and personal care.
- ensure that foster carers have written permission from a person with parental responsibility to administer first aid and non-prescription medication, and to consent to any other form of medical or preventive
- Ensure that foster carers are made aware of the policy WCFF governing the administration of medication and recording of this.
- The Registered Manager should ensure that any health care professionals employed, retained or otherwise referred to by WCFF have appropriate professional qualifications, are accessing continuing professional education and are using properly accredited and professionally validated treatment methods.

Foster carers, with support from WCFF, health professionals and the child's social worker, are responsible for the day to day health of children placed with them. Specific responsibilities of foster carers should be set out in the child's health plan or short break care plan, and the placement plan and foster carers have a responsibility to promote this.

Where children have specific health issues or conditions, they should be supported to manage them to avoid any potential embarrassments or difficulties. Where a child needs additional input to promote their health, foster carers and staff of the fostering service need to work with the child's social worker to ensure they have proper and immediate access to other medical, psychological or psychiatric support needed. This should be identified by the health assessment and set out in the health plan.

Foster carers have a role to play in supporting children to understand their health needs, how to maintain a healthy lifestyle and to make informed decisions about their own health. Their wishes and feelings should be sought and taken into account and foster carers should advocate

on their behalf. Foster Carers should encourage children to participate in a range of positive activities that contribute to their physical and emotional health.

For children receiving short break care with foster carers, responsibility for health care remains with their parents, but foster carers will be responsible for maintaining a child's ongoing health treatment during a short break, and for emergency treatment.

When a need is identified by the child, the foster carer or the supervising social worker in between scheduled health assessments or Looked After Child (LAC) Reviews, the carer and social worker must be proactive in ensuring that the need is met appropriately and in a timely way.

This policy sets out how WCFE along with its foster carers meets the requirements set out above and promotes and protects the health and well being of the children it looks after.

## 2. Health and Wellbeing Passport

Every child placed with a WCFE foster carer will have a Health and Wellbeing passport which the foster carer will have responsibility for keeping up to date. The purpose of the Health and Wellbeing Passport is:

- to provide information to the next carer of the child or young person if they move placement
- provide information to the young person when he/she leaves care.

It is made up of 4 sections:

**Part A:** should be completed by the foster carer when the child or young person first arrives to live with them and contains contact information on health professionals involved with the child as well as any known health conditions

**Part B:** should be completed regularly during the placement and focus on routines and the child's physical and emotional wellbeing while in placement. Foster carers are asked to update this section every 6 months as a minimum adding any significant events as they occur

**Part C:** is completed when the child moves placement and provides information for the new carer including a Calendar page at back with upcoming health appointments and current medication

**Part D:** is used to file health assessment summary and plans, doctors letters, optician prescriptions, etc.

The Child's Personal Health Record (The Red Book) should be kept with the Health and Wellbeing Passport as it contains important information about growth and development during the pre-school years. The Health and Wellbeing Passport should be taken to any pre-arranged health or medical appointment and relevant information shared with the clinician. It will be of particular benefit to the nurse or doctor completing the Statutory Health Assessment.

Foster carers should regularly share the information recorded with the child or young person and discuss it with the child's social worker and their supervising social worker at each supervision visit.

The Health and Wellbeing passport should therefore accompany the child or young person and should be passed on to the new carer, or if age appropriate, to the young person when they move placements.

### **3. Placement Planning Meetings**

#### **3.1 Pre Placement**

When foster carers are being asked to consider offering a placement to a child all the information available on the child's health needs should normally be shared (please see section below on young people considered competent). Where a child is known to have additional health needs these should be discussed with the foster carer prior to the child's placement to ensure that the foster carer has the required skills and knowledge to meet these. At the point of placement foster carers should have signed consent to authorise them to seek medical help in a planned or emergency basis for a child placed with them. This should include consent to the administration of over the counter medications.

#### **3.2 Placement Meeting**

At the Placement Planning Meeting the child's health needs will need be discussed and the following areas should be covered:

- Registration with a GP. Is the child going to remain registered with their own GP or is there a need for the foster carer to register them with their GP?
- Dental Care – is the child registered or does the foster carer need to do this. Is there information on when the child last had a dental check or does this need to be booked. Where a child is too young to be registered with a dentist, foster carers are expected to take them along to dental appointments for themselves or other children so that they become familiar with going to the dentist.
- Is a referral to an optician required? Children should have had their eyesight checked at a number of ages prior to and when starting school, so it will be important to know whether this has happened. Where children have a prescription for glasses they should have their eyesight reviewed at least annually (some children where concerns have been identified may need more frequent review). For children who have had their eyesight tested and no issues have been identified, they should have their eyesight tested at a minimum every 2 years. Further information can be found on the NHS website - [NHS Eye Tests for Children](#)

- details of any outstanding appointments or needs should be given to the foster carer by the child's social worker at the point of placement.

### **Delegated Authority**

There should also be discussion and a clear understanding of what delegated authority the foster carer has regarding health issues. As set out above, WCCF's expectation is that foster carers will have consent to seek both planned and emergency health services for children placed with them. If there are any restrictions these should be noted and where consent for medical treatment is needed, it should be clear how this should be sought and from whom. The format for doing this is with the use of the Delegated Authority Decision Support Tool. This document should be completed at the point of the child or young person's Placement Meeting.

Where the child has a Red Book or if moving from another placement a Health and Wellbeing record, these should be given to the foster carer.

Where there is a Health Plan or Short Break Care Plan for the child this should be provided to the foster carer.

## **4. Young people considered competent**

Young people will be encouraged to share their health needs with their foster carers but foster carers need to be aware that there are some circumstances when not all information about a young person can be passed on. Young people, who are judged to be sufficiently competent, are able to ask health professionals to respect their right to confidentiality in medical matters. For example, a young person can seek contraceptive treatment and ask that their parents or foster carers should not be informed. In other situations, the protection of the foster carers would outweigh the young person's right to have information kept confidential. E.g. if a young person had HIV or Aids, or Hepatitis, foster carers would need this information, so that they can care safely for the child and themselves.

This is a complex and difficult area, influenced by both medical ethics and the law. Both are liable to changes, and you should seek advice from your supervising social worker if you have any concerns in this area.

If a child or young person has been assessed as competent to administer their own medication this should also be agreed at the Placement Planning Meeting and agreed as part of the care plan for the child or young person.

Competency should be determined by the assessing health professionals against the Fraser/Gillick framework for those aged under 16 years. Although competency is assumed for 16 and 17-year olds consideration should also be given to the Mental Capacity Act 2005 when the need for this is indicated.

## **5. Health Assessments**

All looked after children should receive an assessment of their health needs when they enter care. This should take place within 20 working days of a child or young person being placed with the foster carer (by the time of the first review). After the initial health assessment has been undertaken further health checks (Review Health Assessments) should be undertaken every 6 months for children under 5 years or annually for those over 5 years.

Foster Carers are responsible for taking children and young people to health appointments unless another arrangement has been agreed e.g. parents of the child. The Child's Health Record should be presented at all health appointments.

Foster carers should start to make their own assessment of a child's health and developmental needs from the point of placement. They are ideally placed to do this and will very quickly pick up whether the child has any health or developmental problems. If they consider these to be urgent or serious, they should seek medical help, straight away. Quite serious problems may have been overlooked or neglected prior to children being looked after.

SDQ Strengths and Difficulties Questionnaire - In addition to this all children and young people over the age of 4 years who have been looked after for more than 12 months should have a SDQ completed on an annual basis. The foster carer will be asked to complete this before the child's health assessment so that the most up to date information can form part of that assessment.

## **6. Integrated Service for Looked After Children (ISL) – Health and Wellbeing Team**

Worcestershire Children First's (WCF) ISL Health and Wellbeing team support the physical and emotional health of looked after children. They are a multi-agency team of health and social care personnel and take the lead on behalf of WCF for ensuring that Looked After Children have their initial and review health assessments.

Initial health assessments are completed by community paediatricians. Review health assessments for school aged children are completed by a team of school nurses who sit within the Health and Wellbeing team and will normally undertake the assessments in the foster home. For children under the age of 5 review assessments are normally completed by Health Visitors.

The Named Nurse for Looked after Children also sits within the team and can give advice to foster carers or social workers on the health needs of looked after children.

The Health and Wellbeing team also offer support to foster carers and including direct work with children in placement and will liaise with the local Child and Adolescence Mental Health (CAMHS) service.

## **7. Medicines**

Foster Carers should ensure medicines kept in their home are stored safely and not accessible to children.

Proper care should be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed.

Foster carers are expected to keep a written record and date of all medication, treatment and first aid given to children during their placement in the Child's Health Record, and if appropriate in their recording on the child. (Please see WCFF's **Foster Carers Recording** below). The administration of any kind of medication, whether purchased over the counter or on prescription, should be discussed with the supervising social worker on a monthly basis. Medication e-learning is a mandatory training for all foster carers.

## **8. Training for Foster Carers**

WCFF offers a range of training with regard to the physical and emotional wellbeing of looked after children. Emergency First Aid is a mandatory course and should be complete by one carer within 6 months of approval and where it is a 2-carer household, the second carer should complete within 12 months. It should then be updated every 3 years.

Foster carers should also complete the Training, Support and Development (TSD) Standards Portfolio within 12 months of being approved (or 18 months for family and friends carers). Part of this also includes discussions regarding healthy care and medication and the carers role in promoting the health of children and young people (Standard 3) as well as ensuring that carers have an understanding of how to promote good sexual health with children and young people (standard 5). Standard 5 also includes the area of carers promoting personal development and enjoyment of leisure/recreational activities with the children and young people that they work with.

'What is Health' is a mandatory course which must be completed by the fostering household before progress to level 2 under Payment for Skills can be agreed. The aims of the course are to:

- Appreciate the holistic nature of health
- Develop a greater awareness of the factors influencing health and well being
- Apply this increased knowledge and understanding to promoting the health of Looked After Children

There are also a number of development courses which include:

- Course on attachment the impact of poor Attachment and the importance of therapeutic parenting
- Foetal Alcohol Spectrum Disorder (FASD)
- Autism
- Attention Deficit/Hyperactivity Disorder (ADHD) awareness
- Drug and Psychoactive Substances awareness
- Self-harm Awareness
- Talking to your child about sex and relationships

The full range of courses available to foster carers is available [here](#), the online training courses are available on the Foster Carer Training Hub.

If a child or young person in placement has specialist health care needs, appropriate training will be provided to enable the carer to undertake these tasks. In these situations, if substitute care is being arranged for the child or young person, the substitute carers also need to have been appropriately trained by suitable medical specialists.

### **Foster Carer Recording**

All foster carers are expected to record any medication that they administer to a child. It is the responsibility of the supervising social worker to ensure that carers do know how to do this and that accurate records are kept, and they are up to date. The supervising social worker will collect completed medication administration forms monthly. Foster carers should also record if the child or young person is unwell. Any serious illness or hospitalisation should be recorded, and the social worker informed as soon as possible, if this happens outside of normal office hours, please notify the Emergency Duty Team (EDT) on 01905 768020.