Foster Care
Policy and Guidance for Promoting Good Health and Wellbeing
# Promoting Good Health and Wellbeing

## About this document

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<td>Policy for fostering service to ensure that carers are providing good health care to looked after children</td>
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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 this. Children and young people who are looked after have often been disadvantaged in their health needs being met and so when they are placed with foster carers it is important that all their health needs are considered and continue to be monitored. All looked after children will have a lead health professional. For children 0 – 5 years this is most likely to be the Health Visitor. For children 5 – 18 years this will either be the School Nurse or a Nurse Specialist within the local Health Looked after children Team.

The Fostering Regulations (2011) Regulation 15 state:

15.— (1) The fostering service provider must promote the health and development of children placed with foster parents.

(2) In particular the fostering service provider must ensure that each child—
(a) is a registered patient with a general medical practitioner who provides primary medical services under Part 4 of the National Health Service Act 2006,
(b) has access to such medical, dental, nursing, psychological and psychiatric advice, treatment and other services as the child may require,
(c) 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
(d) is provided with guidance, support and advice on health, personal care and health promotion issues appropriate to the child’s needs and wishes.

Standard 6 of the National Minimum Standards for Fostering (2011) states:

6.1) Children’s physical, emotional and social development needs are promoted.

6.2) Children understand their health needs, how to maintain a healthy lifestyle and to make informed decisions about their own health.

6.3) Children are encouraged to participate in a range of positive activities that contribute to their physical and emotional health.

6.4) Children have prompt access to doctors and other health professionals, including specialist services (in conjunction with the responsible authority), when they need these services.

6.5) Children’s health is promoted in accordance with their placement plan and foster carers are clear about what responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained.

6.6) Children’s wishes and feelings are sought and taken into account in their health care, according to their understanding, and foster carers advocate on behalf of children.
6.7) Foster carers receive sufficient training on health and hygiene issues and first aid, with particular emphasis on health promotion and communicable diseases.

6.8) Foster carers receive guidance and training to provide appropriate care if looking after children with complex health needs.

6.9) Medicines kept in the foster home are stored safely and are accessible only by those for whom they are intended.

6.10) Foster carers are trained in the management and administration of medication. Prescribed medication is only given to the child for whom it was prescribed, and in accordance with the prescription. Children who wish to, and who can safely keep and take their own medication, do so.

6.11) Foster carers keep a written record of all medication, treatment and first aid given to children during their placement.

6.12) Any physical adaptations or equipment needed for the appropriate care of the children are provided to foster carers.

**The Fostering Guidance (2011) states:**

3.49 Promoting the health of children and young people in foster care is very important if they are to grow into mature, stable, well balanced adults. Children often have poor health when they first become looked after, and the fostering service has a duty to promote the health and development of children placed with foster carers (regulation 15 and standard 6). Attention must be paid to both their physical and emotional health. Foster care must provide a healthy environment, where children's good health and wellbeing is promoted, their health needs are identified and services are provided to meet their needs.

3.50 The responsible authority, as corporate parent, is required to provide good health care for the child or young person. They exercise this responsibility in part through the standards they apply to commissioning fostering services and in part through their care planning functions. These care planning functions require the local authority to arrange 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 (covered in Volume 2).

3.51 The full range of statutory obligations and duties on local authorities and Primary Care Trusts (PCTs) to support and promote the health of looked after children is set out in statutory guidance.

3.52 Fostering services must be clear about the way they ensure that foster carers and staff of the fostering service 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 local GP. They must make sure that each child sees a dentist regularly, is referred where necessary to an optician and is 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.

3.53 Foster carers, with support from the fostering service, 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.

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

3.55 Where children have specific health issues or conditions, they should be supported to manage them and 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 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.

3.56 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 reviews, the carer and social worker must be proactive in ensuring that the need is met appropriately and in a timely way.

3.57 As well as identifying and responding to needs, the fostering service should ensure that each foster child is given good advice, support and guidance as necessary on good health and personal care to enhance, inform and supplement that provided by their school through Personal, Health and Social Education (PHSE). This should include advice on alcohol and illegal substance abuse, smoking, sex and relationships, sexually transmitted diseases (including HIV), and protecting oneself from infections such as hepatitis. This requirement does not apply to short breaks, as the provision of guidance, support and advice on health, personal care and health promotion issues remains the responsibility of the child’s parents.

3.58 Fostering services must ensure that 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. Training on health issues should be included in foster carers’ core training programme. This should cover basic health and hygiene issues, first aid, health promotion and communicable diseases.

3.59 The manager of the fostering service should also ensure that any health care professionals employed, retained or otherwise referred to by the fostering service have appropriate professional qualifications, are accessing continuing professional education and are using properly accredited and professionally validated treatment methods.

3.60 Foster carers must be made aware of the policy of the fostering service governing the administration of medication and recording of this. They should make suitable arrangements for the safekeeping of medicines in a place the child cannot access, unless it has been specified in the placement plan that the child is capable of managing their own medication. Whilst children should be supported to keep and administer their own medication, care must be taken to ensure that they are responsible enough to do so, or will be able to do so with adequate support and oversight. Arrangements should be in line with those that any good parent would make, taking account of the individual needs and capacity of the child (standard 6).

3.61 Foster carers must be given, at the time a child is placed with them, 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 treatment as may be agreed within a scheme of
dele gated authority. This should be recorded in the placement plan.

3.62 Proper care must be taken to ensure prescribed medicines are only administered to the
individual for whom they are prescribed. Foster carers should keep a written record of all
medication, treatment and first aid given to children during their placement, in accordance with the
policy of the fostering service.

This document should also be read in conjunction with:

Medication Policy and Practice Guidance for foster carers

The Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (2015), this
can be found on the gov.uk website or using the link below.

www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-
children--2

Fostering Policy and Practice Guidance

Training for Foster Carers

First Aid training is completed during the foster carers assessment process and this should be
updated every 3 years. Achieving Health and Wellbeing of Children in Care is a core (level 2 on
foster carers’ Personal Development Plan) module that carers should complete as soon as possible
but must be completed within 2 1/2 years after being approved but within 12 months of approval (or
18 months for short break carers)

The Foster Carers training programme will also be updated regularly to reflect current safeguarding
priorities (including Child Sexual Exploitation (CSE), Female Genital mutilation (FGM), trafficking and
the Contest/Prevent strategy).

Other relevant training that carers can access include: Substance Misuse, Asthma in young people,
Depression and Suicide, Diabetes, Eating Disorders, Epilepsy and Seizure Management, Medication,
Mental Health, Health and Nutrition, Infection Control, Self-Harm, Sexual Health.

All foster carers are also expected to complete the Agreement of Practice as included in the
Medication Policy and Practice Guidance for Foster Carers. This should be signed off by the
supervising social worker. Once signed off, this should be reviewed annually and recorded on the
carers training record.

Foster carers should also complete the Training, Support and Development (TSD) induction
standards 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.
If a child or young person in placement has specialist health care needs appropriate training will be provided to enable to 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 appropriate medical specialists. Further information about this service is available from their online brochure: http://bit.ly/specialisthealthcaretraining

Placement Planning Meetings and Delegated Authority

Foster carers should be given all information about the health needs of any children that they are going to look after. This should also be discussed at the Placement Planning Meeting and details of any outstanding appointments or needs should be given to the foster carer. At this meeting there should also be discussion and a clear understanding of what delegated authority the foster carer has regarding health issues and where consent for medical treatment would need to be sought and from whom. The format for doing this is with the use of the Delegated Authority Decision Support Tool produced by Fostering Network. In addition to this the carers should be provided with the medical consent card that can be carried in a purse or wallet and summarises some of the consent that has been agreed. This should be used in conjunction with the ‘red book’ which has the child’s health record in. When seeking medical attention, the additional signed health form should be available with the medical consent card and it is important to note that the decision regarding appropriate consent lies with the health professional undertaking the medical intervention and delegated authority to consent may be challenged.

The Health Plan or Short Break Care Plan for the child or young person should be provided to the foster carer.

If a child or young person has been assessed as competent, they are considered able 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. The person prescribing the medication should assess the child or young person’s competency.

Competency must be determined by the assessing health professional 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 indicated.

Health Checks

All looked after children should receive an assessment of their health within 20 working days of them entering care. The Children and Young People Placement Service and the child’s social worker is responsible for arranging the paperwork for this. The Specialist Nursing team for Looked After Children will contact the foster carer once they have received the required paperwork to make the appointment. It is an expectation that foster carers ensure that the subsequent appointment is kept and the child attends at the time arranged.

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.

Dental checks should be undertaken at least annually for all children under 18 years of age. The dentist will advise if check-ups are needed more frequently. Dentists will not register children under
2 years old, however foster carers should take any children placed who are under two years with them to their own check-ups so that the child gets used to going to the dentist. This will then count as the child’s check-up. It is unlikely that the dentist will examine the child but may offer oral health advice.

Optician appointments should be undertaken on a regular basis. Advice from the NHS is that all babies should have their eyes checked at birth and then at about 6 weeks of age by their GP or Health Visitor. Young children with suspected vision problems will be referred to an orthoptist and follow up appointments should be as recommended. Once a child’s vision has been checked and is shown to be normal they should continue to have regular eye checks around every two years because problems can occur at any age. Children do not need to be able to read in order to have their eyes tested.

Foster Carers are responsible taking children and young people to health appointments unless another arrangement has been agreed e.g. parents of the child. The Personal Child Health record (Red Book) should be presented at all health appointments so that the health professional can record the actions. Carers can also record that child’s health in the Red Book.

**Strength and Difficulties Questionnaire (SDQ)**

In addition to the above health check all children and young people over the age of 4 years should have a strengths and difficulties questionnaire (SDQ) completed on an annual basis.

The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4-17-year olds. It exists in three versions: for parents or carers, teachers and children aged 4-17, and can be used to screen for any problems related to a child’s emotional well-being. The SDQ comprises a series of statements that require a judgement on how well it describes the child by ticking one or three or four boxes for each question. Foster carers will be asked to complete the two-page questionnaire for parents and carers. This is a simple questionnaire that does not require any training to interpret and can be completed in between five and ten minutes.

For those young people who have recently come into care, the carer will need to establish a relationship with the child before they are in a position to carry out the assessment. If the child has recently moved to a new placement, social workers will need to judge if the child’s previous carer is better placed to complete the questionnaire. The questionnaire is about the child and is not a reflection of how well the foster carers for him or her.

The foster carer where the child or young person is placed is responsible for completing these and if possible, they should be completed month before the child or young person’s health check.

**Uncertain or incomplete immunisations**

If there isn’t a reliable vaccine history for a child or young person, it should be assumed that they are unimmunised and a full course of immunisations started in accordance with the Department of Health’s vaccination of individuals with uncertain or incomplete immunisation status schedule. The link to this document is below

**MMR immunisations**

MMR is a safe and effective combined vaccine that protects against 3 separate illnesses – measles, mumps and rubella (German measles) – in a single injection. The full course of MMR vaccination requires 2 doses. Further information can be found on this from the link below: [www.nhs.uk/conditions/vaccinations/mmr-vaccine/](www.nhs.uk/conditions/vaccinations/mmr-vaccine/)

Essex County Council accept the NHS guidelines that children should receive the MMR as part of their immunisation programme.

**Storage of medication**

Foster carers should keep medication stored safely and further information regarding this can be found in the Medication Policy and Practice Guidance for Foster Carers (including Early Permanence) and Short Break Carers. Health and Safety checklists are also undertaken unannounced at least once a year, part of this check is to ensure that medication is stored safely.

**Support**

It is important to remember that everyone can access health advice and support as required and foster carers should always ask if there is anything that they have concerns for. Advice and guidance for non-urgent information can be sought from health professionals including School Nurses/Health Visitor and the Looked After Children’s Health Team. Emergency advice should be sought as and when appropriate. Foster carers should be ensure they are aware of their local emergency health service arrangements for if they were required.

**Foster carers recording**

All foster carers are expected to record any medication that they are given. It is the responsibility of the SSW to ensure that carers do know how to do this and that accurate records are kept up to date. These should be checked in supervision along with the foster carer logs. 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 and supervising social worker should be informed. In these circumstances the incident process should also be recorded.

Getting medical help for the child or young person is most important. However, with a serious illness it is crucial that Social Care is informed as soon as possible so appropriate steps can be taken and appropriate people informed. If a child or young person has any serious health issues outside of office hours foster carers should contact the out of hours foster care support line or the Emergency Duty Service to inform them of the incident and subsequent actions.