**Health of children placed with foster parents**

**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.

(3) In this regulation “general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983([**1**](https://www.legislation.gov.uk/uksi/2011/581/regulation/15/made#f00016)).

**STANDARD 6 - Promoting good health and wellbeing Underpinning Legislation:**

15 – Health of children placed with foster parents. Children Act 1989:

Section 22 – General duties of local authority in relation to children looked after by them Sections 61 and 62 – duties of voluntary organisations and local authorities in relation to children accommodated by or on behalf of the voluntary organisation

Outcome:

• Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.:

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.

All children placed within NCT’s Fostering Service must have a Medication Administration Record and Risk Assessment completed within three days of the fostering placement being made, i.e. by the placement planning meeting (ppm) at the very latest, with best practice being for this to be completed at the point of initial matching considerations whenever possible.

The Medication Administration Record and Risk Assessment must be reviewed in line with each child in care (cic) review as a minimum and whenever there is any new information that becomes known about a child’s health needs.

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| Child’s Name | ID | Date of Birth | Foster Carer’s details |
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| Known Health conditions/ allergies/ specialist medical care: |
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| Is a specific risk assessment required, to include consideration of emergency rescue actions that may need to be undertaken (Please include who will be responsible for doing what, timeliness of any interventions required and subsequent notifications. Does the foster carer require any specific training to administer medication or emergency support? frequency that this training will need to be reviewed at? Is any specialist medical equipment required? |
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| details of all health care professionals currently involved in the child’s care: |
| Name: | contact details: |
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Record of any medication that is administered:

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Medication** | **Dose** | **Reason** | **Name of person administering the dose** |
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| Name of foster carer |  |
| Signature of foster carer |  |
| Name of SSW |  |
| Signature of SSW |  |
| Date completed |  |

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| --- | --- |
| Subsequent Date of Review |  |
| Subsequent Date of Review |  |
| Subsequent Date of Review |  |

References:

Fostering Services Regulations (FSR 2011) [The Fostering Services (England) Regulations 2011 (legislation.gov.uk)](https://www.legislation.gov.uk/uksi/2011/581/regulation/15/made)

National Minimum Standards (NMS 2011) [Fostering Guidance - MASTER (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192705/NMS_Fostering_Services.pdf)