

## Health and administration of medication

### Health

When a child is placed with you, you will receive a Medical Consent Card which will enable you to access and agree to medical and dental treatment for the child. If you are going to look after a child for any period longer than emergency or respite, then you should register the child with a local doctor and a dentist. You will need to ensure that all regular and special medical and dental appointments for the child are kept and, if the child is of pre-school age, you need to inform your health visitor and link in for all pre-school checks and advice and information with regard to the child. The child's social worker will have gathered all the information about the child's health, so you will be informed of any immunisations due, for example.

For children who are being cared for under the Support Care or the Family Link schemes this does not apply as the responsibility for the child's dental and health care will remain the responsibility of the parents. Generally children in these circumstances would not have a Health Assessment but guidelines for emergency treatment and the administration of medicine should be followed as for all Children In Care.

### Medical treatment

An initial Health Assessment will be completed ideally before placement but, if not, as soon as possible after placement. The purpose of this assessment is to determine the child's general health status, immunisation status and developmental appropriateness, including emotional and social development. A health care plan for the child will be produced as a result of this assessment. Children under 2 years require an update assessment once every 6 months and those over 2 years once every 12 months. Carers should be proactive in ensuring this takes place although it will remain the responsibility of the child's social worker to ensure it happens. Young people need not have a health assessment if they don't want one. If they do agree, they have the right to be examined by a Doctor of their own gender. If a younger child refuses to have a health assessment, this should be discussed with the child's social worker.

Health assessments do not necessarily include physical examination, particularly in older children, whose consent is sought in an age appropriate way at the assessment. However, it is important that they are encouraged to take the opportunity to discuss concerns they may have about their general health and fitness. Opportunity is taken during the assessment to discuss healthy lifestyles with children and young people.

Carers are asked to accompany the child if possible because the child/young person often feels more relaxed and secure with them present. It is also important that carers attend the health assessment as they can provide vital information particularly regarding development and emotional well-being. The young person can consent at the time as to whether they wish to be seen for all or part of the assessment on their own.

Carers may be asked to provide information regarding any health needs and emotional well-being of the child/young person placed with them. This may be in the form of a Strengths and Difficulties questionnaire which will be provided by the social worker prior to the assessment. The carer should complete this and bring it to the appointment or return it to the child's social worker.

### **Routine medical and dental care**

Foster carers must make appointments for routine dental check-ups, and ensure that these appointments and those for any remedial action are kept. Similarly that any medical conditions are referred to the GP or specialist as appropriate, and that all appointments are made and kept. If the child refuses to attend any appointments, then you should inform the child's social worker. Babies and very young children will receive visits from health visitors from time to time, and in most areas you will find that there are regular baby clinics where you can go to have the baby weighed and checked over.

Any known medical conditions which require ongoing treatment will be discussed in Placement Information Records and the Delegated Authority decision tool. This will identify action to be taken and those who will be responsible.

### **Emergency treatment**

All children suffer minor accidents/illness at times but should a child or young person need hospital treatment, you must inform the child's social worker and your Family Placement supervising social worker at once. Where a child needs a general anaesthetic, you must contact the child's social worker, as you should not sign the consent form yourself without discussion. In many instances it is the child's parent who will consent to medical intervention. However attempting to secure parental agreement should not cause any delay in treatment. It may be necessary to contact the Department out of office hours. In such circumstances, you should contact the Emergency Duty Team.

NOTE: In extreme emergencies, where delay would place the child at risk, the foster carer may seek treatment without consent of the social worker/parents if they cannot be contacted.

### **Administration of medicine**

Care and attention needs to be taken in the handling and administration of all prescribed and on prescribed medication. On picking up a prescription, the prescription and the dispensing labels should be checked for accuracy of medication type, dosage and frequency, with the pharmacist who will hold the prescription and any discrepancies immediately rectified. Precautions, such as locking all medication away and ensuring that instructions are closely followed need to be adhered to.

All carers are expected to record how and when any medication is administered on the medicine administration sheet in the modular file. Carers must be aware of the child's medical history and guidance should be sought from the GP or any other medical professional on the

management and treatment of any condition. In discussion with their family placement social worker carers should be equipped to provide necessary medicines and that any necessary training and preparation has been completed.

A child or young person may request a private consultation with a health professional. It may be that the health practitioner judges that a child is Fraser competent\* and prescribe medication for them and trust them to self-administer. Records should be kept of all medicine in the home, but 'self-administering' should be written on the medicine administration record in the modular file. Medication entrusted to the child must be stored in such a way that others are prevented from using it and that they may be safely administered by the child. In this situation carers may need to remind and support children to administer their medication.

There may be times when a carer considers non prescribed medication to treat minor illness such as a headache. Carers should always consult with a pharmacist regarding the appropriate course of action and/or medication to treat the child. The foster carer should inform the pharmacist of the child's medical history and any prescribed medication that the child is taking. The administration of all non prescribed medication should be recorded on the medicine administration sheet in the modular file. For any condition which persists an appointment with the GP should be made.

If in doubt about any medicine or medical technique you are required to perform, ask the social worker or Family Placement social worker who can ensure that the appropriate advice and assistance is sought.

(\* Fraser competent: please click here for more information  
[http://www.nspcc.org.uk/Inform/research/questions/gillick\\_wda61289.html](http://www.nspcc.org.uk/Inform/research/questions/gillick_wda61289.html))