Section 5 - Health

Key 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.

(Standard 6 of National Minimum Standards for Fostering Services, 2011)

5.1 Policy

Channels and Choices Therapeutic Fostering places a high priority upon the health and development of children and young people. It is the agency's policy to ensure the health needs of the looked after children entrusted into its care are viewed holistically. That is, Channels and Choices Therapeutic Fostering recognises that good health goes beyond having access to health services and that to improve health outcomes for looked after children requires the focus of health care planning to be on health promotion with attention to environmental factors as well as physical, emotional and mental health needs.

It is our policy to exceed the recommendations of the National Minimum Standards for Fostering (2011). With this in mind, Channels and Choices Therapeutic Fostering will seek to ensure that all children placed with the agency's foster carers, will:

- Have the opportunity to live in a caring, healthy and learning environment that promotes their physical and emotional health and well-being and social development both within the foster home and the wider community.
- Have their health promoted in accordance with placement plans where foster carers are clear about what responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained.
- Have prompt access to doctors and other health professionals, including specialist services (in conjunction with the responsible authority), when they need these services.
- Have their wishes and feelings sought and taken into account in their health care, according to their understanding, and foster carers advocate on behalf of children.
- Be helped and assisted to understand their health needs, how to maintain a healthy lifestyle and to make informed decisions about their own health.
- Receive effective healthcare, assessment, treatment and support through early identification and vigorous and appropriate action.
- Ensure each child or young person is informed that their foster carer has a copy of their written health record which they can ask to see.
- Be provided with opportunities to develop their talents and interests.
- Be provided with opportunities to develop their personal and social skills that will enable them to care for their own health and well-being both now and in the future.
- Be provided with opportunities to freely choose a range of play, cultural and leisure activities.

- Be prepared for leaving care by supporting them to care and provide for themselves in the future.

That foster carers ensure all children placed in their care are provided with:

- A registered general practitioner, dentist and optician at the earliest opportunity and a caring, healthy and learning environment that promotes their physical, emotional health, well-being and social development both within the foster home and the wider community.
- Prompt, appropriate medical assessment, care and treatment whenever needed.
- Information about their health needs.

And will ensure:

- Medicines kept in the foster home are stored safely and are accessible only by those for whom they are intended.
- Prescribed medication is only given to the child for whom it was prescribed, and in accordance with the prescription.
- Any children able and wishing to keep and take their own medication do so safely.
- Channels and Choices Therapeutic Fostering is always informed immediately if any child needs a GP appointment or emergency treatment at a hospital
- Keep a written record of all medication, treatment and first aid given to children during their placement.
- Information on the child or young person's health needs is provided for care plans and reviews.

And that the agency will ensure:

- Placement decisions take account of the availability of health services and needs of child or young person to continue to receive specialist health services.
- It always works closely with the responsible authority, the child or young person's GP and other health professionals.
- Parents are kept informed of their child or young person's state of health and any accidents, illnesses or injuries.
- Fostering foster carers and foster carers have information about health services, including specialist services.
- Foster carers are provided with as full a description as possible of the health needs of the child or young person including the LAC Assessment and Action Record where this has been completed, written health record and child's medical card.
- Foster carers register children or young people with general practitioners, dentists and opticians.
- Foster carers receive sufficient training on health and hygiene issues and first aid, with particular emphasis on health promotion and communicable diseases.
- Foster carers receive guidance and training to provide appropriate care if looking after children with complex health needs, including training in the management and administration of medication.
- Foster carers are provided with any physical adaptations or equipment that they need to provide appropriate care for the foster children in their care.

- Fostering foster carers and foster carers are alert to the specific health care needs of children from ethnic minorities and have information about specific health conditions such as sickle cell disease or thalassemia.

5.2 Physical health

Medical examinations, treatments and consents

Register with a GP, Dentist and Optician

In some situations it will be appropriate for the child or young person you are looking after to continue to see their own GP and dentist especially if they are with you for a short period only. If that is not possible, you should register the child or young person with a local GP and dentist as soon as possible (and no later than one week) after the start of the placement.

You should also make sure that the child or young person has access to other health services (e.g. Opticians) particularly where check-ups or treatments associated with a disability are required.

Medical records

You will be given full information on the health needs of the child or young person including any specific conditions and treatments at the start of the placement. Your Channels and Choices Therapeutic Supervising Social Worker will provide you with a written health record and the child or young person's medical card.

It is essential that you have this important information on the child or young person. If it is not given to you, request it from your Channels and Choices Therapeutic Supervising Social Worker.

Routine medical examinations

Children less than two years of age must be medically examined every six months and children over two years of age must be examined every 12 months. If this has not been possible for some reason, an examination should be arranged immediately after the placement is made and before the first statutory review. All children and young people should have been medically examined within the three months immediately before a foster placement.

The child's Social Worker is responsible for ensuring that these examinations take place and will ask you to make the necessary arrangements with the GP or sometimes with a community paediatrician.

The ‘responsible authority’ will write to you when the medical examination is due and a medical form is sent to the doctor to complete.

Dental and eye care

You are expected to ensure that children/young people receive regular dental and optical check-ups and any treatment they might require. Any major treatment should be discussed with the foster carers supervising Social Worker who will liase with the child’s Social Worker before it is undertaken.

Consent to medical examination or treatment

This information on the individual child or young person provided by the child’s Social Worker should include procedures governing consent for the child or young person to be medically examined or receive medical treatment.

The procedures will vary according to who has parental responsibility, the legal status of the child and the level of involvement of the parents.

It is important that everyone is clear about who can give consent at the beginning of the placement rather than having to clarify the situation when a medical emergency arises. The arrangements governing consent should be discussed at the Placement Agreement Meeting and clearly set out in the child’s care plan and the Placement Agreement.

The arrangements should enable foster carers to seek and obtain any specifically recommended immunisations or medical and dental treatment for a child without delay or confusion.

It is best if the foster carer has delegated authority from the parent or ‘responsible authority’ for routine treatments and minor procedures.

Operations and major treatments should always be discussed with the ‘responsible authority’ or whoever has parental responsibility. Normally this will be the responsibility of the child’s Social Worker and the doctor concerned.

Children/young people should be involved in the decisions about medical examinations, treatments and operations. Any concerns about their health should be discussed carefully with the young person respecting their wishes and feelings.

Children/young people have the right to refuse medical examination or treatment. If the child or young person’s refusal to have a medical or treatment constitutes a risk to their health, this should be discussed with the child’s Social Worker.

Young people of 16 and over give their own consent to medical examination or treatment.

Procedures to be followed in the event of illness, accident or injury

Inform relevant people

You should inform your Channels and Choices Therapeutic Supervising Social Worker or Channels and Choices Therapeutic Fostering duty officer of any significant injuries, accidents or illnesses to the child or young person in your care immediately.

The Channels and Choices Therapeutic Supervising Social Worker or duty officer will notify the child's Social Worker who will ensure that the child or young person's parents are kept informed. In some cases, it will be appropriate for the foster carers to speak to the child or young person's parents themselves.

Child or young person requiring hospital or emergency treatment

If the child/young person needs hospital or emergency treatment, you should inform the Channels and Choices Therapeutic Supervising Social Worker or duty officer at once. This is essential where a child or young person needs an operation as the foster carer cannot sign the consent form themselves. See *Consent to Medical Examinations or Medical Treatment*

The Channels and Choices Therapeutic Supervising Social Worker or Channels and Choices Therapeutic Fostering duty officer will inform the child's Social Worker, team manager or emergency duty team to arrange for consent to be given.

In extreme emergencies, the foster carer may seek treatment without contacting their Social Worker first if delay would place the child or young person at risk.

In life or death situations the doctor would proceed with the necessary treatment without consent.

Keeping a record

You should keep a written record of any injury, accident or illness and treatments given in the individual child's health Passport and complete a Body Map form.

The Channels and Choices Therapeutic Supervising Social Worker or Channels and Choices Therapeutic Fostering duty officer will also make a record on the child or young person's file held by Channels and Choices Therapeutic Fostering.

Administration of medicine or treatments

Foster carers may be required to give regular medicine for a particular condition.

You should keep a record of any medication, medical treatment and first aid administered to a child or young person in foster care including how and when it is administered.

Channels and Choices Therapeutic Supervising Social Workers should ensure that you are clear about what is expected of you, give you advice and/or training and clear directions as to when and how to summon emergency medical help.

Hygiene & infectious illnesses

Foster carers are expected to maintain appropriate standards of hygiene and cleanliness. If problems arise in this area, every effort will be made to address the difficulties with the carers including, where appropriate, additional support. Where a carer's willingness to bringing standards of hygiene and cleanliness up to an acceptable level is an issue, appropriate steps will be taken, in consultation with the placing authority, to determine whether it is viable to continue with a placement.

Foster carers will be trained on the following subjects:

- Safe storage and preparation of food.
- Preventing the spread of infectious illnesses.

Infectious diseases (Universal Infection Control)

Control of infectious diseases can only effectively take place if the same (universal) precautions are taken in all instances where there is a danger of someone coming into direct contact with potentially infectious substances. This does not only apply to foster carers and children in the foster home but as a general principal in all situations and places.

As a matter of course, good standards of hygiene should apply at all times. This will minimise the likelihood of infection from potentially contaminated body fluids. The body fluids that require special care are:

- Blood and blood products
- Urine
- Semen
- Amniotic fluid
- Vomit
- Faeces
- Vaginal secretions
- Breast milk

Foster carers should always follow good health practice and the policy of universal precautions where there is a spillage of body fluids.

Immunisations

All Looked After children and young people should be immunised against infectious diseases such as diphtheria and polio unless there are medical or ethical reasons why this should not happen (e.g. objections by the birth parents). Most immunisations are given by injection under the skin, in the upper arm muscle or buttocks. Some are given orally.

The following is a typical schedule for immunisation:

2 months	Diphtheria/Whooping Cough Pertussis/Tetanus* Hib (Haemophilus Influenza)
3 months	Diphtheria/Whooping Cough/Tetanus* Hib Polio**
4 months	Diphtheria/Whooping Cough/Tetanus* Hib Polio **
15 months	Measles/Mumps/Rubella (MMR)*
4 to 5 years	Diphtheria/Tetanus* Measles/Mumps/Rubella(b) Hib Polio**
10-14 years	BCG (Bacillus Calmette Guerin) against Tuberculosis
School leavers	Diphtheria/Tetanus*(b) Polio** (b)

All immunisations are given by injection apart from those marked, which are given orally.

** Indicates a combined injection. (b) Booster*

Responsibilities of Channels and Choices Therapeutic Fostering - monitoring

Channels and Choices Therapeutic Fostering has a duty under the Fostering Service Regulations 2011 35(1) and Schedule 6 to monitor:

- All accidents, injuries and illnesses of children placed with foster carers.
- Medication, medical treatment and first aid administered to any child placed with foster carers.

To this end the Registered Manager will not only ensure robust monitoring is carried out at least once a month of all of the above but will also include an appraisal of the health and progress of all children placed.

HIV & Aids – Guidance

1. Introduction

1.1 HIV stands for Human Immunodeficiency Virus. It attacks the body's immune system making it unable to fight bacteria and viruses.

1.2 AIDS (Acquired Immune Deficiency Syndrome) is the condition caused by HIV when many of the cells of the immune system (known as T4 or helper cells) have been destroyed, leaving the body open to contract illnesses.

1.3 HIV positive (HIV+) means that a person has antibodies to HIV. Antibodies are created in the immune system and attack bacteria and viruses that enter the body. They also protect the body from developing the disease again, as in the case of measles or mumps.

1.4 HIV is very unusual in that it 'hides' in the cells of the immune system having the effect that the HIV antibodies cannot find and kill the virus.

1.5 The presence of HIV antibodies is one way of ascertaining whether a person has been infected with HIV. It can take up to three months however for the antibodies to develop and so repeated tests have to be made to ensure an accurate result.

1.6 Another way is testing babies born to infected mothers. This test differs from the above in that it is the virus as opposed to the presence of the antibodies that is tested for. This is because babies retain their mother's antibodies for up to 18 months.

1.7 It is worth remembering that AIDS cannot be caught – you can only be infected by HIV. There is no test for AIDS.

2. How HIV is transmitted

2.1 The main source of transmitting HIV is through semen, vaginal secretions, blood and breast milk. Although the virus can be present in other body fluids such as saliva and urine, there is no current evidence to suggest that the virus can be passed through them.

2.2 The HIV virus associated with AIDS is a week one and can be transmitted in three ways:

- Through unprotected vaginal or anal intercourse or other sexual contact that involves the transfer of semen or vaginal fluids.
- By the transfer of infected blood through intravenous drug use or being the recipient of contaminated donor organs or blood products.
- From a woman who is HIV positive to her baby either while she is pregnant, during childbirth or through her breast milk.

3. AIDS/HIV – reducing the fears

3.1 There are many myths, prejudices and worries surrounding the HIV virus, mainly caused by ignorance of the ways the virus can be transmitted. The following are some of the most common misconceptions about the transmission of HIV.

•The virus can lie dormant on the skin or elsewhere and 'turn into' AIDS if it enters the
body – HIV **cannot** live outside of the body.

•The virus deteriorates quickly and eventually dies when exposed to air.

•HIV can be got through kissing, hugging, touching – Any form of social contact such as this **cannot** lead to transmission of the disease.

•You can contract HIV if someone with the virus coughs or sneezes over you – **Not** true, as is the myth that you must not eat food that has been prepared by a person with the infection.

•You should not share public facilities such as swimming baths, showers or water fountains with a person known to be infected by the virus – Again, the virus **cannot** be passed in this way.

•Public toilets should not be used for fear of contracting HIV/AIDS from a previous user who has the virus – a common myth and a fear that should be **disregarded.**

3.2 Other misleading information surrounding HIV/AIDS suggests that:

•It is the responsibility of gay men because of their sexual behaviour, or,

•Drug users, because they share needles and other equipment

3.3 It is true that when HIV/AIDS was first identified in the early 1980's, these groups of people were among the first to be affected by the epidemic that followed in the UK. However, it is now universally accepted that the greatest number of people with HIV/AIDS have contracted the virus as a result of heterosexual intercourse.

4 AIDS/HIV – hygiene

4.1 The number of children and young people infected with the virus is at present low, but it is
likely that the possibility of these children and young people being placed in care will increase in the near future. It is not always possible to be sure of a child or young person's background or experiences and so it is imperative to employ high standards of hygiene at all times.

5. Further Information

5.1 There are several agencies that can help with information and provide advice on HIV. Among them are:

National AIDS Helpline	**0800 567123 (24 hour freephone)**
Terrence Higgins Trust	**0207 2421010 (12 noon – 10pm daily)**
Childline	**0800 1111 (24 hour freephone)**
Body and Soul	**0208 8334828/9**

c/o The Royal Homeopathic Hospital, Great Ormond Street, London, WC1N 3HR

5.3 Mental and emotional health

Therapy
Channels and Choices Therapeutic Fostering employs a team of therapists who work alongside the child and the foster family. Channels and Choices Therapeutic Fostering primarily works from a psychodynamic model which is heavily influenced by systemic and attachment theory. Foster carers will receive therapeutic training in understanding and implementing key theories and the ethos of the Company. Channels and Choices see each foster family as a pivotal part of the therapeutic community as a whole. A key emphasis is placed upon providing a secure base for each child which is achieved through exemplorary care and highly trained therapeutic professionals and carers.

5.4 Sexual health

Sexual orientation

Every young person being looked after by a local authority has a right to have his or her sexual orientation recognised and sexual education provided. As well as offering practical advice, this education should cover the part sexuality plays in the individual identity of a young person and the emotional implications that sexual relationships can have.

There are many things to consider. The legal implications with regard to the age of consent; the views of the young person's parents; sexually transmitted diseases; the different religious and moral views of the young person; the views of the Social Worker.

Foster carers are expected to take a positive role in providing young people with the relevant information to help them keep safe, both emotionally and physically, and to develop their own sexual identity.

The role of everyone involved should be clearly defined and form part of the Care Plan. This is particularly important if there is concern with regard to a young person's sexual activity.

Talking about sex

Children/young people of all ages may sometimes seem to have a sophisticated knowledge of sex, but are often surprisingly ignorant. The following are some points to consider when discussing sex with your foster children:

- Answer a child or young person's questions openly.
- Encourage them to talk openly about parts of their body without embarrassment.
- Developing adolescents are very sensitive about the changes happening to them; be careful about jokes at their expense.
- Puberty can begin as early as 8 or as late as 16. If you are worried about any aspect of the child or young person's development, ask for help.
- Adolescence is a time when young people are developing their sexuality and sexual identity. They require tolerance and understanding.
- The child or young person may be questioning their sexual identity and wanting support and opportunity to discuss their feelings.

And to remember:

- It is illegal for anyone (male or female) to have sexual intercourse under sixteen years of age.
- When someone has sex with a person without their consent this is rape.

Contraception

All young people should grow up with a sensible knowledge and understanding of sexual relationships and contraception. Although it is likely they will receive some information in school you will need to be prepared to answer questions when they arise.

At an appropriate age you will also need to make sure that the young person has information about sex and contraception.

You should find out where young people can get contraceptive advice in your area.

You should discuss any issues with your Channels and Choices Therapeutic Supervising Social Worker and if appropriate with the young person's parents, preferably with the consent of the young person.

Kent Sexual Health & Contracteption provides free confidential NHS services including safe sex advise and free condoms, testing and treatment for STI's, specialist outreach services, young peoples outreach services, contraception and emergency contraception, pregnancy testing advice and referrals for termination, they can be contacted on Tel: 0800 849 4000.

Pregnancy

If you suspect that a young person in your care may be pregnant, you must inform your Channels and Choices Therapeutic Supervising Social Worker immediately. It is important that the young person has a much time as possible to decide what she wants to do about the pregnancy.

You will play an important part in helping the young woman sort out her feelings about the future. It is important under Equal Opportunities and Culture and Diversity that you provide a non-judgemental approach and the beliefs of the Young Person are respected.

Do not be afraid to ask questions of the doctors or Social Workers and encourage the young woman to do so as well.

If a young man placed with you is, or is believed to be, the father of an expected child you must inform your Channels and Choices Supervising Social Worker immediately. He may need help to sort out his feelings and may have questions he would like to ask.

5.5 Healthy lifestyles

Nutrition & diet

The importance of nutrition and diet is now high-profile as is the issue of childhood obesity and so foster carers are expected to provide their young people with access to a well-balanced diet. Apart from meals this should include providing healthy options for any snacks and packed lunches at school. Channels and Choices Therapeutic Fostering has access to qualified Nutritionist who can offer advice, support and training around diet and nutrition.

A well balanced diet should consist of protein (meat, cheese, fish, pulses, eggs, and nuts), carbohydrates (cereals, pasta, rice, potatoes, and bread), fats (vegetable/olive oils, butter/margarine, and oily fish), fibre (fruit, vegetables, and whole-grains), vitamins and minerals (contained naturally in a well-balanced diet).

Fruit and Vegetables – a performance indicator of *Every Child Matters* is that all young people should eat at least 5 portions a day. Canned tomatoes and baked beans count as do glasses of fresh fruit juice (although they contain much less fibre than a piece of fruit) and surprisingly, better quality tomato ketchup.

Bread, other cereals and potatoes – plenty of these will aid a well-balanced diet although too much bread of course can be fattening.

Meat, Fish and alternatives - eat moderate amounts of these. Choose lower fat versions whenever you can. Oily fish is a good source of Omega 3.

Milk and Dairy foods - eat or drink moderate amounts of these. Choose lower fat versions whenever you can (Under-fives should not have low-fat foods unless medically advised, this age group requires a high calorific intake in order to sustain rapid growth). Under-two's should drink full-fat milk at all times, children aged 2-5 years may have semi-skimmed if they are thriving well.

Vegetarianism - being a vegetarian does not mean having the same meal as the rest of the family, minus the meat. In order to ensure an adequate intake of essential amino acids, at least two different types of protein (pulses, Quorn, tofu, soy protein meat substitutes) should be provided as an alternative to meat.

Fats & Sugar - foods containing fat or sugar should be eaten in moderation and lower fat alternatives are preferable.

Food and mealtimes – these can be an emotive issue for many young people, particularly those who have only recently been separated from their families. Behaviours can include hoarding, refusing, overeating, finickiness, vomiting, stealing. These behaviours may be reflecting inner trauma and have nothing to do with appetite or food preference. Whatever the reason it is always best to avoid confrontation.

When a child first arrives foster carers should try to establish their food preferences. Children should not be forced to eat food that is unfamiliar to them. Introducing a young person to new food should be done gradually and at the child's own pace.
As young people approach adolescence, so food can again become an issue. They can suddenly become very fussy, eat a lot less (or more), or start to like food they previously disliked (or vice versa). This is also a good time to give them the opportunity to start preparing their own meals under supervision and to accompany their foster carers on food shopping trips so they can see for themselves the differing costs of food and to help to them with learning budgeting skills.

Specific dietary needs - foster carers may be asked to care for young people who have specific dietary needs because of religion, culture or a medical condition. All of the necessary information will, ideally, be gained before the placement commences so that foster carers are able to prepare in advance. This should be discussed at the Placement Agreement meeting.

Additional advice can be sought from health visitors.

Dietary guidelines - there is an everlasting amount of information and recommendations issued at frequent intervals about food that not only covers what constitutes a healthy diet, but also guides us on how to buy food, store it, prepare it and cook it. The underlying theme appears to repeat a few simple rules:

- Reduce the intake of sugar, salt and fats (particularly saturated fats).
- Eat more fibre-enriched food.
- Eat plenty of fresh fruit and vegetables.

- Provide a variety of different types of food.
- Eat in moderation.

The following are some suggestions to make eating a pleasant experience for the whole family:

- Make mealtimes a social occasion for the whole family, where adults and young people alike can eat together.
- Be aware that appetites and tastes differ.
- Refrain from giving young people snacks such as crisps and sweets between meals. Try fruit instead.
- Never force a young person to eat something they say they do not like.
- Do not automatically expect good table manners. This is something the young person will learn from example.
- Encourage children to get up early enough to have breakfast. Have breakfast yourself, as a role model to young people.
- Have healthy snacks - fresh or dried fruit. plain biscuits (rich tea, oatcakes, breadsticks), tortillas or any type of bread (muffins teacakes, pitta bread, scones, bagels), homemade popcorn, oven baked potato crisps,
- Packed lunches should contain a starchy based food such as bread, meat, fish or alternative and two portions of fruit and/or vegetables. This should be varied.

Diet does not solely mean losing weight. It describes the mixture of foods that a person eats. The connection between diet, exercise and health is now undeniable. For young people, diet is vitally important as it can shape their eating habits into adulthood. The range of foods to give a young person is not the only consideration; how much they eat and why they need certain foods must also be taken into account.

Exercise

Channels and Choices Therapeutic Fostering believe that regular exercise and having a healthy lifestyle helps young people reach their full potential as well as meeting and socialising with other appropriate young people. Because of a change in lifestyles, it is widely accepted that young people as a whole are not as fit as they were in the past. Regular exercise is just as important for adults as it is for young people and is therefore something that can be undertaken together. Simple exertions such as walking, running, jumping, bike riding, swimming, football etc. can help keep the lungs, muscles, joints, heart and circulation working efficiently and healthily.

Wherever possible, walking to school instead of taking the car can be good for everyone. It also gives foster carers the opportunity to talk to the young person.

Foster carers are expected to encourage children to participate in leisure activities that will provide them with regular exercise. In line with a performance indicator from *Every Child Matters* every child should participate in a minimum of two hours exercise a week.

Personal hygiene

It is important that from an early age children are taught about the importance of personal hygiene. They need to understand about the importance of washing, including after they have used the toilet. Equally, taking a regular bath or shower and changing into clean clothes should be stressed, not only from a hygiene viewpoint, but also because of the social consequences this is particularly important when the young person reaches puberty.

This is difficult for some young people who have a very low self- image and cannot see the importance of keeping themselves clean. This can be a difficult area for foster carers to deal with, but it cannot be used as an excuse. Foster carers may need to take further advice on this from their Supervising Social Worker.

Wherever a foster carer, their partner or perhaps another member of the family, might be involved in an 'intimate care practice' e.g. bathing the child and washing their genitals, then agreement for who can do what should be sought from the placing Social Worker and included in the Placement Agreement. This should be fully risk assessed prior to any practice to avoid leaving carers vulnerable to allegations.

Smoking

Children under the age of 5 years will not usually be placed in a foster home where the adults smoke.

Foster carers are expected to provide a smoke free environment for the children and young people in their care. As positive role models we believe any smokers should smoke out of view from any child placed in the home, this includes visitors to the home and other family members. It is the foster carers responsilbity to ensure children should be protected at all times from passive smoking, which includes travelling in the car, visits to and from other people and any activities and hobbies.

Where foster children, themselves, smoke the provisions for this in the foster home should be detailed in the Placement Information Meeting. All children should be discouraged from smoking.

5.6 Alcohol, drugs and solvent abuse

Alcohol, drugs and solvent abuse

Young people who are upset and troubled are especially open to others who may influence them into trying alcohol, drugs or solvents. Our young people may get involved for many reasons. These can be to escape from painful experiences, to seek attention, to rebel, to take risks, or to bow to the pressure of their friends and acquaintances.

If you ever feel that a young person in your care maybe using alcohol, drugs or solvents you should discuss this your Supervising Social Worker at the earliest opportunity.

Types of drugs

This is a list of just some of the types of illegal drugs. The names used to describe different drugs and the types available is ever changing. Contact your Supervising Social Worker to see if more up to date information has become available.

- Amphetamines (sometimes called speed) are man-made powders which can be dissolved in water and injected or even smoked but are generally sniffed.
- Cannabis comes in black or brown lumps of resin or looks like grass. Also known as hash, dope, weed, head, grass, ganga, gear, hashish, score, draw, marijuana, puff, bash or pot. It is usually taken by rolling it into a joint or cigarette.
- LSD is a man-made powder usually taken as pills but may also be supplied in paper, gelatine sheets or sugar cubes.
- Cocaine, also known as coke or snow, is a white powder in appearance which can be sniffed or injected.
- Crack is refined cocaine, using other chemicals such as baking powder. It is usually smoked and is rapidly addictive.
- Opiates, e.g. heroin (also known as smack or junk). Heroin is a white or brown powder which can be injected, smoked or sniffed.
- Ecstasy comes in different coloured capsules or brown or white tablets.
- Solvents and gases may be sniffed to produce a similar effect to alcohol. People have been known to use cleaning fluids and lighter fuel. The vapours from these products quickly reach the brain and cause reduced breathing and heart rate which can lead to loss of consciousness.

Common Symptom of substance misuse

Physical warning signs of drug abuse

- Bloodshot eyes, pupils larger or smaller than usual
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain
- Deterioration of physical appearance, personal grooming habits
- Unusual smells on breath, body, or clothing
- Tremors, slurred speech, or impaired coordination

Behavioural signs of drug abuse

- Drop in attendance and performance at work or school
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviours
- Sudden change in friends, favourite hangouts, and hobbies
- Frequently getting into trouble (fights, accidents, illegal activities)

Psychological warning signs of drug abuse

- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or "spaced out"
- Appears fearful, anxious, or paranoid, with no reason

Young people in possession of drugs

The Home Office website advises:

"Police can issue a warning or an on-the-spot fine if you're found with cannabis". It goes on to say that anyone caught in possession of drugs "may be charged with possessing an illegal substance if you're caught with drugs, whether they're yours or not. If you're under 18, the police are allowed to tell your parent, guardian or carer that you've been caught with drugs".

Any penalty will depend on:

- the class and quantity of drug
- where you and the drugs were found
- your personal history (previous crimes, including any previous drug offences)
- other aggravating or mitigating factors

The penalty is likely to be more severe if the person is found to be supplying or dealing drugs. Sharing drugs is also considered supplying. The police will probably charge a person if they suspect them of supplying drugs. The amount of drugs found and whether they have a criminal record will affect the penalty given.

Need advice or further information

If you think a child or young person in your care may be using drugs, alcohol or solvents seek help and advice from the child's Supervising Social Worker.

The Channels and Choices Therapeutic Fostering Medical Advisor is also available for advice and support may be obtainable from local drug and alcohol advisory services.

Talk to FRANK (http://www.talktofrank.com) is a useful website with information "to help you find out everything you might want to know about drugs", an online chat facility and a confidential advice helpline on 0800 77 66 00.