

healthy care

e-briefing

Many looked after children and young people have poor physical and mental health when they come into care. With support and training, foster carers can increase children and young people's chances of a healthy and happy childhood, and provide a good start for adult life.

Healthy Care

This briefing is for all those who are involved in Healthy Care Partnerships, including social care, health, education and other children's services. It:

- identifies the importance of trained and supported foster carers for the present and future health and well-being of looked after children and young people
- provides examples of how Healthy Care Partnerships can support foster carers to promote health and well-being
- offers signposts to resources and other information.

The Healthy Care Programme, funded by the Department for Education and Skills, is a practical way of improving the health of looked after children and young people, in line with the Department of Health guidance *Promoting the Health of Looked After Children* (2002), *Every Child Matters*, and the Change for Children Programme. Through partnership working, policy development, and with the participation of looked after children and young people, the programme ensures that services are child-focused, provide a Healthy Care environment and support the National Healthy Care Standard.

The National Healthy Care Standard

This standard is based on a child's entitlement to:

- appreciation, love, respect and consistency
- a safe, protective and Healthy Care environment
- opportunities to develop personal and social skills to enable them to care for their health and well-being now and in the future
- effective healthcare, assessment, treatment and support.

Find out more at:
www.ncb.org.uk/healthycare

Supporting and training foster carers to promote health and well-being

The majority of looked after children and young people live with foster carers and their families. Some children and young people may have had several placements with different foster carers. Efforts to improve placement stability now mean that many children and young people are being cared for by the same carers for most of the time they are looked after. For some children this is for the rest of their childhood and young adulthood.

It is widely agreed that the best place for most children and young people to grow up is in a safe and stable home environment with carers who provide high-quality care and are responsive to the child or young person. In many cases, therefore, foster carers are effectively taking on a parenting role of a child. The challenges of this role should not be underestimated. In many cases the child or young person may have been abused or neglected by their parents and this may have left the child with physical and mental health problems and developmental delays. Foster carers frequently report that the most common difficulty for the children or young people they care for is their emotional well-being and mental health, but these are also the hardest to address.

Children and young people responding to the Green Paper *Care Matters*

consultation clearly identified foster carers as the people who are most important in providing for their health and well-being, and helping them with difficulties in any part of their life:

You should be able to talk to foster parents about problems just like your Mum and Dad. (Morgan 2007)

It is important that foster carers ask how you feel. (Healthy Care Programme 2007)

It's not about food and a bed, it's about love. Love is what we need. (Healthy Care Programme 2007)

Training for foster carers

Foster carers undertake basic training prior to being approved as foster carers. For many, this training will be the course developed by Fostering Network 'The Skills to Foster' (2003), which is delivered locally and is linked to the National Minimum Standards for Foster Care. Many go on to undertake elective training throughout their fostering career, provided by the looked after children's service or independent fostering agency they work for. Foster carers usually select from a range of courses on offer; for example, sexual health, alcohol and drug misuse, dealing with difficult behaviour, attachment difficulties, managing relationships with birth families and contact arrangements.

Local authorities and independent fostering agencies encourage and expect carers to participate in training relevant to their needs and see this as part of their development as foster carers. Foster carers often report that they undertake training because it covers an issue they want support and information about, and because they can immediately put what they learn into practice. A recent survey of fostering services (Fostering Network 2006) found that a key issue in the successful recruitment and retention of foster carers is providing a training and support package that meets their needs. This included support groups and mentoring programmes for carers.

In some areas, fostering services are developing a 'Payment for Skills' approach to foster carer training. This can include a tiered approach to training so that all carers complete basic training and then go on to do more specialised training. Undertaking training and consolidating this into their practice leads to increased fees and recognises the carers' enhanced skills. The Kent Fostering Service case study describes one such approach.

It is known that only 5 per cent of foster carers have the national qualifications NVQ Level 3 Caring for Children and Young People, which includes components on children and young people's health and well-being. Some carers will already hold other professional qualifications, such as teaching, nursing, social work or youth work qualifications, and will have different levels of knowledge and skills about children and young people's health and well-being.

There are currently no national standards for foster carer training and support, but a national consultation in 2007 by the Children's Workforce Development Council – see www.cwdcouncil.org.uk/projects/fostercare.htm – will result in national training, support and development standards for foster care. The national standards will set out details of the training and development carers should receive before and after they are approved as foster carers. This will be linked to Common Core of Skills and Knowledge for the Children's Workforce and the NVQ Level 3. These standards will be adapted in the future to fit with the Green Paper proposals.

The Common Core of Skills and Knowledge for the Children's Workforce

This sets out the basic skills and knowledge needed by people (including volunteers) whose work brings them into regular contact with children, young people and families. Over time, it is expected that everyone working with children and young people will have a basic level of competence in six areas:

- effective communication and engagement with children, young people and families
- child and young person development
- safeguarding and promoting the welfare of the child
- supporting transitions
- multi-agency working
- sharing information.

Find out more about the Common Core of Skills at:
www.everychildmatters.gov.uk/deliveringservices/commoncore/

Healthy Care programme training

The National Healthy Care Standard (Department for Education and Skills 2005) states that children and young people in a Healthy Care environment will:

- experience a genuinely caring, consistent, stable and secure relationship with at least one committed, trained, experienced and supported carer

and it identifies the importance of support and training for carers in one of the four key areas for action:

- carers and staff are committed to the well-being of children and young people and are well trained and supported.

A Healthy Care training programme has been developed for carers and residential child-care workers (*Healthy Care Training Manual* 2005; it is available to download from www.ncb.org.uk/healthycare). The two-day practical and participatory programme aims to build on the existing knowledge and skills of participants. It is currently being delivered in many local authorities and frequently by an experienced foster carer. It contributes

to the Common Core of Skills and Knowledge and to the NVQ Level 3. Trainers report that carers say they have a much broader view of health and well-being as a result of the course and a greater awareness of the importance of children and young people's emotional health and well-being. In some areas it is included in basic pre-foster carer training.

In some local authorities the Healthy Care training programme is delivered by looked after children's nurses and foster carers. Some authorities fund carers to gain the Further Adult Education Training Certificate to help increase their skills and understanding as trainers and adult educators.

Treatment foster care and other intensive approaches

Many looked after children and young people have severe or complex needs and are often the most difficult children and young people to place in foster care. It is frequently these children and young people who experience placement breakdowns because carers find it hard to meet the children's needs and manage their challenging behaviour. New approaches seek to tackle this by providing extra training and support to specially selected and/or more experienced carers. These approaches are sometimes called 'treatment' or 'therapeutic' fostering and a number of models of this kind of support are being developed in England.

One notable element of such models is that they often focus on the foster carer's role with the child, which is considered critical. Foster carers are seen as part of the 'team around the child' with extra support being provided by other team members. One carer, who had taken on a placement of a very difficult child, described how, when the 10-year-old girl ran away one evening, the social worker came immediately and stayed with the carer while action was taken to find the child and bring her back. The social worker stayed until the child was safely in bed and asleep:

I was so worried about her and it made such a difference that someone shared that with us, that we weren't alone wondering if was she was OK and agonising about how to handle it when she came back. (Experienced foster carer)

Carers consistently report that they value being part of a team and having access to support from other team members as and when they need it and not just at pre-arranged meetings. Crises and difficulties in children's lives happen all the time, not just during office hours.

Multidimensional Treatment Foster Care pilot

The Department for Education and Skills is funding a project in England to pilot and evaluate a treatment fostering approach that has been shown to be effective in the USA. Developed by the Oregon Social Learning Center – see Chamberlain and others – the Multidimensional Treatment Foster Care (MTFC) project is being piloted here in 17 areas. The first phase involves working with adolescents. A second phase, involving six further sites, is currently being developed for younger children. The model is highly structured and based on social learning theory; in other words, that behaviour can be learned in a social and relational context. It is designed to:

- promote positive social behaviour
- develop skills
- support and encourage participation in positive activities in the home, school and community
- increase positive relationships.

The model for adolescents also seeks to decrease anti-social behaviour, failure at school and the likelihood of rejection by adults and peers. It uses a range of methods of working with the young person, their family and carers, including a points system of rewards (points can also be taken away), a daily school card, close supervision of the young person's whereabouts and peer associations, work with the birth/adoptive family and daily mentoring by foster carers. The young person also has specific support from an individual therapist, a skills trainer and an education worker.

The foster carers are specially recruited and receive extra training prior to joining the programme. They then have weekly support and training meetings, regular respite and access to round-the-clock support and advice from the multi-agency MTFC staff team. Close contact between the carers and the team enables them to focus on the issues that cause the most stress and

to prevent placement breakdowns. Early results are encouraging and show improvements in placements and educational stability for the young people. Young people passing through the programme show significant changes in behaviour; for example, a reduction in absconding and offending. Young people also report satisfaction with the model:

I feel a lot better about myself ... Before all I could see was a brick wall, there was no future. Now I am looking forward to going to college. (Young person, aged 15, on completing the programme)

This is the best placement I've had. (Young person, aged 14, written in a card to the foster parent)

This model places young people with carers for a short term of approximately nine to 12 months, at which point the aim is to return the young person home to their family or to a permanent placement. Those working on the project have found that planning for a permanent placement needs to start as soon as the young person is considered for the project.

Enough foster carers need to be recruited to enable regular respite to be provided, as carers have found this essential, particularly in the early stages of a placement when difficulties are likely to be most intense. The audit and independent evaluation of the project is ongoing and it will provide much learning for services interested in developing this model.

Find out more about the programme at: www.everychildmatters.gov.uk/socialcare/lookedafterchildren/fostercare/mtfc/

Encouraging activities and interests outside the home

It is widely recognised that the involvement of children and young people in positive activities outside the home contributes to their self-esteem and confidence, as a child's mastery of something – an interest, hobby, sport or skill they enjoy and do well at – helps to develop learning skills. This all contributes to the child or young person feeling good about themselves and their ability to influence their life in positive ways, to developing resilience and to having opportunities to make friends and learn social skills (Gilligan 2003; Newman and Blackburn 2002). Carers often need support to help this happen for children and young people, such as:

- regular, up-to-date information about local resources and events for children and young people
- extra help with costs of activities or interests and ensuring carers know how to access this
- help with transport or transport costs; this can be a particular problem in rural areas
- families with several children or young people may need help from a family support worker to ensure that all the children and young people can pursue their interests
- contact visits or other meetings need to be scheduled so that they don't conflict with children's regular activities
- clear policies about permissions for children and young people to take part in school activities, especially trips away and sleep-overs at friends' homes; many social workers and carers are still unclear about this.

Carers also need support during school holidays as well as occasional respite as they are often caring for children and young people who need intense support. Knowing that a child is safe and happy at a playscheme for a few hours, or that there is a regular evening or weekend off, gives carers time to re-charge their batteries. This recognises that being a foster carer is both physically and emotionally demanding.

Shropshire Healthy Care Partnership has strong links with the local arts and culture department and other arts-related groups. At the Healthy Care launch for foster carers, a video showed a wide range of community arts and cultural activities and carers were asked if they would be interested in participating in such activities. As a result, foster carers are now routinely invited to arts and cultural activities across the county and the children and young people they care for are taking up these opportunities. This has created a link between foster carers and arts-related groups in the community and has increased the uptake of arts activities in this rural area.

Supporting carers on education issues

Increasing attention is being placed on the educational attainment and experience of school of looked after children and young people. Foster carers can have a key role to play in supporting children and young people to attend and do well at school. The *Care Matters* Green Paper proposes that foster carers are supported to understand the benefits of early years education and encouraged to use free early years education provision.

Carers have a day-to-day knowledge of the children and young people they look after and so will often be the first to pick up that all is not well at school, but carers need to have support and strategies to help them do something with that information.

Many areas are supporting carers with education issues; for example, with projects to check the attendance of looked after pupils. Carers are immediately notified of non-attendance and close liaison with them can help identify what the issue is and often the whereabouts of the child or young person. This means that non-attendance is picked up and dealt with early and gives a strong message to the child or young person that education is important.

Other areas run courses for carers to help them learn how to support children with homework and become familiar with the curriculum for different ages and teaching styles. Some areas also focus on issues such as literacy, with schemes that encourage library membership and reading at home. Sometimes these schemes include providing packs of age-appropriate books for foster carers to make available at home. Library services are often very willing partners in such schemes.

Children and young people with specific health needs

Some children and young people will have health needs related to a condition or disability. Carers looking after such children and young people will need training and support to understand this and any particular needs the child may have.

Although children and young people who are HIV positive or are affected by HIV are a small but growing number in England, attention tends to focus on testing children or young people when they become looked after, or on sexual health advice for young people generally. Sometimes placements end or confidentiality is broken because of anxieties or lack of information and experience about how to meet the needs of HIV positive children and young people. To overcome this, foster carers and social workers need training and support, and national knowledge and good practice must be shared.

Children and young people who are refugees and unaccompanied asylum seekers may also have specific health needs that are unrecognised. Carers, social workers and others need to be aware of this and be in a position to respond quickly and sensitively to identify their health needs and respond to them.

case studies

1 Therapeutic re-parenting scheme, Kent

This scheme has been running for two years. It focuses on children aged four to 11 years who are very difficult to place, may have severe attachment and other difficulties, and a history of many placements. The intention is that children will remain in the placement for 18–24 months and then be moved on to a permanent placement or be adopted. The scheme is being evaluated by the University of Kent and is run in partnership with an independent psychological practice.

Carers are specially recruited for this scheme and paid a higher rate of fees. A 'virtual team' is created around the child, which includes the foster carers,

the social worker, an education representative who knows the child well, the looked after children's nurse and CAMHS staff (if they are involved with the child). The foster carers are always the centre of this team and are listened to carefully. The team meets monthly to coordinate approaches and activity; it is facilitated by a psychologist, and its aim is to look at the child's behaviour and ways of responding to the child to promote the child's attachment to the carer. A carers' support group is made up of carers involved in the scheme and a 24-hour phone line is available for carers who need out-of-hours support. Carers are expected to participate in the Kent tiered-training programme for foster carers – see Case study 7 – and undertake four days training per year.

All children have a psychological assessment at the beginning of their entry to the scheme. This is reviewed after one year. Another assessment is completed at the end of the second year. Only one child is placed with carers on the scheme, unless it is a sibling group, and generally carers will not have other children younger than 14 years.

To date, 16 children have been through the scheme and all have made significant progress. It was expected that carers would come to 'claim' the children and this has happened, with carers now providing permanent homes for children. Some carers are now seeking to adopt children or take on special guardianship.

case studies

Early findings from the evaluation suggest that after one year, children's behaviour at home has improved significantly and they are engaging in community activity outside the home that they had been unable to do before. The schools attended by the children have been very supportive. Children have demonstrated improvements in reading ages and, even though improvements at school take longer, in the second year, all children had made good progress and caught up with their peers.

This is considerable progress for children who could barely stay in the same room as an adult at the beginning and the future for them was likely to be a residential unit of some kind. We are now starting to look at a scheme for an even younger age group. (Head of Specialist Children's Services)

2 Sexual health training for carers, North Somerset

This half-day course for carers is based on a training package developed by the Family Planning Association for those working with looked after children and young people, *Let's Make it Happen* (see Useful resources). It is delivered by an experienced carer and a looked after children's nurse. They try to ensure that they have a mix of experienced and less experienced carers, and men and women attending the course. They have found that this balance makes the course more successful because a range of views and experiences can be discussed. The course covers issues such as:

- Where did we get our messages from about sexuality and sexual health?
- Where do young people get their messages from?
- When is the right time to talk with children and young people about different issues?
- Sex and the law, including issues such as contraceptive advice and treatment for young people, confidentiality, etc.
- Sexually transmitted infections.
- The local policy on sexual health for looked after young people and Teenager Pregnancy Unit guidelines (see Useful resources).
- Local resources (including a booklet for young people) and sources of help and support.

Participants are also given a sexual health pack, which includes resources

and details of local young people's clinics, to give to young people they care for if it is appropriate. The course is popular with carers who say they feel more confident and better informed about how to promote young people's sexual health and to prepare them for adult life.

The trainers on this course also contribute to a joint service training event run for social workers responsible for looked after children and young people. They provide a component on health that covers general health, sexual health and mental health. In addition, young care leavers are involved in delivering part of this training.

3 CAMHS support for carers, Bedfordshire

The Child and Adolescent Mental Health Service (CAMHS) has developed a targeted team (of 3.8 posts) for looked after children and young people. The team offers a range of interventions, including working with carers. It believes that foster carers have a therapeutic role, and make a significant contribution to the emotional health and well-being of children and young people in their care. In addition, the service provides a weekly phone line for carers staffed by a CAMHS therapist, which is primarily for carers of children and young people who have not been referred to the service.

Following a referral, a multi-agency meeting is called to bring together all the professionals involved with the child or young person and the foster carers. The aim is to bring together a collaborative team who can hear each other's points of view and form a 'resourceful community' of support for the child or young person and carers. This meeting is used to decide which aspect of CAMHS's support is most useful – it could be a child-only intervention of therapy, working with the child or young person and carers, or working with the carer only. A termly multi-agency meeting is held to share progress and half-termly liaison takes place with the child or young person's social worker.

The service starts from the point of view that the relationship between the child or young person and carer is critical, and aims to support the carer in providing

a consistent, responsive and positive relationship. The focus is often on helping carers to think about what a child or young person's behaviour is about and how they can respond to it. Strategies that help carers can include, for example, encouraging children and young people to verbalise worries and anxieties because something that can be named and talked about can be less frightening, and can help the child or young person to manage their feelings associated with it.

For example, a carer described a child who became angry and distressed when the car was packed to go out for a trip. This led to events that should have been happy occasions starting off badly or being abandoned. The carer and the therapist thought about why this might be so for the child. It emerged that the child associated car journeys with being removed from placements, and was very anxious about any kind of journey or new experience. The carer now plans new experiences carefully and prepares the child well in advance, with lots of talking about what will happen, when and what to expect. The child's behaviour has improved and the child is learning to manage new experiences better.

4 'Building a positive identity training for carers', Surrey

Surrey has developed a team of foster carers who are co-trainers. Some have backgrounds such as teaching or training, while others have undergone training to become trainers. They have an in-depth knowledge of fostering and understand the difficulties and challenges that carers face.

These experienced foster carer co-trainers deliver a short taster course that aims to explore how carers can assist looked after children and young people to improve their confidence, self-worth and self-esteem.

The course gives participants the opportunity to:

- understand the fundamental importance of helping children and young people to establish a strong sense of their own identity
- explore a range of resources that can support building a positive identity for a looked after child or young person

- develop skills in promoting and building the positive identity of children and young people
- work within an anti-racist and anti-discriminatory framework.

The course uses materials developed by looked after young people; for example, a song written and recorded by looked after young people in Surrey. Participants are also introduced to other resources that they can use and borrow from their fostering team libraries.

It's so important for children to know who they are and to know how they can achieve. (Experienced foster carer, Surrey)

5 'Happy, Healthy and Safe', a booklet for carers, Knowsley

Knowsley Healthy Care Partnership has produced a booklet for carers on promoting good health for looked after children and young people. The colourful, 28-page booklet covers a range of issues:

- healthy food and healthy lifestyles
- physical activity
- emotional well-being
- physical well-being
- accessing health services
- physical safety
- useful contacts (which includes local information).

The booklet has built on information from *Birth to Five: the complete guide to parenthood* (additional information has been added for older children and young people). Other areas can purchase the booklet as it has been produced in a format that will enable them to insert their information, contacts and logos, but still retain the main text and imagery (see Useful resources for details).

A new booklet is currently being developed with, and for, older young people. It will focus on emotional health and well-being, and risk-taking behaviour.

6 Smoking cessation for looked after children and young people, Knowsley

A smoking cessation advisor/looked after children's support worker has been employed to target smoking cessation. The worker provides smoking cessation support and advice to looked after children and young people in Knowsley,

foster carers, residential childcare workers, and offers support and signposting to other professionals. There is also a big local drive to focus on smoking cessation, which targets particular vulnerable groups. To date there has been considerable success:

- Young people and residential staff at a children's home have quit smoking together.
- Many foster carers who were smokers have successfully given up.
- People expressing an interest in fostering are supported to stop smoking and several have stopped prior to being approved as foster carers.
- As a result of borough-wide initiatives, several social workers in the fostering and adoption service have stopped smoking.
- A PSA target was set of 15 looked after children and young people to quit smoking. This has been exceeded as 20 have been supported to stop smoking.

It is important to work with everyone – the young people, the carers, the social workers – because when you target one area it impacts on another. (Designated Nurse, Looked after Children, Knowsley Health and Social Care)

The British Association for Adoption and Fostering has produced updated guidance and recommendations that considers the health disadvantages of placing a child in a smoking household against the positive elements of any such placement (see Useful resources for details).

7 Tiered training for foster carers, Kent

In April 2006 Kent County Council Fostering Service introduced Payments for Skills (P4S) for its foster carers. The aims of introducing a fee-based payment system were based on a number of factors, including:

- recognising foster carers as professionals
- providing carers with training and development opportunities to meet the increasingly complex needs of children and young people
- improving recruitment and retention of carers
- improving outcomes for looked after children and young people.

case studies

All newly approved carers attend a New Carers Induction Session that details training and development opportunities, explains more about the service and introduces the teams.

All carers are required to undertake training on:

- first aid
- medication
- making the most of supervision
- missing from care
- participation of children and young people
- ict/internet safety.

Carers usually undertake Stage 1 training within their first 12 months of fostering and this covers:

- caring for other people's children
- safe care/child protection
- making placements work
- valuing diversity.

Carers must complete Stage 2 training over the next 12–24 months, which includes:

- positive behaviour management
- long-term effects of abuse and neglect
- sexual abuse: working effectively with children and young people
- drugs awareness (Levels 1 and 2)
- promoting the education of looked after children and young people
- promoting the health of looked after children and young people
- relationships and sex education
- moving to adoption
- unaccompanied minors
- attachment, child development and secondary trauma.

Foster carers can then apply for the NVQ Level 3 Health and Social Care (children and young people). They may then apply for the BTEC Level 4 Working with Traumatized Children. This is an on-line distance learning course of which Kent was part of the original national pilot. See www.akamas.co.uk for more information about this course. Following the BTEC, foster carers can take a Foundation Degree (foster carer pathway) at Christchurch Canterbury University. On completing this, they can access Year 2 of the social work degree. Every carer completes a Personal Development Plan, which is regularly reviewed, highlighting their individual training and development needs. After each course they complete a Learning

Log, which includes the foster carer's reflections on how the learning from the course will impact upon their practice. This is followed up in their supervision.

Progression through the three P4S levels is based on evidence of the carer's practice using the supervision and annual review process. A Competency Assessment Framework is used to identify practice enhanced through learning as well as attendance at training. Progression through each level is heard by a Payments Panel and linked to an increase in payments at each stage:

- Level 1: initial and core training to be undertaken
- Level 2: completion of NVO and consolidation into practice
- Level 3: completion of BTEC Level 4 and consolidation into practice.

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Useful websites

Asylum seeking and refugee children and young people good practice website www.ncb.org.uk/arc Information and resources on asylum seeking and refugee children including health issues.

British Association for Adoption and Fostering www.baaf.org.uk Provides information, training and resources to all concerned with adoption and fostering including children and young people.

Contact a Family www.cafamily.org.uk Charity providing advice, information and support to the parents of all disabled children, no matter what their disability or health condition.

Fostering Network www.fostering.net Provides practical support, training and resources for foster carers, social workers and other professionals.

Healthy Care Programme www.ncb.org.uk/healthycare Information and resources to promote Healthy Care for looked after children and young people.

Multidimensional Treatment Foster Care www.everychildmatters.gov.uk/socialcare/lookedafterchildren/fostercare/mtfc/ Information about the pilot programme in England.

Oregon Social Learning Center, USA www.oslc.org/index Links to research programmes and publications about healthy development and family functioning including multidimensional treatment fostering.

Useful resources

British Association for Adoption and Fostering (2007) *Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers*. Practice Note 51. London: BAAF. Updated guidance and recommendations for agencies that considers the significant health disadvantages of placing a child in a smoking household against the positive elements of any such placement.

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Healthy Care Briefings on:

- *Mental Health* (2005)
- *Sexual Health* (2005)
- *Play and Creativity* (2005)
- *Healthy Eating and Physical Activity* (2005)
- *Substance Misuse* (2005)
- *Supporting Young Parents who are Looked After* (2006)
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The National Healthy Care Standard

Contributes to the achievement of the five outcomes described in *Every Child Matters* (HM Treasury 2003):

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic well-being.

Care Matters: Transforming the Lives of Children and Young People in Care (HM Government 2006) describes proposed reforms to improve the quality, range and choice of care for looked after children and young people including:

- improving the number and quality of foster carers
- introducing a tiered framework of placements to respond to different levels of need
- piloting the use of intensive foster care for young children
- extending the use of specialist foster care for children with complex needs
- ensuring children are only placed in residential children's homes that meet high standards of care
- ensuring children can access positive and enjoyable activities outside of school
- improving looked after children and young people's experience of school and their attainment
- continued support for care leavers as long as they need it and a more gradual and prepared move from leaving care
- piloting young people remaining with foster carers until they are 21.

Reaching Out: An Action Plan on Social Exclusion (HM Government 2006) describes the framework and a series of pilots to tackle lifetime social exclusion. This includes early intervention to support parents and tackle risk factors in infancy, childhood and the teenage years.

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