9.1.37 Health assessments should recognise the importance of identifying any disabling barriers in the child's environment that may exacerbate the effect of any impairment.

9.1.38 The positive effect on health of appropriate social, recreational and leisure activities is as important, or more so, for a child with a disability as for any other and steps should be taken to remove barriers to participation in such activities.

9.1.39 Parents retain the prime responsibility for ensuring the health of children using short-term break carers. Such children do not need a full health assessment, but carers must have a full understanding of the child's disabilities and any medical, behavioural or social consequences.

9.1.40 It is also essential that carers know what to do and who to contact in an emergency.

9.1.41 Attention must be given to ensuring the safe installation and use of any equipment the child may need to use in the foster home or residential unit.

BLACK AND MINORITY ETHNIC CHILDREN

9.1.42 Research evidence has shown that black and ethnic minority children suffer considerable health disadvantage. This is due in part to the strong correlation between the physical health of children and adverse social and economic conditions.

9.1.43 In addition, black and minority ethnic populations are vulnerable to certain hereditary diseases such as sickle cell anaemia, thalassemia and pre-disposed to certain forms of sickle cell anaemia. This makes the need to ensure that a full family history is taken as part of the health assessment process all the more important for such children.

9.1.44 Care should also be taken when choosing a placement to ensure that the carer understands the particular needs of such children and is provided with additional training and support to meet these needs.

9.1.45 Care must also be taken to ensure that children or parents whose first language is not English are able to communicate their needs and wishes. In particular, issues of consent and confidentiality will need to be managed carefully.
9.1.28 Where of sufficient age and understanding, the carer should ensure the child is given access to the record and helped to understand what other health records are kept by the fostering service and why.

9.1.29 The location of the PCHR should be recorded on the LAC Essential Information Record Part 2.

CONFIDENTIALITY

9.1.30 Staff and carers need to be mindful of the need to protect the confidentiality of children and their families at all times.

9.1.31 In the area of health information this is of particular importance. Carers and staff will often hold highly confidential and sensitive information that could have significant implications if shared inappropriately.

9.1.32 For example, a child’s HIV status could have a significant impact on the attitude of peers to the child or major implications for the child’s ability to secure insurance later in life.

9.1.33 While the child’s social worker and primary carer will always be informed of the child’s HIV status, this is not information that anyone else usually needs to know. There is no immediate reason even for others who are engaged in intimate care of the child to be given this information as they should be practising safe hygiene methods regardless of the child’s HIV status.

9.1.34 Information should therefore only be shared on a need to know basis and care should be taken to ensure that only those authorised to receive such information can access it. Particular care is needed to ensure that information is not inadvertently passed on by telephone calls being overheard or reports not being locked away.

CHILDREN WITH A DISABILITY

9.1.35 Islington recognises the additional difficulties facing disabled children and will seek to ensure that they and their carers are provided with the necessary support to give them the same opportunities to fulfil their potential as their peers.

9.1.36 Particular care will need to be taken to ensure that health assessments and treatment take account of any communication barriers and that the child’s wishes and feelings, including consent, are represented and respected wherever possible.