

Healthy Eating, Smoking and Cycle Helmets and Proficiency: Practice Guidance for Foster Carers

1.) Promoting Healthy Eating

Over recent years, there has been a substantial increase in the number of children who can be termed obese – in the East Midlands, 14.5% of children, aged two to ten, have this condition (Derbyshire NHS report 2001/202), which is a major factor in causing serious illness – 50% of heart disease cases can be attributed to obesity and obese people can have their life expectancy reduced by up to 9 years. There are also issues around healthy eating, where children who are not receiving a varied and nutritional diet can be also underweight or their health can be impaired.

One major concern is that a child coming into care is far more likely to be affected from poor diet, than a child who is not in care. Figures, from a survey in the county, show that these children are far more likely to be either underweight or obese. They are far less likely to be of a normal weight, than children who are not looked after.

This is a result of a number of factors, where children and young people who have experienced a disrupted and/or neglectful upbringing may not have received the guidance and advice needed, to enjoy healthy eating.

A crucial part of the care provided by foster carers is to make sure that the child in care enjoys a nutritious and varied diet. For the young person living in a foster carer household, this is an opportunity for them to not only improve their health but develop the habits and skills that can be carried over into adulthood.

For carers, encouraging their own children to eat healthily can be a difficult task at the best of time; for a young person coming into care, who may well not have experienced the routines associated with typical family life, the transition can be even harder. However, there are a number of steps which can be taken, to encourage and promote a healthy lifestyle.

Have regular family meals – children derive great comfort from knowing that mealtimes will be both shared and at a regular time. It gives them a chance to tell their carer how they feel and to feel part of a family

Preparation – if a child is involved in the process of preparing a meal, they are far more likely to eat what they are given. This involvement doesn't just apply to helping cook and prepare food, but to choosing ingredients, decide menus and even do the washing up. It also gives the carer an opportunity to teach children about nutrition and to understand, for example, food labelling.

Variety – food advertising is a constant presence, especially on television and especially for “junk” foods. Carers should try to counter this by reducing the amount of snack and convenience foods you have in your home with a wider variety of healthier options. Make more fruit available and substitute fizzy drink for fruit juice and bottle water.

Choice – it can be very easy for mealtimes to become a place of conflict. If a child is a difficult or picky eater, it is better to work with them rather than resort to confrontation. Let children decide some of the menus and use them as a means of introducing healthier options – don’t force a child to clean their plate and don’t use food as a reward for good behaviour.

Introducing new foods – many children will be wary or suspicious of different foods. They will show signs of being, ‘picky eaters’, preferring to eat from a very limited range of, often, ‘junk’ foods or even refusing to eat anything that has been touched or mingled with another food.

This is a very common occurrence which can be resolved quite easily. If carers want to introduce new foods to a child, do it when they are hungry and at mealtimes and only offer one option at a time; a child is much more likely to be resistant if they are given a very large choice all at once. Serve something new with established favourites and share that food with them – a child or young person will want to imitate if it is shown in a positive light. Above all, carers should persevere – research shows that it takes between 8 and 10 attempts before a young person accepts something new into their diet.

Exercise – one way of making sure that the child you care for has a healthy appetite, is to encourage them in outdoor play. Children who are active are more receptive to new food types. It can also be used as a means of explaining the benefits of nutrition in helping them improve in sport and physical fitness. Derbyshire County Council’s leisure pass scheme is a great incentive in getting a carer’s family active.

The problems associated with diet and young people are all too often headline news and can be a cause of great concern to parents and carers. Fears around not only childhood obesity but also anorexia and bulimia can be extremely worrying and dealing with children’s eating habits is challenging at the best of the times. If a carer does have any concerns, around the diet of the child they care for, they should speak to their child’s specialist nurse for children in care as soon as possible.

2.) Foster Carer Smoking Policy

There is a great deal of evidence which shows that second hand smoke can seriously harm children and young people; it has been linked (NHS – Why Go

Smoke Free) to ischemic heart disease, cot death, middle ear disease and asthma. Further to this, there is the increased risk of house fires associated with smoking and smoking materials, including lighter fuel, matches and lighters.

Over recent years, there has been increasing restrictions placed upon foster carers who smoke, by both the authority following BAAF guidance and through nationwide legislation (BAAF Practice Note 30), to limit the harm that tobacco smoking can do to children. Derbyshire has now implemented the position recommended by BAAF so that no one who smokes can foster any child under the age of 5 years, any child with a condition which would be affected by smoking (e.g. asthma) or any child with a disability.

Derbyshire County Council acknowledges that we have many skilled, experienced and able carers, providing secure and loving homes to children in care, who are smokers. However, the safety of our children in care must come first and the following procedures should help to minimise the impact on smoking on children, in smoking households.

Consider stopping smoking. The harm caused by cigarette smoking is well documented, both to the health of the smoker and those around them. Children who live in a household where people smoke are more likely to become smokers themselves. There is a wide range of schemes available now to help people quit – carers can find out more at <http://smokefree.nhs.uk/> or speak to their GP for free support and advice.

If a carer smokes at home, they should try to make their home as smoke free as possible. Smoke outdoors rather than indoors – if a carer must smoke within the house, they should keep to one area of their home and ensure that is well ventilated. Carers must never expose a child or young person to excessive smoke and ensure that when guests who smoke, visit their home, that they smoke away from children.

When children in their care visit friends or relatives, and wherever possible, they should try to make sure that the same care to preventing them being exposed to smoke is taken.

Never smoke in a child's bedroom or whilst playing, dressing or washing a child. A child's lungs are far more susceptible to harm from smoke.

Never smoke in the car when children are present. Smoking in a confined space, even with the window open, concentrates the effects of smoke.

Avoid smoking in front of children. Young people are far more likely to take up smoking if they see it as part of everyday life within their household and the less aware of it they are, then the less likely they are to start. Carers will also be expected

not to leave cigarettes or tobacco in public view and to make sure that matches and lighters are kept securely, out of reach from children.

If carers do smoke in the house, make sure that the room in they use has a working smoke detector, to minimise the risk of fire.

It is an unfortunate but acknowledged condition that some older children in care will smoke. From October 2007, the government raised the minimum age to buy tobacco from 16 to 18 years, with a fine of up to £2500 for any shopkeeper found selling to young people under that age. However, the authority does accept that there will be children coming into care who do smoke.

Carers can help the child they care for to go smoke free, by contacting their Looked After Children's Nurse. If a child is able to stop smoking, encourage and support them in this even if they start smoking again. It is only with the encouragement of carers, whilst they are living in a fostering household, that they stand the best chance of quitting.

If they know a child in their care is smoking, they should ask them where they got the tobacco products from. If a shop or retailer is selling cigarettes to under-age children, it is recommended that the carer contacts Derbyshire County Council's Trading Standards department on 08456 058 058.

Make sure that a child is aware of not only the dangers and risks of smoking to themselves, but also to the people that live with them and care for them.

If a young person persists in smoking, rules should be put in place as to where and when they can smoke, in line with the recommendations above for carers who smoke.

If a young person is placed in a household where carers smoke, smoking together is not to be encouraged – a young person is far more likely to continue smoking, if they are in an environment where smoking is seen to be condoned. Furthermore, cigarettes and tobacco should **never** be given as a reward or gift to a child in care.

3.) Cycle Helmets and Cycle Proficiency

Cycling is one of the best ways of encouraging a child or young person to stay fit and healthy; riding boosts confidence, builds independence and, with the endorphins that cycling releases into the body, massively reduces stress.

It is very important that a foster carer understands why the child you look after must wear a helmet. Helmets cannot prevent accidents but a child who is wearing a helmet

and is involved in an accident has a much better chance of either being uninjured or receiving a less severe head injury than if they had not been wearing a helmet.

For a helmet to be effective, and research shows that they can reduce head injury by up to 88 per cent (ROSPA), it must be fitted correctly. Make sure the helmet is standard approved with a recognised safety certification such as British (BS 6863 or BS EN 1078), American (ANSI Z90.4 or SNELL) or Australian (AS 2063) National Standards. Ideally a helmet should have a British Standard Kite mark.

Check it is the right size – a helmet should fit snugly and securely on the head with a minimum use of pads. Do not buy a helmet for a child to grow into.

Try to buy a brightly coloured helmet that can be easily seen by other road users. Remember the polystyrene layer inside the helmet, which compresses to absorb the force of an impact, can only be compressed once, so helmets should be replaced after any knock or crash. Carers must never use a second hand helmet, unless they know it has not had a knock or been in a crash.

To wear a helmet correctly:

- Loosen all the straps.
- Place the helmet squarely on the head, sitting just above the eyebrows and not tilted back or tipped forward.
- Do up the chin strap, securely fasten and check straps are not twisted.
- Check there is only enough room for two fingers to be inserted between chin and strap.
- Adjust the back straps. The back and chin straps should be just below the ear lobe.
- Whilst getting younger children to wear a helmet can be relatively easy, encouraging older children can be much more difficult. Many teenagers face peer pressure from their friends not to wear a helmet and as a carer they need your support and understanding. One way to encourage them to wear a helmet is to allow them to choose their own, within a limited budget.

Derbyshire County Councils' Legal Position

“Carers are responsible for the supervision of children in their care but stating that they will be liable if a child does not wear a helmet is not strictly true. The carer is expected to take all reasonable steps to protect the child in care. In the first scenario – the absolute refusal to wear a cycle helmet, the carer knows that to allow the child out to cycle could result in injury. As this is foreseeable, this is not taking reasonable care and would therefore be liable. The second scenario – the child removes the helmet once out of sight, can be considered a grey area. Should the carer know what is happening, they should take all reasonable steps to prevent it.

The child's age is an important factor. The younger the child the more likely they would be able to make a successful claim. An older child would be deemed more sensible, in that they should be aware of the dangers of not wearing the cycle helmet and more responsible for their own safety. If the carer takes all steps to ensure the child wears the helmet, and to the best of their knowledge the child continues to wear it, it is unlikely a claim would be successful."

For further information, carers can go to www.safekids.co.uk on how to wear a cycle helmet and road safety advice.

Cycle Training

Derbyshire County Council, through the Road Safety Team, has its own Child Cyclist Training Programme to make sure young people get the most out of riding, while making sensible road use a priority. Taught by volunteers at participating schools all across the county, the scheme is aimed at children aged ten and over whilst they are still at junior school, for whom the bike is no longer a toy but a means of getting around. If a carer has a child in their home that could benefit from this scheme, they should contact their school to participate in the Child Cyclist Programme. For further information, carers are advised to speak to the Road Safety Team on 08456 058 058 or email them at: safety@derbyshire.gov.uk.