



Helping sick children and young people meet their healthcare needs

Frequently asked questions about the healthcare issues for looked after children and young people

A Guide for Foster Carers



Introduction

Action for Sick Children Scotland's project about the healthcare needs and rights of looked after children delivers workshops on health related topics to foster and kinship carers. Separate sessions for foster and kinship carers are held in recognition of their differing situations and needs.

The workshops cover the following topics:

- Introductory session – Managing the Healthcare Needs and Rights of Children Looked After in Foster or Kinship Care
- Mental Health and Well-being for Children Looked After in Foster or Kinship Care
- Children's Rights in a Medical Setting for Looked After Children in Foster Care
- Specialist Topics for Carers of Children with Complex Healthcare Needs – EACH Charter, Communications and Early Support and Early Expectations
- Dental, Medical and Hospital Treatment and Procedures: Using special play techniques to help children cope with treatment and pain

This guide aims to answer some of the questions carers often ask during the workshops and to provide information that might help. It does not answer questions about specific conditions, but signposts to people and organisations who will be able to assist.

Please note the terms **my child** and **your child** has been used throughout with reference to children in your care.

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Who Can Help?

Several key healthcare professionals may be involved in the care of your child. Podcast interviews with a range of healthcare professionals, which raise awareness of their roles in the healthcare of children looked after away from home, are included on Action for Sick Children Scotland's website. Visit: www.ascscotland.org.uk/default.asp?page=86

The General Practitioner (GP)

Going to register a child at the GP

Q - How can I register a looked after child with a GP?

A – Ask the new GP Practice for a registration form and complete it. For example, the carer:

- applies to their own GP practice.
- fills in the registration form
- provides a document with their address (and the child's address).
- provides a letter from the social work department, if the child is looked after formally
- provides the GP practice with ID of the child – birth certificate, medical card, Red Book (you may have to ask your Social Worker for these).

Q - What happens if I don't have the child's birth certificate?

A – For registration at a GP practice, you do need to show a birth certificate for a CHI (Community Health Index) number. A letter from the relevant social work department with details of the date of birth etc. can be useful in such cases. Your child's social worker will help you with this.

GPs will never refuse to see any patient if they are in need of immediate treatment or require urgent care. This would be a breach of their terms of service and duty of care. If the child cannot be formally registered, they can be seen as a temporary resident (T/R) for up to 3 months. This is what often happens when people first move into an area or become unwell when visiting relatives or on holiday.

If a child has been registered elsewhere at a known GP practice, the new GP can get in touch with that practice and ask for the details.

In the case of a baby discharged from hospital, the social worker usually has all the information (the hospital neonatal discharge summary) needed to get the baby registered. If there are difficulties, contact the social work department for advice.

The Dentist

Going to the Dentist

Q – My child is terrified of going to the dentist and refuses point blank. How can I help my child to overcome their fear?

A – This is very common and not just for children in care. The following can help:

- Take the child with you when you have a dental check up and let them watch. You may want to start with a hygienist appointment.

- Arrange an appointment at the dentist where nothing will happen on the first visit so that the child gets to know the environment and the staff.
- Role play at home with dental play resources
- Speak to your dentist and the dental nurse about any worries as they are often very experienced in helping children cope with anxiety. If necessary, they can refer the child to the local children's community dental service where additional services are available.
- Relaxation techniques, mindfulness and massage (see www.handsonscotland.co.uk for ideas)
- Play games around the subject for example use multi-sensory stories, Dr. Drill It, play at going to the dentist with teddies, watch the DVD – *Judy bear goes to the dentist*
- ASCS Dental play resources programme

For more help with these suggestions visit: www.ascscotland.org.uk/default.asp?page=57

The Optician

Going to the Optician

Q – What can I do if my child has sight problems?

A – An optician can deal with many eye sight problems. If necessary, they can make a direct referral to an eye doctor or specialist and ask the GP to attach the child's medical history via the Scottish Care Information (SCI) Gateway. This is a national system that integrates primary and secondary care systems using highly secure Internet technology.

For more serious issues ask the GP to refer the child to the ophthalmology (eye) department of the children's hospital. Eyesight issues are usually taken very seriously as this can impact significantly on a child's learning, social, emotional and educational development.

Most eyesight problems can usually be fully corrected if they are addressed as soon as possible. Some eye problems are caused by more serious conditions. If you are at all worried about your child's eyesight, please take them to an optician or GP as soon as possible.

If your child has visual impairment, this is classified as an Additional Support Need for which they will receive support and help. Schools often have teachers to provide visual impairment support. For information and help with Additional Support Needs in school visit:

Enquire, the Scottish Advice Service for Additional Support for Learning. www.enquire.org.uk

The LAC (Looked after Children) Nurse

Q - What does LAC Nurse do?

A – They work to improve the health and well-being of Looked after Children. They

- are available to other professionals
- work in partnership by coordinating and communicating with other agencies and professionals
- act as a source of information and knowledge

- try to limit the impact of neglect and trauma in the early years.

They track and liaise, check the medical history and records of immunisations etc. and ensure that everything is up to date. They advise on any health need that your child may have. They work closely with health visitors and school nurses to piece together the health background and health plan of those who are Looked After away from home in foster or residential care. They also act as an advocate for the children for example if they need support going to the dentist.

Q - How do I get a LAC Nurse?

A - The local authority social work department will automatically inform the local LAC nursing service or community child health service of all new children who become accommodated (Looked After away from home in foster or residential care) and refer the child to them. If you do not know who your LAC Nurse is you can ask your child's social worker. You can also ask your GP, health visitor or school nurse to refer you to the LAC Nurse in your health board area.

Q - When and how often can I see the LAC Nurse?

A - Some health boards will see children Looked After away from home i.e. in foster care or in residential units within one month of being placed there but this varies from area to area. Ask your social worker about the time scales in your area. If your child is:

- under 2 years of age, you should be contacted for a visit every 6 months.
- over 2 years, you should be contacted once a year.

In some health board areas this may vary and for very young children, the health visitor may take on this role instead of the LAC Nurse. Young children in care should have the same, if not more input from health visitors, as young children not in care

If your child has been with you for some time and it is a stable long-term foster placement, LAC Nurses may conduct the review by telephone instead.

If your child has complex health needs, you should see a community paediatrician regularly, for example every 2 to 3 months.

Older children who are Looked After at home or in kinship care should be seen by the school nurse or public health nurse.

Others who help

There are others working with Looked After children who can help including:

- Community Paediatrician
- Hospital Paediatrician
- Community Children's Nurse
- Supervising Social Worker

Podcast interviews of these professionals including interviews from a GP, LAC Nurse and Foster Carer can be heard on: www.ascscotland.org.uk/default.asp?page=86 GP

Good communication with all professionals involved in the care of your child will be very helpful.

Getting it Right for Every Child

GIRFEC (Getting It Right for Every Child) -- is a Scottish Government approach to ensure a consistent way for people to work with all children and young people and develop a shared understanding across agencies. Visit www.scotland.gov.uk/childrenandfamilies

GIRFEC is about making sure that the needs of the child are the top priority, that the child and their family are involved in decision making and that professionals from different organisations work together to meet children's needs.

The Child's Plan - GIRFEC means that every child who is looked after whether at home or in foster care will have a child's plan under a single shared assessment framework. You can ask for a Child's Planning Meeting, usually held at school. You can ask your social worker or the child's Head Teacher.

Every child who is looked after should also have a health assessment, done by a LAC Nurse or other public health nurse, (such as health visitor or school nurse) which will inform the health part of the plan and feed into the Child's Plan.

LAC Reviews – The local authority social work department is responsible for regularly reviewing the child's overall care plan through LAC reviews. Health professionals will provide health information to the LAC review.

The purpose of looked after children reviews is to ensure that the identified needs of each child are being met in the short and longer term. Depending on your child's needs, these can take place regularly or when needed. All pre-school looked after children have regular reviews with their health visitor.

Medical History and Records

The Blue Book - This is the personal patient held health record for Looked After children. It is like the Red Book which all children (including those who are Looked After) have and charts a child's development, immunisation record and any health conditions. The Blue Book is produced by the British Association of Adoption and Fostering (BAAF) and you can get one from your social work department or health visitor.

Not all health board areas use the Blue Book so please check with your social work department or health visitor.

Q – How can I find out if my child is up to date with all their jabs or immunisations?

A – Usually a GP, community paediatrician, community children's nurse, LAC Nurse, health visitor or practice nurse can access this information from healthcare practitioners in the child's previous health board area.

Q – Do I have the right to see the child's health records?

A – Only with the child's permission; the child has the right to see their own records (see Health Rights Information Scotland (HRIS) Confidentiality for under 16s) and also the right to refuse access by a parent or carer.

For more information on consent and confidentiality visit:

www.hris.org.uk/patient-information/information-for-young-people/confidentiality---your-rights/will-my-parents-be-given-information-about-me

The Scottish Child Law Centre - www.sclc.org.uk

Scotland's Commissioner for Children and Young People - www.sccyp.org.uk/rights

Foster carers have the right to ask to discuss the child's health background with relevant professionals – ask your social worker or social work department. Explain why you feel you need the information so that the permission can be justified in the child's records. The person you ask will decide what you have a right to see. Foster carers should tell their social worker that they plan to do this so that the social worker can approve their request.

Family's Medical History

Sometimes carers are concerned about the birth family's medical history and any conditions the parents may have e.g. schizophrenia or addictions etc. The presence of such a condition may cause problems and worries for the foster child and clearly it will help carers to know about this so that they can talk to their child in a helpful way and, if need be, seek the best help. Open communication is very important.

Q – Is there any way that the medical records of the birth parent can be accessed to find out about health conditions which could affect my child?

A – This is best done is through the social work department which has general information about the parents through the social background report. You should always discuss this first with the social worker. As foster carers often need to maintain ongoing good relationships with the birth parent in the best interests of the child, any information about the parents should ideally be obtained in an open, collaborative way. However, this will not always be possible, for example when birth parents are not in contact.

In such cases, one GP (for example the child's GP) can write to another GP (for example the birth parent's GP) to ask for information from the records if this is in the best interests of the child. This is decided on a case by case basis and would usually need the consent of the birth parent to give this information.

In such cases, if it is in the best interests of the child, the child's GP can write to the birth parent's GP to ask for information from the records. A decision to provide information would be made on a case by case basis and will usually need the consent of the birth parent.

Visit:

The General Medical Council (GMC)'s latest guide to child protection www.gmc-uk.org/guidance/ethical_guidance/13257.asp

The Royal College of General Practitioners (RCGP) – *Safeguarding Children Toolkit for General Practice* www.rcgp.org.uk/clinical-and-research/clinical-resources/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx

Supporting Your Child in a Healthcare Setting

Children and Young People's Healthcare Rights

Q - How can I support my child in a healthcare setting?

A: It is the right of your child to have you to support them in a healthcare setting. All children and young people under the age of 18 have rights which include health care rights.

ASCS is member of the European Association for Children in Hospital (EACH) which has produced a Charter of 10 standards or rights for children and young people's healthcare at times of illness, underpinned by the United Nations Convention on the Rights of the Child (UNCRC). The United Nations Convention on the Rights of the Child (UNCRC) sets out the 42 rights to which all children and young people are entitled. Article 24 sets out young people's rights in relation to healthcare.

You have the right to the best health possible and to medical care and information.

For information on EACH: www.ascscotland.org.uk/default.asp?page=36

An understanding of the EACH Charter www.ascscotland.org.uk/default.asp?page=66 can help you to support your child in a healthcare setting and with questions such as the following:

Q Can I stay with my child during an appointment, assessment or treatment or when they have to stay in hospital?

Q – What if I take my foster child to Accident and Emergency and they won't let me go in with them? What can I do?

A – Children and young people have the right to have their parents or parent substitute with them at all times (EACH Charter point 2). **The child** should be asked and given the opportunity to say who they would like to have in with them.

To prove your identity as foster carer or relevant person, it may help to have an ID card (some local authorities issue these for their carers) or a letter from the social work department explaining that you have responsibility for the day to day care of the child and play a significant part in their upbringing.

More useful information is included in the ASCS Guides in the Children and Young People in and Leaving Care Toolkit. All carers attending the ASCS healthcare workshops receive a pack containing this toolkit. www.ascscotland.org.uk/default.asp?page=85

Confidentiality

Q - Should the doctor give me medical information about my child?

A – Because of the responsibility to safeguard the child's health welfare and development, a carer should have access to all the necessary medical and other information about the child. Where the child has capacity to make decisions the child may opt to exercise their right to medical confidentiality.

Q – Will healthcare professionals always keep confidentiality with the child or young person?

A – Yes, the child (with capacity) has the same right to confidentiality as an adult unless there is a child protection issue when the doctor (or other health professional) has to share the information with others.

Tell your child that you are interested and willing to help in any way (for example by going to an appointment with them), whilst respecting their right to privacy. Children and young people may not always say whether they want someone with them at a medical appointment and foster carers, anxious to respect the young person's rights, may not ask them. Good lines of communication are important in this situation.

Always give the child the choice to take you with them to a medical appointment (when they see the doctor) or to be seen on their own.

A LAC Nurse advises: *In the cases where confidentiality has been a factor, I have been able to say to the child that there are some things that we have to share and the child has been fully in agreement with sharing this with the necessary people.*

Consent

The right to give or refuse consent for any treatment lies with the child if they can understand the condition, the treatment and the consequences of that treatment. This is called **capacity** and is **NOT** related to age. A healthcare professional can assess and decide if a child has capacity. The ability to give consent can change depending on how complex a decision a child is making.

Example:

Q – Can I as a Foster Carer give consent on behalf of the child if the child does not have capacity? (See above)

A - People who are caring for a child, in respect of whom they have no parental responsibilities, do have responsibilities under the law (s.5 Children (Scotland) Act 1995) to safeguard the health, welfare and development of the child. This applies to individuals such as foster carers, kinship carers and parents without parental responsibilities and rights. There is specific provision for medical decisions. Where the child does not have (in the opinion of a qualified medical practitioner) the capacity to make the decision, AND the carer does not know that the person with parental responsibilities and rights would not agree, then the carer can make the decision. (The carer is subordinate to a person with parental responsibilities and rights.)

Q – What happens if a birth parent does not give consent?

A - Where a person with parental responsibilities and rights is not available, or where they are acting against the welfare of the child, then the local authority, which has the legal responsibilities of safeguarding and PROMOTING the health, welfare and development of the child, must take steps to get the authority to act. No child should wait for treatment for longer than is absolutely necessary or reasonable.

(From the **Scottish Child Law Centre**)

Helpful Organisations

Action for Sick Children Scotland - www.ascscotland.org.uk

Health Rights Information Scotland (HRIS) - www.hris.org.uk/patient-information/information-for-young-people/

Scottish Child Law Centre - www.sclc.org.uk/about-us.html

Scotland's Commissioner for Children and Young People – www.sccyp.org.uk

Hidden Health Issues

Sometimes healthcare issues can be hidden and unless a foster carer receives a full history (which may not even be known to the local authority), they may not be aware of underlying issues e.g. self-harm, Hepatitis C, HIV, Anorexia, Foetal Alcohol Spectrum Disorder etc.

Q – Should I as the foster carer get to know if the child has illnesses like Hepatitis B as this could put my family at risk?

A – You do have the right to ask the local authority social work department. If they are not able to help, you can ask your community paediatrician, or LAC Nurse if there is one. It may be difficult to have agreement for a child's risk status to be tested if the birth parent has specifically refused this in the past. In that case, you may be advised to take the relevant precautions that would apply if the child had e.g. Hepatitis B, until the matter is clarified by the legal authorities.

Long term foster carers will get information about the birth family's medical treatment.

Carers have asked whether they need to practise barrier nursing when changing babies and children (i.e. wear gloves). Hepatitis B & C and HIV are not easily spread and normal hand washing after toilet care is generally all that is needed to protect you. However, if you are unaware of a child's health status, then practice guidelines say that you should wear gloves. Always check with your social worker, local authority or independent fostering agency.

Sometimes it may be possible for you to have protection (e.g. inoculation) from certain diseases such as Hepatitis B. Ask your GP about this if you think there may be a risk.

Remember not to share toothbrushes if there is a risk of blood borne viruses.

Q - Where can I get more information on Foetal Alcohol Spectrum Disorders?

A – The Scottish Government has produced a toolkit to promote awareness on the issue. For more information: www.scotland.gov.uk/Publications/2013/10/3881/18

Foetal Alcohol Spectrum Disorders (FASD) is a range of serious negative effects to the foetus and baby's development which can occur when a pregnant mother consumes alcohol during pregnancy. Drinking alcohol during pregnancy can impact on a child's development, physical and mental health, learning and behavior and the effects of FASD, for the child and their family, are life-long.

FASD Scotland offers:

- Information and awareness about the lifelong risks of prenatal exposure to alcohol.
- Information, support and advocacy to families caring for a child affected by FASD.
- Strategies for managing FASD.
- Advice and training to reduce FASD Secondary Disabilities.
- Training for professionals involved with individuals affected by FASD
- Partnership with other agencies to prevent FASD and Secondary Disabilities

Visit: www.FASDscotland.com OR Email: info@FASDscotland.com

Mental Health and Emotional Well-being

Q - Where do I go and who can help if I think my child has issues to do with mental health and well-being like emotional, behavioural or psychological problems?

A – Your social worker, GP, LAC Nurse, health visitor or school nurse could be a first point of contact. They can, if appropriate, refer you to your local child and adolescent mental health services (CAMHS) where there will be professional psychologists, psychiatrists and other therapists who are trained to help.

Some CAMH services provide consultation and specialist support for foster and kinship carers with advice and help on how to manage your child's troubling behaviour. Following consultation with the adults, they may also wish to meet your child.

Visit the Hands on Scotland website for ideas about how to cope with troubling behaviours
www.handsonscotland.co.uk

Other sources of information which can help are:

www.parentingacrossscotland.org

www.respectme.org.uk

www.children1st.org.uk/what-we-do/our-services/search-our-services/supporting-families

www.mindroom.org

Q – If the birth mum has mental health issues does this mean that the child will too?

A – Mental health issues are very common in the population but most are **NOT** inherited. It depends on the diagnosis and other complicating factors for vulnerability. Different mental disorders have different genetic risks. Concerns should be discussed with health professionals in the first instance. Often the children affected by parental mental illness are worried about the hereditary aspect and may benefit from specialist help. Please discuss this with your social worker or LAC Nurse in the first instance. Foster carers provide a valuable service as an alternative care route and are a vital form of support to the child or young person.

Q – Is schizophrenia hereditary?

A – There is an increased risk if one or both parents are affected but environmental factors play a large part. Risk is also environmentally dependent on chronic stress levels and the presence of drugs and alcohol. This makes it even more important that the child has a secure and stable placement.

For more information on mental illness contact: Support in Mind Scotland

Email: info@supportinmindscotland.org.uk www.supportinmindscotland.org.uk

It offers support to people affected by mental illness (**including carers**) and has a network of local support groups. It provides a range of information, manages drop-in centres and has employment support officers and carers' officers.

For support and advice on Schizophrenia see Contact a Family's Medical Directory, entry for [Mental Health](#).

www.cafamily.org.uk/medical-information/conditions/m/mental-health

Attachment Issues

Some of the problems carers worry about may be a result of what the child experienced in their earlier life before they became looked after or were taken into care.

A baby's earliest relationships form the building blocks of all future development - physical and psychological. The experiences they have been exposed to affect the way in which they view all relationships with others.

Carers who are attuned to the child's individual emotional and physical needs in a responsive and spontaneous way can foster a secure attachment in the child so that the child will be able to develop in an emotionally healthy way.

Where children have not had their emotional and physical needs met adequately by their primary care giver, their development may be seriously affected. Research now indicates that brain development in these children is adversely affected. If a child experiences rejecting, angry, inconsistent and withholding parenting, they will develop ways which help them survive in these adverse circumstances which will result in insecure, anxious and disorganized forms of attachment.

Certain behaviours may be an emotional response to grief, loss, abuse or neglect. Various forms of insecure attachment relationship and the effects of neglect and trauma can give rise to behaviours which mimic those of ADHD and ASD and present as a concern to carers.

It is very important that carers are good listeners and make every effort to show their support to the child. If you are not sure or you are worried that your child's behaviour could be an illness or might develop into a condition, you should speak to the GP as soon as possible. They can refer the child to the right specialist for assessment or treatment.

Other organisations which can help:

HandsonScotland - www.handsonscotland.co.uk

Relax Kids - www.relaxkids.com/UK/Homepage

Attention Deficit Hyperactivity Disorder (ADHD)

Q - How should we deal with ADHD?

A – Children who already have a diagnosis of ADHD will be known to the local child and adolescent mental health service (CAMHS) or should have a clinician who will be able to advise you on the best management of your child and their particular difficulties. If your child has not been diagnosed but you are concerned that they may have ADHD, then you should discuss this with your child's school, LAC Nurse, social worker or health visitor.

Sources of Information and support:

National Institute for Health and Care Excellence NICE

www.guidance.nice.org.uk/QS39/PublicInfo/pdf/English

Information for people who use NHS services in England for Attention Deficit Hyperactivity Disorder

NICE guidance can apply in Scotland but for Scotland specific guidance please see:

Scottish Intercollegiate Guidelines Network SIGN part of Health Improvement Scotland – Management of attention deficit and hyperkinetic disorder in children and young people

www.sign.ac.uk/guidelines/fulltext/112

Information Leaflet on ADHD for Parents and Carers www.sign.ac.uk/pdf/pat112.pdf

A clear explanation of the condition, the symptoms, the causes, how to get help and the treatment.

ADDers.org - Online ADD/ADHD Support Network

www.adders.org - This website provides information for adults and children with ADHD and their families. It includes details of local groups in the UK and abroad. NOTE: The support groups listed are independent and are not part of, or affiliated to, ADDers.org

Handsonscotland - www.handsonscotland.co.uk is a toolkit for responding to children's troubling behaviour and has a helpful section on overactivity/inattention.

There are also a number of local self help groups. If you want to contact one of these and have been unable to do so through the organisations above, please get in touch with Contact a Family. Freephone helpline **0808 808 3555**.

Autism

Q - We hear so much about more and more children being on the Autistic Spectrum. I worry that my child's behaviour is a sign of an autistic disorder. Where can I go for help?

A – Autistic Spectrum Disorder (ASD) is a disorder with a wide range of severity but almost always involves difficulties in social communication. Looked after children, who frequently have a history of damaged and disrupted early attachment relationships, often display 'look-alike' difficulties which may or may not be ASD. It is important that you observe your child and work with professionals to understand what causes these and to decide together how you can best meet your child's needs.

If you are worried about your child, share your concerns with your health visitor, LAC Nurse, social worker, school or GP, who may wish to refer your child to a community paediatrician working in community child health or to your local child and adolescent mental health service (CAMHS) for further consultation. A diagnosis of ASD is always made by more than one professional and may include paediatricians, speech and language therapists, psychiatrists and psychologists.

For more information and support contact the National Autism Society.
www.autism.org.uk/living-with-autism/parents-relatives-and-carers.aspx

Eating and Food Related Issues

Q – My girl is hoarding food under her bed. She's got boxes and boxes of stuff that she's been keeping for ages and won't give it up. What can I do?

A – Try giving her her own special box and letting her keep some stuff in it, so you are not saying to her that she can't have anything. You're actually saying, it's OK. You can keep your own stuff!

In this way you are acknowledging her very real fear of having nothing and giving her ownership while at the same time keeping it within manageable limits. If her own store of food is kept visible, it is less likely to go beyond its 'use by' date or cause tummy upsets and you can try to encourage the child's understanding of healthy eating by sharing an interest in what goes into the 'spare snack box'

www.handsonscotland.co.uk/topics/troubling_behaviours_topic_frameset.htm

Food and feeding is closely related to feeling safe and loved. Therefore children and young people, who have been neglected, where food may not have been available, often develop a disturbed relationship with food. They may not feel hunger or know when they are full. Some children may hoard food because of a fear about having to go without. Hoarding food is not stealing. It comes from a survival instinct and foster carers need to understand this in order to support these children to learn how to eat well.

If you are concerned about your child's eating behaviours or relationship with food, it is important you contact your GP as soon as possible. Early assessment and treatment is vital. Do not **wait** until things have become very serious.

For more information on eating disorder visit:

www.cafamily.org.uk/medical-information/conditions/e/eating-disorders/?f=E

www.b-eat.co.uk/get-help/online-community/young-people/young-ambassadors

Sleep Difficulties

Q – How can I get my child to sleep better?

A - Sleeping and bedtime routines can often present difficulties as it may be when children go to bed that their deepest fears are triggered as they have to go to sleep alone and in the dark. This depends on the nature of any trauma and abuse which may have taken place in their earlier life. Some children want the light on all night or they refuse to sleep in their own bed and insist on being in bed with the carer. The following may help:

- Keeping a routine in a calm atmosphere
- Reading a story
- Music and low soothing lighting
- Turning off the TV or IT immediately prior to going to bed
- Fresh air and exercise during the day

Sleep Scotland has information, courses and counselling to help with this. Visit:

www.sleepscotland.org

Specific Medical Conditions

Contact a Family has an online Medical Directory with over a thousand conditions listed. The information is written and edited by specialists and healthcare professionals and presented in family accessible language. Entries will include details of relevant family support groups where these exist.

www.cafamily.org.uk/medical-information

Q - Can I find help on the internet?

A - When looking for information on the internet it is best to go through a recognised site:

- NHS Inform - www.nhsinform.co.uk
- Contact a Family - www.cafamily.org.uk
- Patient.co.uk - www.patient.co.uk

Please take care to choose websites which have been approved or recommended by respected professionals or organisations as it is easy to get false and misleading information from the wrong sites. Contact a Family has information about safely interpreting internet information.

www.cafamily.org.uk/medical-information/medical-information-on-the-internet

Q – Where can I get more information about my child's condition?

A - If you are looking for information on a specific condition, these websites may help:

- Contact a Family has a medical directory – www.cafamily.org.uk/
- NHS24 also has an information portal – www.nhsinform.co.uk
- Patient.co.uk, trusted medical information and support - www.patient.co.uk

Other Useful Contacts

Action for Sick Children Scotland – www.ascscotland.org.uk

BAAF Adoption and Fostering - www.baaf.org.uk/scotland

CELCIS - Centre for Excellence for Looked After Children in Scotland www.celcis.org

Children 1st – www.children1st.org.uk/what-we-do/our-services/search-our-services/supporting-families

Citizens Advice Scotland - www.cas.org.uk

CLAN (Community Law Advice Network) - www.clanchildlaw.org

Contact a Family – www.cafamily.org.uk

Enquire, The Scottish Advice Service for Additional Support for Learning - www.enquire.org.uk

General Medical Council - www.gmc-uk.org

Hands on Scotland – www.handsonscotland.co.uk

NHS 24 – www.nhs24.com and NHS Inform - www.nhsinform.co.uk

Parenting Across Scotland - www.parentingacrossscotland.org

The Royal College of General Practitioners (RCGP) - www.rcgp.org.uk

Royal College of Paediatrics and Child Health – www.rcpch.ac.uk/what-we-do/the-college/rcpch-scotland

Scottish Attachment in Action – www.saia.org.uk

Scottish Child law centre – www.sclc.org.uk

Scotland's Commissioner for Children and Young People – www.sccyp.org.uk

Sleep Scotland – www.sleepscotland.org

TFN - The Fostering Network – www.fostering.net/scotland

UNCRC – The United Nations Convention on the Rights of the Child –

<http://uncrcletsgetitright.co.uk/index.php/children-young-people/right>

Wave Trust – www.wavetrust.org/our-work/our-results/scottish-strategy

Who Cares? Scotland – www.whocaresscotland.org

Action for Sick Children Scotland, 22 Laurie Street, Edinburgh EH6 7AB

Tel: 0131 553 6553 www.ascscotland.org.uk Email: enquiries@ascscotland.org.uk