



Health & Wellbeing Policy

Approval/Ratified by:	Karen Holden Owner Director
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Target Audience:	All Adults/Employees

Policy Statement

This policy sets out Lighthouse Collaborative Care’s commitment to promoting and safeguarding the physical, emotional, and social well-being of every child in our care. We recognise that a supportive, nurturing environment is fundamental to healthy development and befits our duties under the Children’s Homes (England) Regulations 2015, the Health and Safety at Work Act 1974, and relevant national guidance.

The health and well-being standard within the Children’s Homes Regulations states that providers should ensure:

- The health and well-being needs of children are met.
- Children receive advice, services, and support in relation to their health and well-being; and
- Children are helped to lead healthy lifestyles.

In particular, the standard in paragraph (1) requires the registered person to ensure that staff help each child to:

- Achieve the health and well-being outcomes that are recorded in the child's relevant plans.
- Understand the child's health and well-being needs and the options that are available in relation to the child’s health and well-being, in a way that is appropriate to the child's age and understanding.
- Take part in activities and attend any appointments for the purpose of meeting the child's health and well-being needs; and
- Understand and develop skills to promote the child's well-being.
- That each child is registered as a patient with a general medical practitioner and a registered dental practitioner; and
- That each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment, and other services as the child may require.



We commit to:

- Providing an environment where children feel safe, valued, and able to express their needs.
- Ensuring access to high-quality healthcare, including routine check-ups, immunisations, and specialist support as required.
- Fostering positive emotional well-being through trauma-informed care, therapeutic support, and open communication.
- Promoting balanced nutrition, appropriate physical activity, and healthy lifestyle education.
- Respecting children's cultural, religious, and personal identities in all aspects of care.
- Working in partnership with families, healthcare professionals, and external agencies to deliver cohesive support plans.
- Regularly reviewing and updating our practices to reflect emerging evidence, best practice, and statutory requirements.

Scope

This policy applies to:

- All children residing at the Old Parsonage
- Every member of staff, volunteer, contractor, and visitor.
- All activities, premises, and services operated by Lighthouse Collaborative Care.

Key Objectives

- Physical Health
 - Ensure prompt registration with a GP, dentist, optician, and other practitioners.
 - Monitor growth, dietary intake, and physical development.
 - Conduct risk assessments for all activities.
- Emotional & Mental Health
 - Provide access to counselling or therapeutic services.
 - Train staff in mental health first aid and de-escalation techniques.
 - Embed daily opportunities for children to explore feelings and build resilience.
- Social Wellbeing
 - Encourage positive peer interactions and community engagement.
 - Support educational attainment through liaison with schools and tutors.
 - Offer life skills training to foster independence.



Principles

'Wellbeing' means the quality of a child's life. This is multidimensional, encompassing physical, emotional, and social well-being, both for the child's immediate life and future. It incorporates subjective measures, such as happiness, perception of quality of life, and life satisfaction, as well as objective measures related to supportive personal relationships, education and training resources, and health status.

- Child-Centred: Every decision and action considers the best interests of the child.
- Dignity & Respect: We uphold children's rights to privacy, choice, and self-expression.
- Equality & Inclusion: We challenge discrimination and promote belonging for all.
- Collaboration: We value teamwork within the home and with external partners.

Roles & Responsibilities

Staff should encourage children to take an active role in managing their daily health and well-being. Children with specific health needs or conditions should receive support tailored to their age and level of understanding to manage these conditions effectively. When a child requires additional health or well-being support, staff should collaborate with the child's placing authority to ensure prompt access to any necessary specialist medical, psychological, or psychiatric services and challenge them if access is denied. Homes play a key role in organising and ensuring each child's attendance at essential primary and secondary health services.

Other organisations will provide most health services a child needs. If these services are unavailable or withdrawn, staff must inform and work with those responsible for the child's health to ensure their needs are met.

- Registered Manager
 - Ensures full policy implementation, compliance audits, and annual policy reviews.
 - Ensures that each child's day-to-day health and well-being needs are met.
 - That children receive advice, services, and support in relation to their health and well-being.
 - Ensure children are helped to lead a healthy lifestyle.
- Staff
 - Should work to make the home an environment that supports children's physical, mental and emotional health, in line with the approach set out in the Home's Statement of Purpose
 - Achieve the health and well-being outcomes that are recorded in the child's relevant plans.
 - Understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding.
 - Take part in activities and attend any appointments for the purpose of meeting the child's health and well-being needs.
 - Understand and develop skills to promote the child's well-being.



- Attend mandatory training, promote positive routines, and report concerns immediately.
- Senior Staff
 - Oversee day-to-day health and well-being initiatives, staff supervision, and incident reporting.
- Children
 - Are encouraged to take an active role in their own health plans and voice preferences.
- Parents
 - Where appropriate, the child's family should be involved in supporting their child's health needs as well as in providing permission for treatment.

Training & Development

The registered manager must ensure that staff have the relevant skills and knowledge to be able to:

- Respond to the health needs of children.
- Administer basic first aid and minor illness treatment.
- Help children to manage long-term conditions and, where necessary, meet specific individual health needs arising from a disability, chronic condition, or other complex needs.

All staff will have:

- Induction training covering health and well-being principles, safeguarding, and first aid.
- Mandatory annual refresher courses on mental health, nutrition, and safe physical handling.
- Access to specialised workshops (e.g., therapeutic play, mindfulness techniques).

Working In Partnership With Others

DfE and DHSC Statutory Guidance on Promoting the Health and Well-being of Looked After Children provides information about the statutory obligations and duties of local authorities and health bodies to support and promote the health of looked-after children. The responsible local authority (the authority that cares for the child) must ensure that its looked-after children receive appropriate healthcare services.

The health of children in care must be assessed regularly, and the child's Care Plan must include an individual health plan outlining the approach that the placing authority will follow and the desired outcomes to meet the child's health needs. For children with special educational needs and disabilities, staff must determine whether the child has an EHC plan. If so, staff must consider the health objectives it specifies. The specific responsibilities of the home towards supporting the health and well-being of each child should be agreed with the placing authority and recorded in the child's Placement Plan. It is the joint responsibility of the registered manager of the Home and the placing authority that this is agreed at the time of placement.



Staff should have a sufficient understanding of relevant health services, including the functions of the named and designated nurse for looked-after children in their area. They should support children to navigate these services, advocating on their behalf where necessary and appropriate.

The Home's manager must ensure the Home has good links with health agencies to promote children's good health, is well-informed about local health services, such as CAMHS and sexual health services in the area it covers and takes this into account when deciding on admissions.

Advice, Support & Guidance

In line with their individual health plans and the ethos of the Home, children must be offered advice, support and guidance on health and wellbeing to enhance and supplement that provided by their school through Personal, Social and Health Education (PSHE).

Staff should have the relevant skills and knowledge to be able to help children understand, and where necessary work to change negative behaviours in key areas of health and well-being such as, but not limited to, nutrition and healthy diet, exercise, mental health, sexual relationships, sexual health, contraception and use of legal highs, drugs, alcohol and tobacco.

Notifications and Registrations

When a child moves into a home, the social worker must notify the local Health Authority of the placement.

The manager of the Home should arrange for the following:

- For the child to be allocated a key adult who will be responsible for promoting their health and educational achievement, liaising with key professionals, including the Children in Care Nurse, the child's GP, and dental practitioner. The key adult will also be responsible for ensuring that up-to-date information is kept on the child regarding their health needs, development, illnesses, operations, immunisations, allergies, medications, administration, and dates of appointments with GPs and specialists.
- For the child to be registered with a GP.
- For the child to be registered with a Dentist.
- For the child to be registered with an Optician.
- For a Health Assessment to be carried out in relation to the child as set out in Statutory Guidance Promoting the Health & Wellbeing Of Looked After Children

Access To Health & Specialist Services

Each child must have access to dental, medical, nursing, psychiatric, and psychological advice, treatment, and other services they require.

Children's health needs must be identified (including their mental and sexual health needs, as appropriate), and they must have access to local health services when they need them.



If a child's needs require specialist healthcare, such as those with a disability or visual impairment, the Home's manager must ensure that local specialist services are secured in conjunction with the social worker and relevant healthcare professionals from the Placing Authority. The Home's manager should keep the General Medical Practitioner informed of the care process and any suggested changes to the child's care.

If there are any serious concerns about the emotional or mental health of a child, the Home's manager must alert the social worker and seek a review of the child's care plan and/or request an assessment under the Mental Health Act 1983.

Any strategies or services provided must be outlined in the child's Placement Plan/Health Care Plan.

Appointments

If children appear to require or request it, appointments should be made for them to see their GP or other medical practitioners as appropriate.

When appointments are made, account should be taken of the child's wishes, for example, to see a practitioner of a preferred gender identity. Additionally, appointments should be scheduled to minimise disruptions to the child's education.

Parents, those with parental responsibility and the child's social worker should, if possible, be consulted before making appointments; and they should be informed of the outcome.

As appropriate, the Chronology/Referral and Information Record should be updated to reflect these appointments. Care should be taken to ensure that the top copy, held by the social worker, and the copy held in the Home are updated.

Additionally, the child's Medical Record should be updated.

Health Assessments

Every Looked After Child should have a Health Assessment shortly after being placed and then at specified intervals, as outlined below. The purpose of a Health Assessment is to conduct an initial evaluation of the child's physical, emotional, and mental health. This assessment will inform the child's Health Plan and ensure that the placement addresses the child's holistic health needs.

At a minimum, the child's primary carer will be required to complete the two-page version of the Strengths and Difficulties Questionnaire (SDQ) for the child in time to inform their health assessment. (See Annex B of the 'DfE Promoting the Health and Well-being of Looked-after Children,' Strengths and Difficulties Questionnaire). Health Assessments must be carried out by a suitably qualified medical practitioner, who should provide the social worker with a written report.

The first assessment must be conducted before the child's first placement, or if this is not reasonably practicable, before the child's first Looked After Review – unless one has been conducted in the previous 3 months.



- For children aged between two and five years, further assessments should occur at least every six months.
- For children aged over five years, further assessments should be at least annually.
- Health Assessments must be conducted more frequently where the child's health needs dictate.

Health Assessments should not be seen as an isolated event, but rather as part of the continuous cycle of care planning (assessment, planning, intervention, and review). They should build on information already known from health professionals, parents, previous carers, and the child themselves.

The Social Worker is usually responsible for ensuring that Health Care Assessments are undertaken, but the home may undertake this responsibility.

To ensure the assessment can be conducted, the social worker must obtain all necessary consents and delegated authority permissions to prevent delays in decision-making. Young people (depending on their age and understanding) can provide informed consent for the assessment.

Health Care Plans

Each child's Placement Plan should identify the child's healthcare needs (if any) and outline how the home will meet these.

The initial Health Care Plan should be produced before the first Looked After Review. The Health Care Plan should then be updated after each Health Care Assessment or as circumstances change.

The Health Care Plan should describe how the child's physical, emotional, and mental health needs will be addressed to improve health outcomes.

The Health Care Plan (and the Placement Plan as necessary) should cover the following:

- Whether there is any specific health, physical, emotional, or mental healthcare needs - and how the home will meet them.
- Responsibilities of staff to make sure a child attends their Health Assessment and all other medical, dental, and optical appointments, and facilitate any required treatment regimens.
- Agreements for the use of non-prescribed medicines, Home Remedies, or the use of first aid.
- Any specific medical or other health interventions which may be required, including whether it is necessary for any invasive procedures and how they will be undertaken.
- Whether any immunisations must be carried out.
- Any specific treatment or therapeutic interventions, strategies or remedial programmes required.
- Any necessary preventative measures to be adopted.
- Clarify which health care decisions have been delegated to children's home staff.



- If the child is at risk of suicide or self-harm, the interventions/strategies to be adopted in reducing or preventing such behaviour.
- How the home will contribute to any health monitoring.
- Information should also be given about any allergies.

Smoking, Vaping, Alcohol & Substance Misuse Guidance

Definitions

Drugs and substances are defined as any substances, whether restricted or prohibited, which may hurt a child, such as:

Alcohol, Cigarettes, Tobacco, Aerosols, Gas, Glue, Magic Mushrooms (Amanita), Petrol, Solvents and all controlled substances such as Amphetamines, Barbiturates, Benzodiazepines, Cannabis, Cocaine, Hallucinogens, and Narcotics.

Many looked-after young people use drugs for recreational reasons, just like other young people. Still, there is evidence that looked-after young people may use drugs, including alcohol, to 'forget bad things', reflecting their difficult and traumatic personal histories.

In addition, where children and young people are abused through sexual exploitation, alcohol and other drugs are often used in the grooming and enticement process. There is a close connection between the use of alcohol and substances as a significant factor in young people's sexual behaviour, and as with other aspects of their lives, children and young people learn from the behaviour of those around them. All professionals working with looked-after children should be familiar with the referral pathways for treatment.

Access/Use of Drugs and Substances

▪ Purchasing Drugs or Substances

All reasonable measures must be used to reduce or prevent children from obtaining drugs or substances that may harm them.

If it is known or suspected that children are obtaining products that may harm them, whether from the streets, dealers, or traders of any kind, the manager/supervising social worker and social worker must be informed, and a strategy must be adopted to reduce or prevent this.

If the problem persists or is serious, relevant specialists or bodies, including Trading Standards or the Police, should be informed.

▪ Cigarettes & Tobacco

It is a criminal offence for cigarettes to be purchased by or on behalf of those under 18 years of age.

Smoking is the leading cause of preventable death and the main cause of health inequalities. Helping young people to stop smoking is the most effective and cost-effective of all the interventions they receive. All professionals should be encouraged to systematically deliver brief



interventions to all smokers at every opportunity and refer them to their local NHS Stop Smoking Service.

There should be an emphasis on protecting looked-after children from taking up smoking and protecting them from second-hand smoke, as well as providing them with an environment they can grow up in which smoking is actively discouraged. Where looked-after children already smoke, they should be encouraged to give up.

Staff and carers must not condone a child or young person smoking, for example, by looking after their cigarettes or allowing the young person time to smoke. If children are permitted to smoke, this must have the parents' consent or, if the parents are unavailable, the permission of the Service Manager for CLA. The arrangements for managing the child/young person's smoking should be set out in the child's Placement Plan.

Adults/Staff/, and visitors are not permitted to smoke in the establishment or in the presence of children. Children are also not allowed to smoke inside the home. Members of residential staff are not permitted to purchase or give cigarettes, tobacco, or the materials for making or lighting cigarettes or tobacco to children, and, as indicated above, this is a criminal offence.

- **Vaping**

Vaping refers to the act of inhaling and exhaling aerosol, often referred to as "vapour," produced by an electronic cigarette (e-cigarette) or similar device. These devices heat a liquid—commonly called e-liquid or vape juice—which may contain nicotine, flavourings, and other chemicals.

The safety, well-being, and development of our young residents are our highest priorities. In line with current legislation and safeguarding guidance, the home maintains a strict policy prohibiting the use, possession, or promotion of vaping devices and e-cigarettes on the premises.

- **Prohibition:** Vaping by children and young people is strictly not permitted within the home, including in personal rooms, communal areas, or outdoor spaces.
- **Health Protection:** Vaping poses potential health risks, particularly to developing respiratory and cardiovascular systems. This policy aligns with Public Health England and NICE guidelines to minimise exposure and harm.
- **Safeguarding:** Vaping devices may contain substances that are harmful or unlawful. Staff must remain vigilant to protect children from access to these items and report any concerns immediately.
- **Education and Support:** The home will offer age-appropriate education around the risks of vaping, including nicotine addiction, peer influence, and social media misinformation. Children who are found to be vaping will be supported in line with behaviour management protocols and referred to appropriate health services if needed.



- **Staff Conduct:** All staff are expected to model healthy behaviours. Vaping by staff is prohibited on-site and during working hours, in accordance with workplace health and safety standards.

- **Alcohol**

Adults/Staff/visitors, and children are not permitted to consume alcohol on duty or within the establishment. Additionally, staff are not allowed to take children into licensed premises other than those with separate restaurants.

- **Aerosols, Gas, Glue and Petrol**

Staff must ensure that aerosols, gases, glue, petrol, and similar substances are only used for the purpose for which they were designed, and that all reasonable measures are taken to restrict their use to children who are known to pose no risk to themselves or others if they have access to them. The storage of such materials or COSHH substances will be outlined in the staff handbook and children's guide.

- **Controlled Drugs and Substances**

Under no circumstances may controlled drugs and substances, other than those prescribed by a medical practitioner, be permitted into the home.

Prevention and Planning

All staff should ensure that information, guidance, and advice on the risks associated with harmful drugs and substances are available to all children looked after. Additionally, any child known or suspected to be participating in drug or substance misuse activities must be provided with the following:

- Targeted relevant information, guidance, and advice to help reduce or prevent such risks as part of their Health Care Plan.
- A strategy for managing the risk, outlined in a Behaviour Management Plan, including in what circumstances the Police will be notified.
- A referral will be made to the local drug and alcohol services (OASIS)
- As part of this strategy, consideration should also be given, through consultation with the child, to making referrals for specialist support and helping children to access treatment, if appropriate.

Emergencies

If it is suspected that a child is misusing harmful drugs or substances and no strategy exists to reduce or prevent the behaviour, the child's social worker should be contacted and an agreement reached on how to proceed; this will include whether the Police will be notified.

If there are immediate risks and the social worker or manager/link worker is unavailable, staff should take the necessary actions immediately, then inform the manager/supervising social worker and the child's social worker at the first opportunity.



The actions that staff take will be dependent on the circumstances and the degree of offence or injury that is likely.

The overall responsibility of staff is to protect children, themselves and others from injury and reduce or prevent the likelihood of criminal offences.

If there is a risk of serious harm, injury, or a serious criminal offence, and staff are unable to manage the situation safely, the Police should be notified.

If solvents are involved, allow air to circulate freely and extinguish naked lights.

If any person is unconscious, in a fit, convulsing or otherwise seriously ill, emergency first aid should be given and an ambulance requested. The emergency services should be informed that there are suspicions of drug or solvent misuse.

The drugs/substances should be removed or confiscated, preferably with the co-operation of the child, and preferably by two staff, who must record their actions, describing what they have obtained and where it has been safely stored.

Suppose children do not cooperate, or there is a risk of injury or damage to property. In that case, it may be necessary to use Physical Intervention, conduct a search, or call for Police assistance.

No further action, beyond making the situation safe and attempting to confiscate harmful drugs or substances, should be taken without a manager's authorisation, preferably in consultation with the child's social worker.

However, the staff should undertake the following if a manager/supervising social worker is not available within a reasonable timescale:

- Legal but potentially harmful substances such as cigarettes, alcohol, aerosols, gas, glue, and petrol should be put in a safe place out of the reach of children or disposed of safely.
- Controlled substances and any associated materials or paraphernalia must be placed in a clearly marked box or other substantial container and sealed, for passing to the foster carers' supervising social worker, child's social worker or residential manager as soon as practicable. (They must then arrange for it to be taken to a competent authority, e.g., a pharmacist or doctor, and a receipt obtained).

When safe to do so, the manager/supervising social worker and the child's social worker should be notified and a decision reached on the actions/measures to be taken. This should include whether the Police should be informed.

Recording

Staff should record any occurrence as outlined in this procedure in the child's Daily Record.



Self-harm

Many children and young people who come into the 'looked after' system have experienced significant trauma in their lives and are often highly vulnerable. Likely, these children will sometimes have multiple and complex needs and significant behavioural and emotional difficulties, which can lead to acting in ways that place themselves in situations of high risk.

This aims to:

- Provide staff with clear guidance on responding to and managing self-harm.
- Protect the welfare and rights of children and young people through proactive and informed care.
- Promote an empathetic, non-punitive approach rooted in safeguarding and trauma-informed practice.

Definition of Self-Harm

Self-harm is defined as any intentional act of self-poisoning or self-injury, regardless of motivation or suicidal intent. It may include:

- Cutting, burning, scratching
- Overdosing or ingesting substances
- Head-banging, punching walls.
- Risky behaviours with intent to cause injury.

Ethos and Guiding Principles

- Non-judgmental support: Staff will provide compassionate responses, never punish or shame the child.
- Safety-first: Physical and emotional safety is prioritised
- Restorative care: Responses aim to rebuild trust and resilience.
- Child-centric: Support is personalised and age-appropriate.
- Multi-agency approach: External professionals engaged when needed.

Roles and Responsibilities

- All Staff
 - Observe signs of self-harm and respond calmly.
 - Administer first aid and escalate medical concerns.
 - Log incidents accurately and in a timely manner.
 - Uphold confidentiality but follow safeguarding protocols.
 - Participate in reflective debriefs after serious incidents.



- Designated Safeguarding Lead
 - Ensure proper referrals to CAMHS or GP
 - Review incident logs for patterns or risk escalation.
 - Coordinate with families and social workers.
 - Monitor and audit policy adherence.

- Registered Manager
 - Ensure training for all staff on self-harm and trauma-informed care.
 - Maintain oversight of care plans and clinical input.
 - Conduct reviews following incidents or trends.

Prevention and Identification

- Risk Identification
 - Risk assessments during admission are updated regularly.
 - Consider neurodiversity, cultural identity, trauma history, and emotional literacy.

- Early Warning Signs
 - Withdrawal, mood changes, unexplained injuries
 - Changes in sleep, appetite, or communication style

- Safety Plans
 - Individual plans developed with the child, staff, and external professionals.
 - Include preferred coping strategies and crisis response options.

Intervention Strategies

- Immediate Response
 - Provide first aid and/or contact emergency services.
 - Engage the child in a calm, private conversation.
 - Use reassurance and distraction techniques where appropriate.

- Supportive Actions
 - Encourage expression through journaling, drawing, and talking.



- Offer choices and control to reduce feelings of helplessness.
- Use grounding exercises and sensory regulation tools.

Post-Incident Review

- Recording and Reporting
 - Use internal incident form + body map (if applicable)
 - Notify DSL and update the child's care plan.
 - Report to Ofsted if threshold met.
 - All self-harming must be recorded in the Home's Daily Log and the relevant child's Daily Record.
 - If First Aid is administered, details must be recorded.
 - The child's Placement Plan should be reviewed with a view to incorporating strategies to reduce or prevent future incidents.
- Debriefing
 - Child offered a debrief within 24 hours.
 - Staff offered supervision or peer support.
 - Reflective learning incorporated into practice.

Working with Families and Professionals

- Families contacted as appropriate, depending on the safeguarding plan.
- Involve therapists, social workers, and CAMHS for holistic care.

Monitoring and Review

The Registered Manager will conduct quarterly audits of:

- Incidents, outcomes, and training coverage
- Policy reviewed annually or post-serious incident.
- Health Care Plans and Behaviour Management Plans
- Trends and patterns will be reviewed to inform practice and policy updates.
- Feedback from children and staff will be used to evaluate the effectiveness of interventions.