

POLICY TITLE:	Health and Well-being
Policy Number:	ACS 17
Applies to:	All services
Version Number:	03
Date of Issue:	26/06/2023
Date of Review:	30/06/2024
Author:	Debra Murray – Head of Quality, Care
Ratified by:	Debra Murray – Head of Quality, Care
Responsible signatory:	Jane Stone: Director of Governance and Risk
Outcome:	<p>This Policy aims to:</p> <ul style="list-style-type: none"> The physical, mental, social, emotional and sexual health of young children and young people is promoted as effectively as possible, by facilitating encouraging healthy lifestyle decisions.
Cross Reference:	<p>ACS 16 Governance & Monitoring ACS 18 Medication ACS 20 Sexual Health and relationships ACS 21 Privacy, Dignity and Intimate Care ACS 22 Self-Harm ACS 23 Drug and substance misuse ACS 24 Nutrition and Diet ACS 25 Smoking ACS 31 Curriculum ACS 32 Teaching and Learning ACS 26 Equality of Opportunity including English as an additional language ACS 34 Spiritual, moral, social cultural development and Community Cohesion AOP43 Service Access for Physically Disabled Service Users A&S 01 Health and Safety Arrangements AH&S 15 First Aid Food Safety and Housekeeping Manuals Infection Prevention and Control Manual</p>

EQUALITY AND DIVERSITY STATEMENT

Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

This policy cover all parts of Aspris Services – The Care and Education Divisions; Central services and our Fostering service. For the Fostering service and the 2 operational divisions, there are local procedures that relate to some of these policies, where necessary.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, AsprisGovernanceHelpdesk@Aspris.com

Health and Well-being

1 INTRODUCTION

- 1.1 In order to effectively implement policies, each Aspris Children's Services will have local procedures in place where necessary, which explain how this policy is applied and put into practice at service level.
- 1.2 Local Procedure Template **ACS LP 17** is provided for this purpose and includes a key content checklist.
- 1.3 This policy should be used in conjunction with the related policies listed on the preceding page where applicable.

2 AIMS

- 2.1 Aspris Children's Services seeks to ensure that the physical, mental, social, emotional and sexual health of children and young people is promoted as effectively as possible, by facilitating encouraging healthy lifestyle decisions.
- 2.2 Each child or young person attending or residing at an Aspris Children's Services service is enabled to develop skills and abilities to the optimum individual level possible in relation to living a healthy lifestyle and making informed choices about their personal health.

3 SCOPE AND DEFINITIONS

- 3.1 By health and well-being we mean the physical, mental, social, emotional and sexual health of children and young people.
- 3.2 **Residential Care placements:** For children and young people with residential care placements the scope of responsibility for Healthcare treatment will be detailed in the individual placement plan/personal plan. In addition to which the home or school will ensure they provide day-to-day of good health by adhering to health and medical arrangements outlined in the EHCP, Placement Plan, all relevant Individual Healthcare Plans and the Individual Risk Assessment.
- 3.3 **Day placements:** For children and young people with day placements healthcare responsibilities for the school or college will generally be limited to the day-to-day good health by adhering to health and medical arrangements outlined in the EHCP and Individual Risk Assessment
- 3.4 All healthcare treatment must be delivered in accordance with relevant policy and guidance in relation to consent to treatment.

4 HEALTH PROMOTION

- 4.1 All colleagues at all services are responsible for ensuring the active promotion of healthy lifestyles through their actions and adherence to group and divisional policies. This includes but is not limited to:
 - (a) Healthy eating
 - (b) Non-smoking
 - (c) Regular exercise
 - (d) Emotional well-being and the elimination of all types of bullying
 - (e) Recognition and valuing of diversity
 - (f) Avoidance of substance misuse
 - (g) Good hygiene procedures(See separate policies as listed on the policy front page for details).

5 LEARNING: FORMAL AND INFORMAL

- 5.1 All colleagues are expected to enable children and young people, in accordance with their individual skills and abilities, to develop the ability to make informed choices about their health and well-being.
- 5.2 The formal education curriculum will cover aspects of health and well-being: Colleagues supporting children and young people in residential settings should be aware of what is being delivered through the formal education curriculum in order that they can support and develop learning informally.
- 5.3 Within residential care settings informal learning in relation to health and well-being is expected to take place both through day-to-day practice in the home, and through forums such as Keyworking/link-working and community (young person) meetings. This should be noted in the appropriate records.

6 MEDICAL CARE AND TREATMENT

- 6.1 For all residential placements the home /service manager is responsible for ensuring that the child or young person is registered with such medical practitioners as necessary to assure access to appropriate healthcare services: This will always include registration with a General Practitioner and dental service and may include other specialist practitioners such as are individually necessary (for example CAMHS, Paediatric Services, specialist Diabetes/Epilepsy services).
 - 6.1.1 These would generally be expected to be local to the residential service for 52 week placements, or may in agreement with those who have parental responsibility, be in the home locality of the child or young person for weekly/termly placements.
- 6.2 Each child or young person who requires any particular prescribed medical care or treatment (permanently, intermittently or temporarily) must have an Individual Healthcare Plan, and their individual healthcare needs must be identified within their Individual Risk Assessment (**ACS Form 13B**).
- 6.3 Home/ Service managers are responsible for ensuring that all prescribed medical care or treatment is delivered as required during the time the child or young person is within the care of the service, and that the appropriate records of such treatment are maintained.
- 6.4 Colleagues may escort (support) children and young people to medical appointments, however, colleagues must recognise that children and young people may, where 'Gillick Competent' chose not to be accompanied into appointments.

7 RECORDS

- 7.1 Records of healthcare treatment or the refusal of such treatment must be maintained in children and young people's individual case records.
 - 7.1.2 This includes the administration of First Aid – See First Aid Policy AH&S 15, and the administration of Medication – See Medication Policy ACS 18
- 7.2 Records of health promotion activity and learning should be maintained as appropriate within individual case records and education records.
- 7.3 When a child or young person leaves a residential care placement colleagues must ensure that they take with them a clear record of health and medical care and treatment (**ACS Form 17** is provided for this purpose).

8 TRAINING

- 8.1 Home/ Service managers are responsible for ensuring that colleagues complete all Mandatory Training in relation to health and well-being, and that in addition, appropriate training is sought and delivered where additional specific requirements are identified through the needs of the children and young people placed at the service (For example, training in relation to diabetes, epilepsy, self-harming).

9 MONITORING

- 9.1 Home/ Service managers are responsible for regular monitoring of health and well-being arrangements and their impact through the Governance and Monitoring Processes outlined in the Governance and Monitoring Policy ACS 16. Quality Assurance and Internal Compliance visits are also conducted at the services.
- 9.2 For children's homes in England the independent visitor visiting the home under Regulation 44 will give an opinion on the effectiveness of well-being arrangements at the home on a monthly basis. The RI completes statutory visits in Wales at least once every 3 months. Independent Visitors conduct quarterly visits in Scotland

10 REFERENCES

- 10.1 Care Standards Act 2000
Children Act 2004
Equality Act 2010
Education and Inspections Act 2006
Children's Homes Regulations 2015
Guide to the Children's Homes Regulations including Quality Standards: April 2015
Children's Homes (Wales) Regulations 2002
DfE (Current Version) Residential Special Schools: National Minimum Standards
Scottish Government (2018) Health and Social Care Standards: My support, my life
Welsh Assembly (2002) National Minimum Standards for Children's Homes
The Education (Independent School Standards) (England) Regulations 2014
DfE (Current version) Keeping Children Safe in Education: Statutory guidance for schools and colleges
DfE (2011) The Use and Effectiveness of Anti-Bullying Strategies in Schools
DfE (2014) Preventing and Tackling Bullying
DfE (February 2014) Behaviour and Discipline in Schools
Scottish Government (2017) A National Approach to Anti-Bullying for Scotland's Children and Young People
Welsh Government (2011) Respecting Others
Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017:
Welsh Statutory Instrument No. 1264 (W.295)
Children and Young people Scotland Act 2014
Children and Families Act 2014
The Children and Social work Act 2017
Gender Recognition Act 2004

Associated Forms:

- ACS Form 17 My Healthcare Logbook
ACS Form 17A Individual Healthcare Plan Template
ACS Form 17B My Epilepsy Plan of Care
ACS LP 17 Health and Well-being Aspris