Byram House

CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELLBEING POLICY

Date: May 2026

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Contents

1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to promote and safeguard the health and wellbeing of children and young people placed in our care. The policy applies to all staff, agency workers, volunteers, and contractors working at Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere.

The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road. This policy applies equally across both residences.

Byram House will promote the health and wellbeing of all children and young people placed in our care. We will work closely with local authorities and healthcare professionals to ensure they are loved, happy, healthy, and safe from harm, enabling them to reach their full potential.

The objectives of this policy are to:

- Comply with the **Statutory Guidance on Promoting the Health and Well-being of Looked-After Children** (DfE and DHSC, updated 2024), the **Children's Homes (England) Regulations 2015**, **Working Together to Safeguard Children 2026**, and the **Social Care Common Inspection Framework (SCCIF) 2026**.
- Ensure that every child receives a timely Health Care Assessment ("LAC medical") and has an up-to-date Health Care Plan.
- Ensure that children are registered with a GP, dentist, and optician soon after placement.
- Promote physical, emotional, and mental health through a holistic, trauma-informed approach.
- Empower children to make healthy choices and manage their own health where appropriate.
- Ensure staff are trained and competent to respond to children's health needs, administer first aid, and support children with long-term conditions.

2. How this Policy Benefits the Home

This Children and Young People's Health and Wellbeing Policy benefits Byram House in the following ways:

- **Legal Compliance** – It meets duties under the **Children's Homes (England) Regulations 2015** (Regulation 23 – Health and Wellbeing), the **Statutory Guidance on Promoting the Health and Well-being of Looked-After Children**, and the **SCCIF 2026**.
- **Child Safety** – It ensures that children's health needs are identified, monitored, and met, including physical, emotional, and mental health.
- **Holistic Care** – It addresses not just medical needs but also lifestyle factors such as diet, exercise, sleep, sexual health, and substance misuse.
- **Clear Responsibilities** – It defines the roles of the Registered Manager, Keyworker, placing authority, and health professionals in meeting children's health needs.
- **Inspection Readiness** – The SCCIF 2026 expects the home to demonstrate effective health promotion and management. This policy provides clear evidence.
- **Training Framework** – It requires annual training for staff on first aid, mental health awareness, sexual health, and supporting children with long-term conditions.
- **Multi-Agency Working** – It establishes links with GPs, CAMHS, school nurses, designated nurses for looked-after children, and specialist services.

3. Definitions & Legislation

3.1 Definitions

Term	Definition
Home	Byram House, the children's home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
Company	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
Byram House	The name used throughout this policy to refer to the home and its staff.
Health Care Assessment	A comprehensive medical examination (often called a "LAC medical") conducted by a qualified practitioner (usually a designated nurse for looked-after children) to identify health needs and inform the Health Care Plan.
Health Care Plan	A plan (which may be part of the Care Plan or a separate document) setting out how the child's identified health needs will be met, including responsibilities of the home, the placing authority, and health professionals.
Designated Nurse for Looked-After Children	A nurse appointed by the local Clinical Commissioning Group (now Integrated Care Board) with responsibility for overseeing the health of looked-after children.
CAMHS	Child and Adolescent Mental Health Services – NHS services that support children and young people with mental health difficulties.
EHC Plan	Education, Health and Care Plan (Children and Families Act 2014) for children with special educational needs and disabilities.

Wellbeing	The quality of a child's life, including physical, emotional, and social dimensions; subjective measures such as happiness and life satisfaction, as well as objective measures such as supportive relationships and health status.

3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
Children Act 1989	Section 22 – duty to safeguard and promote the child's welfare. Section 31 – care orders.	The home must act in the child's best interests, including their health needs.
Children's Homes (England) Regulations 2015	**Regulation 23** – Health and Wellbeing Standard. **Quality Standards** – promoting good health.	The home must have policies and practices that support children's health and wellbeing.
Statutory Guidance on Promoting the Health and Well-being of Looked-After Children (DfE & DHSC, 2024)	Sets out statutory duties for local authorities and health bodies to provide health assessments, health plans, and designated nurses.	This policy operationalises the guidance for the home, clarifying responsibilities and timelines.
Working Together to Safeguard Children 2026	Requires multi-agency collaboration to safeguard children, including their health.	The home must work with health partners as part of safeguarding.

Children and Families Act 2014	Part 3 – EHC plans for children with SEN and disabilities.	The home must take account of any EHC plan when meeting health needs.
Mental Health Act 1983 (as amended 2007)	Provides for assessment and treatment of mental disorders.	Where a child's mental health deteriorates, the home may need to request an assessment under the Act.
NHS England guidance on commissioning healthcare for looked-after children	Clarifies responsibilities for secondary care and funding.	The home uses this to determine which ICB is responsible for funding specialist health services.
Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026	Inspects how the home promotes health and wellbeing.	Inspectors will review health assessments, plans, registration with GP/dentist, and staff training.
Data Protection Act 2018 & UK GDPR	Governs sharing of health information.	The home must share health information with relevant professionals on a need-to-know basis; data protection is not a barrier to safeguarding.

4. The Policy

4.1 Policy Statement and Commitment

Byram House is committed to promoting the health and wellbeing of every child and young person in our care. We will:

- Ensure that children are loved, happy, healthy, and safe from harm.
- Provide an environment that supports physical, mental, and emotional health, in line with the Statement of Purpose.
- Work in partnership with placing authorities, health bodies, and other professionals to meet each child's individual health needs.
- Empower children to take a proactive role in looking after their own health, appropriate to their age and understanding.
- Challenge any delays or failures in accessing necessary health services.

The Registered Manager has overall responsibility for ensuring that each child's day-to-day health and wellbeing needs are met.

4.2 Day-to-Day Health and Wellbeing Expectations

Adults must help each child to:

- Achieve the health and wellbeing outcomes recorded in their relevant plans (Care Plan, Health Care Plan, ISP).
- Understand their health and wellbeing needs and the options available, in a way that is appropriate to their age and understanding.
- Take part in activities and attend appointments to meet their health and wellbeing needs.
- Understand and develop skills to promote their own wellbeing.

Wellbeing means the quality of a child's life – including physical, emotional, and social dimensions, both immediate and for the future. It includes subjective measures (happiness, life satisfaction) and objective measures (supportive relationships, education, health status).

Where children have specific health needs or conditions, they must be supported to manage these (subject to age and understanding). Where a child needs additional health or wellbeing support, adults must work with the placing authority to enable proper and immediate access to specialist medical, psychological, or psychiatric support – and challenge them if this does not happen.

4.3 Health Care Assessments (LAC Medicals)

Purpose: The purpose of a Health Care Assessment is to promote the child's physical and mental health, inform the Health Care Plan, and ensure the home can meet the child's holistic health needs.

Timelines:

- The first Health Care Assessment must be conducted **before the child's first placement**, or if not reasonably practicable, **before the child's first Looked After Review**, unless one has been conducted in the previous 3 months.
- For children aged over 5 years, further assessments will be at least **annually**.
- Assessments will be conducted more frequently where the child's health needs dictate.

Who conducts the assessment? A suitably qualified medical practitioner (usually a designated nurse for looked-after children). The assessment report is provided to the social worker.

Responsibility: The social worker is normally responsible for ensuring Health Care Assessments are undertaken. However, this responsibility may be delegated to the Registered Manager through the Delegated Authority process (clarified in the placement plan).

Consent: For the assessment to be conducted, the Delegated Authority section of the Placement Plan must be completed and signed by the child (if of sufficient age and understanding).

4.4 Health Care Plans

Each child must have an up-to-date **Health Care Plan** (which may be a separate plan or incorporated into the child's Care Plan). The Health Care Plan must be drawn up in time for the first Looked After Review (for children with complex health needs, an initial plan may be prepared earlier after the first assessment).

The Health Care Plan must cover:

- Any specific physical, emotional, or mental healthcare needs – and how the home will meet them.
- Responsibilities of adults to ensure the child attends their Health Assessment and all other medical, dental, and optical appointments, and to facilitate any required treatment regimes.
- The involvement of the child's parents or significant others in health issues during the placement.
- Agreements for the use of non-prescribed medicines, homely remedies, or first aid.
- The extent to which the child can retain or administer their own medication, and the support they may require.
- Any specific medical or other health interventions required, including invasive procedures.
- Any necessary immunisations.
- Any specific treatment or therapeutic interventions, strategies, or remedial programmes.
- Any necessary preventative measures.
- Whether the home will contribute to any other health-related assessments or monitoring.
- If the child is at risk of suicide or self-harm, the interventions and strategies to reduce or prevent such behaviour.
- How those involved in the child's healthcare (consultants, health professionals) will be kept informed of progress at appropriate intervals.

The Health Care Plan will be updated after each Health Care Assessment or as circumstances change.

4.5 Registration with GPs, Dentists and Opticians

Before or immediately after placement, the Registered Manager (or delegated Keyworker) must arrange for the child to be registered with:

- A **General Practitioner (GP)** in the local area (Kirklees).
- A **Dentist**.
- An **Optician** (if required or if the child is of an age where regular eye tests are recommended).

Procedure:

- The Keyworker will research local GPs, dentists, and opticians accepting new patients. The home's location risk assessment should identify accessible services.
- The Keyworker will accompany the child to the initial registration appointment (if needed) and will support ongoing attendance at appointments.
- Details of the registration (practice name, address, phone number, NHS number) must be recorded in the child's file (Clear Care) and shared with the placing authority within 14 days of placement (as required by the Placement Information Record).
- Any changes of registration must also be recorded and shared.

Exceptions: If a child is placed in the home temporarily (e.g., emergency placement) and already has an existing GP in their home area, the home will discuss with the placing authority whether a temporary registration is required.

4.6 Access to Health and Specialist Services (including CAMHS)

General access: Each child must have access to the dental, medical, nursing, psychiatric, and psychological advice, treatment, and other services they require. The home will support children to navigate these services and advocate on their behalf where necessary.

Mental health services (CAMHS): If there are serious concerns about a child's emotional or mental health, the Registered Manager must:

- Liaise with the **CAMHS** team (Child and Adolescent Mental Health Services) in the local area.
- Alert the child's social worker immediately.
- Follow the home's **Amber/Red Flag Policy** (or equivalent crisis response protocol).
- If the Amber/Red Flag process is unable to support stabilisation, the Registered Manager will seek a review of the child's placement and/or request an assessment under the **Mental Health Act 1983** (with the placing authority's support).

Specialist services for children with disabilities or complex needs: If a child's needs are such that specialist health care is required (e.g., a child with a disability or visual impairment), the Registered Manager must work with the social worker and relevant healthcare professionals to secure local specialist services. The home will keep the child's GP informed of the process of care and any suggested changes.

EHC plans: For children with special educational needs and disabilities, the home must establish whether the child has an **EHC plan**. If so, adults must take account of the health objectives specified in the plan.

Funding and commissioning: When considering whether children placed by a different local authority are eligible for secondary health care services, the home and the placing authority must consider NHS England guidance on establishing the responsible commissioner (ICB). Payment responsibilities will be discussed at placement planning meetings and LAC reviews.

4.7 Managing Appointments and Consent

Making appointments: If a child appears to require or requests an appointment, the Keyworker will arrange it, taking into account:

- The child's wishes (e.g., to see a practitioner of a preferred gender).
- Avoiding disruption to education where possible.

- Consulting parents, those with parental responsibility, and the social worker before making appointments (where appropriate and safe).

Informing: Parents, the social worker, and relevant health professionals must be informed of the outcome of appointments. The child's chronology and health records must be updated on Clear Care.

Consent: Staff must be familiar with the **Delegated Authority and Consent Policy** and the child's Placement Plan to know who can consent to treatment. For children under 16, consent is generally required from a person with parental responsibility (unless the child is Fraser competent). For children 16 and over, they can consent themselves. The home will never delay emergency treatment while seeking consent – call 999 immediately.

4.8 Working in Partnership with Placing Authorities and Health Bodies

The **Statutory Guidance on Promoting the Health and Well-being of Looked-After Children** sets out the duties of local authorities and health bodies. The home will:

- Ensure that the responsible local authority (the placing authority) makes appropriate healthcare services available.
- Engage with the **designated nurse for looked-after children** in the local area (Kirklees) to oversee health assessments and planning.
- Ensure that the Placement Plan clearly records the joint responsibilities of the home and the placing authority for meeting the child's health needs (agreed at placement planning meeting).
- Challenge the placing authority or health bodies if services are not accessible or are withdrawn.

Links with local health services: The Registered Manager must ensure the home has good links with health agencies (CAMHS, sexual health clinics, school nursing, etc.) and is well informed about local services when deciding on admissions.

4.9 Staff Skills, Training and Responsibilities

The Registered Manager must ensure that staff have the relevant skills and knowledge to:

- Respond to the health needs of children.
- Administer basic first aid and treat minor illnesses (all staff must hold a valid first-aid certificate).
- Help children manage long-term conditions and meet specific health needs arising from disability, chronic conditions, or complex needs.
- Provide effective emotional support, in partnership with the ATIC lead clinician, to help children overcome trauma.
- Understand and promote healthy choices (drugs, alcohol, relationships, diet, exercise, sleep hygiene).
- Create safe, predictable environments (clear routines, boundaries, expectations).

Keyworker role: Each child will be allocated a Keyworker responsible for promoting their health and educational achievement, liaising with key professionals (GP, dentist, CAMHS), and keeping up-to-date records of health needs, illnesses, operations, immunisations, allergies, medications, and appointments.

4.10 Promoting Healthy Lifestyles (Diet, Exercise, Sleep, Mental Health)

Adults must help children understand wider health implications, including:

- **Making healthy choices** – drugs and alcohol, sex and relationships, smoking.
- **Eating a healthy balanced diet** – including the importance of predictable meal routines, avoiding excessive sugar and processed foods.
- **Access to regular exercise** – encouraging physical activity, outdoor play, sports, and walking.
- **Good sleep hygiene** – consistent bedtime routines, limited screen time before bed, quiet environment.
- **Creating safe, predictable environments** – clear routines, boundaries, and expectations to reduce anxiety and promote emotional regulation.

Sexual health: Children must be offered advice, support, and guidance on sexual health, relationships, contraception, and STIs (in line with the Sexual Health and Relationships Policy). This supplements PSHE provided by school.

Mental health: The home promotes positive mental health through ATIC, regular key working, access to CAMHS, and a listening culture. Staff are trained to recognise signs of distress and self-harm.

4.11 Record Keeping and Information Sharing

- All health records (Health Care Assessments, Health Care Plans, appointment records, medication records) must be stored on **Clear Care** (the home's electronic recording system).
- The child's medical record must be updated after each appointment or change in health status.
- Chronologies must include significant health events and appointments.
- Information sharing must comply with the **Data Protection Act 2018 & UK GDPR**. However, data protection is not a barrier to sharing information for safeguarding or health purposes (with appropriate lawful basis).

4.12 Health Resources and Information for Children

The home will maintain a **health resource pack** with age-appropriate leaflets, books, and online resources on:

- General health (e.g., sunburn, hygiene, diet).
- Mental health (e.g., anxiety, depression, coping strategies).
- Sexual health (contraception, STIs, healthy relationships).
- Substance misuse (alcohol, drugs, smoking, vaping).
- Managing long-term conditions.

Children will be supported to access health information with the help of adults, as needed. The home will also signpost to national services such as **Childline**, **NHS 111**, **CEOP**, and **Talk to Frank**.

5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Children and Young People's Health and Wellbeing Policy effectively.

Training Element	Frequency	Method / Content
Induction	Upon appointment	Face-to-face training covering: the Statutory Guidance on Promoting the Health of Looked-After Children, the role of the designated nurse, Health Care Assessments, Health Care Plans, registration with GP/dentist/optician, CAMHS referral pathways, consent and delegated authority, first aid, medication administration, promoting healthy lifestyles, and the dual-site operation (62 & 66 Deighton Road).
Annual refresher	Every 12 months	Classroom or virtual session covering updates to legislation (SCCIF 2026, Working Together 2026), case studies, and refresher on CAMHS and mental health first aid.
First aid	Every 3 years (accredited)	Full accredited first-aid course covering CPR, choking, bleeding, burns, fractures, head injuries, and anaphylaxis.
Mental health first aid	As needed (recommended for Keyworkers)	Training on recognising mental health crises, de-escalation, suicide prevention, and accessing CAMHS.
Sexual health and relationships	Annually	Training on providing age-appropriate advice on contraception, STIs, and healthy relationships (linked to the Sexual Health and Relationships Policy).

Supporting children with long-term conditions	As needed	Training on specific conditions (diabetes, epilepsy, asthma, allergies) and administering emergency medication (e.g., inhalers, Epipens).
Record keeping and data protection	At induction and refresh	Training on updating health records in Clear Care, sharing information lawfully, and maintaining confidentiality.

Staff are required to:

- Read and sign this policy annually.
- Complete all mandatory training.
- Hold a valid first-aid certificate (renewed every 3 years).
- Ensure that children are registered with a GP, dentist, and optician within 1 week of placement (or as soon as reasonably practicable).

6. Related Policies and Guidance

- Safeguarding Policy
- Medication Policy
- Sexual Health and Relationships Policy
- Personal and Intimate Care Policy
- Substance Misuse Policy
- Smoking and Alcohol Policy
- Parental Responsibility, Legal Status, Delegated Authority and Consent Policy
- Data Protection Policy
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- Statutory Guidance on Promoting the Health and Well-being of Looked-After Children (DfE & DHSC, 2024)
- NICE guidance on looked-after children and young people

7. Policy Approval and Review Details

Byram House

Home	Byram House	
Reviewed by	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
Approved by	Stacey Wagstaffe	Responsible Individual
Date	May 2026	