**Smoking and Vaping Policy for Cumbria Residential Homes.**

Our position

Within our homes we are clear that we do not allow smoking or vaping. Staff and visitors are not permitted to smoke in front of children nor on the premises. We take this very seriously and is linked to Regulation 10 of The Childrens Homes Regulations 2015.

It is an offence for shops to sell cigarettes and tobacco product to under 18s or for an adult to cigarettes or tobacco products or vaping products for them. We are clear that Staff are not permitted to purchase or give cigarettes, tobacco, or the materials for making or lighting cigarettes or tobacco to children.

Some children may already smoke when they come to live in the home. We will support and encourage all young people to reduce or stop smoking. Support is also available from the strengthening families nurse or the young person’s GP.

Smoking cessation should be discussed with the child/young person, their social worker and family members and support will be highlighted and reviewed as part of the young person’s Health Plan.

**Our approach for children.**

Before children come to live or stay in our homes, we will be clear with them (and those who support them) that smoking/vaping is not permitted in the home or on the premises and the actions we will need to take if this occurs (see Smoking agreement at appendix 1)

When children come to stay or live within our homes, we will reiterate this and ensure children have a copy of the signed agreement. This will also set out what will happen if we find them in possession of smoking/vaping products.

This will also be made clear in the delegated authority form, the statement of purpose, the young person's guide and safety search policy.

We recognise that for children who already use these products, or start to, that cessation can be hard. We will ensure support is in place within their health plan and followed up in keyworker sessions.

**More information**

For more information and advice to help quit smoking, visit the [Better Health website](https://www.nhs.uk/better-health/quit-smoking/vaping-to-quit-smoking/).

**More in**[**Quit smoking**](https://www.nhs.uk/live-well/quit-smoking/)

* [NHS stop smoking services help you quit](https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/)
* [Passive smoking](https://www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/)
* [Paan, bidi and shisha](https://www.nhs.uk/live-well/quit-smoking/paan-bidi-and-shisha-risks/)

**Appendix 1**



**Appendix 2**

# Explanation and link to standards

# **The Children’s Homes (England) Regulations 2015**

Regulation 10 -The Health and Well-being Standard

[1. The text of the regulation](https://qualitystandards.trixonline.co.uk/chapter/the-health-and-well-being-standard" \l "the-text-of-the-regulation)

**10**.

1. The health and well-being standard is that:
   1. The health and well-being needs of children are met;
   2. Children receive advice, services and support in relation to their health and well-being; and
   3. Children are helped to lead healthy lifestyles.
2. In particular, the standard in paragraph (1) requires the registered person to ensure:
   1. That staff help each child to:
      1. Achieve the health and well-being outcomes that are recorded in the child's relevant plans;
      2. 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;
      3. Take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs; and
      4. Understand and develop skills to promote the child's well-being.
   2. That each child is registered as a patient with a general medical practitioner and a registered dental practitioner; and
   3. That each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment and other services as the child may require.

[2. Explanation of terms in the regulation](https://qualitystandards.trixonline.co.uk/chapter/the-health-and-well-being-standard" \l "explanation-of-terms-in-the-regulation)

'Relevant Plans'

Relevant plans are defined in the interpretation section of the Regulations (regulation 2) as: any placement plan; any care plan; any statement of special educational needs; any education, health and care plan ("EHC plan")[1]; and where the child is a youth justice child any detention placement plan, or any other plan prepared by that child's placing authority in relation to the remand or sentencing of that child. 'Relevant' thus has a meaning here that is distinct from the normal meaning of that word. If a child has any of the above plans, they will fall within the meaning of 'relevant plans', but a child may not have all of the plans defined as 'relevant' (for example, there will be children living in children's homes who do not have an EHC plan). Similarly, a child may have a plan that the Regulations define as 'relevant' but may have no impact on the issue the provider is considering at that point in time, and providers should not feel obliged to make a plan apply where it does not. The essential point is that a child's plans should form the basis of their care, and providers should use their judgement as to what is relevant in each case, taking the plans listed in the definition in the Regulations as a starting point rather than a complete list or a tick-box exercise.

[1] In some cases, the child's special education needs statement (SEN) will be a relevant plan, until such time as it is reviewed (the latest date being 2018) and replaced with an EHC plan.

'Well-being'

The references to well-being in the Regulations mean the quality of a child's life. Child well-being is multi-dimensional and therefore includes dimensions of physical, emotional and social well-being; both for the immediate and future life of the child. The definition of child well-being incorporates subjective measures such as happiness, perception of quality of life and life satisfaction as well as objective measures around supportive personal relationships, education and training resources and health status. [9]

[9] This meaning is informed from analysis contained in Childhood Well-being – an overview by the Childhood research centre 2010

[3. Guidance](https://qualitystandards.trixonline.co.uk/chapter/the-health-and-well-being-standard" \l "guidance)

The registered person is responsible for ensuring that each child's day-to-day health and well-being needs are met. Staff should work to make the children's 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.

[3.1 Working in partnership with others.](https://qualitystandards.trixonline.co.uk/chapter/the-health-and-well-being-standard" \l "working-in-partnership-with-others)

The Care Planning Regulations set out that the responsible local authority (meaning the local authority that looks after the child) must make sure that its looked-after children are provided with appropriate healthcare services. The health of looked-after children must be assessed at regular intervals and the child's care plan must include an individual health plan setting out the approach that the placing authority will follow, and the desired outcomes required to meet the child's health needs. These outcomes, recorded in the health plan, will be the basis on which the registered person will be expected to meet regulation 10(2)(a)(i) in the health and well-being standard for each looked-after child in their care. Details of the local authority's responsibilities for the health of its looked-after children are set out in [Children Act 1989: Care planning, placement and case review](https://www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review).

Information about the statutory obligations and duties on local authorities, Clinical Commissioning Groups (CCGs) and NHS England to support and promote the health of looked-after children is also set out in [Statutory guidance on promoting the health and wellbeing of looked-after children](https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children).

For children with special educational needs and disabilities, staff must establish whether the child has an EHC plan. If the child does, staff must take account of the health objectives it specifies (for further information on EHC plans, see [The Education Standard, Understanding barriers to learning](https://qualitystandards.trixonline.co.uk/chapter/the-education-standard#understanding-barriers-to-learning)).

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 person and the placing authority that this is agreed at the time of placement.

Staff should have sufficient understanding of relevant health services, including the functions of the 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.

When considering whether children placed in the home by a different local authority will be eligible for secondary health care services, the home and the local authority responsible for the child should take into account the NHS England guidance on establishing the responsible commissioner: [Who Pays? Determining responsibility for  payment to providers](http://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf).

[3.2 Supporting children's health and well-being](https://qualitystandards.trixonline.co.uk/chapter/the-health-and-well-being-standard" \l "supporting-childrens-health-and-well-being)

Children's homes staff should encourage children to take a proactive role in looking after their day-to-day health and well-being. Where children have specific health needs or conditions, they should be supported to manage these subjects to their age and understanding. When a child needs additional health or well-being support, staff should work with the child's placing authority to enable proper and immediate access to any specialist medical, psychological or psychiatric support required, and challenge them through regulation 5 - engaging with the wider system to ensure children’s needs are met, if this doesn't happen.

Homes have a key role in organising and ensuring each child's attendance at the necessary primary and secondary health services. Most health services that a child needs to access will be provided by other organisations. If these services are not accessible, or are withdrawn, staff should inform and engage with those who also hold a responsibility for the child's health to ensure their health needs are met under regulation 5 (engaging with the wider system to ensure children’s needs are met).

The registered person 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.

At least one person on duty at any given time in a children's home must have a suitable first aid qualification (regulation 31(2)(a)). First aid boxes should be provided and maintained.

Each child should have permission for staff to administer first aid and non-prescription medication from a person with parental responsibility for them recorded in their relevant plan. For looked-after children, this permission should be sought and arranged by the child's social worker. Where appropriate, the child's family should be involved in supporting their child's health needs as well as in providing permission for treatment.

[3.3 Administration of medicines](https://qualitystandards.trixonline.co.uk/chapter/the-health-and-well-being-standard" \l "administration-of-medicines)

Please see regulation 23. Care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused. Regulation 23 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional safeguards. Where the home has questions or concerns about a child’s medication, they should approach an expert such as a General Medical Practitioner, community pharmacist or designated nurse for looked-after children.

Children who wish to keep and take their own medication should be supported to, if they are able to do so safely. Staff should be mindful that children holding their own prescribed medication must only use it for themselves in accordance with the prescription.

[Managing medicines in care homes (March 2014)](https://www.nice.org.uk/guidance/sc1) is a guideline that applies across both health and social care.

[3.4 Advice, support and guidance](https://qualitystandards.trixonline.co.uk/chapter/the-health-and-well-being-standard" \l "advice-support-and-guidance)

The registered person should ensure that, in line with their individual health plans and the ethos of the home, children are offered advice, support and guidance on health and well-being 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.