

Children's Health and Social Care Services & Housing Needs

Protocol for Meeting the Housing Needs of Non-Physically Disabled Children

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1. AIMS

This policy aims to provide a protocol for assessing and responding to the environmental risk of housing to children with a non-physical disability. It includes processes for recommending a move to appropriate accommodation and/or adaptations in the home to enable the child to be safe.

2. SCOPE

This policy applies to:

- Children and families permanently resident in the borough of Islington, aged 0-18 years with a non-physical disability where the family's home environment is placing the child at increased risk of harm
- Prospective carers (e.g. adopters, foster carers or special guardians) for children Looked After by the London Borough of Islington and where the family's home environment may be placing the child at increased risk of harm

3. REFERRAL PROCEDURE

A visual overview of the referral process can be seen in Appendix A

The Process

- a. All referrals for children with a non-physical disability who need an assessment of their housing should be referred to the occupational therapy service within Islington additional needs and disability services.
- b. If the child is known to the service, an occupational therapist is allocated to carry out a home visit, to assess the current housing needs of the child or young person.
- c. If the child/young person is not known to the health OT the referral is passed to social services OT.
- d. The occupational therapist will complete a report (appendix B) making recommendations for appropriate housing and share this with all agencies involved.

Assessment of Risk, Decision Making and Interventions

The occupational therapist will assess the risk and indicate risk level see appendix C. If the child is assessed at risk of harm due to the family's current accommodation steps must be taken to reduce the risk of harm.

Where risks are identified

A Team Around the Child Meeting (TAC) must be convened by the Lead Professional within 28 days of the assessment concluding and include all key professionals working with the child. The Team Around the Child should agree the assessment and agree what steps need to be taken. In addition to the usual considerations at all TAC meetings eg behaviour support, support services to parents/ carers, the main focus will be steps needed to reduce any risk identified due to the family's home environment.

Such steps could include:

- adaptations to the property
- safety equipment to be installed
- measures taken to secure aspects of the property

Where high risks of serious harm/injury are identified

If the Occupational Therapist assessment concludes that the child is deemed to be at such high risk of harm due to the family's accommodation that only a move to another property mitigates this risk, the Occupational Therapist must advise the Head of Service within 24 hours. The Head of Service must agree that the child is at risk.

Immediate safety plan will be given during the home visit and an emergency safety plan is put in place as soon as possible but within 2 weeks

The Housing Department must be represented at the meeting. The Team Around the Child should agree the assessment and agree what the plan is to safeguard the child both in the short term and long term and steps must to be taken to reduce any risk identified. This should be set out in the TAC Risk Management Plan.

If The Team Around the Child recommends that the family needs to move to alternative accommodation to safeguard the child, the child and the family must be added to the "non-physical disability risk register". The signed minutes of the Team Around the Child Meeting must be sent to the housing department within 7 days. The housing department allocate points to enable the family to bid for alternative suitable properties. The Housing Officer will inform all agencies of the number of points allocated.

The Team Around the Child Meeting should be convened as often as necessary commensurate with the level of need. The Team Around the Child must continuously review the risk to the child and plan what further support needs to be offered to the family to reduce the risks present. All families on the list but not yet moved would be discussed at the monthly monitoring meeting attended by Head of Service, OT, CSC and Housing

The risk management plan could include:

- adaptations to the property
- safety equipment to be installed
- measures taken to secure aspects of the property
- Occupational Therapy services accompanying parents on visits to properties to advise them of suitability
- Support with moving
- Research on availability of properties
- Bids for properties

If the Team Around the Child identifies that a parent is not taking action to safeguard their child from harm a referral must be made to the Disabled Children's Team for an assessment of the child's needs and the parents' capacity to meet these needs, this may include referrals needed due to a parent turning down properties deemed to be suitable by professionals. The Disabled Children's Team have a duty to complete a Single Assessment and where necessary a child protection investigation as per London Child Protection Procedures. If the child's case is already open to the Disabled Children's Team the allocated social worker should complete an updated assessment and where necessary a child protection investigation as per London Child Protection Procedures.

4. WHO MAY REFER

Any professional who works with the child or family and who is concerned that a non-physically disabled child may be at increased risk due to their home environment

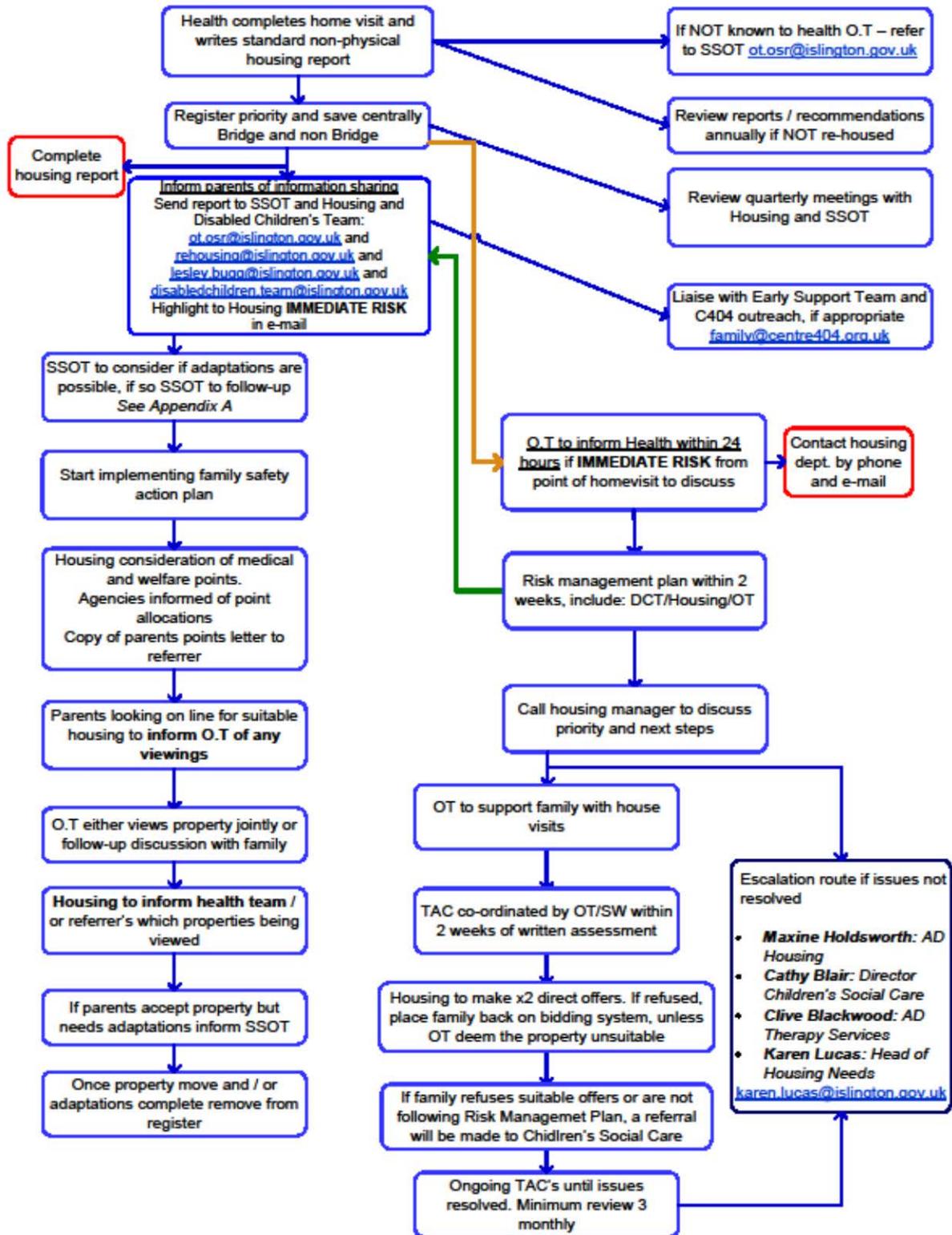
5. ESCALATION AND RESOLUTION

Where there are disagreements between professionals about the risk the home environment poses to a non-physically disabled child the practitioners must alert their line managers. The managers will seek to resolve the disagreement and decide on the risk level and the plan. If the managers cannot resolve the disagreements they must raise it with the senior managers within their organisation.

Where there are concerns that this protocol is not being adhered to or is not having the desired effect both strategically or operationally this must be raised with the Assistant Director of Housing, the Director of Targeted and Specialist Children and Families Service and the Head of Service (OT).

Updated April 2016.

Pathway Non Physical Disability Housing recommendations



**SUPPORT WITH RE-HOUSING FOR CHILDREN WITH
NON-PHYSICAL DISABILITIES**

<p>TO:</p> <p>rehousing@islington.gov.uk nancy.houry@islington.gov.uk ot.osr@islington.gov.uk disabledchildren.team@islington.gov.uk lesley.bugg@islington.gov.uk</p>	<p>FROM:</p>
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Date of assessment:

Basic Details	
Surname:	Date of Birth:
First name:	
Name of Tenant:	
Address:	Name of GP:
	Address:
Post Code:	Post Code (GP):
Telephone:	Telephone (GP):
Alt Telephone:	

Background Information
<p><i>Child is currently known to the Early years Team / Direct Access Occupational Therapy Service at the Northern Health Centre/The Bridge school.</i></p> <p><i>The family currently live *****/ and are currently on the waitlist for rehousing.</i></p> <p>An assessment of their current home has been completed by the OT and details of recommendations for this house are included in this report.</p>

Medical Conditions
<p><i>Child is a * year old girl / boy with a diagnosis of Autism Spectrum Disorder / with the following identified needs. His / Her behaviour is unpredictable and s/he has no awareness of danger. Include the severity of behaviours with lots of detail.</i></p>

Details
<p>Inside:</p> <p><i>Consider impulsivity / safety awareness / sensory seeking / over active / self harms</i></p> <p><i>Environmental risks – Kitchen stove / hobs / cupboard locks for toxic substances / windows and window locks/ stairs.</i></p> <p><i>Access to the front/back door.</i></p> <p><i>Need for safe place for managing difficult behaviours/sensory seeking behaviours.</i></p>
<p>Outside:</p>

As for inside + consider road safety and access issues
 Need for outside safe play area i.e. garden or public park

Stairs:

The families current accommodation is on the * floor of this building.
 This is a safety concern as child enjoys climbing over railings and has no awareness of danger.
 Suitability of stair gates height and risk with sensory seeking children wanting to climb over
 Rails for safety with stairs
 Consider height of steps and layout (ie. Straight, curved or spiral)
 Width of vertical rails/ presence of ledges for child to climb over banister.

Equipment that may be needed as adult: Child's diagnosis/needs will impact on his/her behaviour and understanding of danger throughout his/her life.

Social Situation

Total number currently in accommodation:	
Total number requesting to be rehoused:	

Name	Age	Relationship to main applicant

PETS?: No/Yes
Details:

Current Housing Situation

Present Housing:

• **Standard – Lifetime Mobility?** Temporary accommodation – Council/housing association?

Number of single bedrooms:
Number of double bedrooms:

Which floor? (i.e. ground/1st/8th floor etc.).

Current accommodation unsuitable because:

Summarise info outlined in “Details” above
 E.g. Safety concerns significant for child in this residence.

Paediatric OT recommendations for CURRENT ACCOMMODATION:

(include details if known about number of rooms (single/ double), types of kitchen, types of bedrooms, garage or garden needed, clients preference.)

Delete as appropriate

- **Locks on cupboards in Kitchen:** Child enjoys opening cupboards and will empty the contents. He also has no awareness of what is inedible and will mouth/ eat non food objects.
- **Safety Switch:** Child has figured out how to remove the power point covers and will stick things into the power points. A safety switch is essential.
- **Stove guard in kitchen –** Child has no awareness of danger and will touch the hot plate or pull at pots with boiling water in them. A stove guard will prevent this.

- **Locks on Windows** – *Child* enjoys climbing and has almost opened and climbed out the window on several occasions. Window locks are essential for this child.
- **Outwards opening security door to be added to front entrance** – current situation door opens inwards and adult has to stand back to open door fully. *Child* able to run out quickly past adults and guests. Outside front door is a railing, which *Child* is able to climb, that leads to a three storey drop. *Child* can also run down to the road and off the estate as there is no safety measures in place.
- **Increase height of balustrade on the landing of the stairs** – currently balustrade * feet high. *Child* able to climb this easily and could fall straight down single storey drop.
- **Fill in gaps in railings along stairs** - Stair railings currently have a * cm gap, which assists *Child* as a foothold, so he can climb up and over the railing.
- **Lock on cupboard in Child's room:** *Child* enjoys climbing to the top of his cupboard and curling up on the top shelf. If there is nothing to climb on he will move furniture and make a very unsteady stack in order to reach the top shelf.
- **Lock on Child's sister's room** – Child enjoys going into *sibling's* room and getting into everything. He also consistently mouth objects to explore them and in this room there are many bottles of perfume etc that could be harmful if swallowed.
- **Inset lights in Lounge and Mother's room** – Currently lights hanging down from ceiling with lamp shades to protect bulbs. *Child* able to throw things at them and break the light globes, as well as climbing up in an effort to reach them. Inset lights would ensure *Child* was unable to break them with objects or if he climbed up.
- **Stove guard in kitchen** – *Child* has no awareness of danger and will touch the hot plate or pull at pots with boiling water in them. A stove guard will prevent this.

Risk management plan agreed by Occupational Therapist and Parent:

Delete as appropriate

- Parents to keep windows locked at all times.
- Parent to lock front door and keep key.....at all times.
- Parent to use stair gate at the bottom/top of stairs.
- Parent to fit locks on windows/doors.
- Child to be supervised when in the kitchen.
- Child to hold parents hand when accessing the property (i.e. on communal balcony).
- Information has been provided on the "Sure Start Accident Prevention Scheme" and parents have been encouraged to visit their local service
- Parent will purchase basic home safety equipment from Mothercare etc
- Use the back hobs on the stove.
- OT to refer to SSOT for the above adaptations.
- For OT to liaise with surveyor to assess for further locks/safety adaptations.

Paediatric OT recommendations for FUTURE ACCOMMODATION:

(type of kitchen, or garden needed, clients preference, include if child needs own room because.....)

Do not specify number of rooms needed.

- Ground floor access/ General Access to be considered
- Can manage internal stairs.
- Number of bedrooms including space for "safe space" for problem behaviours / padding
- Locks on all windows / fixed opening windows
- Appropriate stair railing or no stairs
- Secure outdoor area needed / good access to a park close by – Child becomes calmer if given the opportunity to run outside.

- Stove guard.
- Lockable cupboards for toxic substances
- Lockable food cupboards– Child enjoys cooking and will throw food substances around the kitchen if he is able to access them.
- Lights set into the ceiling.
- Electric cooker

If you need further information please do not hesitate to call/email.

Occupational Therapist:

Address:

Telephone:

Email:

Please contact OT at the above email address or telephone number for potential viewings with the family.

Discussion taken place between OT and Lesley Platts; Yes/No

Date:

Outcome of discussion; were the family put on the immediate or urgent list?

Signed:

Lesley Platts

NOW SEND TO RE-HOUSING, DCT and SSOT (for actions or just information).

CC:

Parents

SSOT

DCT/ Social Worker

Support Worker, Centre 404

Appendix C

Risk Levels

Code	Risk
HIGH	High Risk: of severe injury or fatality, e.g. climbing over balcony, highly active child in high rise 2 nd floor or above. MUST contact Head of Service for advice. <i>Risk Management Plan must be activated.</i>
MANAGED RISK	Risk: of injury that requires safety management plan until the family have been rehoused. <i>Risk Management Plan must be activated</i>