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Overnight Short Breaks (ONSB) Policy

GRAY, RODNEY
LONDON BOROUGH OF ISLINGTON
Disabled Children's Service

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1. Introduction

1.1 Many families sort out overnight breaks for their Disabled Child through sleepovers at a relative's or friend's house. Some families are able to arrange sleepovers with families of other Disabled Children they know through school. Other families use childminders or support workers from care agencies to get a break at night. Schools, adventure playgrounds and youth groups can also arrange occasional residential trips that can provide families with support overnight. However most of these are not usually provided or available on a regular basis.

1.2 Overnight Short Breaks assist families who care for a Disabled Child by giving them breaks from caring, which is part of the council's [Short Break](#) offer for Disabled Children and their families.

Families may be able to get overnight short breaks if they have a Disabled Child who has either of the following needs:

- complex health needs which may require care overnight
- severe and profound Disabilities

1.3 Overnight short breaks respite with a registered foster carer (or a Shared Lives Carer for those aged 16 & 17 years with a Disability or SEMH needs) can also be considered for Children and Young People who do not have a Disability and are subject to a CIN Plan or Child Protection Plan where there is a need to provide short term respite for a parent to prevent the risk of family breakdown or Children and Young People becoming looked after by the Local Authority. Short term overnight respite arrangements may also be useful to consider when agreeing a Public Law Outline support plan with a family if a respite service intervention is considered helpful and necessary in order to achieve sustained and improved parenting capacity to avoid Children and Young People becoming looked after.

1.4 The need for overnight breaks will be assessed by a Social Worker. The assessment will consider a number of different factors. Our experience shows that a combination of the following factors can indicate the need for overnight breaks.

2. ONSB Threshold Criteria and Factors

2.1 Islington will consider overnight short breaks for children who meet the following criteria:

- Children and Young People aged 0- 17 years who have severe sleep difficulties related to their diagnosed disability that is diagnosed by a clinician and their families experience disturbed sleep daily.
- Children or Young People who have been scored exceptional under the sleep category on their SAQ.
- Children and Young People aged 0- 17 years who have complex disability and health needs or a life limiting condition that requires 24 hour 1:1 or 2:1 waking support for personal care and adult supervision, particularly if there are severe health risks associated with Epilepsy and the use of respiratory equipment overnight.

- Children and Young People aged 0- 17 years who present with complex and severe behaviours that challenge specifically related to their disability diagnosis where a Social Worker has identified a high risk of family breakdown and the Child or Young Person is on the edge of care and at risk of becoming looked after by the Local Authority.
- Children and Young People aged 0 – 17 years who are non-Disabled where their family may benefit from them accessing some short-term overnight respite due to a family crisis or to prevent Children and Young People becoming looked after.

2.2 Children may be provided with short breaks under the following legislation (see link below for ONSB statutory procedures):

[2.8 Short Breaks \(proceduresonline.com\)](http://proceduresonline.com)

- Under Section 17 Children Act 1989, in which case they are not looked after children, the 2010 Regulations do not apply and there is no requirement to appoint an Independent Reviewing Officer (IRO). A Child in Need Plan and Short Break Care Plan is required. ONSB CIN Reviews should be carried out at least every 6 months and more often if required.
- Under Section 20 Children Act 1989, where the short breaks exceed a total of 17 days per placement/75 days per 12-month period and/or take place in more than one setting. In these circumstances, the child is looked after, an IRO must be appointed and a CLA Care Plan drawn up. The 2010 Care Planning Regulations apply in full, including the provisions on frequency of Looked After Reviews (see link above Section 5, Reviews) and Social Work Visits (see Section 6, Social Work Visits).

2.3 The legal basis on which ONSB services are provided should be clear. The decision to provide a short break under Section 17 or under Section 20 should be informed by the Assessment of the Child's needs and should take account of parenting capacity and wider family and environmental factors, the wishes and feelings of the Child and his/her parents and the nature of the service to be provided.

2.4 The key question to ask in deciding whether to provide the short break provision under Section 17 or Section 20 is how to promote and safeguard the welfare of the Child most effectively.

3. ONSB Assessment Process

3.1 To receive a recommendation for overnight short breaks, Children and Young People will first need an updated Section 17 Child and Family Assessment by Social Worker. The assessment will be expected to consider the following factors:

- The frequency at which the Child or Young Person wakes up in the night, how long it takes for them to settle and the nature of the care they require whilst awake (e.g., supervision and support to settle; support with toileting and personal care; medication or addressing health needs).
- The sleeping arrangements in the family home and what impact it has on other members of the household when the child or young person is awake.

- Any additional unmet health needs that are impacting on sleep.
- The assessed staffing/adult ratio to the child i.e. 1:1 or 2:1, and the capacity within the household and wider personal support network to provide this.
- Evidence of how the Child's behaviour that challenges manifests, the risks they pose to themselves or others and the frequency at which these behaviours occur.
- A summary of how the Child's personal care needs are met, including any moving and handling or equipment needs, and a summary of any OT recommendations.
- Any other factors that impact on the family's capacity to provide safe and consistent care at night.
- The views of the health network on the child or young person's sleeping patterns and if medication has been considered or trialled or a sleep assessment referral has been made.
- Sleep referral and assessment or outcomes/recommendations.
- A recommendation of how many ONSBs the Child or Young Person should access should be included in the assessment by the Social Worker. Please note that ideally a Child or Young person should start with 12 ONSBs per year before a ONSB review takes place and additional ONSBs are agreed by EHCMB.
- A recommendation should be made by the Social Worker as to what type of ONSB placement is likely to be suitable to meet the Child or Young Person's needs.
- The Social Worker should explore if the parents/carers can escort and transport their Child to an ONSB placement and confirm that the parent is able to transport the Child or Young Person to the ONSB placement themselves with no extra cost to the council. Transport and escort services should only be provided in exceptional circumstances.
- If the Child or Young Person does not have a disability, but their family may benefit from accessing some short-term overnight respite to prevent family breakdown, improve parenting capacity or prevent them becoming looked after by the Local Authority the assessment should include evidence regarding the level of risk, how the respite may benefit the family as a short-term intervention to improve sustained parenting capacity and resilience.

3.2 If the social worker is recommending overnight short breaks in a Children and Family Assessment, and the Child or Young Person meets one or more of the eligibility criteria above then this must be referenced by the Social Worker in the recommendations section of the Assessment. For Children who have a Disability the Sleep domain within the Support Assessment Questionnaire should also be scored at exceptional and any evidence that the family is experiencing severe and profound disturbed sleep has been recorded in the assessment. This evidence should also include feedback from clinicians and the team of professionals around the child.

4. ONSB Planning

4.1 After the Child and Family Assessment has been signed off by the appropriate manager, the social worker will commence a CIN Personal Budget and Support Plan and ensure they add SMART goals/outcomes that are also related to an ONSB placement and care plan.

4.2 All overnight short break placements will be costed into the CIN Personal Budget and Support Plan at a nominal cost of £198 per night, regardless of the ultimate actual costs. Costs for ONSB residential or

fostering placements are usually funded through the CLA budget, but families will be expected to make the £198.00 per night contribution from their Indicative Budget. For Children and Young People who do not have a Disability the costs of any overnight respite fostering placements will not need to be included in a CIN or CP plan as these costs will be managed and overseen by the Placements and Fostering services.

4.3 For Children with Disabilities or Complex Health needs the ONSB placement and plan may on occasion be joint funded by the Integrated Care Board via a continuing care assessment and Health budget being awarded and delivered as a joint funded plan across Children's Social care and Health personal budgets. If the indicative budget is a joint budget Health and Social Care, then ONSB placement costs should be costed into the plan at the actual cost of the provision per night and not £198.00 per night.

4.4 Types of overnight short break care and provision that Social Workers and families can identify as the best option for a Child:

- 1. Overnight care in the Child's home environment via the family directly employing carers in a private capacity, funded by Direct Payments. No ONSB Break Care-Plan or 6 monthly ONSB Review is required.**
- 2. Overnight care in a Direct Payment Carer's own home environment via family directly employing carers in a private capacity, funded by Direct Payments. No ONSB Break Care-Plan or 6 monthly ONSB Review is required, but a Risk Assessment for Direct Payment Employed Carers who care for Children within their own home should ideally be completed (see appendix 1).**
- 3. The local authority providing waking overnight care in the Child's home environment via commissioned care or nursing agency provider funded by Direct Payment. No ONSB Break Care-Plan or 6 monthly ONSB Review is required.**
- 4. Family Based Overnight Short Break where the local authority provides an overnight short break for a Child or Young Person in the home of an approved foster carer registered with OFSTED. An ONSB Care Plan should be completed and an ONSB CIN Review meeting should be held every 6 months chaired by a Team Manager to review the placement and plan.**
- 5. Overnight Short Break in an OFSTED Registered residential children's setting. Islington Council does not have its own residential home for children but sources and funds a number of Children with Disabilities Overnight Short Breaks registered residential settings. The choice of setting will depend on the Disabled Child's age, individual needs, the type of break needed, value for money and availability of places. An ONSB Care Plan should be completed and an ONSB CIN Review meeting should be held every 6 months chaired by a Team Manager to review the placement and plan.**
- 6. Overnight Short Break in a Shared Lives Placement for Young People aged 16+ years with a Shared Lives Carer who is registered with the Care Quality Commission (CQC). An ONSB Care Plan should be completed and an ONSB CIN Review meeting should be held every 6 months chaired by a Team Manager to review the placement and plan.**

5. ONSB Decision Making

- 5.1 Once the CIN Personal Budget and Support Plan has been agreed with the family regarding a Disabled Child, it will be submitted to the board via an EHCMB Referral form to be completed by the allocated social worker, with additional comments from their line manager. It is expected that the referral form will include a summary of the rationale as to why the Child or Young Person is eligible for ONSB.
- 5.2 The EHCMB Referral form is QA'd by the Operational Manager of the Disabled Children's Team, who also attends EHCMB to present the case and request agreement for an ONSB placement and care-plan.
- 5.3 The HOS DCS will be the decision maker for any ONSB Care Plans and Placements for CWD.
- 5.4 If a request for an overnight respite placement is made for Children and Young People who do not have a Disability then a referral should be made to ACRP to request a respite placement. An updated C&F Assessment should be submitted to ACRP which includes evidence and rationale for the need for short term overnight respite support. Decisions to agree a short-term overnight respite placement, placement search and ONSB Plan will be agreed by the chair of ACRP and thereafter will be reviewed by ACRP if necessary.

6. ONSB Commissioning Process

- 6.1 If EHCMB (or ACRP for non-Disabled CYP) agree that threshold is met for an ONSB Care Plan and placement, the social worker will need to complete a Placement Request and Specification form on LCS, which will be QA'd by their line manager and then submitted to the Placements Team for a search for a suitable ONSB provider.
- 6.2 All Placement Request and Specification forms must initially be for foster carers (or shared lives carers if the YP is aged 16 -17 years with a Disability or SEMH needs). The form must indicate the number of nights being sought per year, and any pattern of ONSB that is being requested by the family (i.e. one night per month on the weekend for a total of 12 nights per year vs. 3 consecutive nights every third month of the year during school holidays etc). The ONSB care Plan must not exceed more than 17 consecutive nights or more than 75 nights in a 12-month period.
- 6.3 If the Child or Young Person is aged 16 years + then the Placements Team should forward the placement specification to the Shared Lives Service to source a Shared Lives adult placement.
- 6.4 If the Child or Young Person is Disabled once the Placement Request and Specification has been submitted for placement search and after an initial search, if the Placements Team (or Shared Lives Service) advise it is not possible for the Child's needs to be met in a foster care placement, then a request must be made to the HOS of Disabled Children's Service for permission to widen the search to include residential ONSB provisions.
- 6.5 Once the placement has been confirmed, then the social worker will need to complete the Overnight Short Breaks Placement form on LCS, so that there is a clear record of the placement identified, the costs, the pattern of short breaks to be taken, and where/when it was agreed. It is expected that

parents will transport their own children to and from their ONSB placement where at all possible. If parents are assessed by a Social Worker as unable to transport their child to the ONSB provision, then transport and escort arrangements may be provided in exceptional circumstances using the existing personal budget.

6.6 For Children with Disabilities the Social Worker or Support Planner updates the CIN Personal Budget and Support Plan on LCS to include specific detail and costs of any ONSB placement in the text of the plan. The costings for an ONSB Family Based fostering placement in the actual support plan should remain at £198 per night deducted from the personal budget. If an ONSB residential placement is agreed, then the actual cost of this placement should be recorded in the plan, but deduction still made at £198.00 per night. Where there is a joint Health and Social Care budget actual costings for an ONSB residential placement should be included in the plan and actual deductions should be made that also include any transport and escort costs.

6.7 An ONSB Plan should also be completed by the Social Worker prior to the Child or Young Person commencing the placement if a fostering or residential ONSB placement has been agreed by EHCMB or ACRP.

6.8 Parents of Disabled Children have the option to provide ONSBs within the family home via the use of a DP Support Worker or agency carer, which enables a plan of 'overnight care' to be delivered instead of an ONSB placement and Care-Plan.

6.9 Parents of Disabled Children also have the option to identify a DP Support Worker to care for their Child in the Support Worker's own home under a plan of 'overnight care' instead of an ONSB placement and Care-Plan, however we do recommend that a Risk Assessment for Direct Payment Employed Carers who care for Children within their own home is completed (see appendix 1).

7. ONSB backfill arrangements

7.1 If a Child or Young Person with a Disability cannot access their allocated ONSBs provider or an ONSB placement has not been sourced yet a Parent/Carer can alternatively access ONSB placement 'backfill' funding of £198.00 per night in line with their current ONSB allocation, which is usually provided pro rata over a 12-month period.

7.2 For Children with a Disability ONSB backfill funds can be used flexibly to fund a direct payment carer or personal assistant or commissioned agency to care for a CWD at home or in the community (over night or daytime hours) to ensure the Parent Carer and family can still access a carer's break and the CWD still accesses a short break away from their family. For example if a CWD who has 2 ONSBs allocated per month could access £396.00 per month funding that could be used flexibly to employ a DP worker or PA.

7.3 The DCS Social Worker, Support Planner or Family Support and Reviewing Practitioner should complete an Interim ONSB Funding Request form on LCS or EHM (see link below) which must be QA and checked by the DCT Team Manager, who will forward the form to the Service Manager. Thereafter the form is forwarded to the DPT Manager on LCS or EHM, so they are aware of any interim invoices or additional Direct Payment funding agreements. The DPT manager will authorise the form on LCS or EHM. The Budget code EU203 NE86 should be utilised when completing an ONSB backfill request form. ONSBs that have not been utilised by a family for more than 3 months cannot be banked or be reimbursed as a backfill payment to the family.

8. ONSB Shared Lives Carers (16 +) scheme

- 8.1 This is an innovative collaboration between Children's and Adult's social care targeting the younger cohort of 16+ for shared lives care either through day support, overnight short breaks placements.
- 8.2 Shared Lives Placements are CQC registered placements provided through our Islington Adult Social Care partners. Shared Lives placements are only available to Young People aged 16 and 17 years with a Disability or SEMH needs. These placements can continue post-18 into adulthood and can support SEND Progression to Adulthood planning.
- 8.3 Children's social care placements service will liaise directly with the Shared Lives service to complete any placement matching processes.

9. ONSB Reviews

- 9.1 Once the ONSB placement is confirmed, it is expected that the social worker and family will work together to agree a suitable introduction plan for the child or young person to the setting. This will vary depending on the needs of the child and the standard practice of the identified placement, but at least one shorter visit for the child/young person to familiarise themselves with the setting prior to their first overnight stay is to be expected.
- 9.2 CIN ONSB Review meetings should be held at least once every six months, with the Practice Manager to chair these.
- 9.3 For Children with Disabilities their ONSB Plan and CIN Personal Budget Plan should be returned to EHCMB along with the minutes of the last ONSB Review meeting for approval every 12 months and the plan and placement.
- 9.4 For Children and Young People who not have a Disability their ONSB Plan and Placement should be reviewed by ACRP every 6 months.
- 9.3 For Children with Disabilities support plans are typically agreed on a 12 monthly basis and will need resubmitting to EHCMB prior to the end date of the agreed plan. The Support Planner will need to review costs and ensure all details are updated. If there is to be a request to increase the frequency of ONSB or the plan, then it is to be expected that an updated Child and Family Assessment will have been completed to evidence the increase in the assessed level of need.

9.4 Once an updated CIN support plan has been agreed by EHCMB following a 12-month CIN ONSB review meeting the Overnight Short Breaks Placement form should be updated.

10. ONSB CIN Visits

10.1 For Children with disabilities in the DCS who receive ONSB and are not subject to any other safeguarding concerns need to be visited by their allocated worker once every 12 weeks. It is to be expected that the 1st visit to the ONSB placement takes place before the 1st ONSB CIN Review meeting thereafter a CIN visit should take place at the ONSB provision every 12 months. This may not be possible if ONSB exclusively take place on a Saturday, for example. It is to be expected that the ONSB provider is invited to any TAC or review meetings for the child. Children who do not have a disability should be visited as per usual according to their CIN or CP plan.

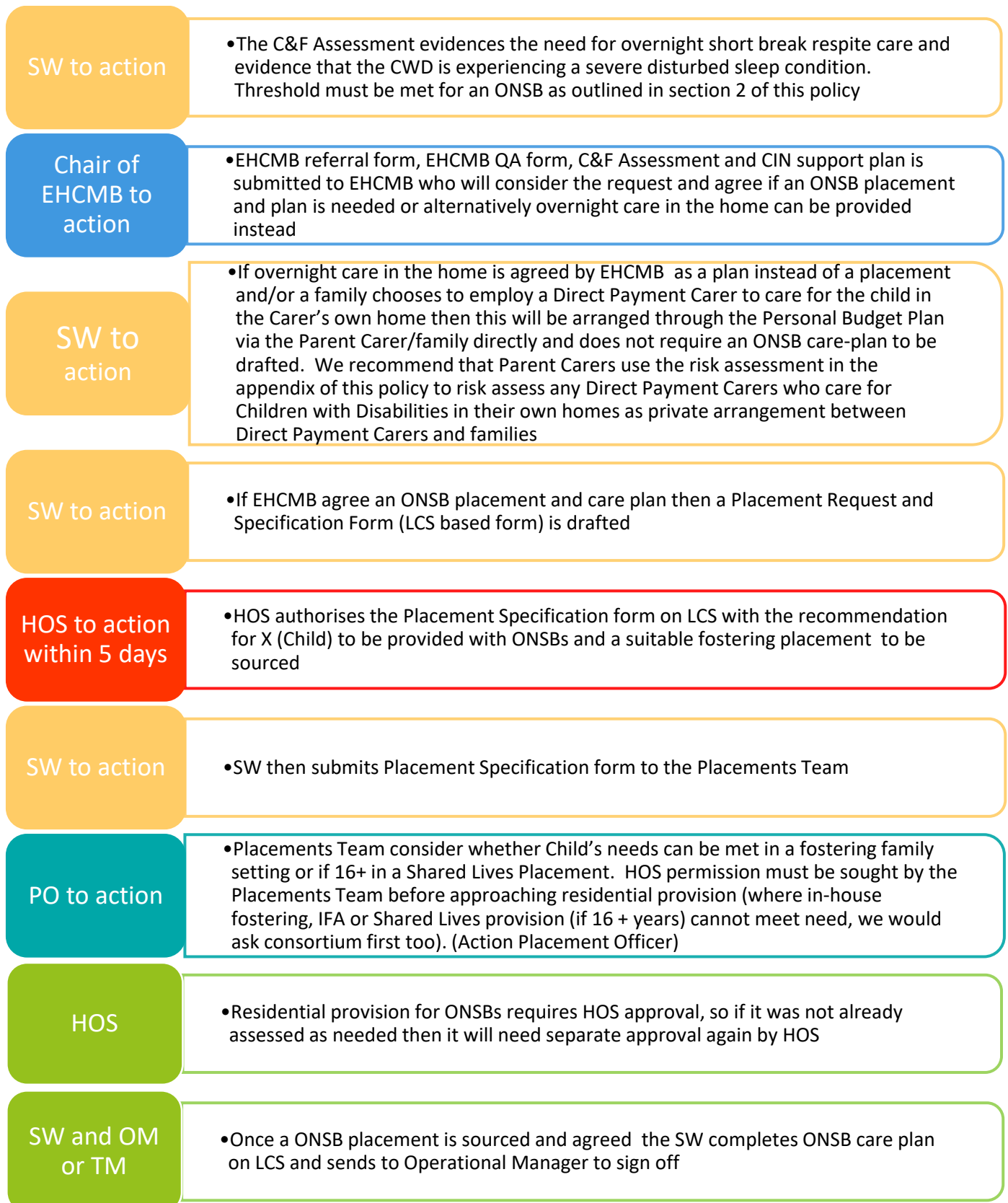
11. Recording ONSB Placement Dates



11.1 When commissioning placements it is to be made clear to the foster carer, shared lives carer or ONSB residential placement provider that dates for the year must be either agreed in advance so that the social work team can track them, or if they are to be agreed on an ad hoc basis with the family, then the provider is to alert the allocated social worker and also the Disabled Children's Team duty inbox (disabledchildren.team@islington.gov.uk) so that the child's case file can be updated for auditing and payment purposes.

11.2 The Social Work Coordinators will enter dates that the child or young person stayed at placement onto LCS. (Please see LCS help guidance link below)

<http://izzi/published/Records/Children%20and%20families%20services/Quality%20and%20performance/Quality%20manuals/2017-2018/%282017-09-19%29%20LCS%20Help%20Guide%2044a%20-%20Recording%20CIN%20Short%20Breaks%20v%204.0%20%281%29.pdf>

12. ONSB Workflow: (to be added here to include non-Disabled Children and Young People)



SW	<ul style="list-style-type: none"> •SW completes ONSB record on LCS
SW	<ul style="list-style-type: none"> •SWC adds YP and their placement to the ONSB tracker •See link to ONSB tracker here:  ONSB
SW	<ul style="list-style-type: none"> •SW visits the YP every 12 weeks and visits the placement before the 1st ONSB review and thereafter visits the placement when the YP is present a minimum every 12 months
SWC	<ul style="list-style-type: none"> •SWC adds ONSB placement dates the Child or Young person has attended to LCS social care record over the 12 month period of the ONSB Care Plan
PM/ DTM	<ul style="list-style-type: none"> •Practice Manager or DTM chairs 6 monthly ONSB CIN Review meetings to review CIN Support plan and ONSB Placement and care-plan
SWC	<ul style="list-style-type: none"> •SWC adds to the ONSB tracker dates of 6 monthly ONSB review meeting completed and tracks 12 monthly submission to EHCMB –  ONSB
SW	<ul style="list-style-type: none"> •SW updates the CIN Personal Budget and Support Plan following every 2nd ONSB CIN Review and presents the updated Plan to EHCMB every 12 months
TM	<ul style="list-style-type: none"> •If the YP does not have a disability then their Short Break Care Plan and placement should be presented to ACRP every 6 months after the 6 monthly ONSB Review meeting has taken place
SW	<ul style="list-style-type: none"> •ONSB care-plan is updated every 3 years or when the ONSB placement change
SW & TM/OM	<ul style="list-style-type: none"> •An ONSB backfill form can be completed if an ONSB placement cannot be sourced, and the family wishes to access some of the ONSB financial budget that has been allocated to them. This equates to £198.00 per night funding for families to use flexibly

13. Appendix - Risk Assessment for Direct Payment Employed Carers who care for Disabled Children within their own home



Disabled Children's Service (DCS)

PERSONAL BUDGET RESOURCES

Risk Assessment for Direct Payment Employed Carers who care for Children within their own home

This assessment tool has been created to support parent carers of Disabled Children and Young People to undertake a risk assessment of Direct Payment Employed Carers who have agreed to care for a Disabled Children and Young Person within their own home. This assessment should be completed by the parent of the Disabled Child with the support of a Social Worker or Family Support and Reviewing practitioner from the Disabled Children's Service. Any recommendations recorded in the assessment by a Practitioner are provided to enable the parent to formulate a risk analysis and make their own decision regarding any care arrangements they wish to set up with a Direct Payment Employed Carer.

Disclaimer:

Islington Council does not accept any liability or legal responsibility for the risk assessment of a Direct Payment Employed Carer or any care arrangements that are set up and managed by a parent using their Child's Personal Budget through a Direct Payment. If a parent chooses to proceed with setting up a care arrangement without completing a risk assessment of a Direct Payment Employed Carer caring for their Child within the Carer's own home Islington Council does not accept any legal responsibility for care arrangements or quality of care, as the parent is acting as the employer and care manager.

1. Agency Details

Assessing DCS
Practitioner:

(Extension)

Name of Assessing Parent:			
DCS Team name:			
Date applicant visited in own home by assessing Practitioner and Parent:			
Date Assessment Completed:			

2. Details of Applicant (Direct Payment Employed Carer)			
	First Applicant		Second Applicant
Name			
Address			
Telephone Number			
Date of Birth			
Religion (Observing or nominal)			
Languages Spoken			

6. Name of Child with Disability requiring Direct Payment Carer overnight support
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Name Disability	Date of Birth	Gender	Ethnicity	Address
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3. Statutory Checks

	Result / Date of completion		Result / Date of completion
DBS:		Police check undertaken on applicant's home address:	

4. Children / Adults living in the Applicant's household

Name	Age	Gender	Relationship

5. Support network for applicant if there is a 2nd carer to support them caring for a Disabled Child in their own home if 2-1 supervision is required?

Name	Age	Gender	Relationship to Carer	Address

Applicant's relationship (if any) to the Disabled Child they will be caring for:					

7. Details of proposed care arrangements to take place in Direct Payment Carer's own home

Number of days per week	
Number of hours per day	
Number of overnights stays per month (please include details of proposed days and hours)	

8. Risk Assessment			
Risk	Yes	No	Comments
General			
Is there sufficient space for proposed child(ren) including space to pursue their homework, engage in quiet activity & play?			
Are there suitable toys and facilities available for the child?			
Indoor and outdoor play equipment – safe, secure, and well maintained.			
Are all rooms of house maintained at a reasonable temperature?			
Is there a designated eating area and is it comfortable & compatible?			
Is there adequate lighting throughout house for daily living & safety?			
Are there any loose or uneven floor coverings? Check for tripping hazards (e.g. trailing cables etc) Floors – safe, hygienic, carpets and rugs secure?			
Is all alcohol out of reach?			
Medicines, toxic substances, matches etc. are locked away, including glues and solvents?			
Do all hot surfaces appear to be adequately protected?			
Is the accommodation adequately clean, tidy, and hygienic?			
Do you possess a firearm/air rifle or other weapon, including ceremonial, antique? or replica weapons?			
Do you have household insurance ?			
Household insurance Certificate viewed?			
Household security – Are there appropriate locks to enable household to be secured?			
Has the carer's home been adapted to ensure child is safe from accidental injury (stairgates, door			

guards and sharp corners) ?			
Does the Carer have a secure place to store medications?			

Does the carer have a safe place to store and lock away hazardous substances out of reach of the child?			
Windows and Glazing			
Are all large areas of glass and windows/glass doors fitted with safety glass?			
Do you consider there any to be significant hazards from glass/windows/doors?			
Indoor glazing cover non-safety glass with protective plastic film			
Windows above ground level – in relation to children under 10, windows should be locked or secured to open no more than four inches			
Any windows with Venetian or other blinds have cords securely tethered?			
Electrical			
No electrical appliances in bathrooms except shower points and approved heating and lighting operated by a pull cord			
Does visible electrical equipment & wiring appear in good condition?			
Are electrical sockets covered by safety plugs?			
Are adaptor sockets or excessive use of extension leads present?			
Do any sockets or extension leads appear to be overloaded?			
Equipment and Systems			
Are gas boilers/appliances regularly serviced?			
Fire Safety			
Fireguards are used if recommended			
Electrical or battery-operated fire/smoke detectors fitted at each level of the house?			
Does the Carer's home have working fire alarms, fire extinguisher and Carbon Monoxide detectors?			
Have all detector batteries been changed within last year?			
Do you have any fire equipment and know how to use it correctly?			
Are all window and door keys accessible in the event of a fire?			
Does family have a fire drill or thought about how they would evacuate building in event of fire?			

Is your furniture fire resistant & does it conform British Standards?			
Do you or any members of your household smoke in the home?			
Are cigarettes/lighter/matches safe?			
Pets			
Do you have any pets?			
Does the carer have a pet such as a dog or cat? (Please also add if this may pose as any risk to the child)			
Vehicles			
Is there sufficient space for family members and any children currently being cared for (unless other transport arrangements agreed).			
Are all drivers covered by fully comprehensive insurance for transporting Children whilst working as paid Carer?			
Are you committed to always ensure that children in your care wear seatbelts? when in the car?			
Do you use car seats and do these meets with British Standards? Cars need to have sufficient seat belts and car seats (these can be provided by the Department)			
Are they correctly fitted and periodically inspected?			
Sight the vehicle's MOT, tax, and insurance certificates. Are they up to date?			
Do you hold a current clean driving licence?			
Are you aware of law in respect of child restraints and seat belts?			
Do you have / use child proof door locks when transporting children?			
Medical and Personal Care			
Does any household member have a current first aid certificate?			
Are medicines kept in an appropriate & safe place?			
Do you have suitable first aid provision/kit? Where is it kept?			
Is there a first aid kit in the car?			
Are you aware of the need for disposable gloves when dealing with body fluids?			
Is the Carer able to administer medications safely with training from the parent?			

Is the Carer able to restrict free access to food for the child if this is necessary and part of a careplan?			
Bathroom			
Are toilet and washing facilities accessible and well maintained?			
Are lights or electric fires controlled by a pull cord switch and appropriate for bathroom use?			

Are razors and scissors locked away/out of reach?			
Are the bath, taps, toilet, shower & sink in reasonably good condition?			
Is there a thermostat on the hot water heater to prevent scalding?			
Is there a lock on the door and is it out of reach of small children?			
Can the bathroom lock be opened from the outside?			
Are cosmetics, perfumes, disinfectants, and cleaning materials store out of reach?			
Bedroom			
Would the child(ren) have his/her own room?			
Does the carer have a suitable bed for the Disabled Child to sleep in?			
Is the bedroom suitably furnished and equipped?			
Are windows/door safe? Consider young children & fire exit issues – is furniture kept away from windows?			
Does visible electrical equipment in appear to be safe and in a reasonable condition?			
Is the heating safe? Beds and soft furnishings should be positioned away from radiant heat sources.			
Is the Carer's bathroom suitably equipped to support the Child's continence and personal care needs?			
If the child has a physical disability has the Carer's home been appropriately adapted to meet the Child mobility, moving and handling needs for transfers and any wheel-chair access?			
Garden/Balcony			

Outbuildings and equipment – safety and security of garages, sheds, barns, DIY and farm equipment and chemicals is satisfactory			
Are garden equipment and chemicals locked away?			
Are garden fences and gates secure & in satisfactory condition? (All perimeters safe and secure)			
Are paths, driveways, and steps in reasonable condition?			
Is outdoor play equipment securely fixed and in good condition?			
Impact absorbing materials (eg. Grass, carpet, or safety surfaces) to be used under swing and climbing equipment			
Does the play equipment appear hazardous/need risk assessment?			
Is the sandpit hygienic and covered when not in use?			
Are the garage & shed kept locked?			
Do you have a greenhouse and if so, what safety measures do you take in and around it?			
Garden ponds, hot tubs and swimming / padding pools securely fenced off, covered or filled in. Use of swimming pools under supervision only.			
Are collapsible rotary dryers covered or removed when not in use?			
Are you aware of any poisonous plants in your Balcony/Garden and if so, what safety? measures do you take?			
Is rubbish stored safely and garden free of rusty metal etc?			
Is Balcony/Garden free of dog/cat fouling?			

9. Does the Direct Payment Carer have the necessary employment liability and insurance arrangements caring for children within their own home? (Please also include motor insurance if they have a motor vehicle and plan to transport the Child in their own vehicle).

10. Risk Assessment Analysis : (This final section gives assessors the opportunity to highlight strengths and any concerns they have regarding the applicant's suitability to care for a Disabled Child in their own home and provide a safe environment)

11. Practitioner Comments and Recommendations:

12. Parents Decision and Comments:

13. Would the Carer be interested in meeting with the Islington Fostering Service and receive an initial visit by the Fostering Service

12. Signatures			
Parent		Date	
DCS Practitioner		Date	