

JOINT PROTOCOL BETWEEN KENT COUNTY COUNCIL AND LOCAL AUTHORITY HOUSING SERVICES TO ADDRESS THE NEEDS OF INTENTIONALLY HOMELESS FAMILIES WITH CHILDREN



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1. AIMS

- To clarify the statutory duties and agreed responsibilities under the protocol of local authority housing departments and children and families teams in the county
- To ensure families secure accommodation suitable for their needs and prevent future homelessness by addressing support needs at the earliest opportunity and enabling tenancy sustainment
- To establish and clarify an approach agreed by the partner agencies which will apply irrespective which district intentionally homeless families with children present in
- To promote cooperation and joint working between the partner agencies

2. OBJECTIVES

- To meet the needs of intentionally homeless families with children as closely as possible within the remit of legislation and the resources available
- To jointly assess how best to meet these needs and identify any potential risks to the health or development of the child(ren) of such families
- To ensure children do not become cared for by Social Services because of lack of a suitable home and ensure that they achieve, or maintain, a reasonable standard of health and development
- To improve and promote joint working between the partner agencies

3. CONTEXT

3.1 This protocol covers the assessment and provision of services to families with dependent children who are homeless and no longer eligible for assistance from the Homeless Team, within Housing Services.

3.2 The local housing authority has a duty to assess homelessness applications in accordance with The Housing Act 1996 as amended by the Homelessness Act 2002. Under Section 193 of the Act the local authority has a duty to secure accommodation for people who are homeless, eligible for assistance, in priority need and not intentionally homeless. Housing authorities aim to complete inquiries within 33 working days.

- 3.3 Sometimes households are found to be homeless, in priority need, to have a local connection but to have made themselves ‘intentionally homeless’. Under Section 190 of the Act, such households with dependent children are offered accommodation for a ‘reasonable’ period (generally 28 days), and advice and assistance in securing accommodation.
- 3.4 Under Section 195 of the Housing Act 1996, applicants at risk of homelessness but found to be threatened with homelessness intentionally, are only entitled to advice and assistance in securing that accommodation does not cease to be available for their occupation.
- 3.5 Section 191 of the Housing Act 1996 defines intentionality: “a person becomes intentionally homeless if he deliberately does or fails to do anything in consequence of which he ceases to occupy accommodation which is available for his occupation and which it would have been reasonable for him to continue to occupy”. Such acts of omission include rent arrears, anti-social behaviours, breaches of tenancy conditions and giving up accommodation suitable to an individual’s/ family’s needs.
- 3.6 The Homelessness Act stresses the need for cooperation between housing authorities and social services when dealing with intentionally homeless households with dependent children. Social services departments have a duty under section 20 of the Children Act 1989 to accommodate any child in need aged whose welfare is likely to be seriously prejudiced without the provision of accommodation.

Housing authorities responsibilities towards families with children

- 3.7 Those in priority need who are assessed as intentionally homeless are entitled to advice and assistance and temporary accommodation for a short period only, to give the household the chance to secure accommodation for themselves. If a household containing children under 18 is likely to be deemed intentionally homeless then the local authority must inform Social Services (with the applicant’s consent).
- 3.8 However, under the Code of Guidance, section 10.5, there are circumstances where even if consent is withheld, the housing department may disclose information to social services if they have reason to believe that a child may be at risk of significant harm.
- 3.9 Under section 213 A of the Homelessness Act, if social services decide the child’s needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable assistance in this and the housing authority must respond. The local authority housing department would assist Social Services in discharging any obligations under section 17 of the Children Act 1989, by advising families on the range of housing options available to them, which depending on their individual circumstance, they would be expected to pursue. Advice on housing options is provided during the housing interview, as part of the homeless assessment process.

3.10 Advice and assistance as is considered reasonable might include help with locating suitable accommodation and making inspection of a property to ensure it meets adequate standards of fitness and safety; however, the duty does not extend to a requirement on the housing authority to provide accommodation for the family.

Social services responsibilities towards children in need

3.11 The general accommodation responsibilities of social services are defined by section 17 of the Children Act 1989 and concern the responsibility towards children in need. Children in need are defined as:

- those who are unlikely to achieve or maintain a reasonable standard of health and development, unless the local authority provides services
- those whose health and development is likely to be significantly impaired, unless the local authority provides services
- disabled children.

3.12 Section 116 of the Adoption and Children Act 2002 amends section 17 of the Children Act 1989 to allow the assistance given by social services to include the provision of accommodation.

3.13 If a child or children are in need solely as a result of homelessness, Social Services are expected to consider whether the best way of meeting the need is to help the family obtain accommodation, possibly by providing accommodation, or a deposit, under s17 of the 1989 Act.

3.14 The Children Act 1989 responsibility applies to children living or found in the local authority area and applies regardless of any decision taken by another authority within any other legislative framework (e.g. Housing's 'Habitual Residence Test' which is a test for eligibility for assistance).

4. PROCEDURE

Referral

4.1 Written permission should be sought from all intentionally homeless families with children under the protocol to send their details to the County Duty Team.

4.2 Once the housing department has made the decision that a family with children is intentionally homeless, the Homeless Officer will issue a s184 letter to the household explaining the Council's decision. The letter will include a standard paragraph explaining that their case will be referred to Social Service for a child in need assessment. Households with children will normally be given a further 28 days in emergency / temporary accommodation from the date of the s184 decision. The cost of this accommodation is borne by the Housing Authority.

4.3 Within three working days of the s184 letter being issued the Homeless Officer

- will make the referral to the County Duty Team.
- both the normal interagency referral form (see Appendix 1) and a copy of the s184 letter will be faxed to County Duty (**fax number 01233 652261**), providing as much information as possible on the family's needs and circumstances as is known to Housing.
- If there is current social services involvement with the family known to the Housing Department, referral will be made to the named social worker, rather than County Duty.

4.4 After the referral has been received by Social Services:

- Social Services are required to carry out an initial assessment within 7 working days of the referral having been received.
- The Duty Officer will need to consider what priority to accord the referral in accordance with the Directorate's Matrix of Children in Need (see Appendix 2).
- On receipt of the referral the Duty Officer will contact the household to arrange a date and time for the initial assessment.
- The Duty Officer will also confirm with the housing authority receipt of referral and the likely plan for the initial assessment.

Assessment

4.5 The primary aim of the assessment is for Social Services to decide whether the child (or children) is 'in need'. This will be subject to the normal criteria laid out in 'Framework for the Assessment of Children in Need and their Families' (2000, (DoH). In summary:

- all children affected by the referral must be seen and assessed
- all children must be interviewed as far as possible given age and understanding and interpreters should be used if necessary
- all issues contained within the assessment framework must be considered including the health and educational, emotional and social development of the child

To determine whether the lack of housing is having a specific impact, the social worker should consider the following:

- what is the impact of the housing situation on this child? (e.g. effect on the child's health, emotional and educational wellbeing etc)
- what impact is it having on the capacity of the parents to "parent"?
- how are the parents responding to this stressor?
- what financial and other resources are available to the family to help deal with it? (Role of extended family/accommodation available elsewhere – if so, is that place safe or does it present a risk)

All these elements must be recorded fully in writing.

Outcomes

4.6 If following an initial assessment the child is found not to be in need the family and the local housing authority should be informed in writing to include the reasons for that conclusion. Social services will then have discharged its duty in respect of that referral.

4.7 If the assessment determines that the child is in need but there are no needs beyond the lack of housing and there is no question over the parent/s ability to cope, social services will consider the following options (and will bear the cost of a family accepting an option):

- Accommodation with extended family
Details of family members both locally and elsewhere in the UK should be obtained with parents expected to fully explore the possibility of staying with extended family whilst they look for alternative accommodation. Payments for fares to access family elsewhere in the UK would be considered.
- Accommodation is available elsewhere in the UK or abroad
When a family is able to obtain or return to accommodation in another part of the UK or overseas, consideration should be given to meeting the costs of travel.
- Rent deposit
Where accommodation cannot be provided through an extended family arrangement a rent deposit may be considered. A family would be expected to seek accommodation in the private sector. Parents should be expected to seek accommodation over a wide geographical area both within and beyond the District/ Borough in order to increase their chances of obtaining such accommodation. They should be provided with a letter confirming that social services would be willing to pay a deposit equivalent to one month's rent. In exceptional circumstances both a deposit and a month's rent in advance could be agreed. If there are any concerns about the quality of the accommodation obtained Housing Services should be requested to check the accommodation. Any deposit or rent in advance should only ever be paid direct to a landlord and not the applicant. The landlord should confirm, in writing, receipt and that any deposit will be paid back to the Social Services Department when the tenant leaves the accommodation provided that there is no claim on the deposit by the landlord.

4.8 Local districts/ boroughs might consider setting up specific pooled budgets for rent deposits for intentionally homeless families with children.

4.9 Social services will advise the housing authority, in writing, of the outcome within 3

days of the assessment having being completed.

- 4.10 Should the family obtain accommodation and require on-going housing related support to resettle and prevent future homelessness, referral for Floating Support provided under Supporting People should be made to the named person for the district/ borough.

5. RESOLUTION OF DISPUTES

- 5.1 Where disputes arise from the outcome of a child in need assessment, or where on occasions delays occur or cooperation is not achieved, the case will be referred to the Housing Manager in the Housing Authority and the Team Manager (or if necessary the relevant Service Manager) in Social Services. On the very rare occasions where there is still no agreement the respective Senior Service Managers of the organisations will agree the final position.

6. MONITORING

- 6.1 The Housing Authorities will maintain a file/s of all cases referred for assessment. The referral, assessment and outcomes will be recorded on this file. This will allow for monitoring as required.
- 6.2 The Districts/ Boroughs will send the collated data on a quarterly basis to the Chairperson of the Homeless Officers Group. This group will monitor the application of the protocol.

6. TARGETS

- 100% of intentionally homeless households with children referred to Social Services within three working days of s184 being issued
- 100% of families who have agreed to an initial child in need assessment will be seen within 7 working days by social services
- No children who have been assessed, taken into social services care solely due to lack of accommodation.

7. REVIEW OF PROTOCOL

The protocol will become effective following its launch in conjunction with the Homeless Young Persons' Protocol. The protocol will be reviewed periodically to ensure that it is up to date and appropriate.

Appendix 1.

Initial Assessment and Referral Form for Children in Need to Social Services

This form is to be used by all agencies and individuals when referring a child to Social Services. The information given will be accepted as part of Social Services initial assessment of the child under the DOH Assessment framework Procedures.

The more information received by Social Services at the first point of contact, the more likely it is that appropriate services will be delivered at the earliest opportunity to help children and families in the best interests of the child.

- 1. Please ensure that Sections 1,2 and 3 are fully completed (if known). This is essential in enabling us to respond appropriately to the child/ren's needs.***

Any alternative name			
Date of Birth	Gender	Religion	First Language
	M/F		
Name of Parents/Carers			
		Any other relevant addresses	
		Post Code	
Ethnic Origin [Please x one box only]			
			Other Ethnic Groups

Other Significant Family Members / Adults

Name	Relationship	Date of Birth	Contact Details

2. Contact Information:

[Please add others you think may be relevant]

			Telephone

3. Reason for Referral and any comments on what the family needs from Social services:

[Please specify current concerns and state how long you have known the child and in what capacity, i.e. as parent, teacher, doctor, etc. For professional workers: if you wish to include letters/reports, chronologies, body maps or centile charts please attach a further page.]

4. Relevant information (if known) regarding the Child:

[Including development, health, behaviour, social skills, schooling/special educational needs, other special needs, strengths and weaknesses, any other information.]

5. Relevant information (if known) regarding the Parents and the wider Family:

[Including relationships, friendships, behaviour, emotional support, stability, safety, health and other issues.]

6. Relevant information (if known) regarding Environmental factors:

[Including housing, who is working in the household, financial situation, community and social involvement.]

7. Any other relevant information: *[Including previous referrals.]*

8. Other Agencies involved:

[Please specify if known.]

9. Parent's or Child's views:

[See Guidance Notes before completion.]

**10. Is there a perceived risk of violence or other matters that could place those making contact with this family in danger (such as an unsafe neighbourhood, persons of a violent nature, an untethered dog, etc.)?
YES / NO**

11. Consent: *[See Guidance Notes before completion.]*

I agree to the information in this referral being passed to Social Services.

Name of Parent/Legal Guardian *[Please Print]*.....

Signature of Parent/Legal Guardian.....

Date.....

Consent not sought because :-

to do so may place the child or an associated person at risk of significant harm.

to do so may compromise evidence or an investigation.

to do so may hinder the prevention or detection of a crime.

this is an urgent referral and it is not possible/appropriate to seek consent.

12. Referrer:

Name and Status.....

Contact Details.. ..

Signature.....Date.....

Appendix 2

CHILDREN & FAMILIES SERVICES MATRIX OF CHILDREN IN NEED

Introduction

Kent's Children in Need/Child Protection Procedures use the legal definition of Children in Need, which is:

- A child who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- A Child whose health or development is likely to be significantly impaired or further impaired, without the provision of services;
- A child who is disabled.

The Procedures incorporate an aspiration to provide early intervention services to a wider group of children in need as well as child protection services. However, the term Children in Need is open to wide interpretation and referrals increasing include children who have low or moderate needs or who may be described as 'vulnerable' and who do not meet the Directorate's Eligibility Criteria.

Purpose of the Matrix

This Matrix is modeled upon Kent's C&F Eligibility Criteria deliberately in order to avoid confusion and is a tool that is intended to help Duty Managers determine which Children in Need cases should be given priority for early intervention services and which should be referred elsewhere and/or closed. It should also introduce some level of consistency into decision-making across the County.

While it is relatively straightforward to define and identify children at risk of significant harm, the priority given to referrals of children in need will depend upon complex judgements. The Matrix is intended to help inform these judgements. Usually there is no one element that will determine the outcome, as the level of vulnerability will be different in each case.

Inevitably, practicalities such as team capacity or availability of pathways out to other services will also influence this process. It is also important to remember that it is recognised that all children in need cases could benefit from early intervention. The Matrix is not about their eligibility for a service but about ability to provide it.

The Matrix attempts to identify the level of key vulnerability factors such as domestic violence, mental health problems, substance misuse etc. but it will usually be a combination of criteria that will determine the level of concern rather than any one factor.

Key Principles

The Matrix is and is constructed on the basis of the following fundamental principles:

- CDS will make every effort to ensure that referrers (particularly professional referrers) provide sufficient information but if more information is necessary to inform a judgement, the DIAT will seek this from the referrer in the first instance;
- Wherever possible an Inter-agency Referral Form from a professional referrer that is fully completed and includes some analysis will be accepted as an Initial Assessment;
- If an initial assessment is required it will be completed within 7 working days from receipt of the referral in the DIAT;
- Cases will not be closed unless there is sufficient information to inform this decision;
- Duty Managers and staff are competent and confident about identifying child protection cases;
- CDS allocated code will be validated or changed;
- Districts have either identified pathways out of Social Services for inappropriate or low/medium priority cases or identified that there is a gap in service that needs to be filled as part of Kent's Local Preventative Strategy.
- That there are systems in place to ensure that duty managers know the status of referrals at all times;
- Permanency planning (including Kinship Care) is always given first consideration;

Duty Systems

Duty Teams are required to have systems in place that enable managers to operate a 'triage' system i.e. that priorities are kept under constant review. In addition, referrals should be in process under one of the following headings:

- New referral – initial decision to be made by Duty manager within 24 hours;
- Unassessed – further information being sought in order to determine whether an initial assessment is necessary;
- Allocated – initial assessment or investigation being actively pursued (7 days from receipt in DIAT);
- Holding – case being held while short term intervention is provided by Family Support;
- Referred elsewhere and closed or closed as inappropriate or no resource available.

Mandatory reporting

If a DIAT cannot work to the above principles or process for any reason this must be recorded and formally brought to the attention of the District Manager as part of the Alerts process.

Recording

The reasons for the decision in each case must be recorded and kept with the case papers. In addition, a formal notification of the decision must be sent to the professional referrer together with the reasons using the appropriate template letter.

The Matrix

	Vulnerable children Low priority needs	Children in Need Moderate priority needs	Children in Need High priority needs	Child Protection
	<ul style="list-style-type: none"> Children are vulnerable but not 'in need' as defined by the Children Act 1989. No requirement for a core assessment but, if possible, should be offered advice, information and redirection to other sources of assistance Social Services help is not essential to the monitoring or maintenance of the child; 	<ul style="list-style-type: none"> Families experiencing difficulties where improvements may be desirable but there is no acute risk at present Social Work intervention could be helpful if available. Support may be provided through community services to which families need to be sign posted. Alternatively a short term intervention could be considered 	<ul style="list-style-type: none"> A reasonable standard of health and development is unlikely to be maintained without Social Services support. The child may move into the urgent category without the provision of services. There are identifiable factors which indicate that considerable deterioration is likely without support. There is serious family dysfunction, a child is beyond control, no person is able to exercise parental responsibility or the child is abandoned, trafficked or rejected 	<ul style="list-style-type: none"> There is a high level of need, serious concerns about the care, health or development of a child and the child is likely to suffer significant harm.
Areas of Need	Low level concern	Moderate concern	Serious concern	Urgent
Child's Developmental Need	<ul style="list-style-type: none"> Some concerns re diet, hygiene, clothing etc. Has missed some routine health appointments Slow in reaching milestones Poor punctuality/late for school Intermittent school absences Poor concentration/not achieving potential Under stimulated Smoking/using alcohol Low level anti-social behaviour Overweight/underweight/enuresis Low self esteem that might lead 	<ul style="list-style-type: none"> Regularly missing routine and non-routine health appointments Defaulting on immunisation and checks Not achieving key stage benchmarks Regular non attendance Some fixed term exclusions Disruptive/challenging behaviour in school/community/home Cannot cope with anger, frustration or upset 	<ul style="list-style-type: none"> Child involved in serious substance misuse or offending behaviour Child has chronic mental health needs that impact on child Chronic self harming behaviour Disclosure of historical sexual abuse where perpetrator no longer present Child previously looked after or previous request that child be looked after Child has been subject of 3 CHIN referrals during the year Excluded or serious risk of 	<ul style="list-style-type: none"> Child suffered or at serious risk of significant harm Child being trafficked or prostituted Child has acute mental health needs that impact on safety/care of child Acute self harming behaviour

	<ul style="list-style-type: none"> to bullying Limited peer relationships Identified learning needs – school action or school action plus Disabled child where parents are coping but need support in accessing appropriate services Re referral of recently closed case with no new information Parent/carer curtailing child's growing independence Child with ADHD, ADD, Dyslexia or Dispraxia 	<ul style="list-style-type: none"> Experimenting with drugs Starting to engage in criminal behaviour Moderate neglect Parents relationship problems impacting on child Young carer whose responsibilities are adversely affecting development Homeless care leaver 	<ul style="list-style-type: none"> exclusion Goes missing/risk taking activity Chronic neglect Chronic non attendance at school 	
Parenting Capacity	<ul style="list-style-type: none"> Parental engagement is poor Parents require advice on parenting Inconsistent emotional responses to child Provides inconsistent boundaries Some health problems Parents relationship under pressure Parents need advice re child development, behaviour 	<ul style="list-style-type: none"> Difficult to engage Struggling to provide adequate care No effective boundaries Some concerns about parents ability to keep children safe Teen pregnancy Anti-social behaviour 	<ul style="list-style-type: none"> Domestic violence and the child is present or affected Parental disability, mental health or substance misuse problems where concerns are raised about parents ability to attend to the basic needs of the child Professionals have serious concerns re parenting Attachment problems – highly critical or apathetic to child Beyond control 	<ul style="list-style-type: none"> Actual or risk of extreme domestic violence between parents/carers Severe mental/physical illness of parent/carer Serious substance misuse of parent/carer with evidence of immediate risk to child Parent/carer unwilling or unable to cope with caring for disabled child Parent/carer does not meet physical or mental health needs of child Parents unable to care for previous children
Family & Environment	<ul style="list-style-type: none"> Temporary housing or homeless Limited formal education Low income May be new to area May not access universal services adequately Dispute over contact arrangements Threat of eviction Rent arrears 	<ul style="list-style-type: none"> Lack of positive role models Domestic violence but child not present Poor relations with extended family Socially isolated Inadequate housing Poor skills/unemployed Serious debts/poverty Siblings or parents in custody 	<ul style="list-style-type: none"> No effective support systems Unhelpful involvement from extended family Chronic unemployment Extreme poverty Very poor housing Socially isolated Inadequate supervision 	<ul style="list-style-type: none"> Child exposed to immediate danger Schedule 1 offender is posing actual or potential risk to child Families with chronic history of abuse and neglect