

Housing adaptations for children with complex needs

Essex County Council Children and Families Social Care

Barbara Wingrove





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About Barbara

Barbara Wingrove is the lead occupational therapist for Essex County Council Children and Families Occupational Therapy team. Initially formed of seven occupational therapists, the team's core function is to provide major adaptions and specialist equipment. Barbara knows there's more to the OT role than this.

Finding the right environmental solutions for children and young people with complex needs can be challenging. Essex County Council, takes a unique approach finding the right solutions.

Barbara's team provides personalised OT that considers the individual's physical, emotional, and psychological needs. They understand the impact of sensory processing differences and behaviours of concern.

The team knows that change comes when children, young people and their families are embedded in intervention planning and set out to prove the impact of this individualised approach to care.

About the innovation

Barbara's team have developed strong networks with other services, such as, social work teams, learning disabilities services, paediatric health services and the emotional wellbeing and mental health service. This helps them take a holistic view of the child or young person.

They continually work with other specialist OTs, behaviour specialists, district and borough Councils, housing and building contractors. Together, they create bespoke environments according to individual need.

For example, they'll consider:

- non-toxic plaster for the walls
- plastic screens can make walls safe
- light switches and plugs flush to the wall or enclosed
- dimmer switches
- colour schemes that are compatible with sensory sensitivities.

The team provides adaptations to bedroom environments. By providing a safe and calming bedroom, some children and young people can learn to settle themselves back to sleep without an adult present. This means they get a better night's sleep and so do their family.

Better sleep results in reduced levels of selfinjurious behaviours and more energy to do meaningful activities in the day.





The team are familiar with the use of accessible information which they use to explain environmental changes to those with communication needs. This important intervention helps children and young people prepare for and accept changes in their home.

The team have developed practice guidance, so the right people are involved in the appropriate stage of care. They train others about the impact of personally designed environments and their self-help resources for families ensure people get support quickly.

The team also gathers information about outcomes by asking for the views of the family, the child or young person, housing providers and district councils.

Barbara is proud to constantly raise the profile of OT where it counts. She writes a report annually detailing the activity and outcomes of her team.

Impact

Over the past ten years, the team has grown from seven to twelve OTs.

Barbara takes care to analyse their referral data, for example, she looks in detail at demographics and referral rates in different areas of Essex. This grasp of local need helps Barbara predict future demand. It allows her to manage staff so that wait times are consistent across the area and put a compelling case forward to request for more staff.

She has extended her networks to include members of the finance team, human resources, commissioning and local councillors.

Recently, Barbara won funding for two OT assistants to monitor equipment use, to collect and redistribute. In the first six months of this

18-month pilot the cost of these posts has been recouped. Additionally, families are experiencing quicker access to equipment.

The team uses case examples to promote their outcomes in terms of cost avoidance.

These are some examples of the benefits:

- in the case of young person A, the team used a disabled facilities grant (which represents a £30,000 one-off cost) to adapt his bedroom. This prevented the need for increased care costs, such as waking night staff at a cost of approximately £60,000 per year
- in the case of child J, adaptions using a disabled facilities grant, prevented the need for a full-time residential placement at an approximate cost of £200,000 per year.

Are you feeling inspired to pilot your own innovation?

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