

## Improving outcomes for disabled children by integrating early support and prevention services: Luton Borough Council

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### Brief description

Luton's services for disabled children and their families bring together practice across health, social care and education services, alongside innovative short break and early support provision. The development of an extensive range of integrated early support and prevention services is improving outcomes for disabled children and preventing situations deteriorating so that child protection or looked after services become necessary.

### Overview – the provider's message

'Our strategy for disabled children services sets out our commitment to prevention and integrated provision so that families are able to continue to provide care or to manage their responsibilities effectively. The challenge is to continue to drive up services while improving efficiency and putting Luton's disabled children's services on a sustainable long-term footing. Responding to this challenge has required an integrated approach focused both on prevention and early intervention. To take this forward, we have established services based on strengthening families and supporting disabled children at an early stage thereby shifting the balance from high-cost residential packages to more planned, low-cost packages which deliver improved outcomes.

Integrated service delivery not only means improved outcomes for disabled children by driving up standards, but also means that funding is used more efficiently and effectively by cutting duplication, supporting more disabled children at home through the provision of community-based services, and preventing hospital admissions and children coming into care.'

*Jo Fisher, Service Manager*

### The good practice in detail

The vision behind Luton's services is for all families with disabled children to have the support they need to live ordinary family lives, and is based on the following principles:

## 1. Access and participation in family and community life

Children, young people and their families are actively involved in the planning and delivery of services in Luton. This includes parent-led booklets on services, a new 'Short Break Statement' that reflects parents' and carers' priorities, and representation on decision-making groups in the Council.

During 2011 parents and carers of disabled young people accessing overnight breaks at Fairway – Luton's residential home – actively helped to reshape the provision from a 'respite home' to a more flexible range of overnight, after-school activities and outreach support for their families. Based on what families told the Council, the new London Road Resource Centre provides a mix of residential, community and home-based support to over 50 young people experiencing acute family stress and/or at risk of coming into care.

## 2. Early intervention and prevention

Professionals responsible for planning and delivering services focus well on the services disabled children and young people need, particularly on the early years and on supporting families to prevent difficulties later on. This includes multi-disciplinary assessments at the point of diagnosis, including health, social care and early years professionals, home-based portage work with pre-school aged children and an established Key Working/Early Support Service for those children with complex needs.

During 2011, Luton piloted the use of 'step-down beds' with the local hospice, Keech Cottage, to facilitate prevention of care and to provide intensive early support. This involves an eight-week placement alongside a parenting assessment and nursing support to successfully facilitate a young child with complex medical needs to return home rather than enter care or 'block' hospital beds.



*Phab frendz*

## 3. Promoting independence and choice

Significant funding has been allocated to the services that families want and need, in particular short break services which families have identified as their key priority, such as youth clubs, holiday activities, and shared (short term fostering) care. 'From 2008 to 2011, the number of disabled children accessing short breaks in Luton has more than doubled – to over 500 – and we are reaching those who previously felt unable to access services', says Jo Fisher. 'This includes families from South Asian communities, who comprise 43% of children using short break services.'

Investment in Shared Care Service has funded the recruitment of 32 carers, including seven contract or specialist carers for those with behaviour that is very challenging and those with complex medical needs, and who are at risk of family breakdown or coming into care. Forty six children have been helped to remain living with their families, through the delivery of more than 7,000 hours of daytime care and 436 overnight stays with shared carers - compared to 204 overnights in 2009.

In partnership with the voluntary sector, 319 disabled young people have been supported through the commissioned holiday, after-school and weekend activities; an increase from 181 children in 2010. Weekend activity breaks are provided throughout the summer for 25 disabled young people with behaviour that can be challenging, in order to give their parents and carers a break and the young people opportunities to have fun away from their home.

Direct Payments have been successfully embedded, so that families of disabled children can organise their own care in a way that suits their needs. Last year, 222 children were supported through direct payments; a rapid increase from the 2006/7 baseline of seven children.

#### 4. Integrated services

The Integrated Service for Disabled Children (ISCAN) brings together social work, short breaks, transition support, Occupational Therapy, and education support services for disabled children; and from September 2012 will include specialist nursing teams within the joint management structure. Decisions about care provision for children with complex needs are agreed at a Joint Resource Allocation Panel and may be joint funded across health and social care; and a Section 75 pooled budget offers opportunities to support integrated services.

Specialist and high-quality assessment tools are used effectively to safeguard children, by focusing on needs in a holistic and comprehensive way. Since August 2010, the childcare disability team has undertaken all initial assessments (as well as core) for disabled children, in order to draw on the team's expertise and to provide the right help. As a result, all referrals for disabled children receive an initial assessment undertaken by professionals with a clear understanding of the diverse needs of disabled children and their parents and carers. The team also uses a specially designed core assessment tool – the Disabled Child Assessment - that is intended to overcome barriers that might get in the way of focusing effectively on the child's needs and vulnerability, such as focusing on a medical condition or impairment at the expense of the child's general welfare. The assessment is designed to develop a more holistic perspective of the needs of the child and the family, particularly when families – often very understandably – place such importance on the medical perspective of their child's needs.

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The Integrated Team values and develops professional expertise, and embraces a learning culture that enables them to use their expertise in assessing need and providing the right help. Needs and symptoms of disabled children are often ambiguous and so it is important that the professionals in the team have a level of expertise to identify concerns and work closely together to decide what actions are required. The culture places importance on the social worker's use of professional judgement – evidence of previous incidences, knowledge of disability, research evidence –and the views of other professionals involved to help them reach the most appropriate decision.

## Provider background

Approximately 200,000 people live in [Luton](#). 32% of the population is from British Minority Ethnic communities, particularly the Pakistani, Bangladeshi, Indian and African Caribbean communities. Three wards are in the top 10% of deprived wards in the country and the proportion of the working population claiming benefits is 1.4 times higher than that for the East of England.

Are you thinking of putting these ideas into practice; or already doing something similar that could help other providers; or just interested? We'd welcome your views and ideas. Get in touch [here](#).

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