



## Freedom of Information (FoI) request: summary of data from question 5

**Question 5: Does the Local Authority have in place protocols to ensure that social workers and others (e.g. Independent Reviewing Officers, Virtual School Heads, personal assistants, carers) who support a Looked-After child with autism are always aware of a child's autism diagnosis? If so please provide details.**

A total of 151 local authorities in England were approached. 4 local authorities did not respond to the request for information: *Darlington Borough Council (North East)*, *Medway Council (South East)*, *Somerset County Council (South West)* and *Torbay Council (South West)*. A further six local authorities did not answer question 5: *City of London Corporation (London)* [N/A], *Council of the Isles of Scilly (South West)* [Data Protection], *Wiltshire County Council (South West)* [Cost], *Hull (Yorkshire & the Humber)* [Awaiting response from Child Social Services], *Wolverhampton (West Midlands)* [No response] and *Barnsley (Yorkshire & the Humber)* [No Response].

It is apparent from Hull's response that the request for information was fulfilled by a different department (presumably Freedom of Information Requests) rather than Child Social Services. Any further studies should, if possible, approach Social Services directly.

Question 5 comprises 2 parts; A: Yes/No question whether the Local Authority had protocols in place and B: a request for details. There appears to be significant variation in the quality and depth of responses given to this question. Some local authorities stated that "Yes", they did have protocols in place, but then gave details that were very similar, and in some cases less detailed than other local authorities who stated "No". These issues raise questions as to the validity of comparing some of these answers.

### Stated "Yes" Responses

A total of 20 Local Authorities gave a clear, stated "Yes" response to part A indicating that they did have the specified protocols in place to ensure those supporting a Looked-After child was aware of their autism diagnosis where applicable. *Hampshire* had an Autism Strategy in place and gave detailed information about this, and two local authorities had specialist teams. *Stoke-On-Trent City Council* specifically mentioned protocols and *Haringey* referred to policies and procedures. Furthermore, *Hillingdon LBC* mentioned a Multi-Agency panel and four local authorities referred to various recording systems. The rest relied on statutory assessments, plans and reviews. Only four local authorities mentioned sharing information with parents/carers: *Central Bedfordshire Council*, *Ealing LBC*, *Doncaster* and *Hampshire*.

*North Tyneside Council* stated they had a specialist team Raising the Health and Education of Looked-After Children (RHELAC) and *West Berkshire Council* referred to the LACES team. *Haringey* responded that their policies were being refreshed.

The remaining Local Authorities used "Statutory Assessments, Plans & Reviews"; meetings are included in this category also. *Doncaster* made specific reference to legal requirements, namely "*Regulation 7 of the Children Act 1989 guidance and regulations volume 2 in that all children who become looked after have a health plan*" and "*Children and Families Act 2014*" with reference to PEPs and EHCPs. *Doncaster* also reported that Looked-After Children (LAC) are screened yearly with a Strengths and Difficulties questionnaire where a score greater than or equal to 17 prompted a CAMHS discussion. Although other Local Authorities may well use this tool, *Doncaster* was the only one to specifically mention it.



Newcastle City Council responded “Yes” to question 5 but added “As part of systems to support all LAC which includes LAC with SEN some of which may have a diagnosis of ASD...” before continuing to state this was via statutory assessments, plans & reviews and their databases (Recording Systems). This response suggests that they do not have a specific autism protocol and makes comparison difficult.

It is interesting that many of the local authorities who replied “No” to question 5 referred to the same kinds of assessments, plans, reviews and meetings as those who responded “yes”. It is therefore likely that the data reflects differences in interpretation of the question, at least to some extent.

### Stated “No Responses”

Eight local authorities responded “No” or “None” to question 5 without further explanation. The remaining 36 local authorities who responded “No” provided further explanation.

*Lambeth London Borough Council* answered “No” to protocols but expected professionals to be aware of autism diagnosis through the Health Assessment. Lambeth also reported that they do not hold information centrally regarding autism Diagnosis in response to question 2.

Six local authorities responded that there were **no formal or written protocols** but provided details about what was in place. *Oxfordshire County Council* responded that they have an **Autism Pathway** “...which includes a diagnostic pathway and post diagnostic support programme for parents and carers, including foster carers.” Although Oxfordshire CC have no formal protocols it is clear that they do have a significant “autism pathway” in answer to question 5 and should be functionally considered to have a “Yes” response.

Five other local authorities provided responses within this category. Noteworthy is *Bedford Borough Council’s* response that ensuring everyone involved in the care of a LAC with autism was the parent’s responsibility. The remainder used recording systems, shared SEND information, had a handover process for new professionals and used statutory assessments, plans and reviews.

Three local authorities stated that there were **no protocols specific to autism** with no further details. 17 additional local authorities stated that there were no autism specific protocols in place and provided further information. *Middlesbrough Council* gave a response which seems to echo the majority of Local Authority practices in that whilst there was no autism-specific protocol their procedures around assessments, planning and review and EHCPs in a multi-agency setting ensures all who need to be are aware of an autism diagnosis and the child’s needs. It appears that, despite their stated “No”, Middlesbrough Council have a functional ‘Yes’ response. *Telford & Wrekin Council* stated that “there is coverage in other documents” and *Manchester Council* rely on their electronic records system, MICARE. *Bury Metropolitan Borough Council* also rely on their electronic records system and specified that this is used to hold autism information in a number of areas including Care/Pathway Plan, LAC Review, PEP, Health Assessment, Review Documents, Child & Family Assessments and demographics. It is likely that many local authorities store their reports, plans, assessments and reviews electronically but this has not been specified. An additional 13 local authorities all referred to such assessments and plans but did not mention recording systems. It is possible that these methods meet the criteria of having a protocol in place to ensure that social workers and others who support a Looked-After child with autism are always aware of a child’s autism diagnosis.

Nine local authorities responded that they had “**no protocols**” in place. These offered an explanation of what processes they have to ensure social workers and other professionals are always aware of an autism diagnosis. Again, these revolved around statutory assessments, plans and reviews, recording systems and



training. *Newham LBC* stated their aim was to improve good practice for disabled Looked-After Children and appear to have a functional “Yes” response, despite their stated “No”.

### Unstated Responses with Information

The remaining 78 local authorities did not give a categorical “Yes/No” answer to question 5 so their responses have had to be inferred. These have fallen into the following categories:

- **Functional Yes:** From the information given, there seems to be enough procedures and policies in place to ensure that everyone involved in the care of a Looked-After Child with autism are aware of their diagnosis.
- **Possible:** Is less clear than the Functional Yes category, but it is possible that the procedures mentioned are enough to ensure full awareness.
- **Unlikely:** It appears, from the information given, that full awareness of a Looked-After Child’s autism diagnosis and needs would be made known to all who need to know.

### Functional Yes

#### **Indirect Yes**

Three local authorities were categorised as an “**Indirect Yes**” response since they although did not state “Yes” categorically their responses were clearly a “Yes”. All three used Statutory Assessments, Plans & Reviews. *Derbyshire* also has an Autism Pathway and two local authorities, *Suffolk County Council* and *Portsmouth City Council*, referred to ‘Protocols’.

Additionally, *Brighton & Hove* provided links to many online procedures and it would appear from these that they do have protocols in place to ensure everyone involved in the care of a Looked-After Child with autism is aware of their diagnosis, although this was not stated. These procedures would need to be accessed and reviewed to verify but were not forwarded.

#### **Functional Yes**

11 Local Authorities were categorised as “Functional Yes” since they catered for both professionals and carers. These used Statutory Assessments, Plans & Reviews, Recording Systems, Meetings, Training & Support, specific Professionals and specialist teams, although not all local authorities mentioned all of these categories.

#### **Likely Yes**

A further ten local authorities were sub-categorised as “Likely Yes” since the responses focused on ensuring professionals were aware of the autism diagnosis but failed to mention carers. It is possible that if they have good procedures in place to ensure communication between professionals that carers are also informed, but this cannot be determined from their answers. These local authorities also used Statutory Assessments, Plans & Reviews, Meetings, Recording Systems, Specialist Teams, stated Professionals, Reports and Multi-Agency. *Thurrock Council* also mentioned that the impact on the child was even more important than awareness of diagnosis.

### Possible

None of these 16 local authorities mentioned carers being informed, although four gave information that was vague and could have covered carers. The information given suggests a reasonable amount of care is



taken to ensure necessary people know of a child's autism diagnosis and therefore could possibly have a "Yes" response to question 5. *Trafford Metropolitan Borough Council* appeared to have misunderstood the question and gave a response that was focused on gaining a diagnosis for Looked-After Children with a Neurodevelopmental Referral Pathway and Service Level Agreements. However, they appear to be autism-aware and it is possible that this diagnosis is communicated appropriately.

Nine of these local authorities used Statutory Assessments, Plans & Reviews, four of whom also mentioned Recording Systems. *Worcestershire* mentioned only recording systems, *Leicestershire County Council* referenced planning regulations in the Children Act 2014 and *Enfield LBC* referred to the placement referral including a full history. Two London boroughs, Kingston and Richmond Upon Thames, gave identical answers with their focus on individual needs, training and specialist provision. Wakefield Metropolitan Borough Council provided a link to their procedures which would require assessing to determine if they had protocols in place.

### Unlikely

36 local authorities fall into this category. Given the information supplied it is unlikely that they have protocols in place to ensure everyone is aware of an autism diagnosis for a Looked-After Child. However, even with this category, it is possible that the quality of response is the problem rather than lack of policies. None of these local authorities mentioned carers, although six local authorities made vague references to who would be aware, for example *Coventry* "everyone would know". *Blackburn* suggested everyone should have a detailed understanding of children they are working for.

Five local authorities relied entirely on Recording Systems,

Twenty local authorities relied exclusively on Statutory Assessments, Plans and Reviews. Again, 3 local authorities in London gave exactly the same wording in their responses; *Hammersmith & Fulham London BC*, *Kensington & Chelsea Royal BC* and *Westminster City Council*.

Four local authorities combined Recording Systems with Statutory Assessments, Plans and Reviews: *Sefton Metropolitan Borough Council*, *Bracknell Forest Council*, *Buckinghamshire County Council* and *Reading Borough Council*.

*Hertfordshire County Council* relied on Statutory Assessments, Plans and Reviews with the addition of visits to the school of education advisers and *Nottinghamshire County Council* stated that health information was not always shared with education but if diagnosis was pertinent to education it would be recorded and shared (if appropriate) by means of also used Statutory Assessments, Plans and Reviews. *Rotherham Metropolitan Borough Council* stated that because they use Statutory Assessments, Plans and Reviews no protocols are necessary.

*Coventry*, in addition to using Statutory Assessments, Plans and Reviews, declared that parental or student consent was required to share health information regarding an autism diagnosis.

Finally, *North Yorkshire County Council* was unclear in their wording to be able to establish the answer to question 5.

### **Summary of the data**

Question 5 was difficult to compare responses, even when a definitive Yes/No response was given due to variations in interpretation of the question and particular what constitutes having protocols in place. Many of the local authorities who answered "Yes" used similar or less detailed procedures than some of those who



answered “No” or who did not answer definitively but gave details. For this reason the definitive Yes/No responses cannot be relied upon and should be considered interpretive, along with all other categories. There was considerable variation in the quality and detail of answers which again made categorisation and analysis problematic. Although only 20 authorities gave a definitive “Yes” response, a significant number of others appear to have a “Functional Yes”. Furthermore, some of the “Yes” responses appeared to cover less than some of those that responded “No”. Only a limited number of local authorities specifically referred to protocols, policies or procedures. Although carers were specifically mentioned in the question, very few local authorities mentioned carers in their responses, even among those giving a “Yes” response; there was a clear focus on professionals. However, omitting to mention does not mean carers are not informed via the methods mentioned by the local authorities so care should be taken in drawing conclusions.

A few local authorities have an “Autism Strategy” or “Autism Pathway” in place, which is something to be encouraged across the board. These local authorities fell into different categories of answers however, which shows how confusing interpretation of question 5 was.

The majority of local authorities referred to Statutory Assessments, Plans and Reviews. Meetings were occasionally mentioned in this respect. Multi-agency panels or reviews were also mentioned by several authorities, particularly those giving fuller answers. Recording Systems, were often cited, including electronic systems, although others were more vague. Some local authorities referred to specialist teams or professionals and some had focus on training and support.

A common response was that there was not an autism-specific protocol but that the systems used to all looked-after children or those with special educational needs and disabilities would apply to those with autism and in effect ensure that everyone who needed to know would do so. However, a small number felt that health information could not be shared with education and others without parental consent, or that it was the parent’s responsibility to ensure those who needed to know did so.

Given the limitations in responses and their interpretation, as discussed above, a follow-up study would be desirable. Such a study should use a structured questionnaire design in order to get answers to specific sub-questions within the overall question 5 remit and on order to allow comparisons to be more easily made, and if possible to extend the scope of this question. Since a freedom of information enquiry is likely to be answered by someone outside of social services and looked after children services, these questionnaire should ideally be sent to an identified professional involved in the care of looked-after children, including those with autism.

Further work would include identifying what the exact statutory requirements are for local authorities and looked-after children, with reference in particular to those acts mentioned by respondents. These include:

- Children Act 2014 – planning regulations
- Children & Family Act 2014 – converting Educational Statements to EHCPs; EHCP contains autism information and shared with carers and professionals
- Children Act 2989 Guidance & Regulations Volume 2 – All Looked-After Children must have a Health Plan

Finally, several local authorities included links to policies and procedures which were included in the spreadsheet. Additionally, others mentioned links which were not included in the spreadsheet. There has not been time to follow these up.