

Item No. 6.	Classification: Open	Date: 8 November 2016	Meeting Name: Corporate Parenting Committee
Report title:		Looked After Children and Autistic Spectrum Disorder (ASD)	
Ward(s) or groups affected:		All	
From:		Director, Children and Families	

RECOMMENDATION

1. That the corporate parenting committee note the report.

BACKGROUND INFORMATION

2. In July 2016 the corporate parenting committee considered further the situation of Looked After Children (LAC) and Autistic Spectrum Disorder (ASD). It requested as follows:
 - That a 'deep dive' report be received to the November meeting relating to 3 to 5 children identified on the autistic spectrum, so that the committee can examine the processes followed for these particular cases.
 - That the committee also receive an update to the November meeting on the requested audit of the numbers of Southwark LAC and care leavers with autism. This report should set out a way forward from the social care and educational perspective in response to the committee's request for additional information.
 - That officers also include within the November report, benchmarking and examples of other authorities that have done well in this area.
3. This report describes progress in relation to all the above actions.
4. In Southwark 16.7% of pupils attending Southwark schools are identified as having a special educational need or disability, around a quarter of those have a statutory plan of SEN (either statement or EHC plan) the remainder are receiving SEN support (previously school action and school action plus). 44% of the children with a statutory plan have ASD identified as their primary need.
5. In Southwark there are around 480 children looked after currently. They are a highly vulnerable group who are over represented in SEND with poor outcomes across many outcome measures in health, education and social care. A large proportion of LAC have some kind of special educational need or disability.
6. 52% of all LAC have some kind of special educational need, and of these 24% have a statement or EHCP. The most frequent reason for a statement or EHCP within this cohort is for emotional and behavioural difficulties at 38%. By comparison the number with a statement or EHCP with the primary need being ASD is 8%, compared to 44% for the non LAC cohort. The gap between 44 and 8 percent may be explained by smaller numbers in the LAC cohort - we have 23-

27 of 480 with a diagnosis of ASD in the LAC cohort at our last check in April 2016 which is around 5-7% still higher than the population average of 1%.

7. One third of LAC with a statement or EHCP are female which is a higher than in the non-LAC cohort. Of the LAC after with a statement or EHCP, 71% are assessed as making progress in their setting.
8. As with many London boroughs, a significant proportion (71%) of Southwark's LAC are placed outside the Borough, 25% are placed more than 20 miles away. For LAC with a statement or EHCP, 79% are placed out of borough. Whilst many will not be attending Southwark schools or accessing Southwark community services, nevertheless the Local Authority and CCG remain responsible for their health, education and care needs.

KEY ISSUES FOR CONSIDERATION

Deep Dive

9. Four cases have been selected for this deep dive review. They range in age from two under the age of five; one middle school years; and one is 17 years old. Three of the children are currently looked after and two of these placed out of borough. The other is no longer looked after and lives with his permanent family. Below are short pen-pictures of the children.

Child A, Male, born March 2013, became looked in February 2015 after being taken into police protection and was subsequently diagnosed with ASD in July 2015 when aged 2 years and four months.

10. Following his admission to care and diagnosis, A received a high level of support. He lived with the same foster carers throughout his time in care, and they had extensive experience of caring for children with additional needs. He received Play Based intervention from Southwark CAMHS. He also received community based services from the area in which he was placed, with LB Greenwich providing portage, speech therapy and physiotherapy.
11. Whilst he was looked after the LAC health team maintained on-going involvement and his health needs were regularly reviewed. Child A is no longer a looked after child, he was placed permanently with his adoptive maternal grandparents under a Special Guardianship Order. As well as being very experienced foster carers themselves, they have extensive experience of ASD. A is thriving in their care.

Child B, Female, born October 2012, became looked after in March 2013 after being taken into police protection, and was diagnosed with ASD in March 2015 when aged 2 years and five months. CU is placed in borough with Connected Persons foster carers.

12. After she had become looked after, B was seen by paediatrician at Sunshine House. In June 2014 following a Review Health Assessment significant speech and language delay and social communication concerns were identified and B was referred to speech and language team, Communication Playgroup, and SEN support. B was subsequently referred to the Social Communication Clinic in September 2014, and was seen for diagnosis in March 2015.
13. Since the diagnosis, B and her carers have been provided with a range of support services. Her carers have benefitted from help given by early years

autism support team and have completed at least two autism parenting courses which they have found informative and helpful. The organisation Contact a Family have provided help and signposted to National Autistic Society and website. She displays a range of autistic behaviours including hand clapping and spinning, she is now able to make better eye contact and, she has been taught some Makaton, the sign language, which helps her communicate.

Child C, Male, born January 2007, diagnosed April 2009 when aged 2 years and 3 months and became looked after in November 2012 aged 5 years and 10 months.

14. C experienced an adverse start in life. After receiving the diagnosis support was offered, this included portage, the social communication review clinic, DLA, the special needs dentist, and the autism support team. However, his mother withdrew from the support and issues then arose in relation to his poor attendance at pre-school and general well-being.
15. When he became looked after C was placed with very experienced foster carers in Kent. He has remained with the same carers since he became looked after and they have become his long term carers. They have given C consistent care, supporting him with a highly structured schedule both at home and at school, his carers use symbols and signing to support their communication. C responds really well to the order and structure that his carers provide. The significance of having this consistency and stability of care can not be over stated. He has a gift for music and the foster carers support his twice weekly piano lessons.

Child D, Female, born July 1999, diagnosed July 2003 at age 4 years, became looked after in March 2015 aged 15 years and 8 months having been supported with regular periods of respite care from 2008.

16. Following diagnosis D was seen regularly by community paediatric service. Onward referrals were made to child psychiatry services in 2009, and a referral was made to allergy specialist in 2010. D's health needs were reviewed annually by pediatricians at Sunshine House. Over the years following diagnosis she received SLT, DLA, and special needs health visitor input.
17. D was also supported with short-term breaks from January 2008 and when she became looked after in 2015 she moved to live at the same care home where she had been visiting for breaks. This supported continuity and consistency of care. D appears to have settled and made some progress, and she is managing to access the curriculum at school.
18. The review has considered the health, education and social care dimensions of the services provided, and the findings are organised around the NICE guidance, both in terms of the age profile, and the clinical pathways:
 1. First identification of concern re autism
 2. Diagnosis
 3. Post-diagnostic support
 4. Education : EHCP/SEN support
 5. OOB support – where relevant

19. In undertaking this deep-dive, the health and social care records of these children have been reviewed, and the views of social workers and IROs have been sought.
20. The findings are that once children become looked after, the services they receive to address their ASD have been positive. This is a small cohort, so it is not possible to generalise, however, it is clear that for these 4 children, once they became looked after, their health needs were responded to very positively. They also have had very positive placement experiences, with a strong sense of consistency and continuity of care.
21. The issues in relation to identification and support arose for these children during time when they were living with their families in the community. The issue for the wider system appears to be how professionals recognise the signs and symptoms of ASD pre-diagnosis while the children are living in the community. The two youngest children (A & B) became looked after in an emergency having been taken into police protection, and they were diagnosed after coming into care. The older two children (B & C) who lived within their families and became looked after many years after diagnosis, experienced neglect and in these cases services had been offered, but that they were not always readily accepted because of the parents unresolved needs.
22. The cases reviewed illustrate good and timely access to services provided from the LAC Health team. Some of the children who are placed out-of-borough continue to access the paediatric service at Sunshine House. This is good practice as it allows for continuity of care and a better known quality of support. Typically the level of support and access to services for those children placed out-of-borough and accessing local services is more difficult to evidence as often, their health reports are not routinely copied to the Southwark LAC health team.
23. This poses a particular problem when the children have moved placements. In response to this identified gap in need, GSTT has appointed 0.5 full time equivalent LAC nurse with remit of Southwark out-of-borough LAC via the Children and Young People's Health Partnership Project (CHYPP). We will thus be actively looking at access to services and improvement in health and wellbeing for Southwark LAC; with particular significance to those with additional needs and vulnerabilities.

Update on the requested audit of the numbers of Southwark looked after children and care leavers with autism and way forward from the social care and educational perspective in response to the committee's request for additional information.

24. Following the above deep dive, further work is to be undertaken to consider care leavers with autism. A review of 22 young people looked after aged 17 seen for health assessments identified two who had been diagnosed with ASD. These young people are at a key stage of transition into their adult lives and it will be important to ensure we are managing this critical transition well for them.
25. It will be important to ensure there is sufficient provision for these young people with ASD diagnosis. They typically struggle to cope in semi-independence or on their own independently, many of them have previously been placed in highly structured or specialist placements, and joint working between children's services and adult social services is critical to their successful transition.

26. Work by Southwark Commissioning Service undertaken in relation to Care Leavers in supported or semi-independent accommodation has shown only two specifically with ASD. It is quite possible that this is an underestimate. Care Leavers with ASD are also care for in Staying Put arrangements but it hasn't been possible to review all these placements to understand the prevalence of ASD in this group.
27. Officers from Commissioning, Southwark Virtual School and Health Services as well as Southwark Care Service will be attend the corporate parenting committee to answer questions and consider what work is possible in exploring this area further.

Benchmarking and examples of other authorities that have done well in this area

28. No benchmarking data is available nationally around ASD from other councils. The only nationally available data is around education health and care plans and not the conditions within those plans.

Conclusions

29. The deep dive has given some assurance that when children become looked after, there are good system in place to assess and understand their needs in relation to ASD and ensure young people have the help they need. When they get older, and come care leavers, the visibility of this group of young people is less clear in our system and our services may wish to consider how they can strengthen this aspect of their practice to continue to build on what seems very good practice while the children and young people are looked after.

Community impact statement

30. Where appropriate children who become looked after are best placed to remain in their borough or within a 20 miles radius of their home where they have an identity and sense of belonging, this in itself contributes to placement stability. Raising awareness of ASD, the early signs and the symptoms, will support early diagnosis and the provision of timely and effective support arrangements. This will have an important impact on the community by enabling more children and young people who need to be looked after to be cared for within or near their Southwark communities.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Alasdair Smith, Director, Children and Families	
Report Author	Tom Savory, Children's and Adults Department and Stacy John-Legere, Designated Doctor	
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Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
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