

Report

on an investigation into
complaint no 10 010 281 against
Buckinghamshire County Council

28 November 2012

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Section 30 of the 1974 Local Government Act says that a report should not normally name or identify a person. The people involved in this complaint are referred to by a letter or job role.

Report summary

Subject – Education

'Z' stopped attending school when he was 13 because of anxiety related to autism. He has lived with his grandparents (Mr and Mrs A) since he was seven.

The Council's Education Welfare Service became involved but initially closed the case because it believed Z was getting a suitable education at home. Mrs A contacted the Council's Parent Partnership Service, but she says she was told there was a waiting list, and it sent some leaflets which she did not understand.

In the meantime, Z's GP referred him to the Child and Adolescent Mental Health Service (CAMHS). CAMHS told the Council Z was autistic and would be unable to cope in a mainstream school. CAMHS offered Z some education at an attached School Room, because it did not feel he was getting an appropriate education. The School Room only had capacity to offer 5.5 hours of education per week.

Despite this, and the fact that Z remained on the roll of his mainstream school he continued to receive education at the School Room for almost a year. During this period, Mr and Mrs A had to take on the task of caring for him almost full time.

Although the Council was aware from March 2010 that it was likely that Z had special educational needs, it did not use its powers to assess these. Nor did it tell Mrs A that she could ask it to assess Z. Eventually, Mrs A learned that she could request an assessment. She did so immediately. Z was assessed, and was found to need specialist education in November 2010, but he did not start at a special school until April 2011.

The Ombudsman found that the Council acted with maladministration by failing to provide Z with suitable education between February 2010 and April 2011 and failing to fulfil its duties under the Education Act 1996.

Finding

Maladministration causing injustice.

Recommended remedy

To remedy the injustice of Z's lost education, I recommend that the Council should create a fund equal to the cost of private tuition (£30 an hour) for the hours of education that Z lost if he could have coped with 1/3 fulltime education in the summer term of 2010, 2/3 full time education in the autumn term and full time education in the spring term 2011 [I have calculated this at £30 per hour x 2.5 hours a week for the first term, 10.5 hours a week for the second, 18.5 hours a week for the third. This equals £12,405]. That fund should be held for Z until he is 21 and to be used to provide him with any additional tuition, educational opportunities or equipment that an Educational Psychologist recommends would be beneficial to him. This fund is not to be used for any provision to which Z would be entitled as part of his Statement.

Mr and Mrs A were also affected by the Council's maladministration. They had to care for their teenage grandson throughout the time that he should have been at school. They had the worry of the uncertainty about his health and future. I recommend that the Council should apologise to Mr and Mrs A. It should also pay them £2,000 in recognition of the impact its maladministration had on them.

On behalf of the Council, the Chief Executive has indicated that it will agree to my recommended remedy.

Introduction

The complaints

1. Mr and Mrs A have a 15-year-old grandson, Z, who has lived with them since he was 7. Mrs A has parental responsibility for Z.
2. Mr and Mrs A had concerns about Z's social and educational needs for some time. Doctors' reports show that Z's GP referred him for assessment by the Child and Adolescent Mental Health Service (CAMHS) in June 2008. Mrs A says that they had sought help from educational and medical professionals long before that, but that none had been forthcoming.
3. The Council's Educational Psychologist's report of November 2010 summarised:

“There have been long standing developmental concerns..[Mrs A] reports that [Z] had feeding problems, was restless and accident prone during infancy. He did not feed himself and was helped until the age of 5 years, is still unable to tie shoe laces and that toileting skills were very delayed and still not fully established...His independence skills for dressing, washing and hygiene are poor. He seems to have obsessive rituals for bedtimes and his response to soiling.”

4. Mr and Mrs A complain that the Council:
 - failed to provide Z with appropriate education between January 2010 and April 2011;
 - failed to identify that Z should be assessed for special educational needs;
 - failed to notify Mr and Mrs A that they had a right to ask for Z to be assessed; and
 - wrongly told them that it could not assess Z until his school referred him.

Legal and administrative background

5. The Child and Adolescent Mental Health Service (CAMHS) is an NHS service. It supports children and young people and their families with their mental health needs.
6. Councils have a duty to provide suitable educational provision if a child is unable to attend school:

“Each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of

illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.”¹

“Suitable education’ is defined as ‘efficient education suitable to his age, ability, and aptitude and to any special educational needs he may have.’²

7. There is statutory guidance in the Special Educational Needs (SEN) Code of Practice. It provides practical advice on councils’ statutory duties to identify, assess and provide for children’s special educational needs.
8. A council has a duty to provide advice and information to the parents of any child in its area who has special educational needs.³
9. In exceptional circumstances a council can place a child at a special school while it assesses their special educational needs. Exceptional circumstances can be when immediate or emergency support is needed or delay might damage the child’s development.⁴
10. Councils can make an emergency placement in a suitable school, including in a special school, in certain circumstances, where:
 - the child’s medical circumstances have changed suddenly, causing a rapid and serious worsening in the child’s health and development.
 - the parents, school, relevant professionals and the LEA agree that a sudden and serious deterioration in the child’s behaviour make the child’s current placement untenable or unsafe.⁵
11. In assessing a child’s education needs a council will work with the parents, school and other agencies.⁶ The school, parent, or another agency can bring the pupil to a council’s attention.⁷
12. There is statutory guidance ‘Access to Education for Children and Young People with Medical Needs’ (Access to Education). It sets out minimum national standards of education for children who cannot attend school because of medical needs. This includes pupils who are physically ill and pupils with mental health problems.
13. The guidance says:
 - All pupils should have access to as much education as their medical condition allows.

1 Subsection (1): Section 19 of the Education Act 1996

2 Subsection (6): Section 19 of the Education Act 1996

3 Subsection (1): Section 332A of the Education Act 1996 and Paragraph 2:6 of the SEN Code of Practice

4 Paragraph 7.31 of the SEN Code of Practice

5 Paragraph 8.23 of the SEN Code of Practice

6 Paragraph 7.2 of the SEN Code of Practice

7 Paragraph 7:7 of the SEN Code of Practice

- Educational provision should be suitable to the child’s needs, and ‘*must be responsive to the demands of what can be a changing medical status*’.⁸
 - When a pupil cannot attend school because of their medical needs, councils must ensure that they are not without access to education for more than 15 working days.
 - Pupils must receive a minimum of 5 hours teaching each week.
 - The minimum of 5 hours should be increased when necessary to enable a pupil to keep up with their studies.
 - The hours of education provided must be kept under regular review.⁹
 - Discrete parts of a service providing education in a unit must either be established as a hospital school or registered as a Pupil Referral Unit. The School Room was neither and did not in fact have a school ‘roll’.
14. The guidance recognises there can be difficulties getting medical evidence, particularly for mental health where there may be no medical note. It recommends that this should not leave a pupil without education. The guidance highlights that sometimes councils should consider starting to identify and assess a pupil for any SEN.¹⁰
15. The Council’s draft ‘Attendance Strategy’ has heading ‘Vulnerable Groups’. Under this it identifies certain pupils who are at risk of having poor attendance. It includes ‘Children with special educational needs’ and ‘children with medical needs’. It says ‘*a co-ordinated multi-agency approach*’ is needed. It identifies a ‘*range of agencies*’ in its area which ‘*make distinct contributions to supporting attendance of the more vulnerable pupils*’ including the education welfare service and educational psychologists.
16. The National Autistic Society defines Autistic Spectrum Disorder as a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways.

Background

17. Z’s school recognised that he had learning difficulties and gave him support on School Action Plus. This is help for children who still have difficulties after having had ‘*an individualised programme and/or concentrated support under School Action*’.¹¹ The SEN Code says: ‘*Schools should always consult specialists when they take action on behalf of a child through School Action Plus*’.¹²

8 Page 1 and Paragraph 1.5 of Access to Education for Children and Young People with Medical Needs
 9 Page 8 of Access to Education for Children and Young People with Medical Needs
 10 Paragraph 3.6 of Access to Education for Children and Young People with Medical Needs
 11 Special Education Needs Code of Practice paragraph 5:56
 12 Paragraph 5:54 Ibid.

18. When Z was 13 and in year 9 he began to refuse to get out of the car at school and to vomit. In January 2010 Mr and Mrs A kept Z off school. Mrs A says that a GP diagnosed Z as having severe anxiety and stress.
19. The Council's Education Welfare Service became involved because Z was missing school after previously having a good attendance record. On 11 February 2010 an Education Welfare Officer visited Mr and Mrs A. Z's School had told the Education Welfare Service that Mr and Mrs A wished to educate Z at home. The Council says the Education Welfare Officer sent an email the following day noting that Mr and Mrs A had decided that they did not want to withdraw Z from the School. This means they did not want Z removed from the School register.
20. In response to my enquiries the Council says that Z's School provided work for him to do at home. It quotes an email from the School's Head Teacher to the Education Welfare officer on 19 February 2010 stating there was work available but that the family had not collected it. Mrs A says the School only provided work twice.
21. Mrs A contacted the Council's Parent Partnership Service¹³ in February 2010. She says it told her there was a waiting list to use the service. The Council says that Parent Partnership sent out several leaflets that explained how a parent could request a statutory assessment of SEN, in line with its duties to provide advice and information to parents.¹⁴ Mrs A says that she did get a leaflet from Parent Partnership but did not understand its significance.
22. The family GP referred M to CAMHS during February 2010. CAMHS made an initial assessment of Z on 22 March.
23. Z's School formally referred him to the Council's Education Welfare Service on 15 March 2010. It wrote to tell Mr and Mrs A on 2 April 2010. The letter said: '*The SEN department [at the school] has advised me that with [Z's] current paperwork, his needs are not regarded as significant enough for us to request support from an external agency*'.
24. Mr and Mrs A attended a Parent Contract Meeting on 29 April to discuss Z's absence with a Council Education Welfare Officer, a representative from the School, and their own advocate. The Council says Mr and Mrs A shared a copy of a CAMHS report at this meeting. The earliest CAMHS report is dated 19 May 2010. Mr and Mrs A had paid privately for an Occupational Therapy report. That report is dated 24 March 2010, and is likely to be the report referred to by the Council.

13 Parent Partnership is a service the council must set up to provide information and advice to parents
14 Subsection (1): Section 332A of the Education Act 1996 and paragraph 2.6 of the SEN Code

25. The notes of the meeting show:
- CAMHS was assessing Z as it thought he might be on the autistic spectrum.
 - Mrs A had contacted CAMHS and an alternative educational provision such as home tuition may be appropriate before trying to integrate Z back to school. Education Welfare Officer to liaise with CAMHS or the Educational Psychologist in support of alternative provision.
 - Both the School and family had serious concerns and believed that Z should have a statement of special educational needs.
26. The Council says that as a direct result of the Parent Contract Meeting, Z attended sessions from 18 May 2010 at a 'School Room'. It says this was because he was assessed and considered too unwell to return to school. The Council has produced no evidence that Z was assessed. A CAMHS representative was not at the meeting.
27. The School Room is a temporary short-term day service to help reintegrate children to school. It is managed by CAMHS with teaching staff employed by the Council's Pupil Referral Unit. The Senior Teacher says pupils attend for short, specified periods. Usually not longer than a term unless they are in year 11 when they may stay to complete the year. She says Z was never on the register at the School Room.
28. CAMHS produced an interim report on 19 May 2010. It suggested assessing Z for autism and says that he experiences '*stress and anxiety*' in social situations which '*appears to manifest in behavioural outbursts and anxious avoidance*'. This report was sent to the Council's Education Welfare Officer.
29. From May 2010 to April 2011 Z was on the register at the School and educated at the School Room for two sessions per week. He had about five and a half hours education each week.
30. A review of the Parent Contract Meeting was held on 24 June 2010. A Clinical Psychologist from CAMHS and the Education Welfare Officer attended. The notes show that:
- CAMHS had completed a full assessment of Z and diagnosed autism.
 - CAMHS felt that Z would be unable to cope in a mainstream school.
 - the School agreed to refer Z for an assessment of special educational needs.
31. CAMHS issued its report on 8 July 2010 diagnosing Z as having Autistic Spectrum Disorder, Obsessive Compulsive Disorder, Anxiety Disorder and school refusal, with Dyspraxia likely. The report went to the Council's Education Welfare Officer. It says:

- It is important for Z to receive a statement of special educational needs as soon as possible,
 - Z will benefit from a review of his school placement and ideally should attend a school with an expertise in managing children with autism,
 - In the interim Z should continue to attend the School Room, which had offered two sessions each week,
 - Under the heading 'Mental State Examination'- *'there was no evidence of bizarre behaviours or thought disorder'*. The report identifies the *'secondary effects on [M's] mental health, i.e. low confidence and anxiety'*.
32. The CAMHS Clinical Psychologist wrote to Mrs A on 22 July 2010 with a copy to the Council's Education Department, the Council's Educational Psychology Department and Parent Partnership. The letter said Z was unlikely to cope in a mainstream school. It recommended a school specialising in supporting young people with Autistic Spectrum Disorder. The letter recognised that Mrs A did not know if she could apply for Z to have a place at a special school while his special educational needs were being assessed. It ends with a plea for someone from the Council to contact Mrs A with some information.
33. The Council says that during July and August 2010 its Educational Psychologist made some efforts to contact the CAMHS Clinical Psychologist and the School to advise them of the process to request a statutory assessment of SEN. No one tried to contact Mr or Mrs A.
34. The CAMHS Clinical Psychologist wrote to Mrs A on 6 August 2010 with copies to Parent Partnership and the Council's SEN Department. It summarised CAMHS' involvement with Z and included:
- CAMHS did not have a direct role in education but had agreed to support Z in the School Room;
 - While gathering information for the Autistic Spectrum Disorder assessment the Clinical Psychologist had liaised with the Council's Educational Welfare Service. The CAMHS Clinical Psychologist did not feel Z was receiving a suitable education at home. If he received a diagnosis of autism it would be more appropriate for Z to receive specialist education;
 - The Education Welfare Service had said that:
 - Z had been deemed unfit for school.
 - They would close the case as Z would be receiving a suitable education at home.
 - The Clinical Psychologist should liaise with the Educational Psychology Service and the School's Special Education Needs Co-ordinator in case Z's Statement needed to be reviewed. [In fact Z did not have a statement].
 - The Clinical Psychologist had reported at the Parent Contract Review on 24 June 2010 that Z would be receiving a diagnosis of autism, and the School had advised it would be unlikely to be able to support him.

- The School Room could ‘*only offer a couple of sessions per week as an interim measure*’. It says: ‘*all involved are aware that [Z] will not be able to return to [the School] as he struggles to cope in a mainstream environment and his difficulties escalated to the point of affecting his mental health*’.
- The Council’s Educational Psychologist had recently advised CAMHS that Mrs A could herself request an assessment of Z’s special educational needs.

35. Mr and Mrs A immediately requested an assessment for Z.

36. During the statutory assessment process, in early November 2010 the Council’s Educational Psychologist’s found that Z had:

“long term, complex and severe learning difficulties arising from his complex medical needs of Autistic Spectrum Disorder, Obsessive Compulsive Disorder, Anxiety Disorder, school refusal, Sensory Modulation Disorder and possible Dyspraxia with expressive language skills below the average range.”

37. The Council contacted Mrs A on 17 November 2010 and advised ‘*the Council believed that some specialist Autistic Spectrum Disorder provision would most likely be appropriate*’. The Council suggested a maintained special school in its area. Mrs A was at first not sure whether this would be suitable.

38. The Council completed Z’s special educational need assessment in December 2010. It decided to issue Z with a statement of SEN. It issued a proposed statement in December 2010. Mr and Mrs A responded, agreeing to the maintained special school. Z started there in early April 2011 on a full time timetable. Mrs A says that he goes to school with no problems and is like a different child.

39. The Council issued Z’s final Statement on 8 June 2011, naming the maintained special school, four months outside the statutory timescale.

40. Mrs A had complained to the Council about Z’s education in August 2010. The Council’s SEN department says it did not receive the letter. In September 2010 Mrs A sent a copy of her letter to the Council and to me. As the complaint was about educational provision for a child with SEN, and the Council had not dealt with it, I decided to investigate. My investigation meant the Council did not respond to Mrs A’s complaint.

Mr & Mrs A’s view

41. Mrs A says that she had no choice but to keep Z off School. She says that Z was very unhappy for a long time and that the School had done nothing. She says that after deciding to keep Z off school they did not know there was full time education available for him at the School. They knew that Z was still on the register, but

CAMHS had advised them the School was not suitable for him. They believed that Z could not return. Mrs A says that during the time Z was not attending school the only contact from the Council was a phone call returned from the Educational Welfare Service, and letters acknowledging the complaint and request for a statement.

42. Mrs A says that she and her husband agreed that Z could attend the School Room because it was the only option offered to them. They thought some education was better than none at all. She never thought the School Room should be Z's only form of education.
43. Mrs A says that the Council did not offer Z alternative appropriate education until it sought to name the special school on his statement.
44. Mrs A says that since Z has been in an appropriate school he has 100% attendance record. He has made lots of friends and has settled in so well he wants to continue with sixth form. He is a totally different young man.

The Council's response to my enquiries

45. The Council says Mr & Mrs A withdrew Z from full time education. 25 hours of education was available for him at the School until the statutory assessment process was completed. It says that Z's placement at the School Room was a medical, and not an educational placement decision.
46. The Council says that it has met its statutory duty under Section 19 of the Education Act 1996 to provide suitable education and acted to ensure that Z '*received education support quickly and effectively*'.
47. The Council says that it had offered to explore suitable educational provision and Mr and Mrs A declined. Mr and Mrs A say this was not the case. The Council has produced no evidence to support its claim.
48. My investigator asked the Council whether it had considered an emergency placement for Z while his assessment of Special Educational Needs was being done. She also asked if it had considered, following the CAMHS' advice in its report of 8 July 2010, that Z should be placed in a school with expertise in managing children with autistic spectrum disorder.
49. The Council says an emergency placement was not appropriate in this case and:

"It would have been negligent to have determined this placement on the basis of a CAMHS report. We needed to carry out a full multi professional assessment, in order to reach an appropriate conclusion."

50. The Council says its Education Welfare Service relied on CAMHS's 'expert opinion' that the School Room was the most appropriate and suitable provision for Z at that time, and:

“In addition, it was providing 6 hours per week which in EW’s view satisfied the Education Act’s [1996] requirement for 5 hours tuition on medical grounds – being suitable and sufficient to his needs at that time (and presumably unless and until CAMHS’ advice changed and/or the statementing process was completed and/or CAMHS suggested reintegration to school etc etc). It would appear unreasonable to have expected the Council to go against such medical advice – as [Z] was clearly not well (bearing in mind his excellent school attendance and no reported problems for the years of schooling previous to January 2010).”

51. The Council says that no one referred Z to its Educational Psychology Service and that Service was not formally consulted. It received an unsolicited copy of the CAMHS report of 8 July 2010, which does not constitute a referral. It says after receiving this report the Educational Psychologist telephoned CAMHS to give informal advice about the statement process.

52. The Council says:

“It appears that it takes a significant number of assessments and meetings before a child is diagnosed with ASD – it does not appear to be something which can be done quickly.”

Findings

Assessing and meeting Z’s special educational needs

53. The Council’s Education Welfare officers had intimations at the end of April 2010 that Z should probably have an assessment of special educational needs. They knew that CAMHS felt Z was on the autistic spectrum. The Council only began moves to assess Z’s special education needs in late July and August 2010. This was after Mr and Mrs A had learnt (from the Clinical Psychologist) that they could ask for Z to be assessed and had done so. It was also after the School had agreed to refer Z for an assessment and CAMHS had sent copies of its report on Z to the Education Psychology service.
54. I accept that Mrs A did have a leaflet that told her of her right to ask for an assessment. The Council cannot be responsible for her not understanding the leaflet. However, its Education Welfare officers had a number of contacts with the family between February and August 2010. They did not tell Mr and Mrs A of their right to ask for an assessment and did not pass information on to the Special Education Needs Section.

55. I find the Council acted with maladministration by delay in responding to Z's evident need for an assessment. This maladministration seems to have happened because two parts of its education service failed to 'join up'. The Council's own draft Attendance Strategy recognises the importance of its Education Welfare Service and Education Psychology service working together effectively.

Z's education from February 2010 to Easter 2011

56. Under Section 19 of the Education Act 1996 Z should have had 'suitable' education. This means '*efficient education suitable to age, ability and aptitude and to any special educational needs*'.¹⁵ Z had no education between 22 January and 18 May 2010. The only education he had for more than 3 school terms was five and half hours a week at the School Room, and some instances of work sent home from school.
57. It was reasonable for the Council to accept that Z was psychologically unable to attend the School. Z had been referred by his GP to CAMHS and from March to July 2010 his mental health was being assessed. In the circumstances it would not have been appropriate for the Council to expect Z to attend the School.
58. That does not mean that the Council was right to leave Z without any education from February 2010 to 18 May 2010 and then to be educated for a little over 5 hours a week at the School Room. There is no evidence that the Council ever tried to establish what education would be 'suitable' for Z and what he could cope with in his medical condition. At the end of April 2010 its Education Welfare Officer was to liaise with CAMHS or the Educational Psychologist in support of alternative provision. The Council has produced no evidence that this was done.
59. The Council says Z received appropriate education at the School Room from the Parent Contract Meeting at the end of April 2010: '*Particularly the fact that at that point in time he was not capable of accessing full time education and was in the process of being appropriately assessed by the CAMHS*'. There was no medical advice that Z was medically unfit to access education.
60. It seems to me the starting point for what is 'suitable' education must be the general guideline of 24 hours of educational provision each week for a pupil of Z's age.¹⁶ Pupils who are out of school for medical reasons should receive a *minimum* of five hours teaching each week, but there is an expectation that children have access to as much education as their medical condition allows.¹⁷
61. The CAMHS report on Z released on 8 July 2010 says that Z should continue at the School Room until he got a place at a special school. The Council relies on

15 Subsection (6): Section 19 of the Education Act 1996

16 Paragraph 57 of 'Improving behaviour and attendance: guidance on exclusion from schools and Pupil Referral Units'

this to support its argument that a little over 5 hours a week education was 'suitable' for Z. At the same time the Council says it could not have relied on the CAMHS report to place Z in a specialist school while it assessed his special educational needs. It seems to me that the Council cannot hold both positions.

62. The Senior Teacher at the School Room says Z was offered a little over 5 hours a week education because that was all it could provide. The number of teaching hours and other pupils that it had to educate meant it could not give Z more.
63. The Council's position at the time seems to have been the Education Act 1996 requires only five hours tuition on medical grounds. This is wrong – as a child's health improves, the hours should normally be increased.
64. I find that the Council acted with maladministration in not making and recording a reasoned judgement on what education would be suitable, sufficient and as much as Z's medical condition allowed.
65. I find that the Council acted with maladministration by not considering and then recording a decision on whether to place Z in a specialist school while it assessed his special educational needs.

Injustice

66. As a result of the Council's maladministration, Z had no education from February 2010 to 18 May 2010 when he started at the School Room and only 5 hours 30 minutes a week from then to April 2011. There is now no way to establish how much education Z could have coped with during this time. On the balance of probability, Z would have been able to take up more education than the Council made available to him. I base this on Z's previously good attendance record, the evidence from the School Room that it did not have the resources to offer him more time, and that he started immediately with a full timetable at his special school.
67. To remedy the injustice of Z's lost education, I recommend that the Council should create a fund equal to the cost of private tuition (£30 an hour) for the hours of education that Z lost if he could have coped with 1/3 fulltime education in the summer term of 2010, 2/3 full time education in the autumn term and full time education in the spring term 2011 [I have calculated this at £30 per hour x 2.5 hours a week for the first term, 10.5 hours a week for the second, 18.5 hours a week for the third. This equals £12405]. That fund to be held for Z until he is 21 and to be used to provide him with any additional tuition, educational opportunities or equipment that an Educational Psychologist recommends would be beneficial to him. This fund is not to be used for any provision to which Z would be entitled as part of his Statement.

68. Mr and Mrs A were also affected by the Council's maladministration. They had to care for their teenage grandson throughout the time that he should have been at school. They had the worry of the uncertainty about his health and future. I recommend that the Council should apologise to Mr and Mrs A. It should also pay them £2,000 in recognition of the impact its maladministration had on them.

Comment

69. The Council says that its Educational Psychology Service was "*apparently unaware of the case until they were sent a copy of the CAMHS report on 15 July 2010 – at which point they contacted the Clinical Psychologist and the school and explained what the process was*". The letter of 6 August 2010 from the CAMHS Clinical Psychologist says during the Service's involvement with Z, the Clinical Psychologist had contacted the Council's Education Welfare Service and Educational Psychologist on several occasions to raise concerns about Z's educational provision, and to question the Educational Psychologist's involvement.
70. I suggest the Council examines the arrangements in its Education Welfare Service and Psychology Service for recording and communicating contacts from other services about children with whom it is working or not yet working.



Anne Seex
Local Government Ombudsman
10th Floor Millbank Tower
Millbank
LONDON SW1P 4QP

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