

**Report by the Local Government and Social Care  
Ombudsman**

**Investigation into a complaint against  
London Borough of Croydon  
(reference number: 20 003 686)**

**04 November 2021**

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## The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

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

### Key to names used

Ms C	The complainant
Mr D	Her son

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## Report summary

### Adult Social Care

Ms C complained the Council failed to provide her, and her son, Mr D appropriate services and act in accordance with both the Human Rights Act 1998 and the Equality Act 2010.

### Finding

Fault found causing injustice and recommendations made.

### Recommendations

Within three months of the date of this report, the Council should:

- apologise to Mr D and Ms C for the failures we have identified in this report;
- pay Mr D £1,000 for the anxiety and frustration the Council's actions have caused him;
- pay Ms C £1,000 for the stress, anxiety and break down in family life that the Council's actions caused her;
- arrange a re-assessment of Mr D by someone who is trained and experienced in assessing and supporting people with autism and mental health problems;
- review how services are provided to people with autism. In particular:
  - that staff have adequate training in autism so that they have the appropriate skills and knowledge to support people with autism;
  - agree a process of liaison with specialist community teams and mental health services, or specialist autism professionals, when and if necessary;
- review the overall Council strategy to providing services to people with autism. In particular, whether there is due regard for services such as care and housing available to those who have needs related to autism;
- remind staff about:
  - the importance of person-centered practice and keeping people using services central to the process;
  - assessing to prevent a potential deterioration in needs especially in situations such as these where it is known there is going to be a substantial change in a person's circumstances;
  - the duty to complete carers' assessments;
  - the Equality Act 2010 and the duty to make reasonable adjustments where applicable.

The Council has accepted our recommendations.

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## **The complaint**

1. The complainant who we refer to as Ms C complained in her own right and on behalf of her son, who we refer to as Mr D.
2. Ms C complained the Council:
  - failed to properly assess Mr D's needs. In particular:
    - his needs associated with preventing a deterioration in his mental health;
    - a failure to liaise, and have a joint working approach with other departments such as the NHS as part of the assessment process;
    - a failure to recognise Mr D's physical health needs such as how he can access a GP and understand medical instructions;
    - a failure to properly consider Mr D's emotional needs;
    - a need for advocacy.
  - failed to assess her needs as a carer;
  - made errors in a housing application which resulted in the delayed allocation of housing;
  - failed to provide a support plan that reflected Mr D's needs before and after his move to independent living;
  - failed to provide support to prevent a deterioration in Mr D's mental health;
  - did not make reasonable adjustments and acknowledge Ms C's medical condition and its effects;
  - did not listen and act on concerns about Mr D's social worker who Ms C found to be intimidatory and unprofessional;
  - failed to safeguard Ms C and provide preventative services;
  - breached confidentiality by telling Mr D where Ms C worked, which was against her express wishes; and
  - failed to respond to her complaint impartially.
3. Ms C said the Council's failures have affected both her and Mr D. Ms C said Mr D's behaviour has worn her down. Ms C said the Council's inadequate service provision caused the deterioration in behaviour. Ms C said the Council's actions have affected her mental and physical health. On some days Mr D called Ms C more than 80 times. Many of these calls were aggressive and threatening which caused her fear and distress. She said she also had the frustration of having to deal with officers who were not listening to her.
4. Ms C said Mr D has not had his needs met in the community. He continues to be without appropriate support, and this has worsened his anxiety and distress.

## **Legal and Administrative Background**

### **The Ombudsman's role and powers**

5. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused

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an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)

6. When considering complaints, if there is a conflict of evidence, we make findings based on the balance of probabilities. This means that we will weigh up the available relevant evidence and base our findings on what we think was more likely to have happened.
7. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. (*Local Government Act 1974, section 25(7), as amended*)
8. This complaint involves events that occurred during the COVID-19 pandemic. The Government introduced a range of new and frequently updated rules and guidance during this time. We can consider whether a council followed the relevant legislation, guidance and our published [“Good Administrative Practice during the response to COVID-19”](#).

### **The law relevant to this complaint**

#### **Care Act 2014**

9. The Care Act 2014 and the associated Care and Support Statutory Guidance (‘The Guidance’) sets out council duties in supporting people in need.

#### **Assessments**

10. A council must carry out an assessment for any adult with an appearance of need for care and support. The assessment must be of the adult’s needs and how they impact on their wellbeing and the outcomes they want to achieve. It must also involve the individual and where appropriate their carer or any other person they might want involved. (*Care Act 2014, section 9*)
11. The Care Act spells out the duty to meet eligible needs (needs which meet the eligibility criteria). (*Care Act 2014, section 18*)
12. An adult’s needs meet the eligibility criteria if they arise from or are related to a physical or mental impairment or illness and as a result they cannot achieve two or more of the following outcomes. Or their physical or mental impairment or illness is likely to be a significant impact on wellbeing.
  - Managing and maintaining nutrition
  - Maintaining personal hygiene
  - Managing toilet needs
  - Being appropriately clothed
  - Making use of the home safely
  - Maintaining a habitable home environment
  - Accessing work, training, education
  - Making use of facilities or services in the community
  - Carrying out caring responsibilities
13. If a council decides a person is eligible for care, it should prepare a care and support plan which specifies the needs identified in the assessment, says whether and to what extent the needs meet the eligibility criteria and specifies the needs

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the council is going to meet and how this will be done. The council should give a copy of the care and support plan to the person. (*Care Act 2014, sections 24 and 25*)

14. The Guidance explains a council should review a care and support plan at least every year, on request or in response to a change in circumstances. The purpose of a review is to see how a care and support plan has been working and to decide if any revisions need to be made to it. The council should act promptly after receiving a request for a review. (*Care and Support Statutory Guidance, Paragraphs 13.19-21 and 13.32*)
15. The Guidance identifies fluctuating needs as a particular focus which needs comprehensive care planning. The omission of contingency planning to deal with sudden changes in need is not something to be left until someone reaches a crisis point. (*Care and Support Statutory Guidance, Paragraph 10.44*)
16. Everyone whose needs the local authority meets must receive a personal budget as part of the care and support plan. The personal budget gives the person clear information about the money allocated to meet the needs identified in the assessment and recorded in the plan. The council should share an indicative amount with the person, and anybody else involved, at the start of care and support planning, with the final amount of the personal budget confirmed through this process. The detail of how the person will use their personal budget will be in the care and support plan. The personal budget must always be an amount enough to meet the person's care and support needs.

#### **Autism Act 2009**

17. The Adult Autism Strategy provides guidance on the implementation of the Autism Act 2009. It says when acting under the Guidance councils must:
  - ensure that any person carrying out a needs assessment has the skills, knowledge, and competence to carry out the assessment in question and is appropriately trained. Where the assessor does not have experience in the condition, the local authority must ensure that a person with that expertise is consulted;
  - carry out a supported self-assessment of the care and support needs of an adult with autism if that is what the adult wants (providing they have capacity to consent);
  - involve individuals (including those with autism and their carers) when carrying out certain care and support functions in respect of them, such as when conducting needs or carers assessments, preparing care and support, or support plans (and when revising such plans);
  - where required provide access to an independent advocate to enable the individual's engagement in determining their support;
  - identify the outcomes individuals (including those with autism) want to achieve for their day to day lives in their needs assessments and carer's assessment;
  - exercise their care and support functions with a view to ensuring the integration of care and support provision with health provision and the provision of other services that may influence health (such as housing accommodation) where they consider this would, for adults in their area, promote wellbeing, improve the quality of care and support, or help prevent or delay the development of needs; and

- provide or arrange services, facilities, or resources, or take other steps, which they consider will contribute to preventing or delaying the development of care and support needs of adults in their area and support needs of carers, including the care and support needs of adults with autism and the support needs of their carers, regardless of whether they are eligible for social care.

### **Carers**

18. The Care Act 2014 says where an individual provides or intends to provide care for another adult and it appears the carer may have any needs for support, local authorities must carry out a carer’s assessment. Carers’ assessments must seek to find out not only the carer’s needs for support, but also the sustainability of the caring role itself. This includes the practical and emotional support the carer provides to the adult.

### **Housing**

19. Every local housing authority must publish an allocations scheme that sets out how it prioritises applicants, and its procedures for allocating housing. All allocations must be made in strict accordance with the published scheme.

*(Housing Act 1996, section 166A(1) & (14))*

20. An allocations scheme must give reasonable preference to applicants in the following categories:

- homeless people;
- people in insanitary, overcrowded or unsatisfactory housing;
- people who need to move on medical or welfare grounds;
- people who need to move to avoid hardship to themselves or others. *(Housing Act 1996, section 166A(3))*

21. We recognise that the demand for social housing far outstrips the supply of properties in many areas. We may not find fault with a council for failing to re-house someone, if it has prioritised applicants and allocated properties according to its published lettings scheme policy.

22. Someone is threatened with homelessness if, when asking for assistance from the council on or after 3 April 2018:

- he or she is likely to become homeless within 56 days; or
- he or she has been served with a valid Section 21 notice which will expire within 56 days. *[Housing Act 1996, section 175(4) & (5)]*

### **Human Rights Act 1998**

23. The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. This includes Article 8, “*respect for private and family life*”. This right is emphasised within the Autism Act 2009. The Act requires councils to respect and protect individuals’ rights. The right to private and family life is a qualified one, and so can be interfered with in certain circumstances.

24. The courts in *Conors v UK (2004)* described Article 8 rights as being:

*“of central importance to the individual’s identity, self-determination, physical and moral integrity, maintenance of relationships with others and a central place in the community”.*

25. It is not our role to decide whether a council has breached the Human Rights Act, this can only be done by the courts. But we can decide whether a council has had

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due regard to an individual's human rights in their treatment of them, when considering a complaint.

### **Equality Act 2010**

26. The Equality Act 2010 protects the rights of individuals and supports equality of opportunity for all. It offers protection, in employment, education, the provision of goods and services, housing, transport and the carrying out of public functions.
27. The Equality Act 2010 makes it unlawful for organisations carrying out public functions to discriminate on any of the nine listed protected characteristics. The protected characteristics referred to in the Act include disability and race.
28. The reasonable adjustment duty is set out in the Equality Act 2010 and applies to any organisation that carries out a public function. Its aim is that, as far as reasonably possible, people who have disabilities should have the same standard of service as non-disabled people.

### **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009**

29. Councils should have clear procedures for dealing with social care complaints. Regulations and guidance say they should investigate a complaint in a way which will resolve it speedily and efficiently. A single stage procedure should be enough. The council should say in its response to the complaint:
  - how it has considered the complaint;
  - what conclusions it has reached about the complaint, including any matters which may need remedial action;
  - whether the responsible body is satisfied it has taken or will take necessary action; and
  - give details of the complainant's right to complain to the Local Government and Social Care Ombudsman.

## **How we considered this complaint**

30. We considered written information from Ms C and the Council's response to her complaint. We made enquiries of the Council and considered its response. We looked at the relevant legislation and statutory guidance which applies in the case and applied it accordingly. We reviewed:
  - case records; and
  - medical reports, academic texts, and good practice guidance Ms C provided.
31. Ms C and the Council had an opportunity to comment on our draft report. We considered any comments received before making a final decision.

## **What we found**

### **Background information**

32. Mr D has autism and mental health problems. He lived in the community with his mother who was his main carer. Mr D finds it difficult to initiate and maintain relationships. When frustrated or anxious he can become verbally aggressive which others can find challenging.
33. Mr D's difficulties are outlined in assessments completed by the Council and NHS in 2017. Mr D's needs include those associated with anxiety and depression.



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## What happened

34. Following a referral in March 2019, the Council assessed Mr D. It identified he had eligible needs for social support to enable him to access community-based activities and help him build positive relationships with others. The assessment also identified a need for Mr D to access alternative housing.
35. As a result of the assessment the social worker made several contacts. These included:
  - a housing officer already involved with Mr D. The housing officer had told Mr D there were few properties under the Council's "Fast track" programme that would meet his current requirement of a property with a garden for his dog. The housing officer advised Mr D to bid for a property himself and during the interim offered Mr D a place in shared accommodation for people with mental health problems. This had 24 hour support available. Ms C rejected the offer of shared accommodation as Mr D would find communal areas difficult;
  - an outreach support service, to pursue Mr D's need for independent living; and
  - Mr D's psychologist, to find out how to support Mr D during meetings.
36. There is no written record of the assessment. In response to our enquiries the Council says it completed a comprehensive assessment in 2017 and to avoid distressing Mr D used this as a basis for the reassessment.
37. In June 2019 Ms C contacted the Council to say she was feeling increasingly threatened by Mr D and was finding it difficult to manage.
38. In October 2019, the Council met with Mr D and Ms C. The Council told Mr D that it had assessed him as needing three, two-hour sessions each week for "outreach support". There was no care and support plan setting out Mr D's needs, desired outcomes and the care and support the Council was arranging to meet his eligible needs.
39. The social worker discussed Mr D's need for housing and reiterated that it would take longer to find a property which met Mr D's preferences.
40. Ms C reiterated her concerns about the verbal threats that Mr D continued to make against her and her ability to manage.
41. In November 2019 Ms C could no longer cope. She contacted the Council which advised her that Mr D should present himself as homeless. In early December, the Council arranged a meeting to process a homelessness application. The Council provided Mr D with hostel accommodation which had support should Mr D need help. There was however no care plan or detail about what Mr D needed or what support the worker could offer.
42. The Council says this was a planned intervention as once in hostel accommodation the Council could fast track Mr D's application for suitable accommodation.
43. Mr D moved from the hostel into his own flat at the end of January 2020. There were no complaints from Ms C at the time, and the Council records her saying Mr D's interim stay in the hostel had gone well.
44. On the day of Mr D's move into his new flat he met with Ms C, the social worker, and the support workers. At this point the support had not started as Mr D still had worries about the support workers and would not fully engage. He did however agree to go to the cinema with the support workers the following week.

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45. The support workers visited a further three times. On 2 April, the social worker contacted Ms C for an update on Mr D. She did not contact Mr D directly because of his anxiety around using phones. Ms C said Mr D was fine, he was visiting home at least once a week to see his dog. At this point COVID-19 restrictions were in force. The social worker reassured Ms C she could contact her.
  46. Later, the same day, Ms C emailed the social worker raising concerns about the support agency. She said the service was not motivational or doing activities Mr D wanted. The social worker responded suggesting a meeting when the Government lifted COVID-19 restrictions.
  47. A few days later the support stopped because of COVID-19. The social worker contacted Ms C to check she and Mr D had enough provision. Ms C again expressed her dissatisfaction over the support service. Ms C reiterated her concerns twice in May. She stated Mr D did not want the support service to resume. Ms C also explained Mr D was having difficulties in his new flat. This included anti-social behaviour from his neighbours, difficulty with his post and access to his GP.
  48. The social worker arranged for the same support workers to visit Mr D for a “check call”. Following the visit Ms C contacted the social worker saying that Mr D had threatened to hurt her if the support workers visited the property again.
  49. The social worker contacted the support workers asking them to re-engage with Mr D. Mr D refused. On 5 June Ms C made a complaint to the Council. Her complaint included concerns about the social worker.
  50. In early July, the social worker contacted Ms C to explain that she had cancelled the support worker service and had made a referral to another organisation which provides outreach support to people living independently. Ms C refused to engage with the social worker stating that she had written a letter of complaint. Later in July the social worker tried to contact Ms C again by phone but there was no response.
  51. The Council responded to Ms C’s complaint on 21 July 2020 and following comments from Ms C sent further letters in August and September. The social worker’s team manager wrote the complaint responses. The Council agreed to assign a new social worker to support Mr D. It recognised that Ms C no longer wanted to be a carer and explained that because of this it would need to contact Mr D to assess his needs. It asked Ms C for advice on how best to engage with Mr D without increasing the risk to her.
  52. The Council set out the next steps which included arranging a meeting with the new social worker and progressing a referral for Mental Health Services. The letter also recognised Ms C’s needs and suggested a meeting.
  53. The Council assigned Mr D a new social worker in September. The Community Learning Disability Team became involved and made a referral to the Mental Health Team. It also developed a health action plan. Mr D did not meet the criteria for mental health services and the Mental Health Team rejected the referral.
  54. The social worker and her manager made an unannounced visit to Mr D. There was no answer, so they left a letter saying they would call back a few days later.
  55. Over the next few months the Council tried to engage with Ms C and Mr D and arrange a meeting which would meet both Ms C’s needs and those of Mr D.

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### **Additional comments from Ms C**

56. In Ms C's complaint to us she says she has a medical condition which can affect her speech. Ms C says the Council has ignored her condition and has failed to make reasonable adjustments to meet her needs.
57. Ms C says the Council failed to provide enough support to Mr D. It did not put in measures to prevent a family breakdown or consider how the failure to support Mr D affected her. Ms C says comments made by workers have been inappropriate, this includes:
- support workers who joked that Mr D would now be able to cook them a meal. Ms C says if the officers involved had read Mr D's notes and had training in autism they would realise that this joke, which Mr D took literally, was inappropriate. Ms C says the joke caused Mr D anxiety and he was very upset; and
  - the social worker commenting that she did not know what to do when Ms C was in crisis.
58. Ms C says the lack of support from the Council has affected her both physically and mentally. At times Mr D was calling Ms C over 80 times in a day. Ms C says the Council told Mr D where she worked which put her at risk from unwanted visits/telephone calls at her work-place. Ms C says the Council failed to protect her as a carer and a person with needs. In response to a draft of this report Ms C says the Council's actions have also affected her wider family including her older son who has had to provide her with support.
59. Ms C says when she complained to the Council it failed to investigate her complaint impartially. This is because a team manager who had advised the assigned social worker, and had involvement in Mr D's support investigated the complaint.

## **Conclusions**

### **Failure to assess properly**

60. The Council failed to follow Care and Support Statutory Guidance in the assessment process. It failed to carry out a fresh assessment, or properly amend a pre-existing one. The Council also failed to produce a personal budget in line with Mr D's needs. The Council argues that due to Mr D's difficulties a new assessment would have caused him distress. We understand going through a long formal document would be difficult. However there is no evidence the Council looked at other ways to assess Mr D considering his autism and mental health problems. This is fault.
61. At first the Council contacted the psychologist that was working with Mr D to get information about how best to communicate with Mr D in meetings. This was good practice. However, this did not extend to what adjustments workers needed to make so they could effectively communicate with Mr D on an ongoing basis.
62. The lack of reasonable adjustments is not in line with the Equality Act 2010, nor is it in the spirit of the Autism Act 2009. This says staff should be trained so they have sufficient skills to support people with autism and stresses the need for properly completed assessments.
63. The Council failed to consider Mr D's short-term needs and longer-term needs. Mr D needed support to obtain skills for independent living. The Council did not consider or review these needs when Mr D entered independent living. This

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meant that when Mr D went into his own flat he had no independent support for accessing medication, his GP, or understanding bills. This caused him anxiety and shifted the burden of support onto Ms C.

64. The Council failed to record preventive measures or a contingency plan of what would happen if Ms C could not cope and the situation in the home became untenable. This resulted in Ms C and Mr D reaching a crisis point with no alternative options readily available. The lack of a contingency plan was not in line with the Guidance.
65. The Council's fault caused Mr D and Ms C anxiety and anger. Mr D's only outlet was his mother and so she bore the brunt of the impact of the Council's omissions.

#### **Failure to provide appropriate services**

66. As detailed above the Guidance says councils should provide those with eligible needs a personal budget. This should be sufficient to obtain services to meet those needs. The Council did not provide Mr D with a personal budget. This is fault.
67. The Guidance says people should have a choice in how to meet their needs. The Council never provided Mr D with any options. It only offered one service provider. The Council did not provide Mr D with a support plan, nor was he involved in planning for his care. This is fault and not in line with the inclusive and collaborative nature of the Autism Act 2009 or the Care Act 2014.
68. Mr D and Ms C did not have an opportunity to consider alternative forms of support and Council officers failed to listen and address their concerns. We do not know now whether Mr D would have accepted services in a different form. However, both Mr D and Ms C have uncertainty about whether the Council could have provided more suitable support options, and the frustration caused by being denied choices and not having their views listened to.
69. The Council was also at fault for failing to offer Mr D an advocate as required under the Care Act 2014. It was clear Mr D had difficulties engaging and that Ms C was finding it difficult to both manage and advocate for Mr D.
70. Ms C says there was delay in housing provision for Mr D. The case records show the Council advised Mr D and Ms C about the lack of housing to meet their preferences. It is unclear whether the Council would have offered Mr D housing earlier if he had not been restrictive in the accommodation he wanted at the time.
71. Under the Housing Act 1996 the Council has an obligation to consider housing someone when they are threatened with homelessness. The situation between Ms C and Mr D was deteriorating but it is difficult to say at what point Mr D was "threatened" with homelessness.
72. Ms C did not complain to the Council about the delay in housing at the time, neither did she amend Mr D's requirements for housing until they reached crisis point. For these reasons we cannot say the Council was at fault for failing to allocate housing earlier.

#### **Failure to carry out a carer's assessment and make reasonable adjustments to acknowledge Ms C's physical health problems**

73. Ms C was Mr D's main carer and under the Care Act 2014 was entitled to a carer's assessment. The Council failed to update Ms C's carer's assessment. This is fault. As a result it failed to properly consider the impact her caring role was having on her mental health and general wellbeing.

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74. There is no evidence the Council had knowledge of Ms C's physical health problems until her complaint. Had the Council completed a carer's assessment it is more likely than not that it would have identified her health problems and the impact it has on her caring role. A carer's assessment would have highlighted Ms C's communication needs arising from her physical health problems and identified how Mr D's behaviour impacted on her health and wellbeing. It would have also provided an opportunity to consider the reasonable adjustments that Ms C needed.
75. The Council's failure to consider Ms C as a carer had a profound effect. Ms C was left to cope in an environment where she was verbally abused for a prolonged period. This was initially in her home, and continued after Mr D moved into his own accommodation with limited support. Ms C says officers did not listen to either her or Mr D when they expressed concerns about the support agency and went against their wishes without any real cause or reason.
76. Since Ms C's complaint the Council has been pro-active in trying to engage with Ms C and offer reasonable adjustments to meet her needs. These steps are welcome, however due to historical events we appreciate that it is difficult for Ms C to trust the Council.

### **Respect for family and private life**

77. We understand the social worker involved wanted to ensure Mr D was safe during the COVID-19 lock down period. But it is unclear why she did not obtain information from Ms C about Mr D's wellbeing, and why she repeatedly engaged support workers to initiate contact when she knew this was causing anxiety. As a result of this both Ms C and Mr D lost confidence in the services the Council provided, and disengaged.
78. In complex situations such as these the family relationship of parent and child can often be overtaken by that of carer and cared for. While there is no easy way to manage these situations the Human Rights Act 1998 referred to above says that councils should have regard to family and private life.
79. While Mr D was living with Ms C the Council failed to properly assess Mr D's needs and in doing so failed to have regard for his Article 8 rights. In particular how his behaviour was affecting his relationship with Ms C and it potentially being a contributory factor in him leaving home as he did. These rights would also have been identified had the Council completed a carer's assessment and support plan. Had the Council completed these actions it may well have provided services which would have prevented Mr D reaching crisis point and leaving home.
80. Ms C says the Council breached confidentiality in telling Mr D where she worked. There is no record of this. Without further information we are unable to make a balance of probability finding about whether the Council was at fault. We understand however that any breach would have upset Ms C and potentially put her in a difficult situation.

### **Complaint handling**

81. The Council's first response to Ms C was timely. The 2009 regulations referred to above, are silent on whether investigating officers from the Council should have no knowledge of the complaint. Indeed in some circumstances someone who knows about the case can have a broader understanding of what has happened. For fairness it is also usual to obtain the view and perspective of the person who is complained about. We therefore find no fault in this aspect of the complaint.

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82. It did however take Ms C two further letters for the Council to suggest a way forward and carry out changes. We consider the Council had the information initially to make these recommendations but did not do so. We consider this is fault.
83. As a result Ms C had the time, trouble and frustration of the Council failing to listen to her which echoed her complaint.

## Recommendations

84. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*).
85. We have found fault in the actions of the Council which have caused injustice. In addition to the requirements above the Council has agreed to take the following action to remedy the complaint and improve services for the future:
- apologise to Mr D and Ms C for the failures we have identified in this report;
  - pay Mr D £1,000 for the anxiety and frustration the Council's actions have caused him;
  - pay Ms C £1,000 for the stress, anxiety and break down in family life that the Council's actions caused her;
  - arrange a re-assessment of Mr D by someone who is trained and experienced in assessing and supporting people with autism and mental health problems;
  - review how services are provided to people with autism. In particular:
    - that staff have adequate training in autism so that they have the appropriate skills and knowledge to support people with autism;
    - agree a process of liaison with specialist community teams and mental health services, or specialist autism professionals, when and if necessary;
  - review the overall Council strategy to providing services to people with autism. In particular, whether there is due regard for services such as care and housing available to those who have needs related to autism;
  - remind staff about:
    - the importance of person-centered practice and keeping people using services central to the process;
    - assessing to prevent a potential deterioration in needs especially in situations such as these where it is known there is going to be a substantial change in a person's circumstances;
    - the duty to complete carers' assessments;
    - the Equality Act 2010 and the duty to make reasonable adjustments where applicable.

## Decision

86. We have completed our investigation into this complaint. There was fault by the Council which caused injustice to Ms C and Mr D. The Council should take the action identified in paragraph 85 to remedy the injustice.