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Knowledgeable but not specialist: Virtual School Heads' experiences of supporting autistic children in care

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ABSTRACT

Autistic children comprise a large group of young people who are looked-after by their local authority and for whom educational outcomes are amongst the poorest of all children in care. Virtual School Heads (VSHs) in England have a statutory responsibility to improve the educational outcomes of children in care following the implementation of the Children and Families Act 2014. However, very little is known about the experiences of VSHs in supporting autistic children in care, including whether and how knowledge about autism diagnosis is shared within interprofessional teams. This qualitative study reports the findings from nine semi-structured interviews with eight VSHs and one occupational therapist from eight local authorities in England. VSHs worked within multiple and diverse teams locally and nationally to co-ordinate and manage effective provision but reported that knowledge about autism was often uncertain and conflated with attachment difficulties. They could not state with confidence that individuals around the child were sufficiently enabled to provide appropriate support and educational provision. The VSH, and the children they support, occupy liminal roles which create challenges for effective communication and support. Crucially, young people's views need to be authentically gathered and holistically understood to inform and improve provision.

KEYWORDS

Autism; looked after; Virtual School Heads; attachment

Introduction

The Children and Families Act 2014 established a statutory requirement for all local authorities (LAs) in England to employ a Virtual School Head (VSH) with the primary responsibility of improving the educational outcomes of children in care. Specifically, a VSH's role is to monitor and assess educational progress for all children in LA care and oversee the provision of appropriate educational support (Department for Education [DfE], 2018). There is no prescribed model for service delivery; instead

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there is a framework for practice outlined within the legislative guidance (DfE, 2018; National Association of Virtual School Heads, 2019). As Sebba and Berridge (2019) make clear:

A Virtual School is not a physical school, but a team mainly of teachers in a local authority (LA) who work predominantly through the schools and other services to improve the education of children in care. (p. 539)

The need for the VSH role is underscored by the stark educational disadvantages experienced by children in care in England at all key stages. For example, UK government statistics show that children in care are far less likely to meet the expected standard in reading, writing and mathematics at Key Stage 2 than children who are not in care (37% vs. 65%, respectively) (DfE, 2020). Children who are in care with special educational needs (SEN) are at greater risk of poorer educational outcomes compared with children with SEN who are not in care, and children in care who do not have SEN (O'Higgins et al., 2017). Of the 8,090 pupils who have been in care continuously for the past 12 months and have an Education, Health and Care Plan (EHCP), 11.3% have Autism Spectrum Disorder (ASD) formally recorded as their primary need (approximately 920 children), making autism the third highest indicated primary need after social, emotional and mental health, and moderate learning difficulties (DfE, 2020).

Of most concern is that children in care with a diagnosis of autism have among the worst Key Stage 4 outcomes at aged 16 years of all children in care, scoring an average 178 GCSE points fewer than autistic¹ children who are not in care (Sebba et al., 2015). The especially poor outcomes for autistic children in care at GCSE led O'Higgins et al. (2021) to conclude that this group '... require urgent support' (p. 15). Moreover, the numbers of autistic children in care are likely to be higher than those reported in the DfE data (Parsons et al., 2018), given known challenges with identifying and formally diagnosing autism amongst children in this population (Green et al., 2016). Given this prevalence, and these outcomes, there are important questions to be asked about how the specific needs of autistic children within the care system are recognised and addressed.

According to the DfE (2018), the VSH should play a vital role in advocating for the needs of children in care since 'For looked-after children, as part of a local authority's corporate parent role, the VSH needs to be the educational advocate that parents are for others' (p. 5). Such an advocacy role presupposes that VSHs should be knowledgeable about the key factors that shape the educational experiences of the children for whom they are responsible. Knowing about autism, and about an individual's diagnosis and what autism means for them, is important for several reasons.

Many autistic children experience transitions between schools or settings as especially challenging (Nuske et al., 2019) and difficulties experienced may persist over time (Mandy et al., 2016). Reasons for this are interrelated and multi-layered and include difficulties in adapting quickly to the demands and changes required in a new environment (e.g. Makin et al., 2017), as well as difficulties in peer relationships (e.g. Goodall, 2018). This could mean that the multiple changes and transitions experienced in care (Driscoll, 2011) are especially difficult for autistic children. Formal and informal school exclusions are also higher for autistic children compared to any other group (Brede et al., 2017; Cooke, 2018). Long-term outcomes across a range of social, educational and employment-related

indices are considered poor for autistic children in general (Anderson et al., 2018; Ayres et al., 2018; National Autistic Society, 2016), and especially so for autistic children in care (Lenehan, 2017; Sebba et al., 2015).

Accordingly, Green et al. (2016) argued that accurate identification of autism is essential in making decisions about support of children in care since '... identification of ASD impairments has specific implications for family understanding, style of intervention, and educational planning' and that 'ASD is an important alternative explanation for a child's difficulties, with different implications' (p. 1400). In referring to an 'alternative explanation', Green et al. (2016) stressed the tendency to attribute relationship and behaviour difficulties to pre-natal influences, early trauma, and disrupted attachment (DeJong, 2010) rather than to a neurodevelopmental disability.

Unfortunately, information about autism diagnosis is rarely shared or prioritised in the planning and management of services for children in care. A review of Freedom of Information (Fol) requests based on responses from 147 LAs in England (Parsons et al., 2018) highlighted inconsistencies in the sharing of information about an autism diagnosis and revealed that the majority of LAs do not routinely report on the diagnostic status of autistic children at a strategic level. Specifically, one of the Fol questions asked whether the VSH had ever reported to the Corporate Parenting Board on the numbers and needs of children in care with an autism diagnosis: 140 out of 147 (95%) of local authorities answered in the negative. This finding led the authors to conclude that:

... there would be value in highlighting autism diagnostic status as a strategic flag for monitoring provision, progress, and outcomes, with improvements included in objectives as a strategic priority. (p. 111)

However, despite the VSH role being written into legislation in 2014 there is very limited research in this area in general (Drew & Banerjee, 2019; Sebba & Berridge, 2019) and no research, to the best of our knowledge, focusing specifically on support for autistic children within England's virtual schools. Therefore, this study explored how VSHs perceive their role when supporting autistic children in care to address the following research questions:

- What are the experiences of Virtual School Heads in providing autism related support for children in care within their LA?
- How is information relating to an autism diagnosis and support planning shared with schools?
- What can be learned about best practice and possible barriers in supporting autistic children in care?

Materials and methods

Semi-structured interview

The study utilised a qualitative, exploratory design within an interpretivist framework. A semi-structured interview schedule was designed to determine how people perceived their roles, to describe and reflect upon the processes in place, and to explore how they felt about their remit. The full interview schedule is included in Appendix 1.

Participants

Nine participants (five females and four males) from eight LAs were interviewed, all of whom were employed as the VSH by an LA or by the VSH in a different role. In one case, the VSH identified another member of staff as being the most informed person to contribute to the research. Therefore, one of the interviews included two participants: the VSH and the occupational therapist employed by the virtual school.

Ethics

The study conformed to the British Psychology Society's (BPS., 2021) ethical guidelines and the University of Southampton ethical review committee granted approval before the study commenced (Ethics Approval Reference #47,572). Participants were provided with a detailed information sheet regarding the nature and purpose of the study, and their rights to confidentiality and withdrawal. All participants signed a consent form to formalise their agreement to take part.

Procedure

To recruit participants, personalised emails detailing the purpose of the study were sent to every VSH in England, the contact details of whom were accessed through a Freedom of Information request published online (Lidell, 2017). Where some of these email addresses were out of date or no longer in use, efforts were taken to find current email addresses so that all individuals within this role were offered the opportunity to participate. VSHs from eight LAs expressed their interest and were able to find time to participate. Interviews were conducted face-to-face or on the telephone, depending on the preferences of the participants. Three interviews were conducted during the UK period of lockdown (post March 23rd, 2020), due to the COVID-19 pandemic.

Thematic analysis

The data were analysed using the six-step approach to reflexive thematic analysis as described by Braun and Clarke (2019). Audio recordings were listened to twice per interview and all interviews transcribed. A bottom-up, inductive approach to coding was applied. Codes were initially determined using a semantic approach to line-by-line analysis and then developed into latent codes where meaning was explored beyond the semantic description given by participants. Patterns of meaning across the codes were identified and then categorised to generate potential themes. Thematic maps were created, and verification of themes reviewed to ensure that they were identifiable as coherent and distinctive.

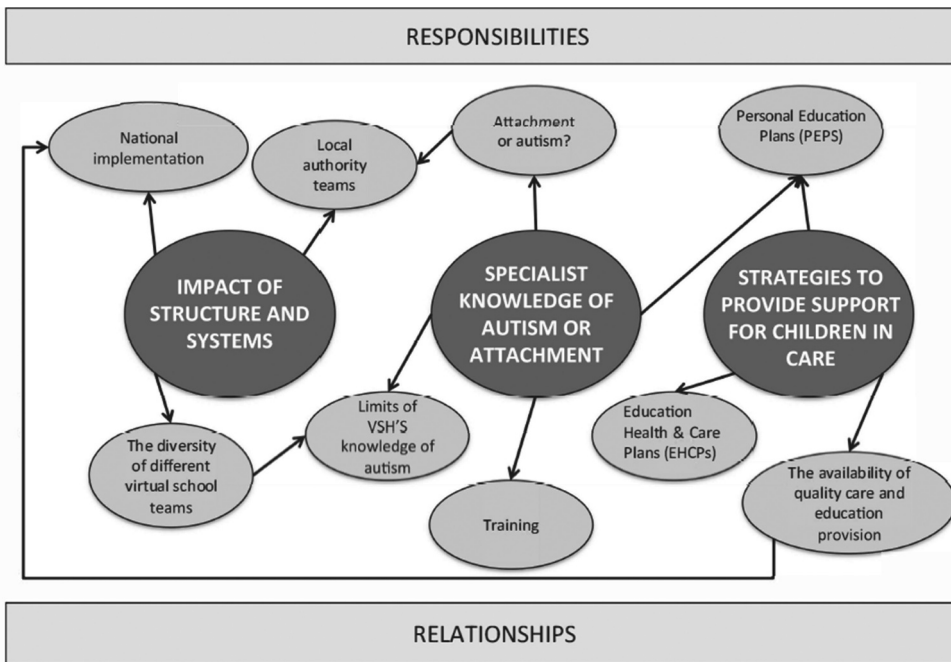


Figure 1. Thematic map showing three main themes and nine sub-themes.

Results

Thematic map

Three main themes were developed: (1) Impact of structure and systems, (2) Specialist knowledge, and (3) Strategies for support, each with some interlinking subthemes (Figure 1). There was also an overarching theme of *responsibility* for providing educational oversight, training, and support that came through all the interviews, and an underpinning theme of *relationships*, and these are woven throughout the findings below.

Main theme 1: Impact of structure and systems

Local authority teams. The virtual school exists within the network of departments that comprise an LA. Every participant described a virtual school with incredibly varied team composition and size. All the VSHs made multiple references to the necessity of forging positive relationships with different teams:

The ... thing that the children need us to do is build the bridge between social care and education. (VSH3)

They also commented on how this is underpinned by their skills in developing these relationships:

Relationships are just so important, so our relationship with our colleagues in social care, in our schools, ... with our foster carers, building those trusting partnerships and relationships and to get everybody working together in one direction to advocate and support that young person to the absolute heights is the most important thing. (VSH8)

Relationship building was facilitated through seconding members from different services into the virtual school team or offering training to different support agencies, including social workers. Two of the VSHs also spoke of the need to develop a shared language, so that communication between professionals with different areas of expertise was supported:

I can go and talk to an [educational psychologist] in education ... that's what we speak ... Whereas ... I would have to understand the structure of how social care works even to know who to talk to. And from the outside looking in I wouldn't have a clue. (VSH3)

Six out of eight VSHs mentioned how there can be challenges in ensuring that social care teams have the requisite knowledge and understanding of the needs of autistic children:

I'm not assuming that everybody knows a lot about special educational needs from a social care background. (VSH4)

Two distinct issues arose from this discussion: first, that the stability of social care teams in some areas was not established, and VSHs could not rely on social workers being sufficiently trained in all areas of support due to the turnover of staff. Second, the question of whether the delivery of this training should be the responsibility of the virtual school was raised:

... our remit is education focused. We're not there to plug gaps in children's social care. (VSH6)

All the VSHs explained that they would access specialist knowledge from other departments and professionals working with autistic pupils, for example, the educational psychology or SEND teams:

A special school is likely to say to me, 'this child at our school, it's an autistic specialist school, um, this child needs this, this and this.' I might say to the SEND team, 'does this sound good to you?' And they'll go, 'yeah great idea', but on the whole we would, again, defer to specialists ... we wouldn't question schools' professionalism about what the child needs. (VSH7)

Only one person said that determining the needs of autistic children in care is the responsibility of the LA SEND team and that this knowledge does not rest with the virtual school.

The diversity of different virtual school teams. Every VSH commented on the structure and the size of their team, describing the hierarchy, or lack thereof, and the differing roles of team members. These roles were different in every LA, with most teams including educational support workers, whilst one team (VSH5) also had social pedagogues and specialists including educational psychologists, occupational therapists and speech and language therapists. This meant that the focus for the support provided for pupils was different within each team.

Every VSH also reflected on the size of their team in relation to the size of their caseload, typically to emphasise how small the team was in relation to the number of pupils supported:

We're a small team of six that have got over 340 children. (VSH1)

One of the challenges that virtual schools face when they have small teams and high caseloads, is that they are unable to attend Personal Education Plan [PEP]² meetings. When asked about their capacity to attend PEP meetings, one of the VSHs expressed their frustration around not being able to have their staff attend to ensure that they are conducted appropriately:

When I first started this job I wanted a team that was big enough th[ey] could go [to PEPs] ... because I think when we are there it really helps with the quality of what's being discussed and the challenge and the support. (VSH8)

Another VSH described how they had tried to overcome this challenge by positioning themselves as facilitators of positive relationships between the professionals who were able to attend the PEPs:

I think it's about us ... facilitating even better relationships with our social workers and schools, trying to get them working better together jointly, and it's all about doing ourselves out of a job. (VSH2)

National implementation. Virtual schools are somewhat unique in that they must potentially liaise and negotiate with every LA in the country because a child in care may be placed wherever there is appropriate provision for them. This requires VSHs to communicate and share information with SEND teams across England to ensure that the child has access to the best possible educational provision. Managing this can be challenging and requires a high level of trust, both interdepartmentally between SEND teams and virtual schools, as well as between different LAs.

Two of the eight VSHs commented on the Education (Areas to Which Pupils and Students Belong) Regulations 1996, commonly known as the 'Belonging Regulations', which state that children belong to the LA where they were taken into care. However, if a child has an EHCP then the responsibility for assessment and provision lies with the LA where they are currently placed, even if that is in a different part of the country. VSHs explained that these regulations were a significant barrier in providing the best support for children in care, partly because it created challenges for the sharing of information in a timely manner:

The Belongings Regulations are completely not fit for purpose for children looked after. (VSH3)

Furthermore, it was felt that the quality of support documents, such as EHCPs, could be better assured if they were the responsibility of the SEND team within the LA to which a child belonged, rather than where they were placed (where these were different). One of the challenges described was convincing schools out of area that they should enrol a child in their school when the VSH had no prior relationship with the school.

Main theme 2: Specialist knowledge of autism and attachment

Attachment or autism? When discussing how to facilitate the needs of autistic pupils in care all the VSHs said that this required specialist knowledge. Seven out of eight VSHs commented on their awareness of how the behaviours relating to an autism diagnosis and an attachment disorder can be similar. As children in the care system may be more likely to have difficulties forming secure attachments due to their prior experience of

familial care this raised concerns around whether a diagnosis of autism for some individuals within the virtual school was accurate. Moreover, unpicking these behaviours to understand the best approach for support was acknowledged to be challenging:

Their behaviours that they're displaying may be read as autism ... but ... we'll look at it through an attachment lens and go, actually this looks like ... rigidity in thinking, control, wanting and needing to control their behaviours ... that look[s] like OCD. So ... [we think] are they on the spectrum, or are they not here? (VSH1)

VSHs were also aware that although the presentation of behaviours may appear similar, the support and interventions that may be most beneficial were likely to be different and therefore procuring an accurate diagnosis was essential:

Autism, well, it would be more sensory processing based and more emotional regulation, but with attachment or trauma it could be an element of nurturing which could make a difference. (VSH5)

Three out of eight of the VSHs also mentioned the Coventry Grid (Moran, 2015)³ as a tool for unpicking these needs, although they described how the responsibility and knowledge for this lay with external professionals, for example:

The diagnosis is done by the designated doctor in the CAMHS team so I'm aware of the Coventry Grid but we don't use it. (VSH5)

Nevertheless, it was also felt that autism-related needs were better understood by educational professionals than they may be by carers:

what we find ... in the main, the schools are better at dealing with [autism related needs and strengths] than the residential [care homes] or the carers. (VSH6)

This raises a question about whose responsibility it is to ensure that all adults around the child have the requisite skills and knowledge to support autistic children in care.

Training. Every VSH interviewed referred to the training that they offer, which was delivered to a wide range of professionals including designated teachers, residential care workers, and social workers. Given virtual school staff's expertise and specialist knowledge in the educational needs of children in care, VSHs felt confident in the delivery of this training:

If the child has needs we go into school, meet up with the safeguarding lead, the designated teacher, do a classroom observation, and if needed we offer training for every single staff who work with the children. (VSH5)

When delivering training to school staff, it was felt that the responsibility for deciding on what this training should entail lay with the VSH:

It's based on your knowledge of the cohort, i.e. the children who are your children being in the school. (VSH6)

Six out of eight VSHs commented on how they would also deliver training to social workers and foster carers. Training was described as a tool to help facilitate positive relationships across social care and education. Delivering training also served to maintain contact with teachers and ensure the quality of the work being done in school with

children in care. Ensuring that both social care teams and school staff had the same knowledge and approaches to supporting children in care allowed the virtual school staff to take a step back and empower other professionals:

It's enabled us to support schools, [our staff] do themselves out of a job because they're training up our social workers and our social worker workforce is getting much more person centred in its approach. (VSH2)

However, another commented on how, due to the structure of their LA, and the instability within the social care team, training staff within social care was not seen as a valuable use of their time. This was particularly described in terms of training workers in areas such as autism. Although VSHs expressed a desire to share knowledge with social care teams and residential children's home workers, the question of whether this was their responsibility, or if a different team should undertake this, was raised:

There are other people who should be upskilling in those areas ... we end up being the people who do it. But it's questionable whether we should be doing as much of it as we are in some of the areas we're doing it because ... we're a small team. (VSH6)

Limits of VSHs' knowledge of autism. Three of the VSHs were transparent about the limitations of their knowledge around supporting students with a diagnosis of autism, for example:

I have the knowledge if you like, of a teacher, of a general teacher. I do not have any specialist knowledge around autism, I've met autistic children, I've had autistic children in my school, so I've ... got the knowledge that you would expect to find in a state maintained school, which I think, anyone who knows autism would probably say, that's not enough, but it is what it is. (VSH7)

All the VSHs explained how they employed staff who bring their own skills and knowledge base and the structure of the team is often designed to address these potential gaps in knowledge.

Main theme 3: Strategies to provide support for children in care

The three subthemes that comprise this main theme relate to statutory tools that impact on the sharing of information about a pupil and the availability of appropriate support locally within LA provision.

Personal Education Plans (PEPs). All VSHs are legally required to ensure that every child within the virtual school has a PEP, and that these are updated once every half term. The PEP is one of the most significant tools for collecting and sharing information for the individual child and the child should be involved in the development of these. To complete the PEP the young person, the designated teacher within the school, the child's social worker and ideally a member of the virtual school team attend a meeting to discuss academic progress, personal sense of safety in school and barriers to progress. The information is stored on a digital software tool called E-PEP which allows for sharing of information across LAs in case a child has a change of placement.

Given the regularity with which these meetings occur they serve as an opportunity to address needs and strengths, but also to develop the relationships necessary to provide appropriate support for autistic children in care:

The PEP meeting is a great time to build relationships and improve things. I think the way we've managed it is to very clearly delineate who does what and who is responsible for what and play to each other's strengths. (VSH2)

Despite all the VSHs describing how valuable these meetings are in ensuring appropriate support and provision, they described their role as predominantly being one of oversight: the VSHs collect the data from the PEPs, track the child's academic progress and sense of safety, and intervene with questions to the school or the social worker if there are any causes for concern. It was felt that this was done more effectively if a member of the virtual school team could attend, but due to the capacity of the teams, this was not often possible.

Although virtual school staff found attendance at every PEP challenging, some VSHs had worked out ways to ensure that the meeting was as meaningful and efficient as possible. This was particularly the case for pupils with an EHCP, as they felt able to influence how the PEP and the EHCP could feed into one another and thus enhance the quality of both documents.

There was significant variation in the approach to completing PEPs. Although there is legal guidance about what needs to be covered in a PEP, there is disparity between how this information is collected. One VSH explained how every PEP in their LA entailed the completion of a planning tool called Promoting Alternative Tomorrows with Hope (PATH) (VSH2), whilst others described it as a chance to complete an online survey of questions relating to progress and safety. The PATH tool involves creating a visual representation of the child's experience, and thus the data collected became more qualitative in nature, whereas online surveys produced quantitative data. The variation of PEPs was a cause for concern for one VSH due to the national implementation of the support being provided for young people:

[W]e've been on about having a national PEP and lots of us, we're all on E-PEP now but we've still all got our own PEP within E-PEP and if you're a designated teacher and you've got children from seven authorities all doing a different PEP yeah that's a bit frustrating so there is absolute ... discrepancy of variants between virtual school and virtual school. (VSH8)

The concerns relating to this variation become more significant in the context of school staff and social workers facilitating a range of meetings, where the individuals who specifically understand the process for their LA were unable to attend due to the capacity of the team.

Education, health and care plans (EHCPs). All the VSHs talked about how EHCPs facilitated their understanding of supporting individual children. If a child has a diagnosis of autism prior to coming in to care and requires an EHCP, then the VSH will receive this information when they first take on the responsibility for that child. However, the question around the quality of EHCPs was raised by three VSHs. One of the VSHs explained how developing and enhancing this quality was a priority for them:

Every child's got an education, health and care plan and now we're looking at the quality of it . . . We've worked together to put together training to help social workers to understand what an education, health and care plan is, and their part of the care component of it. So that they're quite clear what it is they have to, to put, contribute to that part. (VSH1)

One VSH described how having an experienced SEND lead on the team enabled the virtual school staff to be better able to assess the quality of the EHCP and question aspects that may need improving:

[It] gives us a huge boost in terms of our ability to have some confidence about our children with an education, health and care plan . . . and we've been able to challenge the quality of education, health care plans, as well as the, the quality of the assessments. (VSH2)

Supporting the understanding of different LA teams around EHCPs was a core component of improving the quality of the plans. One of the VSHs explained that while the plans featured and focused on educational provision, children in care also had significant needs relating to health and social care. This necessitates social care teams having a clear understanding of the purpose of an EHCP. Additionally, ensuring that social care teams understood what a diagnosis of a learning difficulty means in terms of educational provision was a challenge:

We have an issue where, a lot of diagnoses, be it autism, ADHD, anything, the immediate response from social care then is well, why aren't schools completing paperwork for an EHCP? i.e. an ASD diagnosis must automatically result in this and why aren't we looking at a specialist provision? (VSH6)

However, while EHCPs were understood to be important tools in providing appropriate support and provision within an education setting, the responsibility for pursuing an application does not rest with a virtual school, and instead lies outside of their remit:

Schools can do that, parents can do that. Now in the case of the parents what we would say, is we'd say to the social worker, 'you act as a parent, you do it.' . . . They would almost certainly go to the SEND team for support. But we don't. (VSH7)

As discussed above, due to the Belonging Regulations, the responsibility for assessment and maintenance of EHCPs rests with the LA within which the child is placed, rather than the LA to whom they 'belong' and as such VSHs may need to access multiple different formats for this support strategy as well.

The availability of quality care and education provision. One of the barriers to providing effective support for autistic children in care was stated as the availability of appropriate care and education provision within their LA. The most striking comment around this came from one VSH who said:

Residential children's homes . . . I mean a lot of them won't even take a child with [an] autism diagnosis actually, because they fear that they aren't specialist enough. (VSH6)

When an LA does not have foster carers who feel confident in supporting an autistic child, and residential children's homes also feel disempowered, the child is placed outside of the area. This then results in VSHs having to negotiate appropriate educational provision outside of their LA, which comes with financial implications as well as challenges with:

... getting carers to understand some of the complexities (VSH6)

This lack of understanding of an autism diagnosis also extended to educational staff:

... getting staff to understand the needs of the children. That's a big barrier as well. (VSH4)

One VSH described their frustration with the approach some schools take, which is to see a diagnosis and descriptions of behaviour and base their decision on whether to admit a pupil on this documentation:

It would be really nice if you could meet the young person as opposed to just looking at what's written on paper. Because actually they are a fantastic individual. (VSH4)

The lack of available care and provision within LAs for autistic children in care led to more significant transition plans as a child may need to be placed outside of an LA, with concomitant requirements on understanding and relationship building.

Discussion

This study explored the experiences of VSHs in their management and delivery of support for autistic children in care. Overall experiences were diverse due to the varied arrangements of virtual school teams, how they are placed systemically within the LA, and the placement of the children in different LAs around the country. Nevertheless, while VSHs felt they were knowledgeable about autism in a general way, and more knowledgeable than social care teams and carers, they also felt that supporting autistic children and identifying their needs required more specialist knowledge. In line with Drew and Banerjee's (2019) survey of 29 VSHs, the successful management of securing such specialist knowledge was dependent on building positive relationships with other professionals through providing training opportunities and getting to know local teams within the LA. However, the greatest barrier to successfully developing these relationships was the overarching question of responsibility. Where VSHs were unsure *whose* responsibility it was to ensure the requisite skillset and knowledge about autism for those working with autistic children in care, the result was that they could not state with confidence that individuals around the child were sufficiently enabled to provide appropriate provision.

EHCPs and PEPs were key statutory tools that shaped information gathering and sharing about autistic children. In this sense, the documents have power since the processes that support their creation mediate, direct, and shape the activities of social actors around them (Daniels, 2004; Smith, 2001). While VSHs acknowledged some limits to their knowledge about autism, they stated that attendance at the PEP meetings enabled them to access specific knowledge about the child. This was especially effective when the PEP meetings were interwoven with the annual review for an EHCP (which is advised as good practice; DfE, 2015). Through the combination of access to these forms of

knowledge via these statutory instruments, the virtual school staff could facilitate effective provision in unique ways and this was a real strength of their role given their expertise and networking skills. However, not having sufficient resources to attend these meetings had a significant impact on VSHs' ability to act as an effective facilitator for the child and created a major barrier for providing effective support.

Additionally, the quality and consistency of the PEP and EHCP documents, and the processes that underpinned their development, were questioned. Concerns about the quality and value of PEPs are not new (e.g. Hayden, 2005) and there is emerging evidence that similar concerns exist for EHCPs (which are newer documents: DfE, 2015), particularly around the ways in which children's voices are included (or not; Castro et al., 2019; Cochrane & Soni, 2020). The specific issue raised by the VSHs in this study related to the inconsistency of documents (and, therefore, expectations) between LAs which exacerbated communication challenges across teams.

The lack of available specialist local provision was also cited as a major barrier to maintaining consistency and oversight of a child's needs and progress, not least because the Belonging Regulations meant that if a child moved out of area, the responsibility for completing an EHCP referral or assessment lay with the school the child attended, rather than with the originating VSH. This, in turn, meant that opportunities for the VSH to monitor the implementation of the EHCP requirements, the educational progress of the child and their wellbeing, were greatly reduced. Once again, the production of the EHCP document, and the initiation and oversight of its creation directed and regulated the actions of the VSH (cf., Smith, 2001).

The ways that statutory requirements shape activities seem to position VSHs as liminal leaders (Shaw-VanBuskirk et al., 2019) regarding their oversight and management of the educational provision and progress of autistic children in care. Liminality is interpreted here as 'a state of between-ness' characterised by '... doubt, uncertainty and ambiguity' (Shaw-VanBuskirk et al., 2019, p. 644). On the one hand, VSHs positioned themselves as being more knowledgeable about autism than social care teams and accepted they have a role in leading the training of staff in this area (valuing their own expertise). On the other hand, they considered autism as requiring specialist knowledge, beyond their own remit, and so responsibility for identifying and supporting autistic children was delegated to other – more specialist – teams (outsourcing expertise).

Recognising the limits of own knowledge and building relationships to bring in expertise where necessary is one of the strengths of liminal leaders (Shaw-VanBuskirk et al., 2019), and role ambiguity can promote opportunities for transformational learning within and between multi-agency teams (Daniels, 2004). However, the value of this networking, and the potential for learning, was undermined when experienced staff members with specialist knowledge were unable to attend statutory meetings for educational planning and review, either because of resourcing limitations within the team or because the child was moved out of area and so a different team took primary responsibility. Overall, the liminal position of VSHs sounds like a long way from the central role of the VSH envisaged in policy as an advocate for children in care in a similar way that parents advocate for children not in care (DfE, 2018).

The potential implications for policy and practice are to ensure that VSHs become the primary anchor for autistic children in care such that they can monitor and track educational provision and support consistently, regardless of where the child goes to school. As

Parsons et al. (2018) highlighted, to improve outcomes for autistic children, autism as a diagnostic flag should be prioritised strategically via policy leverage, and the present study suggests that responsibility for this diagnostic flag should lie with the VSH. Anchoring this responsibility with the VSH could help to maintain a consistent information chain between the child and those who support them. This contrasts with the present position which seems to be that the autism label, and knowledge about what that means for the young person, travels with the child via statutory documents and between different teams. Thus, the child may become unmoored from the VSH and the LA, meaning that strategic oversight and shared understanding within teams around the child is greatly denuded.

Within this context of liminality there is, of course, a child at the centre of all the discussions. They are liminal in their between-ness too: their needs and aspirations straddle education, health, and social care as well as different family contexts, schools, and LAs. Their autism label is carried with them, via the statutory PEP and EHCP documents, but the label is sometimes used as a short-cut to decision-making about provision, as suggested by some VSHs who indicated that placements were turned down, even in specialist provision, on this basis and without knowing the child. The autism label was also regarded as too 'specialist' and, therefore, problematic for both carers and educators. It is likely that these narratives of difficulty are reinforced through the statutory documents which tend to focus disproportionately on challenges and problems rather than enabling a more holistic understanding of a child, including sharing their own views and perspectives (Palikara et al., 2018). There is a widespread and persistent deficit-focused, within-child view of children with SEN generally (Cochrane & Soni, 2020) and autistic children specifically (Parsons et al., 2021) that should be challenged.

One of the vital ways of challenging the dominant narrative of deficit, and position of liminality, is to listen to what autistic children have to say about their experiences (Parsons et al., 2020) and to take those views seriously (Lundy, 2007). Crucially, autistic young people themselves identify that teachers knowing more about them, and about what autism means for them, is one of the most important factors for supporting their feelings of inclusion and belonging at school (All Party Parliamentary Group on Autism (APPGA)/National Autistic Society (NAS), 2017; Hummerstone & Parsons, 2020; Goodall, 2018). Understanding the individual, knowing about their autism and their strengths and interests as well as areas of need, is vital for educational good practice and supporting longer-term outcomes (Guldberg et al., 2019). The principle of knowing about the child more holistically should apply equally to autistic children in care and efforts to enable their participation and engagement should be redoubled to ensure their voices contribute authentically and appropriately to decision-making (Zilli et al., 2020).

Those voices were absent from our research too and so a priority objective for future research is to explore the voices of autistic children in care more directly. While there is some good evidence from children attending residential special schools about the challenges faced (Pellicano et al., 2014) there is considerable scope for extending research in this area to include a wider range of voices. Whilst we acknowledge the absence of autistic children's voices in our research, we must also acknowledge the absence of social workers', and particularly designated teachers' voices and views from this study. The robustness of this study would have been further enhanced through being able to interview these key groups about their experiences of the virtual school.

Undoubtedly, future research should endeavour to include the views of these groups to help shape our understanding of the virtual school and the settings and structures that it must integrate with. Our sample of VSHs was small and so we also make no claims to generalisation about our findings; there is a need to continue to build our understanding of, and the evidence base around, this important strategic role from across all LAs in England, not least given the urgency required for improving the situation of autistic children in care (O'Higgins et al., 2021). Given the variation in the size and structures of virtual schools teams, as well as the policies and procedures for assessment and recording of data (e.g. (E)PEPs) employed within different local authorities, a larger and more varied sample would have further enhanced our understanding of the role of virtual schools with respect to autistic children in care. Nevertheless, in an extremely limited evidence base and with the very stretched nature of the VSH role, our data provide valuable and rare insights into the experiences of busy professionals doing their best to support autistic children in care.

Notes

1. We avoid using ableist language to describe autism in line with the recommendations from Bottema-Beutel et al. (2021).
2. The PEP is a statutory and '... evolving record of what needs to happen for looked-after children to enable them to make at least expected progress and fulfil their potential. The PEP should reflect the importance of a personalised approach to learning that meets the child's identified educational needs, raises aspirations and builds life chances.' (Department for Education, 2018, p. 14).
3. 'The Coventry Grid is an attempt to summarise the differences between the behaviour of children with Autistic Spectrum Disorder and those with significant attachment problems. It is based upon clinical work with children rather than research.' (Moran, 2015; p. 1).

Disclosure statement

No potential conflict of interest was reported by the authors.

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Appendix 1: semi-structured interview schedule

- (1) How is information about looked after children gathered, collated, and shared with you? (i.e. how do you know who is on roll?)
- (2) How are designated teachers identified and how do you liaise with them?
- (3) What is your relationship with carers/parents? Do you have contact with them?
- (4) What are the boundaries of your remit?
- (5) One of the questions that the VSH handbook suggests that you need to be able to answer is 'how is X pupil doing?' at any time. How do you gather the information to be able to answer that? Is that question relating to academic attainment or is it a broader question that encompasses how well a placement is going/emotional needs etc?
- (6) How do you support children looked after with SEND? Would you be informed of diagnoses children may have if there were no educational needs associated with that diagnosis?
- (7) Do children in residential special schools come under your remit? And if so, what about boarding schools?
- (8) What training did you receive to prepare you for this role? Is there further training that you feel would be beneficial?
- (9) What training do you offer to designated teachers?
- (10) What is your knowledge and awareness of the needs of autistic pupils?
- (11) Do you currently support any autistic pupils and if so what provisions do you put in place to ensure that they are supported in school?
- (12) Have you had experience of any children being taken into care due to a family being unable to meet needs that relate to an autism diagnosis? For example, if a family is unable to cope with challenging behaviour related to a sensory sensitivity.
- (13) What aspects of the VS in this local authority do you think work particularly well as a model?
- (14) If you could do five things to better meet the needs of these pupils what would they be?
 - (a) What barriers are there for you to achieve this?