Lincolnshire Autism Reasonable Adjustments Mark

Guidance Booklet

Helping to make Lincolnshire an autism friendly community

Version 1.41

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Introduction

This document has been formulated to meet the needs of people with autism when they use services such as health and social care. The Lincolnshire Autism Reasonable Adjustments Mark is based on the Aim4Lincs Autism Inclusion Award for educational settings. It is in line with autism statutory guidance that helps autistic people access the services they need easily and free of discrimination.
The approach we have taken draws on the National Autistic Society's SPELL approach (Structure, Positive, Environment, Low arousal, Links). We have also sought inspiration and structure from the Green Light Toolkit (NDTi, 2013). This document has been updated in line with the Core Capabilities Framework for Supporting Autistic People (2019).

What is Autism?

Autism is a lifelong condition that can be very disabling. It is classed as a developmental disability. Autism is a spectrum, which means that every autistic individual experiences it differently and is affected in different ways. Autism is sometimes called Autism Spectrum Disorder (ASD) or Autism Spectrum Condition (ASC) and it includes what used to be diagnosed as Asperger's Syndrome. This document uses the adjective 'autistic' to describe all of these. Please ask what terminology each autistic individuals prefers to use.

The diagnostic criteria for autism are:

- Difficulties with social communication and social interaction
- Restricted and repetitive patterns of behaviours, activities or interests

Autism affects how people communicate with, and relate to, other people and make sense of the world around them. Autistic people also often have sensory difficulties such as over- or under-sensitivity to sounds, touch, taste, smell, light or colours that make some environments difficult, or even impossible, for them to function in by causing stress. Depending on stress levels, sensory sensitivity and ability to communicate verbally can be different from one day to the next. Autistics often find changes, such as transitions in and out of services, very stressful. Many autistic people have additional conditions, such as a learning disability or epilepsy.

Different autistic individuals might require completely opposite reasonable adjustments. For example, one person might require shorter appointments because they find the environment stressful, whereas another might require longer appointments because they need fuller explanations and answers to their concerns.

To achieve positive outcomes for autistic people there may be a range of issues to consider, such as decor, adjusting communication, practices and developing quiet spaces. The planning and adjustments need to reflect an understanding of autism and training for all members of staff, accommodating sensory sensitivity and modifying communication to make the service autism 'friendly'.

Why is the Autism Reasonable Adjustments Mark important?

Part of the action plan for Lincolnshire's All-Age Autism Strategy is to carry out a service review to identify strengths, gaps, overlaps and areas for development, looking at services for people with autism and family carers. This is because one of the key messages consistently emerging from engagement activity is that many individuals and their families have difficulty accessing services.

Autism is recognised as a disability so autistic people are protected by the Equality Act (2010). There is also a separate Autism Act (2009), which was the first disability-specific law in the UK, in recognition of the many difficulties autistic people can face. Since 2010/11 the NHS Standard Contract for Mental Health and Learning Disability Services has included reference to autistic adults and the Care Act (2014) also makes specific reference to autism.

All statutory services have a legal requirement to make reasonable adjustments for autism. It's worth remembering that overall only about half the people who would qualify for an autism diagnosis have one, and that many other people have some autistic traits. So inclusive practices in mainstream services for people diagnosed autistic are also likely to benefit many others.

The Autism Reasonable Adjustments Mark will:

- Identify and recognise good practice
- Develop confidence among staff in meeting the needs of all autistic people
- Work collaboratively to identify areas for improvement in services and help put improvements into practice

How do we achieve the Autism Reasonable Adjustments Mark?

The Autism Reasonable Adjustments Mark is awarded to services who demonstrate they can:
- Consistently develop and deliver good practice standards for autistic adults, young people and children, through a whole service approach
- Work with families and others (e.g. support agencies) to support autistic individuals
- Sustain and develop practice every two years

A portfolio of evidence needs to be developed alongside the self-assessment form. **Please be very careful to ensure that all evidence submitted is anonymised so that service users cannot be identified.** We appreciate that each service works in a different context and the wording of some sections may not be appropriate for your service. If this is the case, please get in touch and we will provide clarification of what the criteria are for your service.

The Mark is approved by someone with lived experience of autism and a supporting professional who works in the field of autism (these are referred to as the 'reviewers') who will carefully consider the completed self-assessment form and portfolio of evidence and may visit your service. The reviewers will provide feedback and make recommendations to strengthen good practice or help support services that are not yet autism friendly attain the Mark. The Autism Reasonable Adjustments Mark has only one level but the reviewers will highlight if the service demonstrates enhanced practice. In order to be awarded the Mark, your service needs to score at least 2 points on each section with a total score of at least 28. The Mark is valid for 2 years, before it needs to be re-approved.

Guidance on completing the self-assessment form

Using the prompts below to guide you, complete the separate self-assessment form, which contains 12 sections. For each section this guide gives a number of leading questions/suggestions and some examples of evidence that you can provide to support the information that you have given. Usually this will be in the form of an attached document, but in some cases it may be more appropriate to provide a narrative (text) explaining how your service meets the requirement. In a few cases it may be that the prompt do not relate to your service's setting or that you have alternative or innovative practice to demonstrate the application of the prompt. We appreciate that different services operate in different settings, which may mean that the wording is not 'quite right' for you. Please get in touch with us if you are unsure how to interpret the criteria.

For each section, agree what score to give yourself (1,2 or 3), complete the box in the self-assessment form using the guidance and in your portfolio of electronic documents, submit at least one supporting piece of evidence for each section. Where possible please provide the URL (web page) of the evidence e.g. service policies, or embed a copy of documents within your self-assessment form. Where

this is not possible, provide supporting documents as email attachments with your completed self-assessment form and ensure it is clear, e.g. by numbering, which section each piece of evidence is supporting.

What to do when you have completed the self-assessment form

Once the self-assessment form is completed you can either email it to autism.partnership@lincolnshire.gov.uk or print out and send to:

> Lincolnshire Autism Partnership
> c/o Specialist Adult Services
> Adult Care and Community Wellbeing
> Lincolnshire County Council
> Room 3.11, Orchard House
> Orchard Street
> Lincoln LN1 1BA

If emailing, please ensure that you send through your portfolio of evidence along with your contact information. Once the completed document has been received you will be sent an email confirming receipt. This review may involve a site visit. We aim to complete the process and respond to you within 28 days of submission.

Once the document and evidence have been reviewed, there are two possible outcomes.

- Your service is yet to achieve the Mark
- Your service is meeting the needs of autistic people at the Autism Reasonable Adjustment Mark's level. A letter and certificate are awarded in recognition of achieving a good level of practice.

In all cases, we will send feedback detailing both strengths and recommendations to improve practice. Support will be offered to any services that do not meet the criteria of the Autism Reasonable Adjustments Mark. Portfolios can then be re-submitted. The reviewers for your service will support you with this.

1: Policies	Prompts	Scoring
1a POLICIES & DOCUMENTATION Service's policies and documentation (e.g. at organisation level) promote inclusion of autistic people	• Were all relevant national initiatives, such as the Autism Act and statutory guidance, Autism Capabilities Framework, Care Act, NICE guidelines and Accessible Information Standard used to draw up local service policies? • Do policies within your service make reference to ensuring inclusive access for autistic people? • Are service users involved in developing or reviewing policies? How are service users involved? • Does information for service users (e.g. website, leaflets) refer to autistic people? **Examples of evidence:** copies of policies that demonstrate the above, copies of information about your service	**1** Policies and documentation are inclusive, but do not make specific mention of autistic people or the need for reasonable adjustments. **2** Policies and other documentation refer to the need to make reasonable adjustments for different conditions and disabilities but do not mention autism specifically. Service users not involved in policy development. Information not accessible to all autistic service users. **3** Policies are inclusive of autistic people and specify the need to make reasonable adjustments for autism. Service users are actively involved in developing policy and procedures and reviewing where appropriate. Documentation for service users is inclusive of autistic people.
1b PROCEDURES Local level procedures & protocols support autistic people	• Are all service users asked at the initial assessment appointment whether they are autistic? Is this recorded? • Do teams have protocols for working with autistic service users? **Examples of evidence:** copy of initial assessment form, team protocols, service user feedback, etc.	**1** The service does not ask each user whether they are autistic. Teams do not have protocols for working with autistic service users. **2** Service users may be asked about autism diagnosis, but there is not a standard method for recording and communicating this information to all relevant staff. There is an awareness of the needs of autistic people but no formal arrangements for making reasonable adjustments. **3** All service users are asked whether they are autistic and there is a standard method for recording autism on service records and communicating this to relevant staff who work with the service user. This information is shared within the team. All teams have a protocol for working with autistic service users and this is adhered to.

2: Named person	Prompts	Scoring
The service has a named member of staff designated as Autism Lead/Champion who acts as a point of contact and source of expertise	• What are the Autism Lead/Champion's roles and responsibilities? • What training has the named person received? • How can the named person assist other staff? e.g. information sharing, arranging pre-visits, assisting to prepare easy-read and visual sequencing materials • Does the named person have access to resources, e.g. books, and equipment such as sensory first aid kits or anxiety reducing objects? **Examples of evidence:** copy of information for staff about Autism Lead/Champion, example of work undertaken	**1** There is no named staff member designated as Autism Lead/Champion. **2** Autism Lead/Champion identified but their role is not widely known or understood across the team. Few resources are available to support autistic service users. **3** Autism Lead/Champion widely known among staff and embedding good practice in team. The Autism Lead/Champion has resources to support use of the service by autistic people.

3: Autism Training	Prompts	Scoring
3.a BASIC AUTISM AWARENESS TRAINING All staff receive basic autism awareness training	• What % of staff have received basic autism awareness training? • Is refresher training available? How frequently? **Examples of evidence:** Records showing details of the training (provider, duration etc.) and what % of staff have completed it	**1** Less than 50% of current staff have completed basic autism awareness training. (Basic: as defined by Skills for Care and/or the Autism Lincs Tiered Training Model) **2** Between 50-94% of current staff have completed basic autism awareness training. **3** 95%+ of current staff have completed basic autism awareness training and plans are in place to provide refresher/new starter training.
3.b FURTHER AUTISM TRAINING Relevant staff have completed more in-depth autism training	• Have relevant staff received intermediate (tier 2) or specialist (tier 3) autism training, in line with Capabilities Framework tiered training model • Do staff with frequent, intensive or high impact contact with autistic service users know what reasonable adjustments they might require? • Do all staff know how/where to access information/resources about autism? **Examples of evidence:** Training records, staff notices about autism information	**1** Staff have only received basic level training in autism **2** Certain staff (at a minimum the named person for autism) are trained at least to intermediate level. All parts of the service (e.g. sites) have access to specialist level knowledge and a bank of resources. **3** All staff are trained in autism to the level suggested by national guidelines for their role.

4: Reducing anxiety	Prompts	Scoring
4a ENVIRONMENT Staff understand how the environment can produce anxiety	• Are staff (both professional and customer service staff) aware of sensory sensitivities in autism? e.g. over or under-sensitivity to colours, sound, touch, taste, smell, poor balance, body awareness • Does the service's setting reflect understanding of the needs of autistic people and the reasonable adjustments they require? e.g. quiet areas, signage to show usage, allocated room used each appointment, flexibility for individuals e.g. remove ticking clock • For community services seeing people in their home this might include not wearing perfume or clothes with strong patterns, meeting in a quiet room without background noise etc. **Examples of evidence:** information about adjustments put in place, signage, photos of adaptations, service user or carer's feedback	**1** Staff have little understanding of how environmental factors cause stress. **2** Staff have some awareness of how the environment causes autistic people stress but individualised adjustments are not routine. **3** The service understands what makes an autism friendly environment, making reasonable adjustments specific to the needs of the individual.
4b JOURNEY THROUGH SERVICE Structures and strategies are used to lessen anxiety at key times	• What adaptations does the service make to encourage people with autism to attend their first appointment? e.g. photos of staff and building sent in advance, pre-visit, specify first appointment date rather than uncertainty of waiting list • Do reception staff make reasonable adjustments? • How do staff support discharge/transition out of the service?	**1** Autistic people are expected to use the service in the same way as everyone else without reasonable adjustments. **2** Staff have some awareness of what might cause autistic people anxiety. It is not routine for staff to ask individuals what reasonable adjustments may be needed to help them to access the service and/or undertake assessment or treatment.

	Examples of evidence: copies of processes in place, service user feedback forms, copies of information or appointment letters containing visual prompts, anonymised case notes	**3** Staff tailor adaptations to each autistic person to lessen the anxiety they experience during their journey through the service.
4c DEALING WITH DISTRESS Staff understand how autistic people respond to severe stress and might communicate their distress	• Is a quiet or sensory room available to service users? • Do those working with autistic service users understand and respond appropriately to positive autistic behaviour such as self-soothing e.g. special interests, stimming rocking, flapping etc) • Do patient passports etc clearly identify what might cause an individual to become overwhelmed? • Do staff understand what environmental factors might cause sensory overload? • Do staff understand the importance of routines, structures and systems to autistic people? • Do staff respond appropriately to melt-down/shutdown and can de-escalate high expressed emotions? **Examples of evidence:** copies of processes in place, service user feedback forms, anonymised case notes	**1** Staff have only a basic understanding of causes and ways to manage distress in autistic people. **2** Staff have some understanding of autistic self-soothing and how to respond to distress behaviours. Basic individual plans in place. **3** Staff are confident about supporting autistic service users, including de-escalation of distress. Staff avoid usage of terms such as 'complex', 'unpredictable' and 'challenging'.

5: Person-centred approach	Prompts	Score
5.a CONSULTATION Service users and parents/carers (where appropriate) are consulted and their preferences taken account of in service development	• Give examples of how the views, values and expressed needs of autistic individuals and their parents/carers are encouraged, recorded and used to inform planning and promote inclusion **Example of evidence:** Anonymised meeting minutes, autism easy read info, service user feedback, 'You said, we did'	**1** Autistic service users and their parents/carers are not consulted about service development. **2** The service routinely consults with disabled stakeholders, which may include autistic people and family carers. **3** The service routinely consults with autistic service users and their parents/carers about service developments and their views are central to planning how the service functions in the future.
5.b ADAPTATIONS REFLECT INDIVIDUAL NEEDS The service user is at the centre of decision-making and interventions and therapeutic work are adapted for that individual, based on their strengths and needs	• Give examples of how the person's care plan or equivalent takes into account their autism and needs associated with this. • Your service offers home visits, community visits, scheduling appointment times to avoid busy periods • How does the intervention aid autism-specific difficulties? e.g. social interaction, social communication, trying new things, difficulties initiating activities, executive function etc. • Interventions maximise each autistic person's choice and control over their life **Example of evidence:** Copy of anonymised service user notes, anonymised treatment plan, staff meeting notes	**1** There are few or no strategies or adjustments in place to meet identified needs of autistic people. Adaptations are not made to recognise difference and ensure positive outcomes for autistic individuals. **2** Some strategies and flexible adjustments are put in place reactively to meet the identified needs of autistic service users, but this is not always embedded in common practice. **3** The service recognises difference and utilises strategies and flexible adjustments to interventions to meet the needs of autistic people. These are proactively undertaken and embedded in practice.

6: Communication	Prompts	Score
6.a COMMUNICATION PREFERENCES The service user's preferred style of communication is recorded as part of the referral and assessment process and this information is shared with the team	• Does the referral and/or assessment form include communication preferences? e.g. phone, text message, letter to parents, typing instead of speaking etc. • Are communication passports in use? • Can information about the service be provided in a range of formats e.g. plain English, easy-read, pictures, maps of service? • Does the service offer an alternative to phoning to book an appointment? • Are feedback and complaints processes accessible to autistic people? • Does the service comply with the Accessible Information Standard in terms of identification, recording, flagging, sharing and meeting of needs? **Examples of evidence:** Copies of service's forms, example easy-read documents, anonymised communication passport	**1** There is little or no specific consideration given to communication with autistic people. **2** Basic consideration is given to appropriate communication with autistic people with some alternative communication methods in place. **3** There is specific consideration given to communication with autistic people throughout the service. All staff have access to communication resources and information specific to the persons communication needs.
6.b ADAPTED INTERVENTIONS Staff understand how to adapt their specific interventions for autistic people, as a condition with communication needs distinct from learning disabilities	• How is verbal and written communication adapted to the communication needs of autistic people? e.g. use of short simple sentences, no metaphors, allowing processing time • Are interventions adapted to allow adequate communication e.g. length of support, length of appointment (thinking time), modification of support type • Give examples of additional tools used e.g. visual sequencing, emotion cards **Examples of evidence:** Details or anonymised examples of any of the above	**1** Autistic service users are communicated with the same way other service users are. **2** Staff modify their communication style when working with autistic people. Some modifications are made to clinical practice, but such adaptations are not routine or embedded. **3** Staff modify their communication style when working with autistic service users. Staff also use non-verbal communication where more appropriate. Clinical practices are modified to the individual autistic service user.

Acknowledgements

References

For local information and resources relating to autism, please visit the Lincolnshire Autism Partnership Board's website https://www.lincolnshire.gov.uk/lapb or Lincolnshire's local autism information hub, which is hosted by the Lincolnshire Autistic Society http://www.lincolnshireautisticsociety.org.uk/

The National Autistic Society's website www.autism.org.uk is an excellent source of information. We also used the following documents as sources of information about the law and good autism practice:

Department of Health (2016) *Accessible Information: Implementation Guidance* https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-implmntn-guid.pdf

National Development Team for Inclusion (2013) *Green Light Toolkit: A guide to auditing and improving your mental health service so that it is effective in supporting people with autism and people with learning disabilities* http://www.ndti.org.uk/uploads/files/Green_Light_Toolkit_22_Nov_2013_final.pdf

Department of Health (2014) *Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: An update.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

Department of Health and Social Care (2019) Core Capabilities Framework for Supporting Autistic People https://www.skillsforhealth.org.uk/services/item/945

The Westminster Commission on Autism (2016) *A Spectrum of Obstacles: An inquiry into access to healthcare for autistic people* https://westminsterautismcommission.files.wordpress.com/2016/03/ar1011_ncg-autism-report-july-2016.pdf