



## Lincolnshire Autism Reasonable Adjustments Mark

### Self-Assessment Form



SERVICE NAME	
SERVICE AREA / ORGANISATION	
CONTACT NAME	
CONTACT PHONE NO.	
CONTACT EMAIL	
DATE OF COMPLETION	

#### Completing this form

Please refer to the Autism Reasonable Adjustments Mark – Guidance Booklet when completing this form. For each of the 12 sections, the Guidance Booklet contains prompts about the reasonable adjustments your service may be making. To have a section score of 2 or more verified by the reviewers you must provide at least one supporting piece of evidence. Please provide brief explanatory notes to accompany your documentary evidence. A minimum score of 28 is required to achieve the Autism Reasonable Adjustments Mark. Where possible, we request that the portfolio of evidence is provided as URLs (where we can find the information online) or embedded documents, **not** as a large number of separate attachments to your submission. Please get in touch with us if you have any queries.

1: Policies	Evidence provided (provide explanation + supporting doc)	Score	Score description	Tick
<p><b>1a POLICIES &amp; DOCUMENTATION</b> Service's policies and documentation (e.g. at organisation level) promote inclusion of autistic people <b>Examples of evidence:</b> Provide the URL of policies that demonstrate the above, attach document giving information about your service</p>		1	Policies and documentation are inclusive, but do not specifically mention 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.	
<p><b>1b PROCEDURES</b> Local level procedures &amp; protocols support autistic people <b>Examples of evidence:</b> Attach copy of initial assessment form, team protocols, service user feedback, etc.</p>		1	The service does not ask each service 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	Evidence provided (provide explanation + supporting doc)	Score	Score description	Tick
<p>The service has a named member of staff designated as Autism Lead/Champion who acts as a point of contact and source of expertise</p> <p><b>Examples of evidence:</b> Attach copy of information for staff about Autism Lead/Champion, example of work undertaken</p>		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.	
		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	Evidence provided (provide explanation + supporting doc)	Score	Score description	Tick
<b>3.a BASIC AUTISM AWARENESS TRAINING</b> All staff receive basic autism awareness training <b>Examples of evidence:</b> Attach record 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.	
<b>3.b FURTHER AUTISM TRAINING</b> Relevant staff have completed more in-depth autism training <b>Examples of evidence:</b> Attach summary training records, staff notices about autism information, etc.		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	Evidence provided (provide explanation + supporting doc)	Score	Score description	Tick
<b>4a ENVIRONMENT</b> Staff understand how the environment can produce anxiety <b>Examples of evidence:</b> Attach information about adjustments put in place, signage, photos of adaptations, etc.		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.	
<b>4b JOURNEY THROUGH SERVICE</b> Structures and strategies are used to lessen anxiety at key times <b>Examples of evidence:</b> Attach copies of processes in place, service user feedback forms, copies of information or appointment letters containing visual prompts, anonymised case notes		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 autistic behaviours. 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.	
		3	Staff tailor adaptations to the autistic person to lessen the anxiety they experience when accessing the service. Staff are able to deal appropriately with autistic behaviours.	

<p><b>4.c DEALING WITH DISTRESS</b> Staff understand how autistic people respond to severe stress and might communicate their distress</p> <p><b>Examples of evidence:</b> Attach copies of processes in place, service user feedback forms, anonymised case notes</p>		1	Staff have little understanding of what might cause an autistic person distress and how to support them if they become distressed.	
		2	Staff understand of what might cause a meltdown or shutdown, try to prevent these (e.g. by reducing sensory stimulation) and offer support if autistic service users become distressed.	
		3	Staff understand and meet the support needs of individual autistic service users in order to reduce the frequency of distress responses. Staff support service users through any episodes of dysregulation and use these experiences to reduce the likelihood of such an event recurring.	

5: Person-centred approach	Evidence provided (provide explanation + supporting doc)	Score	Score description	Tick
<p><b>5.a CONSULTATION</b> Service users and parents/carers (where appropriate) are consulted and their preferences taken account of in service development <b>Examples of evidence:</b> Attach copy of anonymised meeting minutes, autism easy read info, service user feedback</p>		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 their 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.	
<p><b>5.b ADAPTATIONS REFLECT INDIVIDUAL NEEDS</b> 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 <b>Examples of evidence:</b> Attach copy of anonymised service user notes, anonymised treatment plan, staff meeting notes, etc.</p>		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	Evidence provided (provide explanation + supporting doc)	Score	Score description	Tick
<b>6.a COMMUNICATION PREFERENCES</b> 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 <b>Examples of evidence:</b> Examples of service's forms and details of resources		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.	
		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.	
<b>6.b ADAPTED INTERVENTIONS</b> Staff understand how to adapt their specific interventions for autistic people, as a condition with communication needs distinct from learning disabilities <b>Examples of evidence:</b> Attach anonymised examples of communication passport, service user's easy-read document, etc.		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.	