

Kent County Council

Provider Services

Operational Protocols KPS Autism Services

Issue Date:	July 2022
Review Date:	July 2024
Owner:	Stevie Kiggins, Quality and Enablement Service Manager, Kent County Council

Document Information

Owner:	
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Version	Status	Date Issued	Issued/ Amended by:	Review Date	Changes Made
V1.		July 2022		July 2024	

Document Governance

Date	<u>July 2022</u>
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1. Purpose of the service

To deliver a 'one front door' enablement service to the people of Kent who are aged 18-65 and have a primary diagnosis of Autism. Referrals are triaged by a multi-disciplinary team to identify and facilitate access to the right service at the right time. Once services are identified if internal to Enablement services the referral will be passed to either the Autism specialist support worker, KPS or KERS. If enablement services are not identified as the right service referrals will be sent to the appropriate service. This approach will ensure the right service for their needs are identified which will promote more sustainable outcomes for the people we support and enable them to lead richer lives, with greater choice and control.

2. Mission Statement

To make a positive and measurable difference to the wellbeing and independence of people with Autism; to enable them to feel an equal and valued member of their community and to maximise their independence wherever possible. Individuals will identify and work towards achieving the goals and aspirations that they have set for themselves to enable them to live what they believe is a meaningful and fulfilling life.

3. Aims and Objectives

Aims

To provide support within or outside the person's home. The support is undertaken over a period of up to 16 weeks, the individual, in partnership with the support worker will set goals and the pathway to achieving them. The service aims to optimise individual potential through a variety of interventions, including signposting to other resources.

Objectives

To work with individuals who have enablement needs in order to:

- Encourage lifelong learning, promote independence, social inclusion and wherever appropriate, support a move into work related opportunities.

- Use of asset based, co-productive working that enables individuals to manage their health and wellbeing; enabling them to feel empowered and be aware of how and where to seek support and assistance.
- Co-productively identify a range of appropriate outcomes to enable access and participation in mainstream community-based activities, learning and work-related opportunities.
- Help facilitate social inclusion by assisting the development of an individual's own networks of community support, interests, and contacts.
- To safeguard individuals by working collaboratively and co-productively with everyone involved in their support.
- Support to maximise contribution to local communities.

4. Enablement Plans and Range of Interventions

KPS Autism specialists will work in partnership with an individual to co-produce an enablement plan. The plan will be agreed and signed by the individual and KPS and will constitute the agreement for working together. The plan will:

- Contain actions and goals identified by the individual which are specific, measurable, achievable, realistic and time limited.
- Enable the individual to develop their own strategies to achieve and maintain positive health and wellbeing.
- Enable the individual to regain and maintain the necessary skills to manage their own lives.
- Assist the individual to access a variety of opportunities within community-based settings. These could range from social contacts to mutual interest groups.

5. Eligibility for KPS Autism services

- Someone who is between 18 and 65 years old and has a primary diagnosis of Autism and has been assessed through a face-to-face assessment as having unmet social care needs as defined by the National Eligibility Criteria for Adult Social Care following a social care needs assessment.
- As part of a Care Needs Assessment, individuals will be offered interventions, such as enablement and prevention, to determine whether these can meet their social care needs before the Care Needs Assessment is concluded.

6. Factors which would indicate that a referral to the service would be appropriate are:

- Social needs have been identified with the individual that can be addressed within a 16-week period.
- The individual has a desire to make positive changes and engage in new activities.
- The individual is willing to take responsibility for the actions and changes that might be needed to meet their needs.
- The individual's Autism state is stable enough to allow them to benefit from enablement.
- The individual's personal circumstances are such that the enablement can be carried out without negative impact from living, environmental or financial circumstances.
- The enablement can be carried out without risk of harm to the individual, KPS workers or members of the public.

7. Factors which would indicate that a referral to the service would not be appropriate are:

There may be reasons why, when applying professional judgment, the referral review and allocation panel evidence that alternative service response will be more effective. In these circumstances the Autism Management Team will record the reason for this decision. The following are reasons why the Autism specialist service would not benefit the individual to.

- There is no scope to increase the person's independence
- The individual requires end of life palliative care
- The individual requires specialist support from a Physiotherapist, Nurse, Occupational Therapist, Community Psychiatric Nurse, Speech and Language Therapist.
- There are safeguarding concerns which prevent the service being provided. This decision should be informed by safeguarding protocols and risk assessment.
- The individual required specialist dementia care which will make the support inappropriate.
- The individual requires specialist assessment and support for needs resulting from deafness, sight impairment and deaf blindness and the expertise is not available via the service.
- Where there is evidence, supported by a risk assessment, that the level of violence in an individual's home cannot be satisfactorily addressed to carry out the support safely.

8. Referral

Referral can be submitted by Social Work teams via Mosaic and must:

- Be submitted electronically via Mosaic with all fields fully completed.
- Identify the named Social Worker who will hold case responsibility throughout the enablement period.
- Contain risk information (including risk to others, risk to self, substance misuse, risk from others and any other risks e.g., risks from environment) that must be current.
- Show that preventative or enablement work has been identified as a need.
- Clearly specify the identified enablement work required avoiding generalisations.

- Contain specific enablement requests that can be realistically delivered in up to 16-weeks.

9. Complex Risk Concerns

Where an individual causes concern with either risk or safety issues these will be immediately reported to the named Social Worker/Senior Social Worker. The case will be put on hold until a response is received.

Where a response has not been received from the named Social Worker within 5 working days the case will be closed as “not ready for enablement” The case will remain open to the named Social Worker.

Complex cases could feature the following:

- History of service involvement
- Safeguarding historical/current
- Violence
- Non engagement with services
- Poor progress against agreed outcomes

10. Service Provision and Duration

On allocation of a referral the KPS Autism specialist panel will:

- Complete a desktop screening of the referral to check that it is fully and correctly completed.
- Check that the Risk Assessment has been fully evaluated and the individual has been deemed appropriate for services. Initiate KPS Risk Assessment Screening Tool
- Confirm that the individual’s needs can be safely met by the service within 16 weeks
- If the referral is deemed appropriate for enablement, allocate to the identified enablement service as soon as possible. Individuals will be allocated in order of date accepted and availability of appropriate worker.

The Enablement Worker will:

- Review risk assessments and contact notes (including reference to RIO and Mosaic as appropriate) prior to undertaking the first visit.
- Arrange and hold a face-to-face Enablement planning meeting, to confirm initial decision with the individual, during this meeting the allocated worker will also identify any needs relating to carers, advocacy, capacity, and safeguarding and raise these with the named Social Worker.
- Advise the individual and the named Social Worker of the service start date,
- Enablement Workers will record in current databases all informal/formal case discussions surrounding cases. Enablement Senior, OT or Autism specialist will carry out regular quality checks to ensure this is happening.
- Enablement Workers will escalate to Seniors where enablement cannot achieve engagement with the named Social Worker

- Refer any Health and Safety issues identified during the initial visit to the named Social Worker for resolution prior to the service commencing. This might include issues regarding access to the individual's property, unsafe condition of the property, use of drugs or alcohol by the individual that negatively impact on enablement.
- If it is considered unsafe to commence with the service, the case will be communicated to the named Social Worker as "not ready for enablement."

11. Duration and Review

- The Enablement Service offers enablement input to individuals for up to 16 calendar weeks. In exceptional circumstances extensions of up to 2 weeks will be considered following discussion with the Enablement Senior. The final decision will be made by the Provision Manager of the allocated service.
- The allocated Enablement Worker will complete reviews 3, 6 and 9 weeks with the individual as appropriate and the completion of a final review at the point of closure. The Enablement worker can involve the named Social Worker and other professionals as part of the review where and if appropriate.
- The Enablement worker will update or revise the enablement plan following all reviews as agreed with the individual
- The Enablement worker will take reasonable steps to update the named Social Worker and other professionals as to case progress at regular intervals; particularly where there are any concerns or issues identified which require their intervention.

12. Caseload

The expectation is that full time Enablement Workers should have an approximate caseload of 15 clients. Part time workers will have a caseload based on the approximation of the equivalent hours.

13. Moving on; closure of Enablement

Where identified enablement goals have been achieved through positive engagement, the Enablement worker will advise the named Social Worker and involvement with the individual will be closed. The following issues may lead to early closure of enablement involvement. These areas of concern will be discussed with the individual and the named Social Worker unless there are concerns for safety:

- No enablement need identified
- Not ready for enablement work
- Did not engage with service
- Declined Service
- The individual cancels or does not engage in 3 visits (or 2 visits if prior to initial meeting)
- Through discussion with the Enablement Senior, it is identified that the client is not making adequate progress towards their agreed goals.

- Individual becomes too unwell for meaningful intervention
- Individual poses a risk to enablement staff

Once enablement involvement ends the named Social Worker will be informed and the enablement service will:

- When the intervention has ended will complete an outcomes and recommendations form with the individual.
- Enable the individual to complete the electronic evaluation. Feedback will be collated and used to undertake a qualitative analysis of the service
- Identify further care and support needs and inform the named Social Worker.
- inform the named Social Worker of closure.
- close the case to enablement only and not to Social Care in entirety. This is the responsibility of the named Social Worker.

14. Extension of Support

Where the individual has ongoing support needs and there is evidence that the additional investment will enable the individual to achieve their goals relative to their assessed needs, an extended period of support may be considered, (2 weeks maximum) In such cases approval by the Provision Manager must be sought in agreement with the Occupational Therapy assessment manager.

15. Re-referral for Enablement Services

Where an individual has finished a period of enablement further provision of the service will only be considered after a period of 12 months and only where the persons needs have significantly changed. Consideration will be given to the result of any outcomes and recommendations made by enablement following the previous enablement period. A new referral will be required in its entirety as described in section 6 above.

16. Recording

Case notes will be recorded on the current database in accordance with the 'Adult Social Care and Health Directorate Adult Case Recording with Care Practice Guidance -

17. Information Sharing, Governance and GDPR

All enablement Workers will be aware of and comply with their obligations and legal responsibilities regarding the above, set out in KCC's Information Governance and GDPR Policies. These can be found on Knet.

Enablement Workers will comply with all legal and statutory responsibilities when accessing NHS data systems, as set out in KCC /KMPT's read only agreement.

18. Safeguarding

Enablement workers comply with KCC Safeguarding Procedures and will follow the Kent and Medway Multi Agency Safeguarding Protocol.

19. Complaints

In the event of a complaint being received about enablement services, Kent County Council's Kent Adult Social Care Complaints Procedure should be followed

E-mail complaintsteamadults@kent.gov.uk

Tel 03000 410410

Text phone 08001 03000 410410

More information can be found in the KCC Customer Feedback Policy located on Knet.