

# **Service Application, Pre-Admission & Transition**

## **- Operational Guidelines and Procedures**

### **Service Placement Policy Statement:**

Autism East Midlands is committed to developing residential, supported living and flexible day opportunities. Priority for placement will be given to residents of the Autism East Midlands region.

In the instance of residential placements, Autism East Midlands has a philosophy of providing a stable home for as long as the individual wishes it and the Organisation is able to meet individual needs.

### **Criteria for Service Placement:**

All applicants should be aged 18 or above and have a primary diagnosis of an autism spectrum condition.

### **Referral and Admission Procedures:**

1. Application to any Autism East Midlands service is via the Autism East Midlands 'Service Placement Application Form'. This can be accessed via the Autism East Midlands website or in hard copy by request to one of the Autism East Midlands Head Office.
2. The application can be completed in the first instance by the individual, their family, carer or advocate, or a sponsoring authority.
3. Upon receipt of a 'Service Placement Application Form':
  - i) details are recorded and copy of the 'Service Placement Application Form' handed to the appropriate Head of Operations for the service area
  - ii) original 'Service Placement Application Form' filed in "active" file
  - iii) assessor(s) identified by Head of Operations within five days from receipt of 'Service Placement Application Form' and notified by email, copying in the designated administrative officer
  - iv) contact made by the assessor within seven days to arrange an initial assessment. Consideration will be given to the most appropriate location, timing and duration of the initial assessment to ensure it is sensitive to the needs of the individual.
4. The assessor(s) will produce reports for consideration, following the Autism East Midlands 'Service Placement Application Report' (see *appendix 1*). These should be completed within one week of assessment visit and passed to the designated administrative officer for inclusion in the 'Referral Log' file of active applications.
5. Senior Management Team will consider the appropriateness of the application. If the application is considered to be inappropriate the applicant and / or their representatives, local authority or funding body will be informed by letter from the relevant Head of Operations.
6. If a service is offered, costings will be sent to the local authority funding body or individual using Direct Payments with an offer of service.
7. Where Autism East Midlands is unable to meet a need, the local authority funding body or individual will be notified by the relevant Head of Operations.
8. Further investigatory work upon referrals will be completed to support decision making around referrals where necessary.
9. Autism East Midlands holds a 'Referral Log'. Active applications will be considered in order of individual priority and weighting as and when vacancies occur.
10. If an appropriate service is not available, the applicants' local authority or funding body will be updated with relevant information each month.

### **Pre-Admissions Checklist:**

When considering an application for a service with Autism East Midlands, key factors and circumstances affecting the application will be taken into account. These will include, but are not restricted to:

- the expressed wishes and aspirations of the individual
- the individuals' capacity to make informed decisions and any support required to enable this decision making process, including the use of independent advocacy
- any relevant information related to duties covered by the Mental Capacity Act, including assessment and Best Interest decisions
- and existing arrangements under the Deprivation of Liberty Safeguards, or whether an application under this legislation may be required to support this application
- geographic location of applicant and family
- family / parental circumstances

- individual applicants' circumstances
- potential service user choices and aspirations
- commitment to sponsorship of placement
- gender and gender balance of group with vacancy
- age range
- support needs
- compatibility with existing group
- appropriateness and commitment of existing placement

This list is by no means exhaustive and will reflect the individual needs and requirements surrounding each application. Appendix 1 (Service Placement Assessment Report) enables full information to be gathered during the initial assessment stages and identify where further information to support the application may need to be sought.

#### **Transition from Application to Placement:**

1. Autism East Midlands is committed to a person-centred approach to transition and as such does not have a prescriptive transition plan, but follows a set of key principles to support the transition process for the individual.
2. The key principles in place to support a successful transition are:
  - the wishes of the individual
  - effective communication methods between the individual and Autism East Midlands staff
  - identified key staff to support continuity on any visits
  - the ability to visit the new service for a range of activities, times of day, etc.
  - provision of a welcome pack (easy read) and Statement of Purpose for the relevant service
  - within residential or supported living services, the ability to bring personal possessions and to be fully involved with the personalisation of the room
  - to be fully involved with the development of person-centred support plans to meet identified needs, including input from other professionals and family / carers.
3. Autism East Midlands will consider the needs of others within the transition period. These will include:
  - family members / carers
  - other users of the service
4. It is recognised that there will be times where the needs of the individual and the needs of other relevant people will not match. This may be particularly so if the placement is being sought in a crisis situation. Autism East Midlands will endeavour to minimise conflicting needs in such circumstances.
5. Reviews of the placement will be held at one month, three months and six months, and then annually thereafter. The first three should identify any issues, concerns and successes to ensure the placement is meeting the needs and aspirations of the individual. These reviews should be attended by all relevant people, including professionals from other agencies and should be seen as part of the admissions process by the professionals with funding responsibilities.

#### **Document Control**

**Title:** Service Application, Pre-Admission & Transition  
Operational Guidelines and Procedures

**Applicable To:** All

**Date Last Reviewed:** February 2014

**Date of Review:** January 2015

**Procedure Owner:** MD

## Appendix 1 – Service Placement Assessment Report

|                     |                                                            |
|---------------------|------------------------------------------------------------|
| Applicant Name:     | Date of Birth:                                             |
| Date of Assessment: | Assessment undertaken by:<br>Place Assessment carried out: |

**This document should be used as a checklist to ensure that you have gathered all of the information required to complete a service placement assessment report.**

| <b>Introduction &amp; Past History</b>                                            | <b>YES</b>               | <b>NO</b>                |
|-----------------------------------------------------------------------------------|--------------------------|--------------------------|
| Family background                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Next of Kin / Primary carer                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosis, including diagnostician & date                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Behaviours                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Education                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous placements                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Respite care                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication / health history                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Current Information:</b>                                                       |                          |                          |
| Social Worker name / contact details                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Sponsoring authority / funding body                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Present placement Information                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Present behaviours                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-help skills: washing, toileting, dressing                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal care e.g. teeth cleaning, periods, etc.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating – utensils used, environments etc.                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Health / Medication / dietary needs to include medication regime, allergies, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Obsessions / Ritualistic behaviours: types, patterns                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Likes / Dislikes                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationships                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills – primary form and any additional methods used               | <input type="checkbox"/> | <input type="checkbox"/> |
| Level of comprehension / articulation                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Nocturnal habits e.g. sleep pattern, enuresis, wandering, etc.                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexuality                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Social awareness, including social activities                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobility                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine / gross motor skills                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensitivity to noise and light                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to make choices                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Support needs                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Religious & cultural needs                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Current Support:</b>                                                           |                          |                          |
| e.g. respite / outreach support / family provision of respite                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional input details, e.g. Psychologist, Consultants, etc.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Additional Information:</b>                                                    |                          |                          |
| Parents / carers plans for the future                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents / carers have been offered the opportunity to view placement sites        | <input type="checkbox"/> | <input type="checkbox"/> |
| Have applications been submitted to other providers                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Conclusion to include:</b>                                                     |                          |                          |
| Views, opinions, suitability of current placement to meet individual's needs      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Recommendations (including):</b>                                               |                          |                          |
| Suitability of applicant                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriateness of placement applying for                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Alternative service placement to be considered, e.g. location or type             | <input type="checkbox"/> | <input type="checkbox"/> |