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13 November 2018

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Dr Dai Lloyd  
Chair, Health, Social Care and Sport Committee  
National Assembly for Wales  
Ty Hwyl  
Cardiff Bay  
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Dear Dr Lloyd

## **Additional Information as Follow up to Evidence Session**

Thank you for the opportunity to provide evidence on Thursday 11<sup>th</sup> October to the Health, Social Care and Sport Committee as part of the enquiry into the proposed Autism (Wales) Bill on behalf of the WLGA. I agreed to forward further supporting information in relation to the funding of the Integrated Autism Services (IASs) and the National ASD Development Team. I also include some further case studies in relation to the impact of Integrated Autism Services across Wales and support for autistic individuals provided through Local Authority ASD Lead Officers.

## **Funding**

I would like to confirm the point I made at the meeting that the WLGA does not play any part in distributing the £13 million (over 5 years) that has been made available by Welsh Government through the Integrated Care Fund for the development of IASs across Wales. I was surprised to hear that the WLGA was thought to be the 'gatekeeper' of this funding and I can confirm that this is not the case.

Integrated Care Funding for autism is allocated regionally to each of the seven Regional Partnership Boards via the Health Boards. Where underspend occurs, limited amounts of ICF have been allocated to the WLGA to progress national approaches to training, for example: training for Community Mental Health Teams in gaining a greater understanding of autism and its impact on mental health, which is being rolled out nationally via each Integrated Autism Service team linking to the relevant CMHTs. The National ASD Development Team also provides a monitoring role in collating ICF information and performance returns to Welsh Government.

The WLGA hosts the National ASD Development Team, working in partnership with Public Health Wales. The team staffing and core activity is funded by Welsh Government through an annual

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social services grant to deliver the team's Annual Work Plan ([link here](#)). The social services grant funding for 2018/19 in support of the team and their work is £607,000. The team have also secured a grant of £81,390 from WG's Education Directorate this year to develop resources and training programmes on autism for Further Education and Work Based Learning providers.

The National ASD Development Team supports the delivery of the Welsh Government's ASD Strategic Plan and Delivery Plan in conjunction with key stakeholders. The 2018/19 work plan is a consolidation of work in previous years and includes the ambition to rollout out the awareness raising and training resources across Wales in an effective way with the support of partners and stakeholders. The work plan builds on a foundation of a number of years of work among partners with a commitment to supporting and responding to the needs of autistic individuals and children and their parents and carers. The implementation of the Integrated Autism Service across Wales is a further key priority and the team works with the 7 Regional Partnership Boards (Social Care and Health) to support the effective establishment and delivery of these services for the benefit of autistic individuals, children with autism and their parents and carers in the context of existing services. The resources referenced above represent an important underpinning of the IAS delivery. The Annual Report detailing the activities and outcomes in relation to 2017/18 is available [here](#) and has been previously circulated to all Assembly Members.

## **Snapshot IAS Case Studies – Impact**

### ***Cardiff & Vale – Case Study A***

A young man in his mid-twenties, very anxious and spent most of his time at home, unable to go anywhere without his dad. His theory of mind issues mean that he doesn't see why he should conform to any of the demands society places on him.

He has been unable to access services in the past and this is linked to a history of violence. He has been attending the IAS for some weeks having 1:1 sessions with psychology and with support staff.

When he first came he didn't say anything and would become angry if asked to do anything or make a decision. Now when he comes he is very responsive, offers information and he can complete whole sessions without a meltdown.

Staff are working to increase his independence and he has now asked to be referred to the Cardiff "Into Work" service (an employment support service with Cardiff Council). He wants to do voluntary conservation work in parks which is being facilitated for him. Internally to the IAS he will be taking part in the cooking skills course. To the delight of his family he is being helped to create a timetable for him to keep his own room clean and tidy (noting this is a person who didn't see why he should do anything for himself). This may not actually work because he's still a twenty something young man and untidy rooms aren't confined to people with a diagnosis but it's a step.

Progress of this nature is significant for this individual. The success of this case required a multiagency approach: the person would not have been able to access the work support staff can provide towards volunteering, employment etc without psychological input and that psychological input alone would not have moved him towards independence. It also highlights the vital contribution clinicians make outside the narrow bounds of diagnosis.

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## **Cardiff & Vale – Case Study B**

Young woman was seen by the Community Mental Health Team but they couldn't get her to engage. Not a criticism of the CMHT but a simple acknowledgement that working with this young woman required a level of expertise in autism far beyond basic knowledge and it was wholly appropriate for the CMHT to seek support from the IAS team.

She presented as a person who would not speak at all, IAS involvement has included both speech and language therapy input and support staff. She is now talking and beginning to address issues in her home. This has included supporting mum to get a carers assessment. She is now attending the adult forum unsupported, it is very early days but she has turned a corner and is making progress. This person is supported by "services" but it needed the specialist knowledge and input that the IAS working with CMHT to achieve change.

This is another example of non-diagnostic clinical involvement which was essential in this case and provides an example of how services can and do work together for the benefit of the person concerned.

## **Cardiff & Vale – Case Study C**

Young woman who had dropped out of university with psychosis and is under the care of the Community Mental Health Team. Integrated Autism Service is involved to address autism aspects. She has been recently diagnosed and was looking to grow in confidence and wanted opportunities to fill her days constructively.

IAS input and support has resulted in her doing Open University modules that help her move towards the academic aims she has. She will be attending the post diagnostic group and the Social Eyes social skills training group. She has been referred on to Peer Mentoring, this is a service for people with mental health issues but many adults with autism also have mental health conditions to some extent or another. Peer mentoring has provided her with a mentor and they will be doing some bee keeping. She is attending the adult forum and meeting other adults with the diagnosis. She has also been directed towards and is attending stress control courses provided by the Primary Mental Health Service. This is a young woman who was in a very dark place but she can now see some light.

Once again, provision of a care and support plan through social services would not have achieved the outcomes an integrated team approach has achieved.

## **Gwent – Case Study D**

A sub-group of referrals received in the Gwent IAS demonstrated a need to support young, autistic women with understanding relationships as well keeping safe online. In many cases, these women were recognised to be vulnerable to potential abuse/exploitation etc.

One individual (SO) self-identified difficulties in managing inter-personal relationships as well as traumatic experiences related to sex. The IAS responded to this demand by connecting with a third sector partner to deliver support to these young women. The SAFE (Sexual Awareness for Everyone) Project has been commissioned (by the Big Lottery) to

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deliver peer led sessions that support disabled young women to understand friendships, relationships and keeping safe online. This was delivered jointly with SAFE and the IAS in April/May 2018. SO attended three out of the four delivered sessions and responded positively to peer led approach.

SO said that she would like to share what she learned with other young women. The SAFE project offered SO a volunteering position and SO will help to deliver an upcoming group in the summer of 2018. SO will also be working towards achieving an accredited Millennium Volunteering award.

The National ASD Development Team has worked with IAS and Local Authority ASD Leads across Wales to produce a compendium of case studies which can be made available to the Committee on request. We have also noted that there has been some engagement with autistic people by the Committee to date. The National ASD team has forged a number of contacts with autistic people who we have been encouraging to feed their views into the Committee. If there are opportunities for the National ASD team to support you in this, within your timescales, we would be pleased to do so.

I hope this additional information is helpful in better understanding the role of the National ASD Development Team and the value and benefits being gained through the IASs. Please do not hesitate to contact me if you require further information.

Yours sincerely



Director of Social Services and Housing

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