

Cynulliad Cenedlaethol Cymru
Bil Awtistiaeth (Cymru) drafft
Llythyr Ymgynghori DAB21
Ymateb gan ColegauCymru

National Assembly for Wales
Draft Autism (Wales) Bill
Consultation Letter DAB21
Evidence from CollegesWales

Please refer to questions in the [Consultation Letter](#).

Question	Answer
01	Yes
02	No
03	Yes
04	No
05	Section 1.4 states a timescale of six months from the implementation of the Bill for the publication of the Autism Strategy. In light of the length of time that work related to the ALNET Bill is taking, we feel strongly that this is not long enough.
06	Section 3.2 states that guidance must be issued no later than three months after the publication of the strategy. Again, from experience of work associated with the ALNET Bill we feel that this is unrealistic. Three months does not give sufficient time for consultation and for getting the guidance right.
07	We feel that the Act coming into force at the end of the period of three months, beginning with the day on which it is passed is not long enough.
08	Yes
09	Yes
10	Yes
11	It is useful to have some indications for who should be involved but these should be suggestions and not a prescribed list. There should be recognition that many people with autism will not have or need those in the list e.g. behavioural therapists and social workers. Communication is often a problem with a multi-disciplinary team:

	the list could include a 'one stop shop' person who co-ordinates the team. Educational professionals (teachers/lecturers) should be included as they have valuable knowledge and insight of the children/young people with whom they are working.
12	We feel strongly that Social Services should not be able to refuse services to people on the basis of IQ. Autism brings a whole range of difficulties that do not fit into the out-of-date criteria currently used by Social Services. However resources are required to meet the increasing needs. Legislation without the ability and means to comply helps no one.
13	Yes
14	Qualitative as well as quantitative data should be collected including people's experiences and whether appropriate services were offered. This would provide the Welsh Government with data that can identify funding and resource gaps. PKU and other specific medical data should not be collected. Data should be more about considering the individual holistically and used to identify funding and resource needs rather than for medical research purposes.
15	In the guidance.
16	Yes
17	Yes
18A	The Bill should be accessible to those with ASD. At present the easy read version is not. It has a stereotypical picture on the front of people with learning disabilities; several learners with autism with whom we worked found this confusing and did not think that the Bill was about them. A plain English/Welsh version would be better with language that was not abstract. There is no need for pictures unless they specifically help understanding. Wales is a diverse country and consideration should be given to translation of the Bill into other languages as well as the two official languages.
18B	The Bill needs to be written with a person-centred, holistic approach, treating people as individuals. At the moment many of the proposals in the Bill are written in a way that reflects the medical model, rather than the social model of disability. In particular the ICD -11 definition (https://icd.who.int/dev11/l-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f437815624),

	<p>quoted in the consultation document uses negative language, describing autism as ‘characterised by persistent deficits’, ‘impairments’. It does not recognise the positive elements of autism or the value that people with autism add to society. It is a draft and includes a caveat that recognises that it is not approved by WHO.</p> <p>The WHO definition used in the current Wales Refreshed ASD Strategic Action Plan http://www.asdinfo.wales.co.uk/resource/161130ASD-actionplanen.pdf is similarly negative; “The term autistic spectrum disorders (ASD) is used to describe the group of pervasive developmental disorders characterised by qualitative abnormalities in reciprocal social interactions and in patterns of communication and by restricted, stereotyped, repetitive repertoire of interests and activities.”</p> <p>An Autism Bill for Wales needs a definition but this should be one that includes, rather than labels. People with autism should have the opportunity to inform and help agree a definition. A better starting point for a definition might be from the National Autistic Society. http://www.autism.org.uk/about/what-is/asd.aspx</p>
18D	<p>We have major concerns about the costs for all agencies involved. Nowhere in the Bill or the consultation letter does it say how the work will be funded and resourced. Many of the problems that are currently experienced – diagnosis, assessment and access to care and support – are not about willingness but about a lack of resources and skilled professionals. A Bill that legislates but does not provide additional resources is likely to create more difficulties, both in terms of funding and more widely. We foresee potential for Health Boards and Social Services to be involved in expensive litigation because of difficulties in complying with the legislation.</p>
19	<p>We feel strongly that the Autism Bill needs to be closely linked to the ALNET Bill. Where it has an effect on education it should complement and not create more work for those in schools and colleges.</p> <p>We have major concerns about funding. Legislation without the means to comply helps no one.</p> <p>There is a need for greater awareness of this Bill. When we approached college staff, learners and their parents, the majority had no idea that this Bill was being proposed and would not otherwise have taken part in the consultation.</p> <p>Assessment and diagnosis: we feel that early assessment and diagnosis is essential, but that resources need to follow. This is currently an area where there are major issues. Wales also needs sufficient people with the skills to diagnose correctly. Currently some</p>

	<p>colleges have had learners enrolling with a diagnosis of mental health needs and only a later re-diagnosis confirms that the learner has autism. There needs to be an awareness that often autism includes a range of different conditions.</p> <p>Similarly, assessment of care needs should be completed promptly; this is a major area where parents are concerned and need most. However, this also requires funding and resources to ensure that it is practicable and can be person-centred.</p> <p>We feel that advocacy and advocacy services for young people are essential in order to ensure that the Bill and strategy is person-centred.</p>
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ColegauCymru welcomes the opportunity to respond to Paul Davies AM's Member Bill on the proposed Autism (Wales) Bill. ColegauCymru represents the 13¹ further education (FE) colleges and FE institutions in Wales² and exists to promote the public benefit of post compulsory education and learning.

This response has been drafted following a call for views and a working group meeting that included representatives from Coleg Cambria, Bridgend College, Coleg Sir Gâr, Pembrokeshire College, The College Merthyr Tydfil and Coleg Gwent.

¹ The 13 include 9 FE corporations and two FE institutions, St David's Catholic College and Adult Learning Wales. The College Merthyr Tydfil, Coleg Sir Gâr and Coleg Ceredigion are part of university groupings.

² In this paper the terms 'FE college' and 'college' are used to cover FE colleges and FE institutions.