Cynulliad Cenedlaethol Cymru Bil Awtistiaeth (Cymru) drafft Arolwg Ar-lein DAB154 Ymateb gan Cyfrannog ar-lein 154 National Assembly for Wales Draft Autism (Wales) Bill Online Survey DAB154 Evidence from Online Participant 154

Please refer to questions in the Online Survey.

Question	Answer
01	No This is a medical term which may change over time which would mean that the legislation would need to be changed every time the World Health Organisation changed its definition.
02	No, as it risks confusion. This approach indicates that the Bill if passed, will in future provide challenge for what is and what isn't included. Currently there is a clear notion of what Autism does and does not include, and as such services are designe
03	No Noting that the key aspects of the Autism Strategy include: - Access to healthcare services; access to education; access to employment; access to housing; access to Welsh language services;access to other public services; social inclusion; and access to advocacy services Whilst Health and local government clearly have key roles to play in implementing the Autism Strategy and if agreed, an Autism Act, this is a wide remit covering areas that the Local Authorities and Health will not have jurisdiction to enforce. Other partners, such as Careers Wales and the DWP oversee developments within employment and access to further education. There is no mention of working in partnership especially with the Third Sector who often run training, support groups and other services for people with autism or neurological disorders and their carers. The inclusiveness of the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015 have an increased emphasis on community involvement and engagement and services that are not separate. The fact that partnership with the third sector, and possibly the private sector, is not mentioned in the Draft Bill could result in a reduction in choice of services and support for people as all delivery belongs to the statutory sector.
04	No

	There is a risk that wider organisations will see that an Autism Act is for Local authorities and Health services to implement, as opposed to a broader context of change as noted within the current strategy. Also, who and how this will be monitored and ov
05	Yes, the timeframes set out are overly optimistic and carry risk. There will be a requirement for consultation. Rushing the development of the strategy, and subsequent publication could lead to revisions being required earlier than needed and additional w
06	It would be helpful to reflect on lessons learned from the implementation of the Integrated Autism Service and other time sensitive developments to understand the implications of setting timeframes which are challenging to achieve. Whilst positive change
07	The information provided implies that an Autism act would come into force prior to the publication of the ASD strategy or guidance. This would prove very challenging to implement as an Autism Act would have no purpose and will be challenging to govern wit
08	A diagnosis should not be subject to timescales as they should not be rushed as that could lead to mistakes and misdiagnosis. We would suggest that a maximum waiting time from referral to accessing diagnostic services would be a more useful measure.
09	A proportionate assessment of needs should be carried out post diagnosis, as is consistent with the Social Services and Well Being (Wales) Act 2014, otherwise there is a risk of having a 2 tier system between those with and those without Autism. The timeframe for completion of a proportionate assessment should be consistent with the Social Services and Wellbeing (Wales) Act 2014 within Information, Advice and Assistance services, and where further assistance can only be delivered through the development of a care and support plan, this should also be completed under the principles of the existing Act. This would reduce confusion for all those involved, especially as autism is not always the primary diagnosis for someone. Using the term care and support needs implies that all individuals diagnosed with autism have needs which can only be met through the provision of care and support services. This is simply not the case, with many individuals diagnosed with Autism never requiring any further support post diagnosis.

10	No
	No, as the NICE guidelines outline the key individuals that can support a diagnostic assessment and the list may change with time as more evidence and research is produced.
11	There is no mention of the third sector as partners in the multi- disciplinary teams. Co-location of community services within a team can assist in smooth transitions into community services and support people with increasing access to statutory services.
12	There should not be an expectation that a diagnosis of Autism is a gateway to services, this should be based on needs of an individual and prioritisation of resources to meet these needs. The implementation of the Act is likely to require resources, at a time of austerity and Local Authority cuts any increase in requirements for services should have funding provided with it, which is ring-fenced but can be spent in third sector services as well as statutory ones to meet the needs of the local population with a diagnosis of autism or neurodevelopment disorders (if the reach is extended beyond autism)
13	No
14	Any personal data collected must comply with Data protection legislation (GDPR).
	In order to be consistent the population needs assessment, as identified in the Social Services and Wellbeing (Wales) Act 2014, should determine what data is collected. Cur
15	It should be written in the guidance.
	Not in the Bill as understanding and requirements are likely to change over time. It would be appropriate to include it in the Guidance so that it can be consulted on and agreed by those providing the data and those whose data it is.
16	No
	Data gathered should be limited to that necessary in order to satisfy the requirements of data protection and what is required within the Population Needs Assessment to understand regional need.
17	It should happen all the time.
	The campaign should be around awareness and understanding of Autism - including those individuals with particular needs. Not all individuals with ASD will see themselves as having needs. It should be continuous but could have a three year review period, to ensure it is fit for purpose.
18	a. Individuals with a diagnosis of autism have impairments

in their ability to communicate. Feedback from individuals has indicated that information should be provided in a clear and concise manner. Bi-lingual documents can be confusing for individuals who already have challenges with communication. Therefore, we would recommend having separate English and Welsh documents and communication.

- b. Other disabling conditions have no Bill to support them, and refer to the Social Services and Wellbeing (Wales) Act 2014. Moving away from this for a specific group will create an equality issue for those living without Autism who will be less well supported, and may lead to an increase in people seeking a diagnosis to access support where previously they did not need to. In addition, whilst it is recognised that Wales has two official languages, it is also host to a number of different languages and cultures, and there is formal acknowledgement of the need for BME languages in the delivery of services in Wales. This is particularly the case because the numbers of BME people in Wales with ASD is expected to increase.
- c. No comment
- d. No comment

19 About Cardiff Third Sector Council

Cardiff Third Sector Council (C3SC) is a registered charity and umbrella body working to support, develop and represent Cardiff's third sector at local, regional and national level. We have over 1,000 members, and are in