Pwyllgor Iechyd, Gwasanaethau Cymdeithasol a Chwaraeon Health, Social Care and Sport Committee HSCS(5)-29-18 Papur 3 / Paper 3

Dear Health, Social Care and Sport Committee at the National Assembly for Wales.

I would like to express my concerns over the proposed Autism Bill.

In most counties within Wales ADHD is not a recognised disability and gaining access to any support and services is almost impossible. If you have a diagnosis of Autism as well as ADHD however, you are entitled to a multitude of support services, such as a disability social worker, respite,1-2-1 support and access to specialised holiday clubs to name just a few. As a result, I am finding more and more families are becoming aware that by having an Autism diagnosis, they gain access to this additional help, support and money, therefore they are now trying to get a dual diagnosis on the proviso that the Autism diagnosis carries significantly more weight than just ADHD alone. My concern is that if the bill is passed, it will encourage more families to go down the Autism route in the bid to gain access to the much-needed help and support they fail to receive if they solely receive a ADHD diagnosis.

Whilst I understand the reasons why families and individuals feel they need to go progress down the bill route, as provides them that bit more leverage to ensure things are done, I am worried that the needs of those affected by Autism will become more important when compared to other conditions. I am concerned more money will be invested in providing the required support for Autism, which in turn could then leave the needs and support of other conditions lagging behind. Subsequently, other health conditions may begin to think the only way to get the provisions they need is to try and get their own bill passed, on the basis they have the right level of support to enable them to do this. Autism is fortunate in the sense they have the NAS to voice and drive their concerns and changes, not all health conditions are in a similar position.

Health and Education have spent years trying to devise a new ALN service and new ND teams have been rolled out across each health board. Those

two projects alone have cost a considerable amount of time and money. They also do not just limit positive changes to one condition. Would we not be better in waiting to see how those new changes are working first before we try and change things again? Surely, we would be better off trying to make any changes within the new and existing services than scrapping them all and coming up with something completely new.

Yours sincerley