

The North Wales Integrated Autism Service

What is the Integrated Autism Service?

The IAS is an additional service funded by the Welsh Government to complement and strengthen **not replace** existing core statutory services for Autistic individuals and their families.

What does having Autism mean?

- Autism is a lifelong developmental condition that affects how a person communicates and interacts with other people and how they experience the world around them.
- Everyone with Autism is unique but Autistic individuals have some shared characteristics such as social interaction and communication differences, repetitive behaviours, fixed interests and sensory differences.
- Having Autism can cause difficulties with relationships, friendships and work situations and can lead to overload, exhaustion, anxiety, and distress.
- Through focusing on strengths, celebrating difference, effective problem solving, reasonable adjustments and the use of coping strategies people with Autism can lead happy fulfilling lives.

What can the IAS offer?

- A multidisciplinary Adult Autism diagnostic assessment.
- Support to understand the diagnosis of Autism.
- Interventions that have been researched and recommended for Autistic individuals in the form of group work, workshops and individual support for specific pieces of work.
- Access to other resources and organisations through signposting and direct specific pieces of work.
- Advice and support for parents/carers of Autistic individuals.
- Multidisciplinary consultation and advice to other services and agencies in North Wales.
- Promotion and awareness raising of Autism across North Wales.

What is the IAS unable to offer?

- Assessments and direct intervention for children under 18.
- A Crisis Service and Respite Care.
- Care Planning and funding.
- Medication.
- The IAS do not provide a direct service for individuals with moderate/severe mental health needs or a learning disability.
- The IAS do not work directly with an individual who is already receiving support from a service that is best suited to address that individual's needs **but** will offer consultation to the services to ensure that the needs of the individual are understood within the context of their diagnosis of ASD.

How to refer to the IAS?

You, a friend, family member, carer or professional can complete the referral form. The individual being referred must read and sign the referral to consent to the referral.

Return the completed referral form to;

North Wales IAS Team, Flintshire County Council, County Hall, Mold, Flintshire, CH7 6NN

Or by Email - NW.IAS@flintshire.gov.uk

Please don't hesitate to contact the Team for more information on **01352 702090**.

The North Wales Integrated Autism Service

NORTH WALES INTEGRATED AUTISM SERVICE REFERRAL FORM (Please note this referral form is available in Welsh)		<u>Office Use only</u> Date received: PARIS num: Reason for referral: DAP SAP PCR CAP Allocated to:	
A) Personal details			
Name:		DOB:	
Preferred name:		Phone:	
Address:		Email:	
Languages spoken:	Ethnicity:	Gender:	
Culturally important information:	Employment status:	Date of referral:	
B) Referrer details (If you are referring yourself, please continue to section C)			
Name:		Date of referral:	
Address:		Profession/Role:	
		Phone:	
Email address:			
Relationship to person being referred:			
Have you discussed the referral with the person? Y ☐ N ☐			
Please note, referrals will not be accepted without informed consent. The client must read and sign the consent page of this referral form. Please advise the client that the IAS are a multi-agency team so information may be accessed by both local authority and health staff.			
C) GP details			
Name :		Phone:	
Address :		Email address :	
The IAS team will inform your GP that a referral has been made and request information where appropriate. Please see the consent section of this form.			

D) Other Professionals currently involved

	Name	Service	Contact details
1			
2			
3			

E) Reason for referral to the Integrated Autism Service

- ☐ Adult Autism assessment
 ☐ Caregiver advice/support
☐ Autism support
 ☐ Advice for Professionals

F) Details of Autism diagnosis

Please note, individuals requesting support only **must** have a formal diagnosis of autism and provide documentation to evidence it. Please provide the following details:

Diagnosing Team or Agent:

Date of diagnosis:

G) Why are you making this referral at this time? Please be as specific as possible about what you are requesting and why now.

If you have received a service from the IAS in the past and are returning to the IAS for further support continue straight to section I) Further Information.

H) Background information. Please provide information on the following.

Developmental history

(e.g., delays in meeting development milestones such as speech; loss of skills that had been acquired; unusual behaviour in childhood; differences in interaction and communication; additional educational needs; etc.?)

Social interaction

(e.g., difficulties; making and/or maintaining relationships; understanding and managing emotions; understanding other people's emotions; understanding social rules; etc.?)

Social communication

(e.g., difficulties in reciprocal communication; unusual speech; repetitive speech; unusual eye contact; reduced facial expression or gesturing; flat intonation; problems in understanding such as taking things literally?)

Repetitive/restricted behaviours

(e.g., highly focused all-encompassing interests; excessive adherences to routines; resistance to change; inflexible thinking; repetitive behaviour or rituals; strong adherence to rules; repetitive or stereotyped movements; etc.?)

Sensory differences

(Significant differences in sensory processing e.g., not noticing pain; noticing sounds, smells, tastes, or visual details that others do not; difficulties with food due to textures or taste sensitivities; avoiding touch; different temperature regulation; getting distressed with too much sensory stimuli; etc.)

Any difficulties with education and/ or employment

Any difficulties with social relationships

I) Further Information. Please provide information on the following.

Information on any other diagnoses, e.g. depression, personality disorder, ADHD, Dyslexia, Dyspraxia, etc.

Please give details of any involvement with neurodevelopmental or learning disability services. Please provide details of when and whether they continue to be involved. <i>Referrals will not be accepted without relevant documentation such as previous reports, assessments, screening tools and risk assessments relating to the information provided here.</i>

Details:

Service:	Contact details:	Date of involvement:
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Please give details of any involvement with adult/child protection, criminal justice/police and/or substance misuse services. Please provide details of when and whether they continue to be involved. <i>Referrals will not be accepted without relevant documentation such as previous reports, assessments, screening tools and risk assessments relating to the information provided here.</i>

Details:

Service:	Contact details:	Date of involvement:
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Please give details of any involvement with mental health services. Please provide details of when and whether they continue to be involved. Referrals will not be accepted without relevant documentation such as previous reports, assessments, screening tools and risk assessments relating to the information provided here.

Details:

Service:

Contact details:

Date of involvement:

To ensure that you are directed to the service who is best suited to address your needs please share with us whether you are seeking support with suicidal thoughts and/or thoughts of harming yourself. Please note that we are not a crisis service and should your concerns and needs be urgent please contact your GP or phone 999.

Details:

Please share any further information that you would like us to know including specific requirements to help you to access the service.

Please continue to the next page to sign and consent to this referral. Please note, referrals will not be accepted without informed consent.

Consent

I understand that by consenting to this referral I am agreeing to access diagnostic assessment or support from the Integrated Autism Service and other agencies/services that work alongside it.

I understand that the Integrated Autism Service will request information from other agencies/services as part of the assessment/ support process.

I understand that the information recorded will be used to help professionals understand what help I need and that it may be shared with other agencies/services as part of the process.

I understand that where I do not agree to sharing information with other agencies then this may affect the service provided by the Integrated Autism Service and that I may not receive any service from the Integrated Autism Service.

I understand that the information recorded as part of the assessment/support process will be stored according to the Integrated Autism Service Information Sharing Protocol and used for the purposes of providing the assessment / support requested.

I understand that anonymised data will be shared with external partners for the purpose of monitoring and evaluation.

The following consent is required from the Individual being referred before the referral can be considered.

Please tick in the boxes below to show whether you consent or do not consent and sign and date the form.

	YES	NO
I have read this consent statement and consent to this referral to the North Wales Integrated Autism Service.		
I give consent for the North Wales Integrated Autism Service to contact the Referrer and Health and Social Services to request and share information relevant to this referral.		
I give consent for the information relevant to this referral to be stored on the secure North Wales Integrated Autism Service systems.		

Signature: _____

Date: _____

Please send this completed referral form to:

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