

Adult Autism Services in Calderdale and Kirklees

1.

Thank you for taking part in this survey.

Healthwatch Calderdale would like to know more about your experiences of being an adult with an Autism Spectrum Condition (ASC) in Calderdale and Kirklees, and the support you get from health, social care and community services. We want to find out what works well and what doesn't work so well.

We also want to hear from the parents, carers, and partners of adults with ASC. We have created a separate survey for parents, carers and partners which you can complete at this link: [Adult Autism Services Survey for parents, partners and carers](#)

We would like feedback on:

- Your experience of getting a diagnosis, or trying to get one
- The support you get from health, social care or community services
- How easy it is to access the services you need to help you live the life you want

Don't worry if you don't have feedback about all of those things, we would like to hear your feedback on any of these areas, so you can fill in as many or as few questions as you would like to on this survey.

If you have any questions about this survey or if you need any support to complete it, please do not hesitate to give Healthwatch Calderdale a call on 01422 399433, or email info@healthwatchcalderdale.co.uk.

Please note that any views you share will remain confidential, and no personal identifiable information will be shared when reporting on the findings of the engagement.

The deadline for completing this survey is Friday 21st April 2017.

1. Which area do you live in?

- Calderdale
- Kirklees
- Other (please say)

2. Which of these statements best describes you?

- I have been diagnosed with an autism spectrum condition
- I have an autism spectrum condition but no formal diagnosis
- I have had a referral to the Autism Service and am waiting for an assessment
- I am the parent/carer of an adult with a diagnosed autism spectrum condition, and I am completing this survey on their behalf.
- I am the parent/carer of an adult with an autism spectrum condition but no formal diagnosis, and I am completing this survey on their behalf.
- I am the parent/carer of an adult with an autism spectrum condition who has a referral to the Autism Service and is waiting for an assessment, and I am completing this survey on their behalf.
- None of the above

2. Gathering your views

This survey is gathering the opinions of people with autism spectrum conditions and their carers. As you have selected "None of the above" for the previous question, the remaining survey questions would not be applicable to you.

We are still interested in your views on services for adults with autism spectrum conditions in Calderdale. Please feel free to share your views below.

3. Which of these statements best describes you?

- A professional working with adults with autism spectrum conditions
- A volunteer working with adults with autism spectrum conditions
- Someone interested in autism spectrum conditions
- Other (please specify)

4. Please tell us your thoughts about adult autism services in Calderdale and/or Kirklees.

3. Waiting for an assessment and diagnosis

5. Please rate your experience of waiting for an assessment and diagnosis of ASC.

Was it:

- Very good
- Good
- Acceptable
- Poor
- Very Poor
- Please explain your rating:

4. Your experience of diagnosis and assessment

We would like to know about your experiences of referral, assessment or diagnosis by South West Yorkshire NHS Partnership Foundation Trust (SWYT) Autism Service, also known as the Service for Adults with Autism Spectrum Disorder, based in Wakefield.

6. Were you diagnosed through the SWYT Autism Service?

- Yes
- No
- I don't know

7. If no, please tell us where you were diagnosed.

8. How would you rate your experience of being diagnosed?

- Very good
- Good
- Acceptable
- Poor
- Very poor

Please explain your rating:

5. Social Care Assessment

9. Following your diagnosis, have you had a Social Care Assessment?

- Yes
- No
- I don't know

I don't know (please specify)

6. Support following Social Care Assessment

10. Please tell us about any support you received following the Social Care Assessment e.g. practical assistance in your home, help with paperwork such as bills and letters, access to recreational facilities such as day centres and drop in clubs, assistance with travelling, supported living or residential care.

Please give details:

11. Please rate the support you received:

- Very Good
- Good
- Acceptable
- Poor
- Very Poor
- Please explain the reason for your rating:

7. Please tell us how having an autism spectrum condition (ASC) affects your life:

12. To what extent are these areas of your life are affected by your ASC?

	A lot	A little	Not at all	Not sure
Education & training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

13. Please tell us a bit more about the everyday challenges you face because of your ASC, e.g. shopping, going to the doctor, dealing with phone calls, etc.

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8. Tell us about your experience of ongoing support for adults with ASC in Calderdale and Kirklees:

14. To what extent do you get help and support from these people/groups/places?

	A lot	A little	Not at all	Not sure
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone helplines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Care Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

15. Do you think you get enough support to help you manage the effects of your ASC?

- Yes
- No
- Not sure

16. If you would like more support, please tell us what kind of support that would be.

17. What do you think could be done to improve services and support for adults with ASC in your area?

9. Would you like to provide a case study to illustrate how your ASC affects your life?

18. We would like to collect some real life stories to show how Autism Spectrum Conditions affect people's lives.

We have a short template you could use to write down your story yourself, please contact Jo Budgen at Healthwatch Calderdale (details below) to get a copy, or if you would prefer us to help you to write it please let us know so that we can arrange to do this.

Jo Budgen, Healthwatch Calderdale, Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER

Tel: 01422 399433

Email: jo.budgen@healthwatchcalderdale.co.uk

Any part of the case studies that we use will be anonymised, with identifying personal data removed to ensure your confidentiality.

The deadline for collecting peoples personal stories is Friday 21st April 2017.

If you would prefer it if we got in touch with you please enter your contact details in box below:

10. Equality monitoring

It's really important to the Healthwatch that we ask as broad a range of people as possible for their views . To make sure that we do this, we ask people to give us some information about themselves, and we review this regularly to check we are not discriminating against any group of people by not asking for their views.

If you can, please take the time to give us this information.

19. What is the first part of your postcode? e.g. HD1, WF10, BD4, LS13, HX6

If you would prefer not to say, please leave the box blank

20. What sex are you?

Male

Female

Prefer not to say

21. How old are you? e.g. 42

If you would prefer not to say, please leave the box blank

22. Which country were you born in?

If you would prefer not to say, please leave the box blank

23. Do you belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Prefer not to say

Other (please specify)

24. What is your ethnic group?

- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Asian or Asian British: Chinese
- Black or Black British: Caribbean
- Black or Black British: African
- Mixed or multiple ethnic groups: White and Black Caribbean
- Mixed or multiple ethnic groups: White and Black African
- Mixed or multiple ethnic groups: White and Asian
- White: English, Welsh, Scottish, Northern Irish, British
- White: Irish
- White: Gypsy or Irish Traveller
- Other ethnic groups: Arab
- Prefer not to say
- Any other ethnic group

25. Do you consider yourself to be disabled?

- Yes
- No
- Prefer not to say

11.

26. Types of impairment:

If you selected yes to the question above, please tick all that apply

- Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)
- Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition (such as depression or schizophrenia)
- Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

27. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes No Prefer not to say

28. Are you pregnant?

- Yes No Prefer not to say

29. Have you given birth in the last 6 months?

- Yes No Prefer not to say

30. What is your sexual orientation?

- Bisexual (both sexes)
- Gay (same sex)
- Heterosexual/straight (opposite sex)
- Lesbian (same sex)
- Other
- Prefer not to say

31. Are you transgender?

Is your gender identity different to the sex you were assumed at birth?

- Yes No Prefer not to say

12.

Again, thank you for taking the time to complete this survey today.

Healthwatch Calderdale is pulling together all the feedback that people have shared with Healthwatch across Calderdale and Kirklees.

Please note that any views you share will remain confidential, and no personal identifiable information will be shared when reporting on the findings of the engagement.

If you would like to know more about the results of this survey or if you want more information about what will happen to your feedback please contact us info@healthwatchcalderdale.co.uk