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Social care

Assessment of need for adults with an autism spectrum disorder

By Mari Saeki and Andrew Powell

Foreword by Hilton Dawson



Your autism charity

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Contents

Foreword	1
Introduction	2
What are autism spectrum disorders (ASDs)?	6
Preparing for the assessment	12
Assessment	20
Summary: top tips	41
Further reading and useful contacts	43

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Foreword

On behalf of British Association of Social Workers (BASW), I am pleased to give our support for this guide for health and social care staff involved in assessment and care planning for adults with an autism spectrum disorder.

As an organisation of members serving members, BASW's success and vitality is built on a shared commitment to good social work practice and this guide offers a perfect example of what good practice should look like in the assessment process.

It gives invaluable information about the particular challenges of assessing an adult with autism, while also offering practical and useful advice to overcome these challenges. Of particular use is the information provided about the best ways to communicate with an adult with autism in order to assess their needs properly and fairly to support them in accessing much-needed services.

We would like to congratulate the authors on producing such a comprehensive and accessible guide and we are sure that all of our members will find it useful.

Hilton Dawson

Chief Executive, British Association of Social Workers

Introduction

Without the support that an accurate assessment can lead to, many adults with an autism spectrum disorder (ASD) may become socially isolated, drop out of college, employment or day services, and suffer mental health problems or psychological breakdown.

To inform our *I Exist* campaign, we spoke to adults with an ASD, their families and carers, who told us that they struggle to access services that meet their needs.

Sixty-three percent of adults with an ASD say that they do not have enough support to meet their needs. Many parents and carers do not get support from their statutory agencies and have not received a carer's assessment.

This booklet is intended for use by health and social care staff involved in assessment and care planning for adults with an ASD. It will also be useful for any other person who supports someone with an ASD across a variety of settings, such as housing support staff, community psychiatric nurses, occupational therapists or psychologists.

There is very little guidance for professionals who carry out assessments of need,¹ and it is not always easy to identify the needs of an adult with an ASD. Many have communication difficulties, and may – unintentionally – misrepresent their support needs. This booklet will give you some ideas and references for developing your knowledge of ASDs and how they affect each person differently.

¹ Professionals may carry out an assessment of need under the following Acts: the *NHS and Community Care Act 1990*; the *Mental Health (Care and Treatment) Act 2003*; the *Social Work (Scotland) Act 1968*; the *Mental Health Act 1983* or the *Mental Health (Care and Treatment) Act 2003*.

With greater understanding, social workers and other assessors can make sure that support and resources are directed in the most cost-effective and appropriate way. There is evidence that a relatively low level of ongoing support for adults with an ASD can prevent anxiety and distress, and negate the need for more expensive crisis support later.²

We hope that this booklet will help you feel better prepared to identify and meet the needs of people with an ASD.

The legal context

It is essential that people with an ASD approaching their statutory agency are offered an assessment of need, and that agencies establish a clear route for families to request an assessment.

It is the legal duty of a statutory agency to undertake an assessment regardless of whether the agency believes a person will be eligible for support. In fact, this is a proactive duty and **not** dependent on someone asking for support.

A diagnosis of an ASD (which may include autism; high-functioning autism; and Asperger syndrome) does not mean that someone will meet eligibility criteria for services.³ However, an assessment of need will nearly always be required to establish whether the individual's particular difficulties make them eligible.

² The National Autistic Society (2008). *I Exist: the message from adults with autism*. Editions published in England, Northern Ireland, Scotland and Wales.

³ In England this is the Department of Health's Local Authority Circular (2002). 13: *Fair access to care services: guidance on eligibility criteria for adults in social care*. In Wales, Welsh Assembly Government (2002). *Health and social care for adults: creating a unified and fair system for assessing and managing care: guidelines for local authorities and health services*.

Each statutory agency has a statutory duty to assess where it appears that any person for whom they may provide or arrange community care services may be in need of any such services. The agency should carry out an assessment of needs for those services and have regard to the results of that assessment when deciding if the person's needs call for the provision by them of services.⁴

Government guidance also makes the need for assessment clear.⁵

Mental health legislation

The *Mental Health Act 1983* (*Mental Health (Care and Treatment) Act 2003* in Scotland) defines those who may receive care and control due to a mental disorder.

While ASD is not a mental disorder, there may be times when a social or health care professional is called upon to assess someone with an ASD and an additional mental health disorder. Sometimes the behaviour of someone with an ASD looks like a mental health problem, when it isn't. Conversely we know that many people with an ASD have an additional mental health difficulty which is not recognised, because behaviour which indicates a possible psychiatric difficulty may be dismissed as 'just being part of their ASD'.

We hope therefore that the guidance in this booklet will be of use to professionals providing assessment where there may be mental health difficulties involved.

⁴ This duty is quoted, with minor variations, in *The NHS and Community Care Act 1990 s.47 (1)(a)* and the *Social Work (Scotland) Act 1968*, further amended by the *Health and Community Care (Scotland) Act 2002*.

⁵ Practice guidance (2003) to Local Authority Circular (2002) (13); and Welsh Assembly Government (2008). *Autistic spectrum disorder (ASD) strategic action plan*.

The Mental Capacity Act 2005

This Act, which applies in England and Wales, establishes that every adult has the capacity to make their own decisions until it is shown that they can't. It also states that the emphasis must be on assisting adults who have some capacity to understand the decisions they are able to make by giving them support, information and advocacy. You will need to consider the implications of this Act, remembering that people may have capacity in some areas but not others. For example, a person with an ASD may have the capacity to consent to basic medical treatment, but not to manage their financial affairs. It is important to be aware of people's general level of understanding and ability, and how they communicate their feelings and wishes.

The five principles of the *Mental Capacity Act 2005* are as follows.

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

What are autism spectrum disorders (ASDs)?

Autism spectrum disorders are lifelong developmental disabilities. The word 'spectrum' is used because, while all people with different diagnoses (such as autism, Asperger syndrome or high-functioning autism) share three main areas of difficulty, their condition will affect them in very different ways. Some are able to live relatively 'everyday' lives; others will require a lifetime of specialist support.

ASDs can affect people of different intellectual ability. You may find that you are assessing people with severe learning disabilities, as well as those who are of average or above average intelligence.

It is important that professionals do not make assumptions about a person's level of need based on their intellect. For example, a person may have an academic degree, a good vocabulary, and appear to be very able and not in particular need of support. In actual fact, they could struggle on a daily basis to understand social situations and manage their personal care and independent living needs.

Furthermore, because of the communication difficulties they experience, people with an ASD may mis- or under-represent their own needs and it is important for professionals to be aware of this.

Many people are diagnosed early in life, but others may not receive a diagnosis until they are adults. There is no 'cure' for an ASD but with the right support, people can develop greater independence and reach their full potential.

The three main areas of difficulty which all people with an ASD share are sometimes known as the 'triad of impairments'. They are:

- › difficulty with social interaction
- › difficulty with social communication
- › difficulty with social imagination.

Social interaction

People with an ASD often have difficulty recognising or understanding other people's emotions, feelings and needs, and expressing their own. This can make it more difficult to fit in socially and, potentially, to explain their needs to a professional.

Common social interaction difficulties include:

- › problems building relationships or maintaining them
- › finding it hard to work out what other people think or feel (eg, not understanding why you want to ask them questions)
- › difficulties picking up the unwritten 'rules' of social behaviour (eg, how close to stand to other people when talking to them)
- › fewer social skills.

Because of these interaction difficulties some may prefer to spend time alone rather than seeking out the company of other people, while others are keen to talk to other people and make friends, but may be unsure how to go about this.

Difficulties with social interaction can make it hard for a person with an ASD to explain what support they want, or need. Or the person may not wish to engage with you, or understand how to take part in an assessment.

Social communication

People with an ASD have difficulties with both verbal and non-verbal language, that is, using and understanding words and body language in order to communicate with other people. Many will need extra time to process what has been said to them.

Common social communication difficulties include:

- › a lack of spoken language
- › problems understanding the 'gist' of what people are saying, or the spirit in which it is said (for example, recognising jokes or sarcasm)
- › having a literal understanding of language and thinking people always mean exactly what they say
- › difficulty making or maintaining eye contact
- › difficulty reading other people's facial expressions and body language.

Social communication difficulties mean people with an ASD can misunderstand or misinterpret what has been said to them. They may find it difficult to express, or accurately represent, their own needs during assessment. A person may also struggle to understand your questions and intentions, unless you make them absolutely clear and unambiguous.

Social imagination

The world can seem a very unpredictable and confusing place to people with an ASD, who often prefer to have a structured routine so that they know what is expected of them, and what is going to happen every day. This means that meeting you may feel like quite a daunting prospect, because it is a break from what is familiar.

Common social imagination difficulties include:

- problems with predicting what will happen next, or what *could* happen next
- finding it hard to self-organise and plan (for example, cannot structure their day without support)
- less ability to transfer skills learnt in one situation to another
- not understanding the concept of danger (for example, that running on to a busy road poses a threat)
- fear of change and planning for the future (eg a person might initially reject all discussions about going somewhere new or unfamiliar).

Because of these difficulties it is hard for people with an ASD to understand their own needs and wants or imagine what alternatives there may be to their current situation. They may not have the insight to realise what information you need to get during an assessment.

For each person you assess it will be important to understand how difficulties with social interaction, social communication and social imagination affect them, and to adjust your approach accordingly. Preparation is key: see page 12.

Other related characteristics

Sensory issues

People with an ASD may experience some form of sensory sensitivity. This can occur in one or more senses – sight, sound, smell, touch, taste, balance and body awareness. People can be over-sensitive (hyper-sensitive) or under-sensitive (hypo-sensitive), although their level of sensitivity can vary over time and between the different senses.

For example, a person with an ASD may find certain background sounds, which other people ignore or block out, unbearably loud or distracting. This can cause anxiety or even physical pain.

It is important to record people's sensory differences when assessing their support needs or deciding on placements.

Stress and anxiety

Because the world and people in it seem so unpredictable, many people with an ASD experience stress and anxiety. This can have a huge impact on the three main social difficulties they experience, as well as sensory tolerances. When under stress, the ability to communicate, interact socially and to think flexibly is likely to be further reduced.

Other difficulties

People with an ASD sometimes have additional difficulties, such as learning disabilities; or specific learning difficulties like dyslexia or dyspraxia; or related conditions such as attention deficit hyperactivity disorder (ADHD).

It is not uncommon for people with an ASD to have problems with sleep, or a very restricted diet. Some develop mental health problems. All associated difficulties need to be treated in their own right, but within the context of the person's primary diagnosis.

The impact on the family

People with an ASD bring many positive qualities to their family's daily life. However, they may have high support needs and these can be a cause of stress for family carers.

All staff involved in assessing or supporting a person with an ASD should think about the impact on people's families and immediate carers, especially when the person with an ASD is living at home. It is good practice to carry out a carer's assessment. Make sure that family members and carers know they are entitled to an assessment, and that they can speak to you alone and in confidence if necessary.

It is important to include a person's family and wider support networks in the assessment process and to take time to get to know people with an ASD, to build a full picture of their support needs.

Preparing for the assessment

It is good practice to have a clear idea of how to engage with the person you are assessing and their ways of communicating and understanding **before you start**. Without this, the person may not engage with you, and you risk making them feel anxious or more isolated.

For many people with an ASD, face-to-face contact with new people is often stressful. It may take a while before they feel comfortable with a professional and are able to start expressing their needs. You may find that when you first meet a person with an ASD, it is not a very long meeting. However, it is important to try and make it a positive one.

Wherever possible, speak to the referrer (if the person is not self-referred), the person's family and carers to find out how they prefer to communicate, to what extent they can describe their needs, and what their level of understanding is. Would it help to have a supporter or an advocate present?

As mentioned on page 39, people with an ASD may not want you to consult their family, so if they are still living in their family home, consider gaining additional information from a carer's assessment. If there is background information about the person on file, read it.

Reasons why assessment may be difficult

It's possible that people with an ASD may not engage with you initially because of fear, anxiety or an inability to understand why you are there – or just because they do not wish to be seen as 'different'.

People with an ASD may also mis- or under-represent their own needs.

The following are some of the reasons why you will need to prepare carefully and be creative with your assessment techniques. The person may:

- › have limited communication skills and understanding
- › feel uncomfortable having a conversation with a stranger
- › not understand who you are and what you want
- › not be able to define what their own needs are
- › not be able to talk about or explain their needs very easily, and so risk misrepresenting them
- › be able to speak fluently, but this may mask difficulties with actual understanding
- › try to say the ‘right’ thing in response to your questions rather than stating what their actual needs are
- › find it hard to plan for the future or to think about change, and be uncomfortable talking about support that involves changes to an established routine or a move to a different service
- › not understand what you are asking and take things very literally, so if you ask ‘Are you able to wash yourself on your own?’ a person might say ‘yes’ – when in fact they can only do it with verbal prompting at every stage.

As well as this, some people with an ASD may not particularly **want** to engage with professionals, have an assessment or receive services, despite the fact that they could benefit from this. There are several reasons why this might happen. They may:

- › feel belittled by the suggestion that they need assessment or support
- › not be able to understand the link between having an assessment and getting the support they do actually want and need (meaning it may not have been well explained before)
- › be wary of social workers and other professionals who may have caused anxiety in the past
- › have ‘social anxiety’ or depression
- › be concerned that they won’t be able to process all the information that professionals could give them, so refuse to talk to you.

Do not take lack of engagement during your early meetings as failure to consent to an assessment. Prepare, take your time and try to get to know the person first. Involve people’s families and wider support networks in the assessment process, to build a full picture of their support needs.

Build a relationship with the person you are assessing

People with an ASD often say that they respond well to certain personal qualities in others. If you can show these qualities, it can help you to build a relationship with the person you are assessing and promote their self-esteem.

Patience

It will often take some time and patience to understand a person with an ASD. His or her needs can be complex, and they may also:

- › have difficulty recognising, or expressing, their needs and wishes

- › have a short attention span and be easily distracted
- › prefer to talk about a favourite topic, rather than the issue you are asking them about
- › not always display social niceties
- › fail to remember appointments
- › have additional learning disabilities which make spoken communication difficult
- › display challenging behaviour
- › take time to process information and respond.

It really helps if you can take the time to understand a person's particular needs and be supportive and patient during the assessment. This will reduce any anxiety the person may be feeling and reassure them that you are there for them.

Sensitivity, kindness and straightforwardness

People with an ASD can find the world a confusing place. Other people often don't say what they mean and it can be difficult to understand their behaviour or motives. The world can also be unkind: many people with an ASD have been the victims of bullying.

You should provide clear, unambiguous information in a sensitive, kind way.

Consistency, calmness and reliability

People with an ASD often benefit from structure and routine: it is a way to cope in a confusing and unpredictable world. They need people around them who are calm, who take a consistent approach,

and who can be relied upon. Simple things like arriving on time, having the necessary paperwork and not making promises unless you are sure they can be kept, will help the person to develop trust in you. Inconsistent and unreliable support can be worse than no support at all.

Acceptance

Many people with an ASD have told us that they value their differences and would like people to accept them for who they are. Many will be averse to a 'make me normal' approach or talk of a cure for autism. Being positive about ASD can help to make the assessment process a success.

Use person-centred planning

Person-centred planning (PCP) is described as 'the collective term for a variety of techniques used to get to know a person, develop an understanding of that person's hopes for the present and the future, and to set priorities for change'.⁶

PCP is often seen as a less formal way of working, giving more control to people and their families, and so may be a less stressful way to assess and plan. It is also about looking at the whole person, not solely concentrating on their difficulties, so it is a positive way of working.

Person-centred planning helps us to understand and respond to people, and to get a balance between what is important to someone (for example, their individuality and lifestyle) and what is important for them (what keeps them healthy and safe). Person-

⁶ Kennedy, J., Sanderson, H., and Wilson, H. (2002). *Friendship and community*. Helen Sanderson Associates

centred planning can also clarify the roles and responsibilities of people who are paid to support a person with an ASD, and make sure that the person (and their specific support needs) is known to everyone who will be supporting them. It is vital to record people's needs in detail – especially as the needs of a person with an ASD may not be immediately obvious, even to professional care staff. Failure to respond to these needs properly can cause support plans to fail.

There are a number of person-centred planning 'tools' that can help you to record information about the support people are receiving and their needs and wishes. What's working? What isn't? What are the person's learning and support needs? What do they want to achieve, and how do they want to be supported? All in all, you will be able to carry out a much more thorough assessment, or create a tailored support and care plan for a person with an ASD if you use a person-centred approach.

Some PCP tools identify immediate action and short-term targets. These might typically involve questions about a person's important routines and specific needs so their day goes well.

Other tools consider more abstract concepts and long-term goals. The key is to use tools which suit an individual's temperament, understanding, interests and current circumstances.

We recommend that person-centred planning should be used by all social care professionals, whenever possible. For more information, see www.autism.org.uk/pcp

Information to gather before the assessment

The more information you can gather before meeting the person, the better. Here are some useful questions to ask. Your answers will inform the assessment process.

- To what extent can the person with an ASD, or their family, lead the work to identify their own needs?
- How much does the person themselves, and their family, understand about the assessment? Do they know about the referral and why it has been made? Does the person understand the concept of assessment? If not, how will you explain this at your first meeting with them?
- Is the person with an ASD able to meet face-to-face, or is there a better way of getting information about their needs? A person with an ASD may be reluctant to talk about themselves to a stranger, or not very confident about communicating verbally.
- Would the person with an ASD like another person to be present when you meet, for example a parent, sibling or advocate?
- How articulate is the person, and what is their understanding of spoken language? Do they use alternative or additional means of communication, for example visual symbols, sign language or a 'talking mat'? Do they prefer indirect communication to begin with, such as a phone call or an email?
- How long can the person concentrate? For some people with an ASD, a five-minute exchange would be considered quite a lengthy conversation.

- › Are there any words or subjects that you need to avoid? (Some people have certain ‘trigger words’ or topics that make them upset; others have special interests and it may be difficult to end a conversation about them.)
- › Do they have any dislikes, fears or phobias? Might you need to avoid talking about these completely, especially in the early stages of assessment?
- › Does the person have any special interests? Can you use these to put them at ease or to engage them in the assessment process?
- › Is it best to meet at home or in another place the person is familiar or comfortable with, for example, a public park or a café where you can find some privacy?
- › Are they comfortable with eye contact, handshakes and other people being close to them?
- › What is the best time to meet and how long should the meeting be? (For example, at a time of day when the person is not coming from, or going to, another activity. They may feel anxious if they think a routine is going to be interrupted.)

Assessment

Every person with an ASD is an individual. It is important to remember that while each shares three main areas of difficulty, they will experience life very differently. Knowing that someone has a diagnosis of an ASD is only your starting point. A thorough assessment of each individual’s personality, abilities, difficulties, aspirations and support needs takes time.

Creative approaches to assessment

If you are working with people with an ASD, you will find that often, just going to someone’s home and trying to conduct an assessment will not work. Consider the best way to engage with each person you are assessing; for some, this may mean thinking about alternative ways of conducting the assessment. Here are some suggestions, but remember they are only suggestions: the important thing is to make each person feel comfortable and tailor the assessment to fit with their ways of thinking.

- › Some people may prefer to speak to you via email, instant messaging, phone call or text first. This avoids the difficulties they can experience with social interaction and communication, such as not being able to ‘read’ other people’s expressions or body language; or understand the gist of what someone is saying. Do be aware however that some people also find phone conversations stressful.
- › See if the person wants to organise their own meeting to discuss what they want and need. They might like to send out invitations. The person may wish to hold the meeting in a place where they feel more at ease, for example their own home may be a more autism-friendly environment than your workplace.

- › A multiple-choice questionnaire may be a good way to elicit information before your first meeting. If they are able to write, many people with an ASD can express themselves eloquently and may offer more information this way.
- › Some people may prefer to write their needs down rather than face the social demands of a face-to-face meeting. If so, give the person a list of clear and unambiguous questions to answer.
- › Sometimes a more formal approach, such as making the assessment a written exercise, can help as it shifts the focus away from direct interaction. Or you might leave the assessment form with the person, and family if relevant, to complete.
- › However, others may not like an overly formal assessment. Some might find it easier to talk while they're out for a walk; others might prefer to go for a drive and talk, so that they don't need to make eye contact.
- › You might ask the person if, when they close their eyes, it helps them to think more clearly. Suggest they do this during the assessment if it's helpful. Or people could answer you by drawing the pictures they have in their mind, or the things they think are most important.
- › Consider ways to make the process more meaningful. You might use people's special interests as a theme; or write information in their favourite colour.
- › Visual supports can help the assessment process. Firstly, they can help set out what you are going to talk about and in what order. Secondly, they can help some people to understand what you're saying. Thirdly, visual supports can help someone to express

choices and preferences, for example using photos of different workplaces might help you to identify what aspects of that environment people feel most comfortable with. Some of these visual supports include Mind Maps™, flowcharts, Talking Mats, 1 to 10 scales, timetables and illustrative diagrams. Some, like Talking Mats, are specifically designed for people who have communication difficulties.

- › Some people with an ASD who are able to appreciate the difference between words and thoughts may find the use of simple stick-people drawings helps them visualise their own or others' thoughts. This can be an easy way to help people understand the differences between their thoughts and words, and to accurately represent their thoughts to you. For example you could draw a stick person (make it clear that this represents the person with an ASD) and ask them to write in various thought bubbles what makes them feel happy. You can also do this to show the person how other people, for example their family, may be feeling.
- › Word association may be useful to see how people understand concepts such as 'home', 'employment' or 'friendship'.

Altering how you communicate

It is important to communicate clearly, in a way that suits the person and elicits the information you need to make a fair and thorough assessment of need.

The following tips will help you to communicate with people with an ASD during an assessment. Not all of these tips will apply to all the people you assess, some of whom will have average or above average IQs, others profound learning disabilities.

Verbal communication

Some people with autism are very articulate, while others may not speak at all. However, all may struggle to understand what you are saying. There are a number of reasons for this, and a number of ways in which you can help.

Make sure you get the person's attention before communicating, for example say their name then pause briefly before carrying on.

Slow down your overall approach and allow time for processing. It may help to count to about six seconds in your head after saying something, before expecting a response. Some people need this amount of time (or more) to process what you have said. If the person does not respond at all, repeat what you have said and wait again. If there is still no response, try re-phrasing.

Reduce the number of words you use, especially in your first few meetings. Fewer, well-chosen words are always better than talking too much. It may help to rehearse what you are going to say in your head before you speak and to consider how it is likely to be interpreted. Any written and/or visual material should be easy to understand and well spaced out. Use boxes and clear headings.

Use unambiguous language. People with an ASD can easily misunderstand your meaning or intentions. For example, 'This looks like the sort of college that would suit you' may be taken to mean 'This is the college you will go to'.

Try to avoid vague language. For example, 'maybe' and 'perhaps' are difficult words for some people with an ASD. Better to say 'I do not know', or 'Ask me again next week, I will try and find out for you'.

Avoid metaphors and expressions which could be taken literally. For example, 'It sounds as if you've had a nightmare just recently' might lead the person to believe you are privy to their dreams. Be careful introducing jokes; these may not be understood.

Use a calm voice and rely upon your actual words to communicate effectively. Lots of gesturing or being over-animated will confuse the person.

Ask straightforward questions which the person can understand and answer. For example, some people may require closed questions ('Would you like to study at college next year?' rather than 'What are your future plans?'). You could also ask which of two choices they prefer.

Use visual aids as appropriate, for example pictures, photos, symbols and written cues. In order to find out what someone likes, you might use a choice board. It will take time to understand people with severe learning disabilities and what their opinions are.

Body language and gestures

People with an ASD may not be able to 'read' your body language and gestures, so try not to impart important information this way. State information clearly in a way that the person understands, whether by saying it, writing it down or using visual aids.

Remember that making or maintaining eye contact can be difficult for some people with an ASD. It may be helpful, until you get to know the person, to reduce the amount of time you maintain direct eye contact. Not sitting face to face will help.

Keep body language non-threatening. Do not crowd the person or use lots of gestures. Keep your movements and body language clear

and predictable. Do not speak too quickly and try to keep your tone of voice even and measured.

Check the person's understanding

People with an ASD can appear to be very able, and it would be easy to make the assumption that they have understood everything you've discussed, and made informed choices. Always check people's understanding. For example, a person with an ASD may say they can manage an aspect of self-care when in fact they can only do so with verbal prompting at every stage. The person would feel they are answering honestly because they see it in concrete terms.

Sometimes a letter to follow up a conversation may help to clarify what has been said and agreed. If the person is quite anxious, a short, follow-up email, text or letter that thanks them for their useful contribution to the meeting and clearly explains what will happen next is a good idea. Include visual symbols or pictures as well as text if people need this.

Do not assume that if you are talking to another person in the room, people with an ASD will necessarily remain interested, be listening, or understand how this other conversation is also relevant to them. Recapping from time to time can be useful.

Be aware that the person may struggle to identify what they want or make choices based on limited information. They may, for example, choose a placement based on the lunch menu in the canteen.

Plan the assessment around the person

There are some simple ways to plan assessments so that you get the information you need, and the person you are assessing fully understands and engages in the process.

For example, you might ask the person to write out questions they want to ask you. Use these to draw up an agenda together and try to stick to it. Tackle one topic at a time if possible, to avoid confusion. The person may need a gentle reminder to keep them on track in conversations.

People who do not read should receive information in a format they can understand, for example use pictures or symbols to describe the assessment and planning process.

Take care when sharing assessments and plans with the person: avoid over-lengthy verbal explanations which could be confusing and again, use pictures or symbols if necessary. Note that some may react badly to written words which they perceive to be negative. Your assessment or plan will need to be written in an unambiguous and positive way.

Be clear about your role

It is helpful to be clear about what your role is from the very beginning: what do you want to achieve for the person? How much help can you realistically offer? How long will you be involved?

Depending on a person's understanding, try to explain why you are meeting them, what your job is and the reason you want to know certain things about them. It would be helpful if you could prepare some information about your role and the assessment process and, if appropriate, to leave that with the person and any supporter or carer. Someone who has a severe learning disability may need this information in photos or symbols as well as words. Tailor any explanation to individual need. 'My job is to find out what things you like' may be enough as a starting point for some people. Be clear about what you can or cannot offer.

Help the person understand what will happen next, so that they know there is a logical order to your meetings.

If you are only involved for a short time, make sure that the person understands why, knows when you are withdrawing, who you have referred them to and how to get in touch with services again, should they need to.

Practicalities

People with an ASD will benefit if they meet with professionals who understand their condition, communicate clearly, keep them informed about progress and can establish some sort of routine around assessment meetings.

Too often people with an ASD find that others are embarrassed to mention their condition. If the person knows they have an ASD and accepts that, be positive (in a realistic way) about their strengths and special interests. Read about ASD before you meet the person, because someone who understands ASDs will be most likely to help people develop a better sense of self-worth.

Communication with new people is often quite tiring for people with an ASD: it helps if you allow time for breaks and avoid asking too many questions.

People with an ASD need to be kept informed about the assessment process. It is usually best to write to let them (and parents, carers or other significant people) know the likely waiting time before assessment; what happens during assessment and the eligibility criteria for services. If you anticipate any delays in the process, explain these from the outset. Make sure that you tailor the amount and type of information you provide to each person's needs.

When you meet with a person with an ASD, explain how long the meeting will be first. Make sure the person has not got another meeting or appointment straight after yours and try to arrange meetings to avoid breaking into people's routines too much. For example, a person with an ASD might need to have lunch at 12.30pm in order to feel comfortable. If a social worker made an appointment for 12.15pm, it could cause great anxiety and curtail the interview.

Always forewarn people about changes to the routine you've established, for example different meeting times, venues or staff in attendance. Unexpected changes will cause anxiety.

How does the person interact and communicate?

Your assessment needs to consider how communication, interaction, flexibility of thought and other difficulties affect the person on a day-to-day basis.

Before you first meet a person with an ASD you should find out about their preferred way of communicating and what their level of communication skills is. As you get to know the person better, you will wish to record more detailed information.

You should record the level of a person's communication skills by looking at:

- › how they use spoken language, eg single words; three to five-word phrases; they have echolalia (repeating what other people have just said)
- › whether they use other communication systems, eg sign language, symbols, PECS, augmentative devices

- › how much they understand of what other people say, eg they can understand most simple, unambiguous conversation, but avoid lengthy discussion and small talk
 - › whether they have any communication-specific difficulties, eg mutism, a stutter, or trouble regulating voice tone or volume.
- Communication and interaction skills should also be assessed. These include the person's ability in the following areas.
- › Expressing yes or no. People may understand a concept, but sometimes say 'no' as a default answer. When offering an item to someone, check by physically offering it and then ask again.
 - › Making choices. For example, some people can only make common, non-abstract choices, such as choosing food from a menu or picking an activity from a short list of no more than three choices.
 - › Initiating communication. Will people start a conversation themselves, or will they do it when given verbal or visual prompts?
 - › Expressing feelings. People might understand common 'emotion words' like angry, happy, OK or sad and be able to express these emotions. However, they may not know other words for emotions or ways to express these.
 - › General social outlook and integration. For example, a person might try to appear outgoing (while not naturally being so), or may want to develop more social relationships. Perhaps they can talk about general interest topics and/or make small talk, but dislike doing so.

- › Asking for assistance. Can the person ask for help if they need it? Will they tend to phone parents and need a reminder to contact their support worker instead? Would they know who to ask for help in public places?
- › Discussing daily events. Some people may only rarely discuss their day without prompting. They might also respond better to closed questions, eg 'How many lengths did you swim this afternoon?' rather than 'Have fun at the pool?'.
- › Holding a conversation. Can the person return greetings and occasionally ask a follow-up question? Do they remember personal information and use this in conversation? Will they benefit from prompts such as 'Can we go back to what we were talking about?'.
- › Preferred ways of interacting. Does the person like to talk one-to-one, rather than in groups or unstructured social situations? How much conversation can they cope with at any one time - five minutes; ten minutes or longer?
- › Relationships. For example, the person has one good friend and several acquaintances.

In summary, you should try to record how a person communicates ideas and thoughts, makes choices, expresses wishes and feelings, and builds relationships. Use this to inform your assessment.

What is important to the person?

It helps to make sure that an assessment is as much about the skills and abilities people have and the things they enjoy, as it is about the difficulties they have and the things they dislike.

As part of the assessment, you should consider all the factors that can help you to understand someone's personality. The following are some examples of headings for an assessment, under which to gather details about a person's life:

- > things I am good at
- > my special interests and hobbies
- > things I like doing
- > things I don't like doing
- > who my family, friends, acquaintances and other relationships are
- > who knows me best
- > who can cheer me up; who I like to be around
- > things that cause me anxiety and stress
- > who can help me if I am stressed out – what do they need to do?
- > how I relax and prefer to use my leisure time
- > who I spend most of my day with
- > the sort of person I like best as a friend
- > the sort of person who is best at giving me support
- > what I like about myself
- > what others say they like about me
- > what my important daily routines are.

This sort of information is about focusing on what a person can do, rather than their difficulties and limitations. It is a vital part of any assessment – looking at what a person can do and building their self-esteem. It also gives you a much better idea of a person's routines, preferences and qualities, meaning that their needs are less likely to be missed.

It is important to observe the detail of someone's life and their personal preferences. What others might see as minutiae may be more important to the person than anything else. It will explain what motivates a person to do or avoid certain things. For example, if a person is frightened of dogs and you suggest a walk in the local park, it is quite likely they will refuse to go. You can win someone's trust by respecting these choices. Failure to recognise the importance of detail could jeopardise any support which is put in place.

Assessing people's sensory needs

As mentioned on page 10, many people with an ASD have sensory sensitivities. People may seek out certain sensory experiences, or try to avoid them. This is an important area to consider during assessment as it affects the way in which people cope with the environment around them.

If a person does appear to have sensory needs, an occupational therapist with an understanding of sensory issues in people with an ASD should carry out an assessment.

As well as including a person's day-to-day sensory needs in your assessment report, you can work to make the assessment as comfortable as possible for them. For example, some people prefer natural daylight to artificial strip lighting in a meeting room.

People with an ASD may have sensory sensitivity in any or all of the following senses. The degree of sensitivity may vary from day to day, and be affected by factors such as stress, environment or physical tiredness.

Sight

People with an ASD may:

- › be more comfortable using peripheral vision (looking out of the corner of their eyes)
- › notice (and sometimes fixate upon) fine details, such as the very slight movement of an object in a room
- › find it hard to track movement
- › like to wear a peaked baseball cap or sunglasses to reduce glare, because of hypersensitivity to light
- › not like changes in floor patterns (and so feel nervous about walking between different areas or rooms).

Hearing

People with an ASD may:

- › be uncomfortable with certain noises, for example a hand-dryer, a vacuum cleaner, or busy roads
- › find it difficult to ignore quiet or faraway sounds that other people simply block out; therefore, it can be difficult for them to concentrate on the subject at hand – for example, the person who is talking to them
- › not like the sound certain foods make in the mouth

- › use noise to block out other sounds – they may hum to themselves, or have a fan on in order to go to sleep at night.

Taste

People with an ASD may:

- › be especially sensitive to certain food textures or tastes
- › follow a restricted diet
- › have pica (eating non-edible substances)
- › hate the taste of something like toothpaste, therefore dislike brushing their teeth
- › wish to try new foods and crave spicy food.

Smell

People with an ASD may:

- › be very sensitive to certain smells and get distracted by things like perfume, particular foods or cigarette smoke
- › like, or not notice, his or her own body odour and not wish to change clothes
- › have certain favourite smells
- › only be able to use neutral soaps and deodorants
- › not want to eat with others because of the smell of their food.

Touch

People with an ASD may:

- › find another person's light touch uncomfortable or even painful
- › not wish to shake hands
- › find that certain weather feels unpleasant on their skin
- › not like having their hair brushed, cut or washed
- › not notice or respond to physical pain
- › enjoy the sensation of firm pressure on their skin.

Body awareness system

This tells us where the different parts of our body are and how they are moving. People with an ASD can have reduced body awareness and may:

- › appear to be clumsy or accident prone
- › find co-ordinating their movements difficult
- › prefer easy-to-negotiate surroundings, eg clutter-free rooms
- › feel calm and able to concentrate after a deep pressure massage
- › enjoy firm physical contact and being 'squashed'.

Balance (vestibular system)

This lets us know where our body is in space and whether we, or our surroundings, are moving. People with an ASD may:

- › get travel sick easily, even by climbing stairs
- › enjoy activities that involve spinning or jumping, eg fairground rides or trampolining

- › have difficulty with activities requiring balance, eg cycling
- › have difficulty navigating through a room and avoiding obstacles like furniture or other people.

When considering housing and daily occupational needs, make sure that the person with an ASD is in an environment that takes account of their sensory differences. Typically, people will prefer spaces with less clutter, neutral décor, low lighting, plenty of space, clear signage, fewer people and less intrusive sound, such as traffic or noisy plumbing. Noisy neighbours are often a source of difficulty for people with an ASD. People with an ASD may prefer it if you, and other people who work with them, avoid strong perfumes, brightly coloured clothing or jangling jewellery.

See page 43 for recommended reading about sensory issues and autism.

Associated difficulties

Health services need to be involved in identifying if any of the following difficulties, which are associated with ASD, are experienced by the person you're assessing:

- › learning disability
- › specific learning difficulty, eg dyslexia
- › movement difficulties, eg dyspraxia
- › sleep difficulties
- › bowel difficulties
- › tics

- › epilepsy/seizures
- › allergies or dietary sensitivities, eg to gluten or casein
- › hearing or visual impairments
- › under- or over-sensitivity to pain, eg not feeling pain, therefore not being able to tell people that anything is wrong
- › response to temperature, eg doesn't seem to experience extremes of hot or cold in the same way as other people
- › ADHD/ADD.

For any of the associated difficulties, note details and how they are currently managed.

In addition to this, many people with an ASD have mental health difficulties. Most commonly, these include depression, or anxiety-based problems such as obsessive compulsive difficulties, panic attacks, paranoia or phobias. It is vital to check this as part of your assessment. If you think someone has a mental health difficulty, consult a psychologist or a psychiatrist. Note how any mental health difficulty is currently managed and any treatment plans.

Behaviour

Your assessment should also look at the person's behaviour, as this will help you to plan any future support. For example:

- › obsessions and rituals that prevent daily functioning
- › over- or under-eating, or other dietary difficulties
- › social isolation (eg refusing to leave the house)

- › self-neglect
- › running away
- › lack of a sense of danger (eg not understanding that running onto a busy road poses a threat)
- › social naïvety and personal safety outside their home (eg gives money and personal items to strangers)
- › verbal abuse
- › problems with personal care or grooming
- › inappropriate sexual behaviour
- › self-harm
- › physical aggression towards other people
- › damaging property.

Work with parents and other significant people

Many people with an ASD rely on their family for support and still live at home. Others who live independently are often only able to because of a high degree of support from family members. It is likely that it will be a parent or carer who makes the initial request for an assessment.

Family carers must be told about their right to a carer's assessment. Sometimes support services can be offered under carers legislation⁷ if a person with an ASD has refused to accept help in their own right.

⁷ Carers and Disabled Children Act 2000; Health and Community Care (Scotland) Act 2008.

Occasionally, parents and siblings feel left out of the assessment and planning process because they are told that their son or daughter is the client, not them. There may also be some tension between parents' beliefs and lifestyle (and how they would like these to be reflected in services), and those of their child. However, in general families will bring long-term commitment, care, understanding and detailed knowledge about the person you are assessing.

It is sometimes beneficial to arrange a separate meeting to talk to those who support the person, and get their views. Sometimes, this information may form part of the carer's assessment you offer. Meeting with a person's family or carers requires sensitivity and a positive approach. For example, you might tell the person with an ASD, 'So that I can provide you with the best service I can, I need to speak to all those who support you in some way'. If the person feels strongly that they do not want anyone else to be contacted, you will need to respect that.

The following are common issues for families affected by ASDs.

- Many people with an ASD have difficulty with sleep. This often means that the main carers are also sleep-deprived and may have been so for many years.
- People may have specific dietary needs. This means that family or carers have to cook two separate meals and shop separately for the person with an ASD. It is also often a cause of great concern to people's carers.
- Some people with an ASD can be very controlling at home. This can be difficult for family and carers.

- People with an ASD may commandeer a lot of their parents' or carers' attention, which can create resentment from other people, such as siblings. Parents may feel guilty.
- Sometimes, people with an ASD display challenging behaviour such as physical or verbal aggression. This is often caused by frustration, but nonetheless people's families or carers may not receive support or advice on how to cope with it.
- Some people with an ASD suffer from depression and anxiety, which places stress on family members.
- ASD is an invisible disability. Families are often worn out by the almost constant battles they have to fight in order to secure any sort of support. Public attitudes to ASD are often not sympathetic. This can take its toll on family resources – emotional, social, physical and financial.
- Families and carers worry about the future. Some adults with an ASD do not wish to be assessed. Others may not have received services that meet their needs, as they don't fit the criteria for either learning disability or mental health services.
- There is thought to be genetic element to ASD, and occasionally parents will also have some degree of social communication difficulty. This needs a sensitive approach and you may use similar communication techniques to those you employ with their son or daughter.

The skill of the professional is in keeping the person's best interests at heart and making these the focus of support and intervention.

Summary: top tips

Here are our top tips for preparing for, and carrying out, an assessment of needs for people with an ASD.

- › Prepare: think in particular about how best to communicate and engage with a person with an ASD. It may not be easy and new ways of working will sometimes need to be found. Speak to the person's family and carers.
- › Allow plenty of time for the assessment. It is likely to take longer for people with an ASD than for others.
- › Be aware that some people will resist support. Do not take lack of initial engagement as evidence of lack of needs.
- › People with an ASD may mis- or under-represent their own needs – sometimes because they don't know how to express these needs themselves. It is important for professionals to be aware of this. Involve people's wider support networks in the assessment process and help the person find ways to express their needs.
- › Use person-centred planning – as well as the person themselves, involve parents, carers and other natural support networks in your assessing and planning.
- › Make sure you spend time finding out what the person's skills, strengths and abilities are, and what makes them tick. Understanding what is important to the person (for example, what makes them happy) will make for a more successful assessment. It will also boost people's self-esteem as they see that their interests and concerns are being considered.
- › Notice and record details that are important to a person's well-being. Paying attention to these things – even if they appear to be small or idiosyncratic to you – can be very important to those with an ASD.
- › Use visual methods of communicating if these will help the person you're assessing. Consider reinforcing spoken information with written and pictorial information. This may vary from visual schedules to the use of a calendar or diary.
- › Learn to identify the signs of stress in the person with an ASD and have agreed strategies to deal with this. Discuss this in a calm moment with the person themselves (if they are able), as well as with their family or those who know them best.
- › Remember that people with an ASD may have additional needs that should be assessed: they may experience anxiety or depression, have sensory sensitivities, or co-morbid conditions such as ADHD or dyspraxia.
- › Always be aware of sensory issues. People with an ASD may not be able to tell you what is causing them stress; sometimes, you may need to be a detective and try to imagine what could be causing it. For example, it could be a noise that is so low that you have not registered it.
- › Tailor assessment (and service planning) to people's individual needs. Record people's strengths and abilities as well as their support needs.
- › Understand autism, understand the person and develop a positive relationship – out of this comes good assessment.



Further reading and useful contacts

Further reading

Attwood, T. (2006). *The complete guide to Asperger syndrome*. London: Jessica Kingsley Publishers

Howlin, P (1997; updated 2004). *Autism and Asperger syndrome; preparing for adulthood*. Oxford: Routledge

Powell, A. (2002). *Taking responsibility; good practice guidelines for services for adults with Asperger syndrome*. London: The National Autistic Society

Wing, L. (2002). *The autistic spectrum: a guide for parents and professionals*. London: Constable and Robinson

Sensory issues

Brown, C. and Dunn, W. (2002). *Adolescent/adult sensory profile*. San Antonio, Texas: The Psychological Corporation USA
Specialist occupational therapist's instrument for identifying sensory processing patterns and effects on functional performance.

Nguyen, A. (2006). *Creating an autism-friendly environment*. London: The National Autistic Society

Wilkes, K. (2005). *The sensory world of the autistic spectrum: a greater understanding*. London: The National Autistic Society

Yack, E., Aquilla, P., and Humphries, S. (2002). *Building bridges through sensory integration*. Arlington, Texas: Future Horizons

Useful contacts

NAS Training and Consultancy has ten years' experience delivering training in ASDs to professionals throughout the UK. We offer training on subjects including autism; Asperger syndrome; sensory issues; ways of supporting social communication and interaction; challenging behaviour; and effective partnerships with parents and carers. Visit www.autism.org.uk/training to find out more.

Autism spectrum disorders (ASDs) are lifelong developmental disabilities. Some people with an ASD are able to live relatively 'everyday' lives; others will require a lifetime of specialist support. Most will benefit from services based around their individual needs, but it may not always be easy for social care staff to identify what these needs are.

This booklet is for professionals who are involved in assessment and care planning for adults with an ASD. With greater understanding of the way ASD affects each person differently, assessors can make sure that support and resources are directed in the most cost-effective and appropriate way.

NAS Cymru is the charity working throughout Wales for people affected by autism.

There are over 25,000 people in Wales with autism. Together with their families, they make up over 100,000 people whose lives are touched by autism every single day.

Despite this, autism is still relatively unknown and misunderstood. Which means that many of these 100,000 people get nothing like the level of help, support and understanding they need.

Together, we are going to change this.

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Cwmni cyfyngedig trwy warant yw 'The National Autistic Society' wedi ei gofrestru yn Lloegr (Ffif 1205298) ac elusen wedi ei gofrestru yn Lloegr a Chymru (269425) ac yn yr Alban (SC039427), swyddfa gofrestredig 393 City Road, Llundain, EC1V 1NG

Argraffwyd gan Crowes

Gyda'n gilydd, byddwn yn newid hyn.

a dealltwriaeth sydd eu hangen arnynt.
awstistaeth yn derbyn y lefel o gymorth, cefnogaeth
hyn nad yw nifer o'r 100,000 o bobl sydd hefo
anadnabyddus a chaff ei gamddehongli. Golyga
Serch hynny, mae awstistaeth yn gymharol
o bobl pob dydd.

Mae gan dros 25,000 o bobl yng Nghymru
awstistaeth. Os ydych chi'n cynnwys eu teuluoedd,
mae awstistaeth yn cyffwrdd bywydau dros 100,000
o bobl pob dydd.

NAS Cymru yw'r elusen sydd yn gweithio trwy Gymru ar gyfer pobl y mae awstistaeth yn effeithio arnynt.

Mae'r llawlyfr hwn ar gyfer gweithwyr profresynol sy'n ymwneud ag asesu a chynllunio gofal i oedolion ag ASD. Gyda gwell dealltwriaeth o'r ffordd y mae ASD yn effeithio ar bob un yn wahanol, gall aseswyr wneud yn siŵr bod cymorth ac adnoddau yn cael eu cyfeirio yn y ffordd fwyaf cost-effeithiol a phriodol.

Mae anhwylderau sbectrum awstistaeth (ASD) yn anabledau gallu gweld beth yw'r anghenion hyn yn hawdd bob amser. hanghenion unigol, ond efallai na fydd staff gofal cymdeithasol yn eu hoes. Bydd y rhan fwyaf yn derbyn gwasanasathau ar sail eu gyffredin, 'bob dydd'; bydd eraill angen cymorth arbenigol gydol datblygiadol gydol oes. Mae rhai yn gallu byw bywydau gymharol datblygiadol gydol oes. Mae rhai yn gallu byw bywydau cymharol

> Cofiwch y gall fod gan bobl ag ASD anghenion ychwanegol y dylid eu hasesu: gall hynny gymwys pryder neu iselder, sensitifrydd synhwyraidd, neu gyhytrau cyd-fordidrydd megis ADHD neu ddyspraxia.

> Cofiwch i fod yn ymwybodol o faterion synhwyraidd bob amser. Efallai na fydd pobl ag ASD yn gallu dweud wrthy'ch chi beth sy'n achosi straen i ddyn nhw; weithiau, efallai y bydd angen i chi fod yn dditectif a cheisio dychmygu beth fyddai wedi'i achosi. Er enghraifft, gallai hynny fod yn swm sydd mor isel fel nad ydych chi wedi'i glywed.

> Cofiwch addasu'r asesiad (ar gwairth cynllunio gwasanaethau) i anghenion unigol pobl. Cofnodwch gryfderau a galluoedd pobl yn ogystal â'u hanghenion cymorth.

> Ceiswch ddeall awtistiaeth, deall yr unigolyn a datblygu perthynas gadarnhaol – trwy wneud hyn gallwch gymal asesiad da.

Darllen pellach a chysylltiadau defnyddiol

Darllen pellach

Attwood, T. (2006). *The complete guide to Asperger syndrome*. Llundain: Jessica Kingsley Publishers

Howlin, P (1997; diweddarwyd 2004). *Autism and Asperger syndrome: preparing for adulthood*. Rhhydychen: Routledge

Powell, A. (2002). *Taking responsibility; good practice guidelines for services for adults with Asperger syndrome*. Llundain: Y Gymdethas Genedlaethol Awtistiaeth

Wing, L. (2002). *The autistic spectrum: a guide for parents and professionals*. Llundain: Constable and Robinson

Materion synhwyraidd

Brown, C. and Dunn, W. (2002). *Adolescent/adult sensory profile*. San Antonio, Texas: Corfforaeth Seicolegol UDA
Dull arbenigol therapydd galwedigaethol ar gyfer nodi patryman preses synhwyraidd ar effeithiau ar berfformiad syddogogaethol.

Nguyen, A. (2006). *Creating an autism-friendly environment*. Llundain: Y Gymdethas Genedlaethol Awtistiaeth

Wilkes, K. (2005). *The sensory world of the autistic spectrum: a greater understanding*. Llundain: Y Gymdethas Genedlaethol Awtistiaeth

Yack, E., Aquilla, R., and Humphries, S. (2002). *Building bridges through sensory integration*. Arlington, Texas: Future Horizons

Cysylltiadau defnyddiol

Mae gan NAS Training and Consultancy ddeng mlynedd o brofard o ddarparu hyfforddiant ar ASD i weithwyr proffesiynol ledled y DU. Rydym yn cynnig hyfforddiant ar bynciau sy'n cynnwys awtistiaeth; syndrom Asperger; materion synhwyraidd; ffydd o gyntwrthwyo cyfathrebu a rhyngweithio cymdeithasol; ymddygiad heriol; a phartneriaethau effeithiol gyda rhieni a gofalwyr. Ewch i www.autism.org.uk/training i gael mwy o wybodaeth.

i fynegi'r anghenion hyn eu hunain. Mae'n bwysig bod gweithwyr profffesiynol yn ymwybodol o hyn. Dylid cynnwys rhwydweithiau cymorth ehangach yn y broses asesu a chynorthwyo'r unigolyn i ganfod ffyrdd o fynegi eu hanghenion.

> Defnyddiwch brosesau cynllunio sy'n canolbwyntio ar yr unigolyn – yn ogystal â'r unigolyn ei hun, dylid cynnwys rhieni, gofalywr a rhwydweithiau cymorth naturiol eraill wrth asesu a chynllunio.

> Gnewch yn siŵr eich bod chi'n treulio amser yn canfod beth yw sgliau, cryfderau a galluoedd yr unigolyn a beth sy'n ei ysgogi. Bydd deall beth sy'n bwysig i'r unigolyn (er enghraifft, beth sy'n ei wneud yn hapus) yn sicrhau asesiad mwy llwyddiannus. Bydd hefyd yn rhoi hwb i hunan-barch yr unigolyn gan y bydd yn gweld bod ei ddi-ddordebau a'i bryduron yn cael eu hystyried.

> Cymwch sylw a chofnodwch fanylion sy'n bwysig i les unigolyn. Rhaid talu sylw i'r pethau hyn – hyd yn oed os ydyn nhw i weld yn fach neu'n hynod i chi – gallan nhw fod yn bwysig iawn i'r unigolyn sydd ag ASD.

> Defnyddiwch ddulliau gwledol o gyfarthrebu os bydd y rhain yn cynorthwyo'r sawl rydych chi'n ei asesu. Ystyriwch atgyfnerthu'r wybodaeth lafar gyda gwybodaeth ysgrifenedig a darluniau. Gall hyn amrywio o amserlenni gwledol i ddefnyddio calendr neu ddyddiadur.

> Dysgwch i adnabod arwyddion straen mewn unigolyn sydd ag ASD a sicrhau bod gennyh strategaethau y cytuawyd arny'n nhw i ymdrin â hyn. Trafodwch hyn ar eiliaid dawel gyda'r unigolyn ei hun (os yw'n bosibl iddo wneud hyn), a'i deulu neu'r rhai sy'n ei adnabod orau.

cael y gwasanaethau sy'n diwallu'u hanghenion, gan nad ydyn nhw'n ateb y meini prawf ar gyfer naill ai gwasanaethau anabledl dysgu neu iechyd meddwl.

> Tybit bod yna elfen enetig i ASD, ac weithiau bydd gan rieni rywfaint o anhawster cyfarthrebu cymdeithasol hefyd. Mae angen ymdrin â hyn yn sensitif ac efallai y byddwch yn defnyddio technegau cyfarthrebu tebyg i'r rhai rydych yn eu defnyddio gyda'r mab neu'r ferch.

Sgîl y gweithwyr profffesiynol yw sicrhau bod lles penaf yr unigolyn wrth wrtaidd popeth a sicrhau mai'r rhain yw canolbwynt y cymorth a'r ymyriad.

Dyma'n hawgrymiadau ar gyfer paratoi i asesu anghenion pobl ag ASD a chymal asesiad o'r fath.

> Paratowch: meddyliwch yn arbennig am y ffordd orau o gyfarthrebu ac ymgysylltu ag unigolyn ag ASD. Efallai na fydd hi'n hadd ac weithiau bydd angen canfod ffyrdd newydd o weithio. Mynwch a'r gyda theulu a gofalywr yr unigolyn.

> Neilltewch ddigon o amser ar gyfer yr asesiad. Mae asesu pobl ag ASD yn debygol o gymryd mwy o amser na phobl eraill.

> Byddwch yn ymwybodol y bydd rhai pobl yn amharod i dderbyn cymorth. Peidiwch â chymryd bod diffyg ymateb cychwynnol yn arwydd o ddiffyg anghenion.

> Gall pobl ag ASD gamfynegi eu hanghenion neu beidio â'u mynegi'n ddigonol – weithiau am nad ydyn nhw'n gwybod sut

Gweithio gyda rhieni a phobl arwyddocaol eraill

Mae llawer o bobl ag ASD yn dibynnu ar eu teulu am gymorth ac yn dal i fyw gartref. Mae eraill sy'n byw'n annibynnol yn gallu gwneud hynny yn aml o ganlyniad i lawer o gymorth gan aelodau'r teulu. Mae'n debygol mai'r rhiant neu'r gofawr fydd yn gwneud y cais cychwynnol am asesiad.

Rhaid dweud wrth aelodau'r teulu sy'n ofalwyr am eu hawl i gael asesiad gofawr. Weithiau gellir cynnig gwasanaethau cymorth o dan ddeddfwriaeth gofawr⁷ os yw unigolyn ag ASD wedi gwrthod derbyn cymorth ar sail ei hawl ei hun.

O bryd i'w gilydd, mae'r rhieni at brodyr at chwiorydd yn teimlo eu bod wedi'u gadael allan o'r broses asesu a chynllunio am y dywedir wrthyn nhw mai eu mab neu'u merch yw'r cleient, nid y'n hw. Efallai y bydd yna densiwn rhwng credoau a ffordd o fyw rhieni hefyd (at ffordd y bydden nhw am i'r rhain gael eu hadlewyrchu yn y gwasanaethau), a rhai eu plentyn. Fodd bynnag, yn gyffredinol, bydd teuluoedd yn darpasu ymrwymiad hirdymor, gofal, dealltwriaeth a gwyboddaeth fanwl am y sawl rydych chi'n ei asesu.

Weithiau mae o fantais i drefnu cyfarfod ar wahân i siarad â'r rhai sy'n cymorthwyr unigolyn, a chael eu safbwyntiau. O bryd i'w gilydd gall y wybodaeth hon ffurfio rhan o asesiad y gofawr y byddwch yn ei gynnig. Bydd cyfarfod â theulu neu ofalwyr unigolyn yn gofyn am agwedd sensitif a chadarnhaol. Er enghraifft, efallai y byddwch chi'n dweud wrth y sawl sydd ag ASD, 'Er mwyn i mi allu rhoi'r gwasanaeth gorau posibl i chi, mae angen i mi siarad â'r rhai sy'n eich cymorthwyo mewn rhyw ffordd'. Os yw'r unigolyn yn teimlo'n gryf nad ydyw am i chi gysylltu â neb arall, bydd angen i chi barchu hynny.

⁷ Deddf Gofawr a Phiant Anabl 2000; Deddf Iechyd a Gofal yn y Gymuned (yr Alban) 2008.

Mae'r materion canlynol yn gyffredin ar gyfer teuluoedd y mae ASD yn effeithio arny'n nhw.

- > Mae llawer o bobl ag ASD yn cael anhawster cysgu. Mae hyn yn aml yn golygu bod y prif ofalwyr hefyd yn colli cwsig ac wedi gwneud hyn ers sawl blyddyn.
- > Efallai bod gan bobl anghenion deietegol penodol. Mae hyn yn golygu bod yn rhaid i'r teulu neu ofalwyr goginio dau bryd o fwyd ar wahân a siopa ar wahân i'r sawl sydd ag ASD. Hefyd mae'n aml yn achosi pryder mawr i ofalwyr pobl.

- > Mae rhai pobl ag ASD yn gallu mynnu eu ffordd eu hunain yn y cartref. Gall hyn fod yn anodd i'r teulu a gofawr.

- > Gall pobl ag ASD fynnu llawer o sylw gan eu rhieni neu ofalwyr, sy'n gallu gwneud i bobl eraill, megis brodyr a chwiorydd deimlo'n ddig. Gall rhieni deimlo'n euog.

- > Weithiau, mae pobl ag ASD yn dangos ymddygiad heriol megis ymosod yn gorfforol neu'n eiriol. Rhwystredigaeth yw'r rheswm am hyn yn aml, ond er gwaethaf hynny efallai na fydd eu teuluoedd neu ofalwyr yn cael y cymorth at cymorth ar sut i ymdopi â hyn.

- > Mae rhai pobl ag ASD yn wnebu iselder a phryder, sy'n rhoi strae'n ar aelodau'r teulu.

- > Mae ASD yn anabledd anweddig. Mae teuluoedd yn aml wedi blino'n lân gan y frwydr barhaus o geisio sicrhau unrhyw fath o gymorth. Nid yw'r cyhoedd yn dangos cydymdeimlad o hyd tuag at ASD. Gall hyn adael ei ôl ar adnoddau'r teulu – yn emosiynol, cymdeithasol, corfforol ac ariannol.

- > Mae teuluoedd a gofawr yn gofдио am y dyfodol. Nid yw rhai oedolion ag ASD am gael eu hasesu. Efallai na fydd eraill wedi

Gweler tudalen 43 am awgrymiadau ar gyfer darllen am faterion synhwyraidd ac awtisticaeth.

Awsterau cysylltiedig

Os ydych chi'n ei asesu yn profi rhai o'r awsterau canlynol sy'n gysylltiedig ag ASD, mae'n rhaid gofn i wasanaethau iechyd nodi'r awsterau hynny:

- > anabledd dysgu
- > anhawster dysgu penodol, ee dyslecsia
- > awsterau symud, ee dyspracsia
- > awsterau cysgu
- > awsterau gyda'r perfedd
- > gwingiadau
- > epilepsi/ffritiau
- > alergeddau neu sensitifwydd o ran deiet, ee i glwten neu gasain
- > nam ar y clyw neu'r golwg

- > tan-sensitifwydd neu or-sensitifwydd i boen, ee heb fod yn teimlo poen, felly'n methu â dweud wrth bobl bod rhywberth o'i le ymateb i dymheredd, ee nid yw fel petai'n profi gwres neu oerni eithafol yn yr un modd â phobl eraill
- > ADHD/ADD.

Dylid nodi manylion yr awsterau cysylltiedig a sut maen nhw'n cael eu rheoli.

Hefyd, mae gan lawer o bobl ag ASD awsterau iechyd meddwl. Mae'r rhai mwyaf cyffredin yn cynnwys iselder, problemau pryder

Ymddygiad

mae'n hanfodol gwneud yn siŵr o hyn fel rhan o'ch asesiad. Os ydych chi'n tybio bod gan rywun awsterau iechyd meddwl, dylech ymgynghori â seicolegydd neu seiciatridd. Dylech nodi sut mae unrhyw awsterau iechyd meddwl yn cael eu rheoli ar hyn o bryd ac unrhyw gynlluniau triniaeth sydd ganddynr.

Dylai'ch asesiad edrych ar ymddygiad unigolyn hefyd, gan y bydd hynny o gymorth i gynllunio unrhyw gymorth yn y dyfodol. Er enghraifft:

- > obsesiynau a defodau sy'n rhwystro swyddogachau bob dydd
- > gorfywta neu beidio â bwytia digon ac awsterau deietegol eraill
- > ynysu cymdeithasol (ee gwrthod gadael y tŷ)
- > hunan-essguluso
- > rdedeg i ffwrdd
- > diffyg synwyr o berygl (ee diffyg deall y gall rdedeg allan i ffordd brysut fod yn beryglus)
- > diniweldrwydd cymdeithasol a diogelwch personol y tu allan i'w cartref (ee rhoi arian ac eitemau personol i dddeithriaid)
- > cam-drin geiriol
- > problemau gyda gofal neu dactlusrwydd personol
- > ymddygiad rhywiol amhriodol
- > hunan-niweldio
- > ymddwyn yn ymosodol at bobl eraill
- > difrodi eiddo.

Arogl

Gall pobl ag ASD:

- > fod yn sensitif iawn i rai aroglau a bydd pethau fel persawr, bwyddedd arbennig neu fwg sigarennau yn tynnu eu sylw
- > hoffi, neu beidio â sylwi ar arogl eu cyrff eu hunain a ddim am newid eu dillad
- > bod â rhai hoff aroglau
- > dim ond yn gallu defnyddio sebon adiaroglydd niwtral
- > dim am fwya gyda phobl eraill oherwydd arogl eu bwyd.

Cyffwrdd

Gall pobl ag ASD:

- > deimlo'n anghyfforddus neu hyd yn oed yn boenus wrth i bobl eraill eu cyffwrdd yn ysgafn
- > gwrthod ysgwyd llaw
- > teimlo bod tywydd arbennig yn cael effaith annifyr ar eu croen
- > casâu cael eu gwallt wedi'i frwsio, ei dorri neu ei olchi
- > peidio â sylwi neu ymateb i boen corfforol
- > mwynhau'r teimlad o bwysau cadarn ar eu croen.

System ymwybyddiaeth o'r corff

Mae hyn yn dweud wrthyfym lle mae gwahanol rannau'r corff a sut mae'n hwb'n symud. Effallai na fydd pobl ag ASD mor ymwybodol o'r corff ac effallai y byddan nhw'n:

- > ymddangos yn drwsgl neu'n dueddol o gael damwainiau

> ei gweld hi'n anodd cydsymud

- > ffatio amgylchoedd hawdd symud ynddyn nhw, ee ystafelloedd heb annibendod
- > teimlo'n ddigyffro ac yn gallu canolbwyntio ar ôl cael y corff wedi'i dylino
- > mwynhau cyswllt corfforol a chael eu 'gwasgu'.

Cydbwysedd (system festiblaidd)

Mae'r system hon yn dweud wrthyfym lle mae'r corff ac a ydyn ni, neu'n ein hamgylchoedd yn symud. Gall pobl ag ASD:

- > deimlo'n sal yn hawdd wrth deithio, hyd yn oed wrth ddringo grisiau
- > mwynhau gweithgareddau sy'n cynnwys troi neu neidio, ee reidiau ffair neu fynd ar drampolin
- > cael anhawster gyda gweithgareddau sy'n gofyn am gydbwysedd, ee seiclo

- > cael anhawster i ddod o hyd i'w ffordd trwy ystafell ac osgoi rhwystrau megis dodrefn a phobl eraill.

Wrth ystyried angenhion tai a bywyd bob dydd, rhaid gwneud yn siŵr bod unigolyn ag ASD mewn amgylchedd sy'n ystyried ei wahaniaethau synhwyraidd. Yn nodweddaiadol, bydd yn well gan bobl iefydd gyda llai o annibendod, wedi'i addurno'n niwtral, gyda golau isel, digon o le, arwyddion clir, llai o bobl a sw'n sy'n ymyrryd, megis traffig neu waitch plymio swllyd. Mae cymdogion swllyd yn achosi anhawster i bobl ag ASD. Gall fod yn well gan pobl ag ASD os byddwch chi a phobl eraill sy'n cydweithio â nhw yn osgoi persawr cryf, dillad llwgar neu emwaitth sy'n tincian.

Aseu anghenion synhwyraidd unigolion

Fel y crybwyllwyd ar dudalen 10, mae gan lawer o bobl ag ASD sensitiftrwydd synhwyraidd. Gall pobl chwilio am broffadau

synhwyraidd neu geisio eu hosgoi. Mae hwn yn faes pwysig i'w ystyried yn ystod asesiad gan ei fod yn effeithio ar y ffordd y mae pobl yn ymdopi â'r amgylchedd o'u cwrmpas.

Os yw'n edrych yn debyg bod gan unigolyn anghenion synhwyraidd, dylai therapdd galwedigaethol sydd yn deall materion synhwyraidd mewn pobl ag ASD gyflawni asesiad.

Yn ogystal â chynnwys anghenion synhwyraidd bob dydd unigolyn yn eich adroddiad aseu, gallwch weithio i wneud yr asesiad mor gyfforddus â phosibl iddo. Er enghraifft, mae'n well gan rai pobl olau dydd naturiol na golau scribed artiffisial mewn ystafell gyfarfod.

Gall pobl ag ASD fod â sensitiftrwydd synhwyraidd o ran rhai neu bob un o'r synhwyrau canlynol. Bydd lefel y sensitiftrwydd yn amrywio o ddydd i ddydd, a bydd ffactorau megis straeu, yr amgylchedd neu flinder corfforol yn effeithio ar hyn.

Golwg

Gall pobl ag ASD:

- > fod yn fwy cyfforddus yn defnyddio golwg perifferol (edrych trwy gornel y llygad)
- > sylwi (ac weithiau llygadrythu) ar fanylion manwl, megis symudiadau bach iawn rhyw wrthrych mewn ystafell
- > ei chael hi'n anodd olrhain symudiadau
- > hoffi gwisgo cap pêl fasedd â phig neu sbectol haul i leihau golau tanbaid, oherwydd gor-sensitiftrwydd i olau

- > casâu newidiadau mewn patrymau llawr (ac felly'n teimlo'n nerfus ynglŷn â cheredded rhwng gwahanol fannau neu ystafelloedd).

Clyw

Gall pobl ag ASD:

- > fod yn anghyfforddus gyda synau arbennig, er enghraifft sychwtr llaw, sugnwr llwch, neu ffyrddd prysur

- > ei chael hi'n anodd anwybysu synau tawel neu bell i ffwrdd y mae pobl eraill yn eu cau allan; felly gall fod yn anodd iddyn nhw ganolbwyntio ar y pwnc dan sylw – er enghraifft, y sawl sy'n siarad â nhw

- > casâu swn rhai bwydydd yn y geg
- > defnyddio swn i gau synau eraill allan – etallai y byddan nhw'n hymian iddyn nhw eu hunain, neu ddefnyddio ffan er mwyn mynd i gysgu gyda'r nos.

Blas

Gall pobl ag ASD:

- > fod yn hynod sensitif i ansaswdd neu flas rhai bwydydd
- > dilyn deiet cyfyngedig
- > bod â branar (bwyra sylweddau anfwytrawy)
- > casâu blas rhywbeth fel past darnedd, felly'n casâu glanhau'n darnedd
- > bod eisiau rhoi cynnig ar fwydydd newydd ac ysu am fwydydd sbeslyd.

- < Pwy sy'n gallu codi fy nghalon; pwy rydw i'n hoff o fod yn eu cwmni
- < Pethau sy'n achosi pryder a strae'n i mi
- < Pwy all fy nghynorthwyo i os ydwn i dan strae'n – beth sydd angen iddyn nhw ei wneud?

- < Sut ydwn i'n ymlacio a sut ydwn i'n hoffi treulio fy amser hamdden
- < Gyda phwy ydwn i'n treulio'r rhan fwyaf o'r dydd

- < Y math o unigolyn rydw i'n ei hoffi fel ffrind gorau
- < Y math o unigolyn sydd orau am roi cymorth i mi
- < Beth rydw i'n ei hoffi amdanaf i fy hun

- < Beth mae eraill yn ei ddweud y maen nhw'n hoffi amdana
- < Beth yw fy arferion bob dydd pwysig.

Mae'r math hwn o wybodaeth yn ymwneud â chanolbwyntio ar yr hyn y mae unigolyn yn gallu ei wneud, yn hytrach na'i anawsterau a'i gyfyngiadau. Mae'n rhan hanfodol o unrhyw asesiad – edrych ar yr hyn y gall unigolyn ei wneud a datblygu i hunan-barch. Hefyd, mae'n rhoi gwell syniad o lawer am drefn arferol unigolyn, yr hyn sydd orau ganddo a'i briodweddau, sy'n golygu bod modd diwallu ei anghenion yn well.

Mae'n bwysig talu sylw i fanylion bywyd unigolyn a'r hyn sydd orau ganddo. Gall yr hyn y mae eraill yn eu hyspried fel mân betheu fod yn bwysicach na dim arall i unigolyn. Bydd yn egluro'r hyn sy'n ysoggi unigolyn i wneud neu osgoi rhai pethau. Er enghraifft, os yw unigolyn ag ofn cwn a'ch bod chi'n awgrymu mynd am dro i'r parc lleol, mae'n dra thebygol y bydd yn gwrthod mynd. Gall methu ymddiriedaeth rhywun trwy barchu'r dewisiadau hyn. Gall methu cydnabod pwysigrwydd manylion beryglu unrhyw gymorth sydd ar waith.

- < Sut mae'r unigolyn am ryngweithio. A yw'r unigolyn yn hoffi cymdeithasol heb strwythur? Faint o sgwrs all e ymdopi â hi ar unrhyw amser – pum munud; deng munud neu fwy?
- < Perthynas. Er enghraifft, mae gan yr unigolyn un ffrind da a sawl un mae'n eu hadnabod.

Yn gryno, dylech geisio cofnodi sut mae unigolyn yn cyfarhreu syniadau a meddyliau, gwneud dewisiadau, mynegi dymuniadau a theimladau a datblygu perthynas. Defnyddiwch hyn i lywio'ch asesiad.

Beth sy'n bwysig i'r unigolyn?

Mae'n ddefnyddiol gwneud yn siŵr bod yr asesiad yn ymwneud cymaint â'r sgiliau a'r galluoedd sydd gan bobl a'r pethau y maen nhw'n eu mwynhau, ag yw yn ymwneud â'r anawsterau sydd ganddyn nhw a'u casbetheu.

Fel rhan o'r asesiad, dylech ystyried yr holl ffactorau a all eich cynorthwyo i ddeall personoliaeth rhywun. Dyma rai enghreifftiau o benawdau ar gyfer asesiad y gellir casglu manylion am fywyd unigolyn oddi tanynt:

- < Pethau rydw i'n eu gwneud yn dda
- < Fy niddordebau am hobïau
- < Pethau rydw i'n hoffi eu gwneud
- < Pethau rydw i'n casâu eu gwneud

- < Pwy yw fy nhenu, fy ffrindiau, pobl rydw i'n eu hadnabod a phobl eraill rydw i'n cael perthynas â nhw
- < Pwy sy'n f'adnabod i orau

Sut mae'r unigolyn yn rhngweithio a chfathrebu?

Mae angen i'ch asesiad ystyried sut mae cyfathrebu, rhngweithio, hyblygrwydd meddwl ac anawsterau eraill yn effeithio ar yr unigolyn o ddydd i ddydd.

Cyn i chi gyfarfod ag unigolyn ag ASD am y tro cymtaf dylech chi ganfod sut mae'n hoffi cyfathrebu a beth yw lefel ei sgiliau cyfathrebu. Wrth i chi ddod i adnabod yr unigolyn yn well, byddwch chi am gofnodi mwy o wybodaeth fanwl.

Dylech chi gofnodi lefel sgiliau cyfathrebu unigolyn trwy edrych ar:

- > y ffordd y mae'n defnyddio'r iaith lafar, ee geiriau unigol; ymadroddion tri i bum gat; a oes ganddo ecolalia (ail-adrodd yr hyn mae pobl arall newydd dddweud)
- > a yw'n defnyddio systemau cyfathrebu eraill, ee iaith arwyddion, symbolau, PECS (Systemau Cyfathrebu drwy Gyfnewid Lluniau), dyfeisiadau i helpu cyfathrebu
- > faint mae'n ei ddeall o'r hyn y mae pobl eraill yn ei ddweud, ee mae'n gallu deall y rhan fwyaf o sgyrsiau syml, diamwys ond dylid osgoi trafodaeth hir a siarad man
- > a oes ganddo unrhyw anawsterau penodol i gyfathrebu, ee mudandod, atal dweud, neu anhawster rheoli ton neu swm y llais.

Dylid asesu sgiliau cyfathrebu a rhngweithio hefyd. Mae'r rhain yn cynnwys gallu unigolyn yn y meysydd canlynol.

- > Mynegi ie neu na. Efallai fod pobl yn deall y cysyniad ond weithiau'n ateb 'na' beth bynnag. Wrth gynnig eitem i rywun, dylid gwneud yn siŵr ei fod yn deall trwy ei gynnig yn gorfforol yna gofyn etc.

- > Gwneud dewisiadau. Er enghraifft, gall rhai pobl wneud dewis bwyd o fwyllenn neu ddewis gweithgaredd o restr fer o ddim mwy na thri dewis.
- > Cychwyn cyfathrebu. A fydd pobl yn dechrau sgwrs eu hunain, neu a fyddan nhw'n gwneud hynny ar ôl cael cyfarwyddyd llafar neu weledol?
- > Mynegi teimladau. Efallai na fydd pobl yn deall geiriau emosiwn megis blin, hapus, iawn neu drist nac yn gallu mynegi'r emosiynau hyn. Fodd bynnag, efallai y byddan nhw'n gwybod geiriau eraill am emosiynau neu ffyrdd o fynegi'r rhain.

- > Agwedd gymdeithasol gyffredinol ac integreiddio. Er enghraifft efallai y bydd rhywun yn ymddangos yn allblyg (er nad yw felly yn naturiol), neu ei fod am ddatblygu perthynas mwy cymdeithasol. Efallai y gall siarad am destunau o ddi-ddordeb cyffredinol a/neu gynnal sgwrs, ond ei fod yn casáu gwneud hynny.

- > Gofyn am gymorth. A all unigolyn ofyn am gymorth os ydyw ei angen? A fydd yn tueddu i ffonio ei rieni ac a fydd angen ei argoffa i gysylltu â'i weithwyr cymorth yn lle hynny? A fyddai'n gwybod i bwy i ofyn am gymorth mewn llefydd cyhoeddus?

- > Trafod digwyddiadau bob dydd. Dim ond weithiau yn unig y gall rhai pobl drafod eu diwrnod heb gael cyfarwyddyd i wneud hynny. Efallai hefyd y byddan nhw'n ymateb yn well i gwestiynau caeedig, ee 'Sawl hyd wnaethoch chi noho prynhawn heddiw?' yn hytrach na 'Gawsoch chi hwyl yn y pwl?'.

- > Cynnal sgwrs. All yr unigolyn gyfarach yn ôl ac weithiau ofyn hyn mewn sgwrs? A fydd yn eiwa ar awgrym megis 'Allwn ni fynd cwestiwn dilynol? A yw'n cofio gwybodaeth bersonol a defnyddio nól i'r hyn oedden ni'n siarad amdano?'.

gymorth gallwch chi ei gynniig mewn gwirionedd? Am faint fyddwch chi mewn cysylltiad?

Gan ddibynnu ar ddealltwriaeth unigolyn, ceisiwch egluro pam rydych chi'n cyfarfod ag ef, beth yw'ch gwairth chi a pham eich bod chi am wybod rhai pethau amdano. Gall paratoi rhywfaint o wybodaeth am eich swyddogaeth ar broses asesu fod o gymorth ac, os yn briodol, gadewch y wybodaeth gyda'r unigolyn ac unrhyw gynorthwyr neu ofalwr. Efallai y byddai rhywun sydd ag anabledau dysgu difrifol angen y wybodaeth hon ar ffurf lluniau neu symbolau yn ogystal â geiriau. Cofwch addasu unrhyw esboniad i angen yr unigolyn. Gall 'Fy ngwairth i yw cael gwybod pa bethau rydych chi'n eu hoffi' fod yn ddiagon fel man cychwyn i rai pobl.

Byddwch yn glir am yr hyn y gallwch neu na allwch ei gynniig. Rydych chi'n eu hoffi' fod yn ddiagon fel man cychwyn i rai pobl. Cynorthwyrch yr unigolyn i ddeall beth fydd yn digwydd nesaf, fel ei fod yn gwybod bod yna drefn resymegol i'ch cyfarfoddydd.

Os mai dim ond am ychydig o amser rydych chi'n mynd i fod mewn cysylltiad â'r unigolyn, gwnewch yn siŵr ei fod yn deall pam, yn gwybod pan na fyddwch chi'n cysylltu mwyach, at bwy rydych wedi'i argyfeirio a sut i ddod i gysylltiad â'r gwasanaethau ero, os oes angen.

Materion ymarferol

Bydd pobl ag ASD yn elwa ar gyfarfod â gweithwyr proffesiynol sy'n deall eu cyflwr, yn cyfathrebu'n glir, yn rhoi'r wybodaeth i ddyn nhw am eu cynnydd ac yn sefydlu rhyw fath o drefn mewn perthynas â'r cyfarfoddydd asesu.

Mae pobl ag ASD yn gweld yn rhy aml fod pobl eraill yn teimlo embaras wrth grybwyll eu cyflwr. Os yw'r unigolyn yn gwybod bod ganddo ASD ac yn derbyn hynny, byddwch yn gadarnhaol (mewn

modd realistig) am ei gryfderau a'i ddiddordebau arbenig. Darllenwch am ASD cyn cyfarfod â'r unigolyn, oherwydd rhywun sy'n deall am ASD fydd yn fwyaf tebygol o gynorthwyo pobl i deimlo'n well amdany'n nhw eu hunain.

Mae cyfathrebu gyda phobl newydd yn flinedig i bobl ag ASD: mae neilltuo amser ar gyfer egwyll ac osgoi holi gormod o gwestiynau yn gallu helpu hyn.

Mae angen rhoi'r holl wybodaeth am y broses asesu i bobl ag ASD. Fel arfer, y peth gorau yw ysgrifennu atyn nhw i ddweud wrthy'n nhw (a'u rhieni, gofalwyr a phobl eraill arwyddocaol) faint o amser mae'n debyg y bydd rhaid i ddyn nhw aros cyn yr asesiad; beth sy'n digwydd mewn asesiad â'r meini prafw cymhwysedd i gael gwasanaethau. Os ydych chi'n rhagweld unrhyw oedi yn y broses, dylech egluro'r rhain o'r cychwyn cynaf. Gwnewch yn siŵr eich bod chi'n addasu faint o wybodaeth â'r math o wybodaeth rydych chi'n ei darparu yn ôl anghenion yr unigolyn.

Pan fyddwch chi'n cyfarfod ag unigolyn ag ASD, eglurwch pa mor hir fydd y cyfarfod yn gynaf. Gwnewch yn siŵr nad oes cyfarfod neu apwyntiad arall gan yr unigolyn yn syth ar ôl eich cyfarfod chi a cheisiwch drefnu cyfarfoddydd gan osgoi torri ar draws trefniadau arferol pobl. Er enghraifft, efallai y bydd unigolyn ag ASD angen cinio am 12.30pm er mwyn teimlo'n gyfforddus. Os bydd gweithiwr cymdeithasol yn gwneud apwyntiad am 12.15pm, gallai achosi cryn bryder a chwtogri cyfweiliad.

Rhybuddiwch pobl ymlaen llaw am newidiadau i'r drefn arferol staff gwahanol yn mynychu'r cyfarfoddydd. Bydd newidiadau neu anisgwyl yn achosi pryder.

Cofiwch y gall gwneud neu gynnal cyswllt llygad fod yn anodd i rai pobl ag ASD. Gall fod yn ddefnyddiol peidio â chynnal cymaint o gyswllt llygad gydag unigolyn hyd nes i chi ddod i'w adnabod. Bydd peidio ag eistred wneub yn wneub o helpur sefyllfa.

Gwneub yn siŵr nad yw iaitb y corff yn fygythiol. Peidiwch â mynd yn rhy agos at yr unigolyn na defnyddio llawer o ystumiau. Cadwch eich symudiadau ac iaitb y corff yn glir ac yn ddisgwyliadwy. Peidiwch â siarad yn rhy gyflym a cheiswch gadw tôn y llais yn wastad a chymedrol.

Eldrych ar ddealltwriaeth unigolyn

Gall pobl ag ASD ymddangos yn alluog iawn, a byddai'n hawdd cymryd yn gamiarol eu bod wedi deall popeth a drafodwyd ac wedi gwneud dewisiadau gwybodus. Cofiwch wneud yn siŵr bod yr unigolyn wedi deall. Er enghraifft, efallai y bydd rhywun ag ASD yn dweud ei fod yn gallu rheoli agwedd ar hunanofal ond mewn gwirionedd mae'n gwneud hynny gyda chymorth cyfarwyddyd llafar ym mhob cam. Byddai'r unigolyn yn teimlo ei fod yn ateb yn onest oherwydd mae'n gweld y sefyllfa mewn termau diriaethol.

Weithiau gall llythyr ar ôl cael sgwrs gynorthwyo i egluro'r hyn a ddwywedwyd ac a gytnuwyd. Os yw'r unigolyn yn eithaf pryderus, gall fod yn ddefnyddiol i anfon e-bost, neges destun neu llythyr byr i ddiolch iddo am ei gyfraniad defnyddiol i'r cyfarfod ac egluro'n glir beth fydd yn digwydd nesaf. Dylech gymnwys symbolau gwleddol neu luniau yn ogystal â thestun os oes angen hynny ar yr unigolyn. Peidiwch â chymryd yn gamiarol os ydych chi'n siarad gyda rhywun arall sydd yn yr ystafell y bydd rhywun ag ASD o reidtrwydd yn parhau i gymryd diddordeb, yn gwranddo neu'n deall bod y sgwrs hon hefyd yn berthnasol iddo ef hefyd. Gall fod yn ddefnyddiol bwrw

golwg yn ôl at yr hyn a drafodwyd o bryd i'w gilydd.

Byddwch yn ymwybodol y gall yr unigolyn fod yn ei chael hi'n anodd nodi'r hyn y mae'n hysw am ei gael neu wneud dewisiadau ar sail gwybodaeth gyfnyngedig. Er enghraifft, fe allan nhw ddewis lleoliad ar sail y fwydlen cinio yn y ffretur.

Cynllunwch yr asesiad o amgylch yr unigolyn

Mae rhai ffyrdd syml o gynllunio asesiadau fel eich bod chi'n cael y wybodaeth sydd ei hangen arnoch, a bod yr unigolyn rydych chi'n ei asesu yn deall yn union ac yn cymryd rhan yn y broses.

Er enghraifft, efallai y byddwch chi'n gofyn i'r unigolyn ysgrifennu cwestiynau y mae'n hysw am ofyn i chi ar bapur. Defnyddiwch y rhain i lunio'r agenda a cheiswch llynu wrthi. Ymdrinwch ag un testun ar y tro os oes modd, er mwyn osgoi dryswch. Gall fod angen atgoffa'r unigolyn bod yn hyn a hyn i'w gadw ar y trywydd iawn wrth sgwrsio.

Dylai pobl sy'n methu darllen gael gwybodaeth mewn fformat y mae'n hysw'n ei dddeall, er enghraifft dylid defnyddio lluniau neu symbolau i ddisgrifio'r asesiad at broses gynllunio.

Byddwch yn ofalus wrth ranu asesiadau a chynlluniau gyda'r unigolyn: ceiswch osgoi esboniadau llafar sy'n rhy ffaith a allai fod yn ddryslyd ac eto, defnyddiwch luniau neu symbolau os oes angen. Nodwch y gall rhai ymateb yn wael i eiriau ysgrifenedig y mae'n hysw'n eu gweld yn negyddol. Bydd angen i chi ysgrifennu'r asesiad neu'r cynllun mewn ffordd ddiamwys a chadarnhaol.

Byddwch yn glir am eich swyddogaeth

Mae'n ddefnyddiol bod yn glir am eich swyddogaeth o'r cychwyn cyntaf: beth ydych chi am ei gyflawni i'r unigolyn? Faint o

Bydd y cynghorion canlynol yn eich cynorthwyo i gyfarthrebu gyda phobl ag ASD yn ystod asesiad. Ni fydd pob cyngor yn berthnasol i bob un y byddwch chi'n ei asesu, bydd gan rai IQ cymedrol neu uwch, a bydd gan eraill anabledau dysgu dwys.

Cyfarthrebu geiriol

Mae rhai pobl sydd ag awstistiaeth yn rhugl iawn, ac eraill efallai ddim yn siarad o gwbl. Fodd bynnag, gall pob un ohonyn nhw gael anhawster i ddeall yr hyn rydych chi'n ei ddweud. Mae sawl rheswm am hynny, a sawl ffordd o gynorthwyo hefyd.

Gwnewch yn siŵr eich bod chi'n cael sylw'r unigolyn cyn cyfarthrebu, er enghraifft, dweudwch ei enw, yna arhoswch am ychydig cyn parhau. Arafwch eich dull cyffredinol a chaniatâu amser ar gyfer prosesu. Gall fod o gymorth cyffwrdd tua chwe eiliad yn eich pen ar ôl dweud rhywbeth, cyn disgwyl ymateb. Mae angen yr amser hwn (neu fwy) ar rai pobl i brosesu'r hyn rydych chi wedi'i ddweud. Os nad ydych chi'n siarad ac yn ymateb o gwbl, ail-adroddwch yr hyn a ddwywedwyd ac aros eto. Os na chwech chi ymateb eto, ceiswch arallreio.

Defnyddiwch lai o eiriau, yn enwedig yn yr ychydig gyfarfoddyd cynaf. Mae llai o eiriau wedi'u dewis yn dda yn well na siarad gormod. Mae ymarfer yr hyn rydych chi'n mynd i'w ddweud yn eich pen cyn siarad ac ystyried sut mae'n debygol o gael ei ddehongli yn gallu bod o gymorth. Dylai unrhyw ddeunydd ysgrifenedig a/neu weledol fod yn hawdd i'w ddeall heb fod yn rhy agos at ei gilydd. Defnyddiwch focsys a phenanwdau clir.

Defnyddiwch iaith ddiamwys. Mae'n hawdd iawn i bobl ag ASD gamddeall eich ystyr neu'ch bwriadau. Er enghraifft, gall 'Mae hwn yn edrych fel y math o goleg addas i ti' gael ei gymryd i feddwl 'Dyma'r coleg y byddi di'n mynd iddo'.

Ceiswch osgoi iaith amhendant. Er enghraifft, mae 'efallai' ac 'o bosibl' yn eiriau amodd i rai pobl ag ASD. Mae'n well dweud 'Dwi ddim yn gwybod', neu 'Gofynnwch i mi eto' wrthnos nesaf, fe wnaif i geisio cael ateb i chi'.

Dylech chi osgoi trosiadau ac ymadroddion a all gael eu cymryd yn llythrennol. Er enghraifft, gall 'Mae'n swnio fel tasach chi wedi cael hunllef yn ddiweddar' wneud i'r unigolyn feddwl eich bod chi'n gwybod beth yw eu breuddwydion. Byddwch yn ofalus wrth ddweud i'ochs; efallai na fyddan nhw'n cael eu deall.

Defnyddiwch lais digyffro a dibynnwch ar eich geiriau gwirioneddol i gyfarthrebu'n effeithiol. Bydd llawer o ystumiau neu or-animeddol yn drysu'r unigolyn. Gofynnwch gwestiynau syml y gall yr unigolyn eu deall a'u haterb. Er enghraifft, efallai bydd rhai pobl angen cwestiynau caeedig ('Hoffech chi astudio mewn coleg y flwyddyn nesaf?' yn hytrach na 'Beth ydych chi'n siarad am y dyfodol?'). Gallech chi hefyd ofyn pa un o ddau ddewis sydd orau ganddyn nhw.

Defnyddiwch gymhorthion gwledol fel bo'n briodol, er enghraifft lluniau, ffotograffau, symbolau ac awgrymiadau ysgrifenedig. Gallech ddefnyddio bwrdd dewis i ddysgu beth yw hoff bethau'r unigolyn. Bydd yn cymryd amser i ddeall pobl sydd ag anabledau dysgu difrifol a beth yw eu safbwyntiau.

Iaith y corff ac ystumiau

Efallai na fydd pobl ag ASD yn gallu 'darllen' iaith y corff ac ystumiau, felly ceiswch beidio â rhoi gwybodach bwysig yn y ffordd hon. Rhwch wybodaeth yn glir mewn modd y bydd yr unigolyn yn ei deall, boed hynny trwy ddweud y wybodaeth, ei hysgrifennu neu gan ddefnyddio gymhorthion gwledol.

> Gall holiadur amlddewis fod yn ffordd dda o gael gwybodaeth cyn eich cyfarfod cyntaf. Os ydyn nhw'n gallu ysgrifennu, gall llawer o unigolion ag ASD fynegi ei hunan yn huawdl a chynnig mwy o wybodaeth fel hyn.

> Efallai y bydd hi'n well gan rai pobl ysgrifennu eu hanghenion ar bapur yn hytrach na wnebu'r pwysau cymdeithasol o gyfarfod wnebu yn wnebu. Os felly, rhoch restr o gwestiynau clir a diamswys i'r unigolyn eu haterb.

> Weithiau bydd dull mwy ffurfiol, megis asesu ar ffurf ymarfer ysgrifenedig yn ddefnyddio, gan ei fod yn symud y canolbwynt i ffwrdd o ryngweithio uniongyrchol, Neu fell allwch chi adael y ffurfiol asesu gyda'r unigolyn, a'r teulu os yn berthnasol, i'w llenwi.

> Fodd bynnag, efallai nad yw rhai eraill yn hoffi asesiad gortffurfiol. Efallai y bydd rhai yn ei chael hi'n haws siarad pan fyddan nhw'n mynd am dro; bydd hi'n well gan eraill fynd am dro yn y car a siarad, fel nad oes angen iddyn nhw wneud cyswllt llygad.

> Efallai y byddwch chi am ofyn i'r unigolyn a yw cau ei lygaid yn ei gyntorhwyo i feddwl yn gliriach. Awgrymch iddo wneud hyn yn ystod yr asesiad os yw o gymorth. Neu gall unigolyn eich ateb chi'rwy dynnu llun yr hyn sydd yn ei feddwl, neu'r hyn mae'n ei dybio sydd bwysicaf.

> Ystywch ffyrdd o wneud y broses yn fwy ystyrlon. Efallai y byddwch am ddefnyddio diddordebau arbennig rhywun fel thema; neu ysgrifennu gwybodaeth yn ei hoff liw.

> Gall cymhorthion gwleddol gynorthwyo'r broses asesu. Yn gyntaf, gallan nhw gynorthwyo i amlinellu'r hyn rydych chi'n mynd i siarad amdano ac ym mha drefn. Yn ail, gallan nhw

gynorthwyo rhai pobl i ddeall yr hyn rydych chi'n ei ddweud. Yn drydydd, gall cymhorthion gwleddol gynorthwyo rhywun i fynegi dewisiadau a'r hyn sydd orau ganddo, er enghraifft gall defnyddio lluniau o wahanoi weithleoedd eich cynorthwyo i nodi pa agweddau ar yr amgylchedd hwnnw sy'n gwneud i'r unigolyn deimlo'n

gyfforddus. Mae rhai o'r cymhorthion gwleddol yn cynnwys Mind Maps™, siartiau llif, Talking Mats, graddfeydd 1 i 10, amserlenni a diagramau disgrifiadol. Mae rhai, megis Talking Mats, wedi'u llunio'n benodol ar gyfer pobl sydd ag anawsterau cyfathrebu.

> Bydd defnyddio darluniau pobl matsys syml o gymorth i rai pobl ag ASD sy'n gallu gwerthfawrogi'r gwahaniaeth rhwng geiriau a meddyliau gan fod hynny yn helpu iddyn nhw

ddyfnyddio eu meddyliau eu hunain a rhai pobl eraill. Gall hyn fod yn ffordd hawdd i gynorthwyo pobl i ddeall y gwahaniaeth rhwng eu meddyliau a'u geiriau eu hunain ac i gyflwynu eu meddyliau yn gywir i chi. Er enghraifft, gall eich chi dynnu llun dyn coesau matsys (gwneuch yn glir bod hynny'n cynrychioli'r sawl sydd ag ASD) a gofyn iddyn nhw ysgrifennu mewn gwahanol swigod meddyliau beth sy'n eu gwneud i deimlo'n hapus. Gallwch chi wneud hyn hefyd i ddangos teimladau pobl eraill, fel ei deulu, i'r unigolyn.

> Gall cyswllt geiriau fod yn ffordd ddefnyddio o weld sut mae pobl yn deall cysyniadau megis 'cartref', 'cyfflogaeth' neu 'gyfeillgarwch'.

Newid y ffordd rydych chi'n cyfathrebu

Mae'n bwysig cyfathrebu'n glir, mewn ffordd sy'n addas i'r unigolyn ac sy'n casglu'r wybodaeth sydd ei hangen arnoch i asesu'r angen yn deg a thrwyadl.

- > Am faint all yr unigolyn ganolbwyntio? I rai pobl ag ASD, byddai sgwrs o bum munud yn cael ei hyspried yn eithaf hir.
- > A oes geiriau neu bynciau y mae angen i chi eu hosgoi? (Mae gan rai pobl rai 'geiriau sbardun' neu bynciau sy'n peri gofod iddyn nhw; mae gan eraill ddi-ddordordobau arbennig a gall fod yn anodd dod â sgwrs amdany'n nhw i ben.)
- > A oes gan yr unigolyn unrhyw gasberthau, ofnau neu ffobiau? A fydd angen i chi osgoi siarad am y rhain o gwbl efallai, yn enwedig yn ystod camau cynnar asesu?
- > A oes gan yr unigolyn unrhyw ddiddordordobau arbennig? Allwch chi ddefnyddio'r rhain yn y broses asesu neu i sicrhau eu bod yn teimlo'n gyfforddus?
- > Beth sydd orau, cyfarfod yr unigolyn yn ei gartref neu mewn man arall y mae'r unigolyn yn gyfarwydd ag ef neu'n gyfforddus ynddo, er enghraifft parc cyhoeddus neu gaff lle gallwch chi gael rhywfaint o breifartwydd?
- > A yw'n gyfforddus â chyswilt llygad, ysgwyd dwylo a chael pobl eraill yn agos ato?
- > Beth yw'r amser gorau i gyfarfod ac am faint ddylai'r cyfarfod barhau? (Er enghraifft, ar adeg o'r dydd pan na fydd yr unigolyn yn mynd i weithgarech arall neu'n dod oddi yno. Efallai y bydd yn teimlo'n bryderus os bydd yn tybio bod y drefn arferol yn mynd i newid.)

Asesiad

Mae pob un ag ASD yn unigolyn. Er bod pawb ag ASD yn rhannu tri phrif faes anhawster, mae'n bwysig cofio y bydd eu profiad o fywyd yn wahanol iawn. Dim ond man cychwyn i chi yw gwybod bod rhywun wedi cael diagnosis o ASD. Mae asesu personoliaeth, galluedd, anawsterau, dyheadau ac anghenion cymorth unigolyn yn drwyadl yn cymryd amser.

Dulliau asesu creadigol

Os ydych chi'n gweithio gyda phobl ag ASD, fe welwch chi'n aml na fydd mynd i gartref yr unigolyn a cheisio cynnal asesiad yn unig yn gweithio. Ystyriwch y ffordd orau o gyfarthrebu â phob un rydych chi'n eu hasesu; i rai, gall hyn olygu meddwl am ffyrdd gwahanol o gynnal asesiad. Dyma rai awgrymiadau, ond cofiwch mai dim ond awgrymiadau ydyn nhw: y peth pwysig yw gwneud i bob unigolyn deimlo'n gyfforddus ac addasu'r asesiad ar gyfer ei ffordd ef o feddwl.

> Efallai y bydd hi'n well gan rai pobl siarad â chi trwy e-bost, system negeseuon uniongyrchol, galwad ffôn neu neges destun yn gyntaf. Mae hyn yn osgoi'r anawsterau y gallan nhw eu hwynnebu o ran rhyngweithio a chyfarthrebu cymdeithasol, megis methu â 'darllen' mynegiant neu iatth corff; neu ddeall hanfod yr hyn mae rhywun y ei ddweud. Fodd bynnag, dylech fod yn ymwybodol bod rhai pobl hefyd yn gweld galwadau ffôn yn anodd.

> Ceiswch ganfod a yw'r unigolyn am drefnu ei gyfarfod ei hun i drafod ei ddymuniadau a'i anghenion. Efallai y bydd am anfon gwahoddiadau. Efallai y bydd yr unigolyn am gynnal y cyfarfod mewn man mwy cyfforddus, sy'n fwy cyfeillgar i bobl ag awstisïaeth nag yw'ch gweithle chi.

i ddeall ac ymateb i bobl, ac i gael cydbwysedd rhwng yr hyn sy'n bwysig i rywun (er enghraifft, ei hunaniaeth a'i ffordd o fyw) a'r hyn sy'n bwysig iddo (yr hyn sy'n ei gadw'n iach ac yn ddiogel). Hefyd, gall cynllunio gan ganolbwyntio ar yr unigolyn egluro swyddogethau a chyfrifoldebau pobl sy'n cael eu talu i gynorthwyo unigolyn ag ASD, a gwneud yn siŵr bod pawb fydd yn ei gynorthwyo yn adnabod yr unigolyn (a'i anghenion cymorth penodol). Hefyd, mae'n hanfodol cofnodi anghenion pobl yn fanwl – yn enwedig gan na all anghenion unigolyn ag ASD fod yn amlwg ar unwaith, hyd yn oed i staff gofal profesiynol. Bydd methu ag ymateb i'r anghenion hyn yn briodol yn achosi cynlluniau cymorth i fethu.

Mae yna nifer o dulliau ar gyfer gwath cynllunio sy'n canolbwyntio ar yr unigolyn a all Eich cynorthwyo i gofnodi gwymbodaeth am y cymorth y mae pobl yn ei dderbyn a'u hanghenion a'u dymuniadau. Beth sy'n gweithio? Beth sydd ddim yn gweithio? Beth yw anghenion dysgu a chymorth yr unigolyn? Beth mae am ei gyflawni, a sut mae'n dymuno cael cymorth? Ar y cyfan, byddwch chi'n gallu cyflawni asesiad llawer mwy trwyddi neu greu cynllun cymorth a gofal wedi'i deilwra i unigolyn ag ASD os ydych chi'n defnyddio dull sy'n canolbwyntio ar yr unigolyn.

Mae rhai dulliau o'r fath yn nodi camau gweithredu uniongyrchol a thargedau tymor byr. Yn nodweddiadol, gall y rhain gymwysu cwestiynau am drefniadau pwysig ac anghenion penodol unigolyn fel ei fod yn cael diwrnod da.

Mae dulliau eraill yn ystyried cysyniadau mwy haniaethol ac amcanion hirdymor. Yr hyn sy'n allweddol yw defnyddio dulliau sy'n addas i natur, dealltwriaeth, diddordebau ac amgylchiadau cyfreddol yr unigolyn.

Argymhellwn y dylai pob gweithiwr profesiynol gofal cymdeithasol ddefnyddio dull cynllunio sy'n canolbwyntio ar yr unigolyn lle bo'n bosibl. Am fwy o wybodaeth, gweler www.autism.org.uk/pcp

Gwybodaeth i'w chasglu cyn yr asesiad

Goran pwy fywat o wybodaeth y gallwch ei chasglu cyn cyfarfod â'r unigolyn. Dyma rai cwestiynau defnyddiol i'w gofyn. Bydd yr atebion yn llywio'r broses asesu.

> I ba raddau y gall unigolyn ag ASD, neu ei deulu, arwain y gwaith o nodi ei anghenion ei hun?

> Faint mae'r unigolyn ei hun, a'i deulu yn deall am yr asesiad? Ydyn nhw'n gwybod am yr atgyfeirio a'r rheswm drosto? A yw'r unigolyn yn deall cysyniad yr asesiad? Os nad yw, sut fyddwch chi'n egluro hynny yn eich cyfarfod cynraf ag ef?

> A yw'r unigolyn ag ASD yn gallu cyfarfod wneud yn wneud, neu a oes gwell ffordd o gael gwymbodaeth am ei anghenion? Efallai y bydd unigolyn ag ASD yn amharod i siarad amdano'i hun gyda dieithryn, neu na fydd ganddo ddiagon o hyder i gyfathrebu ar lafar.

> A fyddai'r unigolyn ag ASD am gael rhywun arall yn bresennol pan fyddwch chi'n cyfarfod, er enghraifft rhiant, brawd neu chwacer neu eiriolwr?

> Pa mor rhugl yw'r unigolyn, a faint o ddealltwriaeth sydd ganddo o'r iaith lafar? Ydyw e'n defnyddio dulliau gwahanol neu ychwanegol o gyfathrebu, er enghraifft symbolau gwleddol, iaith arwyddion neu 'Talking Mats'? A yw'n well ganddo gyfathrebu anuniongyrchol i ddechrau, er enghraifft trwy alwad ffôn neu e-bost?

- > cael anhawster adnabod neu fynegi ei anghenion a'i ddymuniadau
- > methu canolbwyntio'n hir ac yn hawdd rymni i sylw
- > well ganddo siarad am hoff bwnc, yn hytrach na'r mater rydych chi'n ei holi yn ei gylch
- > ymddwyn yn anghymdeithasol weithiau
- > methu â chofio am apwyntiadau
- > meddu ar anabledau dysgu ychwanegol sy'n gwneud cyfathrebu llafar yn anodd
- > dangos ymddygiad heriol
- > cymryd amser i brosesu gwybodaeth ac ymateb.

Mae o gymorth mawr os gallwch chi neilltuo amser i ddeall anghenion arbennig unigolyn a bod yn gefnogol ac amyneddgar yn ystod yr asesiad. Bydd hyn yn lleihau unrhyw bryder a all fod gan yr unigolyn ac yn rhoi tawelwch meddwl iddo eich bod chi yno iddo.

Sensitifrydd, caredigrwydd a diwylledd

Gall pobl ag ASD weld y byd fel lle cymhleth. Yn aml, nid yw pobl eraill yn dweud yr hyn maen nhw'n ei olygu a gall fod yn anodd deall eu hymddygiad neu'n cymhelliaid. Hefyd, gall y byd fod yn anghareddig: mae llawer o bobl ag ASD wedi cael eu bwlio. Dylech ddarparu gwybodaeth glir, ddiamwys mewn modd sensitif a charedig.

Cysondeb, bod yn ddigyffro a dibynadwy

Mae pobl ag ASD yn aml yn elwa ar strwythur a threfn: mae'n ffordd o ymdopi mewn byd dryslyd ac astrus. Maen nhw angen pobl o'u hamgylch sy'n ddigyffro, sy'n defnyddio dull cyson ac

y gellir dibynnu arnyn nhw. Mae pethau syml megis cytraedd ar amser, sicrhau bod gennyhych y gwaith papur angenrheidiol a phheidio â gwneud addewidion na allwch chi eu cadw'n bendant yn cynorthwyo'r unigolyn i ymddiried ynoch. Gall cymorth anghyson ac annibynadwy fod yn waeth na dim cymorth o gwbl.

Derbyn

Mae llawer o bobl ag ASD wedi dweud wrthyf eu bod yn gwerthfawrogi eu gwahaniaethau ac y bydden nhw'n dymuno i bobl eu derbyn fel ag y maen nhw. Bydd llawer yn gwrthwynebu agwedd 'gwneuch fi'n normal' neu siarad am gael iachâd i awstisiaeth. Gall bod yn gadarnhaol am ASD gynorthwyo i sicrhau bod y broses asesu yn llwyddo.

Defnyddio gwaith cynllunio sy'n canolbwyntio ar yr unigolyn

Disgrifir cynllun sy'n canolbwyntio ar yr unigolyn (PCP) fel term cyffredinol am amrywiaeth o dechnegau a ddefnyddir i ddod i adnabod rhywun, darbygu dealltwriaeth o obecthion yr unigolyn hwnnw yn awr ac yn y dyfodol, a phennu blaenoriaethau ar gyfer newid.⁶

Ysytir bod cynllun sy'n canolbwyntio ar yr unigolyn yn aml yn ffordd lai ffurfiol o weithio, gan roi mwy o reolaeth i bobl a'u teuluoedd ac felly'n ffordd lai pryderus o asesu a chynllunio. Hefyd, mae'n ymwneud ag edrych ar yr unigolyn cyfan, nid dim ond canolbwyntio ar ei anawsterau, felly mae'n ffordd gadarnhaol o weithio.

Mae cynllunio gan ganolbwyntio ar yr unigolyn yn ein cynorthwyo

⁶ Kennedy, J., Sanderson, H., and Wilson, H. (2002). *Friendship and community*. Helen Sanderson Associates

Efallai y bydd pobl ag ASD yn camfynegi eu hanghenion neu heb fynegi eu hanghenion yn ddigonol. Dyma rai o'r rhesymau pam y bydd angen i chi baratoi'n ofalus a bod yn greadigol gyda'ch technegau asesu. Efallai y bydd yr unigolyn yn:

- > meddu ar sgiliau cyfarthrebu a dealltwriaeth gyfyngedig
- > teimlo'n anghyfforddus wrth sgwtio a deithryn
- > methu a deall pwy ydych chi a beth ydych chi eisian
- > methu a diffinio beth yw ei anghenion
- > methu a siarad am ei anghenion neu egluro beth ydyn nhw'n iawn ac felly mewn perygl o'u camfynegi

> gallu siarad yn rhugl, ond gall hyn guddio anawsterau o ran deall go iawn

> ceisio dweud y peth iawn wrth ymateb i'ch cwestiynau yn hytrach na dweud beth yw ei anghenion mewn gwirionedd

> ei chael hi'n anodd cynllunio ar gyfer y dyfodol neu feddwl am newid a theimlo'n anghyfforddus wrth siarad am gymorth sy'n cynnwys newid i drefn arferol neu symud i wasanaeth gwahanol

> methu a deall beth ydych chi'n ei ofyn ac yn cymryd pethau'n llythrennol iawn, felly os ydych chi'n gofyn 'A ydych chi'n gallu ymolchi ar eich pen eich hun?' gall unigolyn dweud 'ydw' efallai – pan mewn gwirionedd y bydd ond yn gallu gwneud hynny wrth i rywun rhoi cyfarwyddyd llafar iddo ar gyfer pob cam.

Yn ogyral a hyn, efallai y bydd rhai pobl ag ASD ddim am ymwneud a gweithwyr proffesiynol, cael asesiad neu dderbyn gwasanaethau, er gwactha'r ffait'h y gallan nhw gael budd o hynny. Mae sawl rheswm pam y gall hyn ddigwydd. Efallai eu bod nhw'n:

> teimlo bod yr awgrym bod angen asesiad neu gymorth arnyn nhw yn eu bychannu

> methu a deall y cysylltiad rhwng cael asesiad a chael y gymorth y maen nhw am ei gael ac sydd ei wir angen arnyn nhw (gan olygu efallai na fydd wedi cael ei egluro'n dda cyn hyn)

> amheus o weithwyr cymdeithasol a gweithwyr proffesiynol eraill a all fod wedi achosi pryder yn y gorffennol

> profi pryder cymdeithasol neu iselder

> pryderu na fyddan nhw'n gallu prosesu'r holl wybodaeth y gall gweithwyr cymdeithasol ei roi iddyn nhw, felly'n gwrthod siarad a chi.

Peidiwch ag ystyried bod diffyg ymateb yn ystod eich cyfarfodydd

cynnar fel methiant i roi caniatâd i asesiad. Paratowch, byddwch yn bwyllog a cheisiwch ddod i adnabod yr unigolyn gyntaf. Dylech gynnwys teulu'r pobl a rhydwedwethiau gymorth ehangach yn y broses asesu, er mwyn cael darlun cyflawn o'u hanghenion cymorth.

Datblygwch berthynas gyda'r sawl rydych chi'n ei asesu

Mae pobl ag ASD yn dweud yn aml eu bod yn ymateb yn dda i rai nodweddion personol arbennig sydd gan pobl eraill. Os gallwch chi ddanagos y nodweddion hyn, gall eich cynorthwyo i ddarbitlygu

perthynas gyda'r sawl rydych chi'n ei asesu a hyrwyddo'u hunan-barth.

Amyneidd

Yn aml iawn, fe gymer beth amser ac amyneidd i ddeall unigolyn ag ASD. Gall ei anghenion/hanghenion fod yn gymhleth, a hefyd efallai y bydd yn:

Nid yw'n anghyffredin i bobl ag ASD gael trafferth cysgu neu fod â deiet cyfyngedig iawn. Mae rhai pobl yn dablygu problemau iechyd meddwl. Mae angen trin pob anhawster cysylltiedig yn ôl ei haeddiant ei hun, ond o fewn cyd-destun diagnosis sylfaenol yr unigolyn.

Yr effaith ar y teulu

Gall pobl ag ASD ddod â nifer o brofhadau cadarnhaol i fywyd pob dydd eu teulu. Fodd bynnag, efallai y bydd ganddyn nhw anghenion cymorth sylweddol a gall hyn achosi straeon i'r gofalywyr yn y teulu.

Dylai pob aelod o staff sy'n gysylltiedig ag asesu neu gynorthwyo pobl ag ASD feddwl am yr effaith ar eu teuluoedd a'u gofalywyr uniongyrchol, yn enwedig os yw'r sawl ag ASD yn byw gartref. Mae'n syniad da cynnal asesiad gofalywr. Gwneuch yn siŵr bod aelodau'r teulu yn gwybod bod ganddyn nhw hawl i gael asesiad ac y gallan nhw siarad â chi ar eich pen eich hun ac yn gyfrinachol os oes angen. Mae'n bwysig cynnwys teulu'r unigolyn a'r rhwydweithiau cymorth ehangach yn y broses asesu ac i neilltuo amser i ddod i adnabod pobl ag ASD, a chael darlun llawn o'u hanghenion cymorth.

Paratoi ar gyfer yr asesiad

Mae'n dda o beth i gael syniad clir o sut i ymwneud â'r sawl rydych chi'n ei asesu a'i ffordd o gyfathrebu a deall **cyn i chi gychwyn**. Heb hyn, efallai na fydd yr unigolyn yn ymgysylltu â chi a gallwch fod mewn perygl o wneud iddo deimlo'n bryderus neu'n fwy ynysig.

I lawer o bobl ag ASD, mae cyswllt wneub yn wneub gyda phobl newydd yn achosi straeon yn aml iawn. Gall gymryd peth amser cyn iddyn nhw deimlo'n gyfforddus gyda gweithiwr proffesiynol a gallu dechrau mynegi eu hanghenion. Efallai y gwelwch na fydd y cyfarfod cynraf gydag unigolyn ag ASD yn hir. Fodd bynnag, mae'n bwysig ceisio gwneud y cyfarfod yn un cadarnhaol.

Lle bo'n bosibl, siaradwch gyda'r sawl sydd wedi atgyfeirio'r unigolyn (os nad yw'r unigolyn wedi atgyfeirio i' hun), teulu'r unigolyn a gofalywyr i ganfod sut mae'n hoffi cyfathrebu, i ba raddau y gall ddisgrifio'i anghenion a beth yw ei lefel o dddealltwriaeth. A fyddai cael cefnogynt neu eiriolwyr yn bresennol yn helpu'r sefyllfa?

Fel y dywedir ar dudalen 39, efallai na fydd pobl ag ASD am i chi gysylltu â'u teulu, felly os ydych chi'n dal i fyw yng nghartref y teulu, ystyriwch gael gwybodach ychwanegol o asesiad gofalywr. Os oes gwybodach gefndir am yr unigolyn wedi'i chofnodi mewn ffêl, darllenwch honno.

Rhesymau pam y gall yr asesiad fod yn anodd

Mae'n bosibl na fydd pobl ag ASD yn cydweithredu â chi i ddechrau oherwydd ofn, pryder neu anallu i ddeall pam rydych chi yno – neu dim ond am nad ydych chi'n gael eu gweld yn 'wahanol'.

Dychymyg cymdeithasol

Gall y byd ymddangos yn lle astrus a drwslyd iawn i bobl ag ASD, sydd, yn aml iawn yn hoffi cael trefn strwythurol a beth sy'n mynd i ddiwydd bob gwybod beth sy'n ddisgwyliedig a beth sy'n mynd i ddiwydd bob dydd. Mae hyn yn golygu y gall cyfarfod a chi beri gofid iddyn nhw gan ei fod yn torri ar draws yr hyn sy'n gyfarwydd.

Mae anaawsterau dychymyg cymdeithasol cyffredin yn cynnwys:

- > anaawsterau i ragweld beth fydd yn digwydd nesaf, neu beth *allai* ddigwydd nesaf
- > ei chael hi'n anodd trefnu eu hunain a chynllunio (er enghraifft, yn methu â threfnu eu diwrnod heb gymorth)
- > llai o allu i drosglwyddo sgiliau a ddysgwyd mewn un sefyllfa i sefyllfa arall

> methu â deall y syniad o berygl (er enghraifft, bod rhedeg allan i ffordd brysus yn gallu bod yn beryglus)

> ofn newid a chynllunio ar gyfer y dyfodol (ee gall rhywun wrthod trafod mynd i rywle newydd neu anghyfarwydd ar y cychwyn).

Yn sgil yr anaawsterau hyn mae'n anodd i bobl ag ASD ddeall eu hanghenion a'u dyheadau eu hunain neu ddychymygu sefyllfa wahanol i'r un bresennol. Efallai na fydd gyda nhw'r ddealltwriaeth i sylweddoli pa wybodaeth sydd angen i chi ei chael yn ystod asesiad.

Mae'n bwysig eich bod yn deall sut mae anaawsterau o ran rhyngweithio cymdeithasol, cyfathrebu cymdeithasol a dychymygu cymdeithasol yn effeithio ar bob unigolyn y byddwch chi'n ei asesu, ac addasu eich dull yn unol â hynny. Mae paratoi yn bwysig: gweler tudalen 12.

Nodweddion perthnasol eraill

Materion synhwyraidd

Gall pobl ag ASD brofi rhyw fath o sensitifrwydd synhwyraidd. Gall hyn ddiwydd mewn un neu bob un o'r synhwyrau – golwg, swm, arogl, cyffwrdd neu flas, cydbwysedd ac ymwybyddiaeth o'r corff. Gall pobl fod yn or-sensitif neu beidio â bod yn ddigon sensitif (hy-po-sensitif), er gall eu lefel o sensitifrwydd amrywio dros amser a rhwng y gwahanol synhwyrau.

Er enghraifft, gall rhai synau cefndir, y mae pobl eraill yn gallu eu hanwybuddu, fod yn annioddedol o uchel neu annifyr i rywun ag ASD. Gall hyn achosi pryder neu hyd yn oed boen corfforol. Mae'n bwysig cofnodi gwahanolwahanau synhwyraidd pobl wrth asesu eu hanghenion cymorth neu benderfynu ar leoliadau.

Straeu a phryder

Gan fod y byd a'i bobl yn ddrwslyd i bobl ag ASD, mae llawer ohonyn nhw'n wyneddu straeu a phryder. Gall hyn gael effaith sylweddol ar y tri phrif anhawster cymdeithasol y maen nhw'n eu hwnebu, yn ogystal â ggoddefiant synhwyraidd. Pan fyddan nhw dan straeu, bydd y gallu i gyfathrebu, rhyngweithio'n gymdeithasol a meddwl yn hwblyg yn lleihau ymhellach.

Anawsterau eraill

Weithiau, bydd gan bobl ag ASD anaawsterau ychwanegol, megis anabledd dysgu; neu anaawsterau dysgu penodol megis dyslecisia neu ddystraesia; neu gyfflyrau perthnasol megis anhwyldder diffyg canolbwytio a gortfwtiogrwydd (ADHD).

Mae llawer o bobl yn cael diagnosis yn gynnar yn eu bywyd, ond efallai na fydd eraill yn cael diagnosis tan y byddan nhw'n oedolion. Nid oes 'tachad' i ASD ond gyda'r cymorth cywir, gall pobl ddod yn fwy annibynnol a chytraedd eu potensial llawn.

Mae tri phrif faes anhawster y mae pawb ag ASD yn eu rhamnu ac weithiau gellwir y rhain yn 'driawd o namau', sef:

- > anhawster gyda rhyngweithio cymdeithasol
- > anhawster gyda chyfathrebu cymdeithasol
- > anhawster gyda dychymyg cymdeithasol.

Rhyngweithio cymdeithasol

Mae pobl ag ASD yn aml yn cael anhawster i adnabod neu ddeall emosiynau, teimladau ac anghenion pobl eraill a mynegi eu rhai nhw. Gall hyn ei gwneud yn anoddach i ymwneud â phobl eraill yn y gymdeithas ac, o bosibl, i egluro eu hanghenion i weithiwyr profffesiynol.

Mae anaawsterau rhyngweithio cymdeithasol yn cynnwys:

- > anaawsterau wrth geisio datblygu neu gynnal perthynas
- > ei chael hi'n anodd dadansoddi beth mae pobl eraill yn ei feddwl neu'n ei deimlo (ee, methu â deall pam eich bod chi am ofyn cwestiynau iddyn nhw)
- > anaawsterau i gofio 'rheolau' anysgrifenedig ymddygiad cymdeithasol (ee, pa mor agos y dylai rhywun sefyll wrth siarad â phobl eraill)
- > llai o sgiliau cymdeithasol.

Yn sgîl yr anaawsterau rhyngweithio hyn gall rhai ddewis treulio amser ar eu pen eu hunain yn hytrach na chael cwmni pobl eraill, tra bod eraill yn awyddus i siarad â phobl eraill a gwneud ffrindiau ond efallai'n ansicr sut i fynd ati i wneud hyn.

Mae anaawsterau sy'n ymwneud â rhyngweithio cymdeithasol yn gallu ei gwneud hi'n anodd i rywun ag ASD egluro pa gymorth y maen nhw am ei gael neu sydd ei angen arny'n nhw. Neu, efallai na fydd yr unigolyn am ymwneud â chi neu ddeall sut mae cymryd rhan mewn asesiad.

Cyfathrebu cymdeithasol

Mae pobl ag ASD yn cael trafferth gydag iatth lafari a di-eiriau, hynny yw, defnyddio a deall geiriau ac iatth y corff er mwyn cyfathrebu gyda phobl eraill. Bydd llawer ohonyn nhw angen mwy o amser i brosesu'r hyn a ddywedwyd wrthy'n nhw.

Mae anaawsterau cyfathrebu cymdeithasol yn cynnwys:

- > diffyg iatth lafari
- > trafferth i ddeall 'hanfod' yr hyn y mae pobl yn ei dddweud, neu ysbryd a chyd-destun yr hyn a ddywedir (er enghraifft, adnabod jôcs neu goegni)
- > deall iatth yn llythrennol a chredu bod pobl bob amser yn meddwl yr union beth y maen nhw'n ei dddweud
- > trafferth i wneud neu gynnal cyswllt llygad
- > thrafferth i ddeall mynegiant wyneb ac iatth corff pobl eraill.

Mae trafferthion cyfathrebu cymdeithasol yn golygu y gall pobl ag ASD gamddeall neu gamddehongli'r hyn sydd wedi'i dddweud wrthy'n nhw. Efallai y byddan nhw'n ei chael hi'n anodd mynegi, neu gyflwyno eu hanghenion eu hunain yn gywir wrth gael eu hasesu. Gall unigolyn ei chael hi'n anodd deall eich cwestiynau a'ch bwriadau, oni bai eich bod chi'n ei gwneud nhw'n gwbl glir a diamwys.

Gobeithiwn felly y bydd y canllawiau yn y llyfr yn hwn yn ddefnyddiol i weithwyr proffesiynol sy'n darparu asesiad lle gall fod yna anawsterau iechyd meddwl.

Y Ddeddf Galluedd Meddyliol 2005

Mae'r Ddeddf hon, sy'n berthnasol i Gymru a Lloegr, yn nodi bod gan bob oedolyn y gallu i wneud ei benderfyniadau ei hun hyd nes y dangosir i'r gwrthwnebb. Mae hefyd yn datgan bod yn rhaid rhoi pwyslais ar gynorthwyo oedolion sydd â rhywfaint o allu i ddeall y penderfyniadau y maen nhw'n gallu eu gwneud trwy roi cymorth, gwybodaeth ac eiriolaeth iddyn nhw. Bydd angen i chi ystyried goblygiadau'r Ddeddf hon, gan gofio y gall fod gan bobl allu mewn rhai meysydd ond nid mewn rhai eraill. Er enghraifft, etallai y bydd unigolyn ag ASD yn gallu rhoi caniatâd i gael triniaeth feddygol sylfaenol, ond na fydd yn gallu rhoi ei faterion ariannol. Mae'n bwysig bod yn ymwybodol o lefel dealltwriaeth a gallu cyffredinol pobl, a'r ffordd y maen nhw'n mynegi eu teimladau a'u dymuniadau.

Dyma bum egwyddor y Ddeddf Galluedd Meddyliol 2005.

1. Rhaid rhagdybio bod gan unigolyn allu oni phroffr bod yna ddiffyg gallu.

2. Ni ddylid trin unigolyn fel pe na bai'n gallu gwneud penderfyniad oni bai bod pob cam ymarferol wedi'i gymryd i'w gynorthwyo i wneud hynny heb lwyddiant.

3. Ni ddylid trin unigolyn fel pe na bai'n gallu gwneud penderfyniad dim ond am ei fod yn gwneud penderfyniad annoeth.

4. Rhaid i weithred, neu benderfyniad a wneir o dan y Ddeddf hon neu ar ran unigolyn sydd yn analluog gael ei wneud er lles pennaf yr unigolyn.

5. Cyn cyflwyni'r weithred, neu wneud y penderfyniad, rhaid ystyried a oes modd cyflawni'r hyn sydd ei angen yr un mor effeithiol mewn ffordd sy'n cyfyngu llai ar hawliau neu ryddid unigolyn i weithredu.

Beth yw anhwylderau sbectrwm awtistiaeth (ASDs)?

Mae anhwylderau sbectrwm awtistiaeth yn anabledau datblygiadol gydoi oes. Defnyddir y gair 'sbectrwm' oherwydd, er bod pobl sydd â gwahanol ddiagnosis (megis awtistiaeth, syndrom Asperger neu awtistiaeth gweithredu lefel uchel) yn rhannu tri phrif faes anhawster, bydd eu cyflwr yn effeithio arnyn nhw mewn ffyrdd gwahanol. Mae rhai yn gallu byw bywydau cymharol gyffredin 'bob dydd'; bydd eraill angen cymorth arbenigol gydol eu hoes.

Gall ASD effeithio ar bobl o wahanol allu deallusol. Etallai y

gwelwch chi eich bod chi'n asesu pobl sydd ag anabledau dysgu difrifol, yn ogystal â rhai sydd â deallusrwydd cyffredin neu uwch.

Mae'n bwysig nad yw gweithwyr proffesiynol yn gwneud rhagdybiaethau am lefel angen unigolyn ar sail ei ddeallusrwydd. Er enghraifft, etallai y bydd gan unigolyn radd academaidd, geirfa dda, a'i fod yn ymddangos yn alluog iawn ac nid yw angen llawer o gymorth. Mewn gwirionedd, gallai fod yn ei chael yn anodd deall setylltaoedd cymdeithasol a rheoli ei ofal personol ac angenhion byw'n annibynnol o ddydd i ddydd.

Hefyd, oherwydd bod gan bobl ag ASD anawsterau cyfathrebu, fe allan nhw gamfynegi eu hanghenion neu beidio â mynegi eu hanghenion yn ddigonol ac mae'n bwysig bod gweithwyr proffesiynol yn ymwybodol o hyn.

cymorth. Bydd y llyfr yn hwn yn rhoi rhai syniadau a chyfeiriadau i chi ar gyfer datblygu'ch gwybodogaeth am ASD a'r ffordd y mae'r anhwylderau'n effeithio ar bob un yn wahanol.

Gyda mwy o ddealltwriaeth, gall gweithwyr cymdeithasol ac aseswyr eraill sicrhau bod y cymorth a'r adnoddau yn cael eu cyfeirio yn y ffordd fwyaf cost-effeithiol a phriodol. Mae rystiolaeth yn dangos y gall ychydig bach o gymorth parhaus i oedolion ag ASD atal pryder² gofod, a dileu'r angen am gymorth argyfwng drutach yn nes ymlaen.

Mae'n hanfodol bod pobl ag ASD sy'n cysylltu â'u hasiantaeth statudol yn cael cynnig asesiad o angen, a bod yr asiantaethau yn sefydlu llwybr clir i deuluoedd allu gwneud cais am asesiad.

Mae gan asiantaeth statudol ddyletswydd gyfreithiol i gyflawni asesiad waeth a yw'r asiantaeth yn credu bod yr unigolyn yn gymwys i gael cymorth ai peidio. Mewn gwirionedd, mae hon yn ddyletswydd ragweithiol ac **nid** yw'r ddiwybionol ar rymun i ofyn am gymorth.

Nid yw cael diagnosis o ASD (a all gynnwys awtistiaeth; awtistiaeth gweithredu lefel uchel; a syndrom Asperger) yn golygu y bydd rhywun yn bodloni'r meini prawf cymhwysedd ar gyfer gwasanaethau.³ Fodd

² Cymdeithas Genedlaethol Awstriaeth (2008). *Rwy'n Bodol: neges oedolion ag awtistiaeth*. Cyhoeddwyd argraffiadau yng Nghymru, Lloegr, Gogledd Iwerddon a'r Alban.

³ Yn Lloegr Cylichythy'r Awdurdodau Lleol yr Adran Iechyd (2002). *13: Fair access to care services: guidance on eligibility criteria for adults in social care*. Yng Nghymru, Llywodraeth Cynulliad Cymru (2002). *Iechyd a gofal cymdeithasol i oedolion: creu system unedig a theg ar gyfer asesu a rheoli gofal: canllawiau i awdurdodau lleol a gwasanaethau iechyd*.

bynag, bydd angen asesu'r angen bron bob tro er mwyn gweld a yw anaawsterau penodol yr unigolyn yn ei wneud yn gymwys. Mae gan bob asiantaeth statudol ddyletswydd statudol i asesu lle rybir bod unrhyw un y gallan nhw fod yn darparu neu'n trethu gwasanaethau gofal yn y gymuned iddyn nhw angen unrhyw wasanaethau o'r fath. Dylai'r asiantaeth gyflawni asesiad o angen ar gyfer y gwasanaethau hynny ac ystyried canlyniadau'r asesiad hwnnw wrth benderfynu a yw angenhion unigolyn yn golygu bod angen iddyn nhw ddarparu'r gwasanaethau.⁴

Deddfwriaeth Iechyd Meddwl
Mae'r *Deddf Iechyd Meddwl 1983*, (*Deddf Iechyd Meddwl (Gofal a Thriniaeth) 2003*) (yn yr Alban) yn diffinio'r rhai a all dderbyn gofal a chael eu rheoli oherwydd anhwylder meddwl.

Er nad yw ASD yn anhwylder meddwl, gall fod yna adegau pan fo gweithiwr proffesiynol gofal iechyd neu gymdeithasol yn cael ei alw i asesu rhywun ag ASD ac anhwylder iechyd meddwl ychwanegol. Weithiau, mae ymddygiad rhywun ag ASD yn edrych yn debyg i broblem iechyd meddwl, pan nad yw hynny'n wir. Ar y llaw arall, rydyn ni'n gwybod bod gan lawer o bobl sydd ag ASD anhawster iechyd meddwl ychwanegol nad yw'n cael ei gydnabod, oherwydd gall ymddygiad sy'n awgrymu anhawster seiciatrïg posibl gael ei ystyried fel symptom sy'n rhan o'u ASD.

⁴ Caffi y ddyletswydd ei ddyfynnu, gyda man amrywadau, yn *Neddf y GIG a Gofal yn y Gymuned 1990 a 47 (1)(a) a Deddf Gwalth Cymdeithasol (Yr Alban) 1968*, wedi'i diwygio ymhellach gan y *Deddf Iechyd a Gofal yn y Gymuned (Yr Alban) 2002*.

⁵ Canllawiau ymarfer (2003) i Gylichythy'r Awdurdodau Lleol (2002) (13); a Llywodraeth Cynulliad Cymru (2008). *Anhwylder sbectrwum awtistiaeth (ASD) cynllun gweithredu strategol*.

Rhagair

Ar ran Cymdeithas Gweithwyr Cymdeithasol Prydain (BASW), mae'n bleser gennyf gefnogi'r canllaw hwn ar gyfer staff iechyd a gofal cymdeithasol sy'n gysylltiedig ag asesu a chynllunio gofal i oedolion ag anhwylder sbectrwm awtistiaeth.

Fel sefydliad o aelodau sy'n gwasanaethu aelodau, mae llwyddiant a bywiogrwydd y Cymdeithas wedi datblygu o ymrwymiad ar y cyd i arferion gwaith cymdeithasol da ac mae'r canllaw hwn yn enghraifft berrfaith o'r hyn ddylai gael ei ystyried yn arferion da yn y broses asesu.

Mae'n rhoi gwlybodau aeth werthfawr am yr heriau arbenig sy'n gysylltiedig ag asesu oedolyn sydd ag awtistiaeth, tra'n cynnig cymorth ymarferol a chynngor defnyddiol i oresgyn yr heriau hyn. Yr hyn sy'n ddefnyddiol iawn yw'r wybodaeth am y ffyrdd gorau o gyfathrebu gwydag oedolion ag awtistiaeth er mwyn asesu eu hanghenion yn gywir ac yn deg fel y gellir eu cynorthwyo i allu defnyddio gwasanaethau y mae eu hangen yn fawr arny'n nhw. Hoffwn longyfarch yr awduron ar gynhyrchu canllaw mor gynhwysfawr a hygyrch ac yr ydym yn siŵr y bydd o ddefnydd i'n holl aelodau.

Hilton Dawson

Prif Weithredwr, Cymdeithas Gweithwyr Cymdeithasol Prydain

Cyflwyniad

Heb y cymorth y gellir ei gael yn sgïl asesiad cywir, gall llawer o oedolion ag anhwylder sbectrwm awtistiaeth (ASD) gael eu hynysu'n gymdeithasol, gadael coleg yn gynnar, gadael gwaith neu wasanaethau dydd a wynebu problemau iechyd meddwl neu dor-iechyd seicolegol.

Er mwyn llywio ein hymgyrch *Rwy'n Bodoli* buom yn sgwrsio gydag oedolion ag ASD, eu teuluoedd a'u gofaluwr, a ddywedodd wrthy'm eu bod yn ei chael hi'n anodd cael gafael ar y gwasanaethau sy'n diwallu'n hanghenion.

Mae chwe deg tri y cant o oedolion ag ASD yn dweud nad ydyn nhw'n cael digon o gymorth i ddiwallu eu hanghenion. Nid yw llawer o rieni a gofaluwr yn cael cymorth gan eu hasiantaethau statudol ac nid ydynt wedi cael asesiad gofaluwr.

Bwrteidre'r llyfr hwn gael ei ddefnyddio gan staff iechyd a gofal cymdeithasol sy'n ymwneud ag asesu a chynllunio gofal i oedolion ag ASD. Bydd yn ddefnyddiol hefyd i unrhyw un arall sy'n cynorthwyo rhywun ag ASD mewn amrywiaeth o leoliadau, megis staff cymorth tai, nyrsys seiciatrïg yn y gymuned, therapyddion galwedigaethol neu seicolegwyr.

Ychydig iawn o ganllawiau sydd ar gael i weithwyr profesiynol sy'n cyflawni asesiadau o angen, i ac nid yw bob amser yn hawdd nodi ac efallai – yn anfwriadol – y gallan nhw gamlyngi eu hanghenion

¹ Gall gweithwyr profesiynol gyflawni asesiad o angen o dan y Deddfau canlynol: Deddf y GIG a Gofal (Alban) 1968; Deddf Iechyd Meddwl 1983 neu Ddeddf Iechyd Meddwl (Gofal a Thriniaeth) 2003; Cymunedol 1990; Deddf Iechyd Meddwl (Gofal a Thriniaeth) 2003; Deddf Gwaith Cymdeithasol (Yr Alban) 1968; Deddf Iechyd Meddwl 1983 neu Ddeddf Iechyd Meddwl (Gofal a Thriniaeth) 2003.

Cynnwys

Rhagair	1
Cyflwyniad	2
Beth yw anhwylderau sbectrwm awtisticaeth?	6
Paratoi ar gyfer yr asesiad	12
Asesiad	20
Crynodeb: gair i gall	41
Darllen pellach a chysylltiadau defnyddiol	43

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Gan Mari Saeki ac Andrew Powell

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