

EVALUATION REPORT FOR THE RECOMMISSIONING OF GLOUCESTERSHIRE'S COMMUNITY AUTISM SUPPORT AND ADVICE (CASA) SERVICE.



Sheila Banga, Commissioning Officer
GLOUCESTERSHIRE COUNTY COUNCIL

Community Autism Support & Advice (CASA) Gloucestershire

Gloucestershire County Council (GCC) currently commissions The Independence Trust, Community Autism Support & Advice Service (CASA) which provides countywide support for individuals aged 18 and over (including young people aged 17 and over transitioning to adult services). The CASA service offers personalised one-to-one support for individuals diagnosed with Autism, helping them reach their full potential and connect with their local community. Additionally, it provides Peer-Support through drop-ins and groups that welcome self-diagnosed individuals and their support networks. The service is open to individuals who are:

- Living in Gloucestershire or
- Registered with a Gloucestershire GP or
- Funded by Gloucestershire County Council / NHS Gloucestershire.

The Service aims to support individuals in leveraging their strengths and making positive changes. This is accomplished through the following means:

1. Access to information, support & advice
2. Signposting to other services
3. Exploring opportunities to develop and learn new skills
4. Supporting mainstream services with reasonable adjustments where needed

Data Collection Methods

The evaluation of the service has been conducted through various channels, including quarterly contract monitoring reports submitted to GCC from April 2019 to April 2023, face-to-face meetings, and surveys conducted both on paper and online.

In October 2022, staff members (known as 'Bridge Builders' in the current Service) invited clients using the service to voluntarily attend a focus group meeting to support and explore the most effective way to collaboratively evaluate the Service.

We utilised several data collection methods to gather valuable feedback and information. These methods include face-to-face meetings, focus groups, drop-in sessions, and surveys for participants, staff and a public engagement:

1. Face-to-face meetings: The staff members of the commissioning team engaged in direct, in-person conversations with individuals using the service. These meetings allow for a more personal and detailed exchange of information, providing an opportunity for individuals to express their experiences, concerns, and suggestions regarding the Service. We were able to ask questions and gather qualitative data through these interactions.

2. Focus groups: We organised focus group meetings where a small group of participants, including individuals and staff members, voluntarily came together to discuss and explore specific topics related to the evaluation of the service. These sessions facilitated collaboration and open conversations, allowing participants to

share their perspectives, provide insights, and produce ideas collectively. The discussions within the focus groups were guided by Commissioning Officers who acted as facilitators, encouraging active participation from all attendees.

After careful consideration, it was determined that a survey incorporating multiple-choice questions and free text boxes would yield the most comprehensive and insightful results. This survey format allowed participants to select predefined options for certain questions, providing structured data that could be easily analysed and compared. Additionally, the inclusion of free text boxes enabled participants to express their thoughts, opinions, and suggestions in their own words, allowing for more nuanced and detailed feedback. By combining these two approaches, our aim was to capture both quantitative data and qualitative insights, ensuring a well-rounded and comprehensive understanding of the participants' perspectives and experiences. This method proved effective in uncovering common themes, identifying areas for improvement, and gaining a deeper understanding of the overall service experience.

3. Drop-in sessions serve as an integral component of the CASA service, providing informal meetings for individuals who are either diagnosed, awaiting diagnosis, or self-diagnosed and identify as Autistic. These sessions create a relaxed and flexible environment, fostering opportunities for participants to engage in casual conversations, seek support, and establish connections with others who share similar experiences. Throughout these sessions, a dedicated staff member is present to help, address inquiries, and observe the interactions occurring within the group. The drop-in sessions may also involve the presence of a peer support volunteer, further enhancing the supportive atmosphere. This approach proves invaluable in gathering real-time feedback, comprehending group dynamics, and identifying emerging needs or challenges faced by those utilising the service. Actively engaging in these drop-in sessions allows the CASA service to develop a profound understanding of the participants' lived experiences and ensure that the support provided remains relevant and responsive to their ever-evolving needs. Commissioning Officers visited four drop-in sessions in Cheltenham and Gloucester.

4. Surveys: Hard copies of the survey were provided to participants of the CASA Service, allowing them the option to complete the survey offline. The hard copies were accompanied by a return address envelope to facilitate the convenient return of the completed surveys. In addition to the hard copies, an online survey was made available for a specified limited time to participants, staff, and a wider public engagement survey (due to close in June 2023). This online survey allowed for broader accessibility and convenience, catering to those who preferred to complete the survey electronically. The availability of both hard copies and an online survey ensured that individuals had multiple options to provide their feedback and participate in the evaluation process.

While the survey used in the evaluation of the CASA service provided valuable data and insights, it is important to acknowledge its limitations. Firstly, the survey relied on self-reported responses, which may be subject to bias or inaccuracies. Participants' perceptions and interpretations of the questions may vary, affecting the consistency

and reliability of the data collected. Additionally, the survey format, which included multiple-choice questions and free text boxes, may have constrained.

The survey had certain limitations that should be taken into consideration when interpreting the results. One limitation was the limited number of responses received within the given time limit, (even with a two-week extension). This may have impacted the representativeness of the sample and introduced potential bias. Additionally, the survey was conducted online, assumed that all individuals had access to a computer and were comfortable using technology. However, it is possible that some individuals may have faced challenges in accessing or navigating the online survey platform. Furthermore, the survey relied on participants' reading and writing skills, which may have posed difficulties for individuals with literacy issues. These limitations highlight the importance of considering the potential barriers that individuals may face in participating in surveys and the need for multiple data collection methods to ensure a more inclusive and comprehensive evaluation.

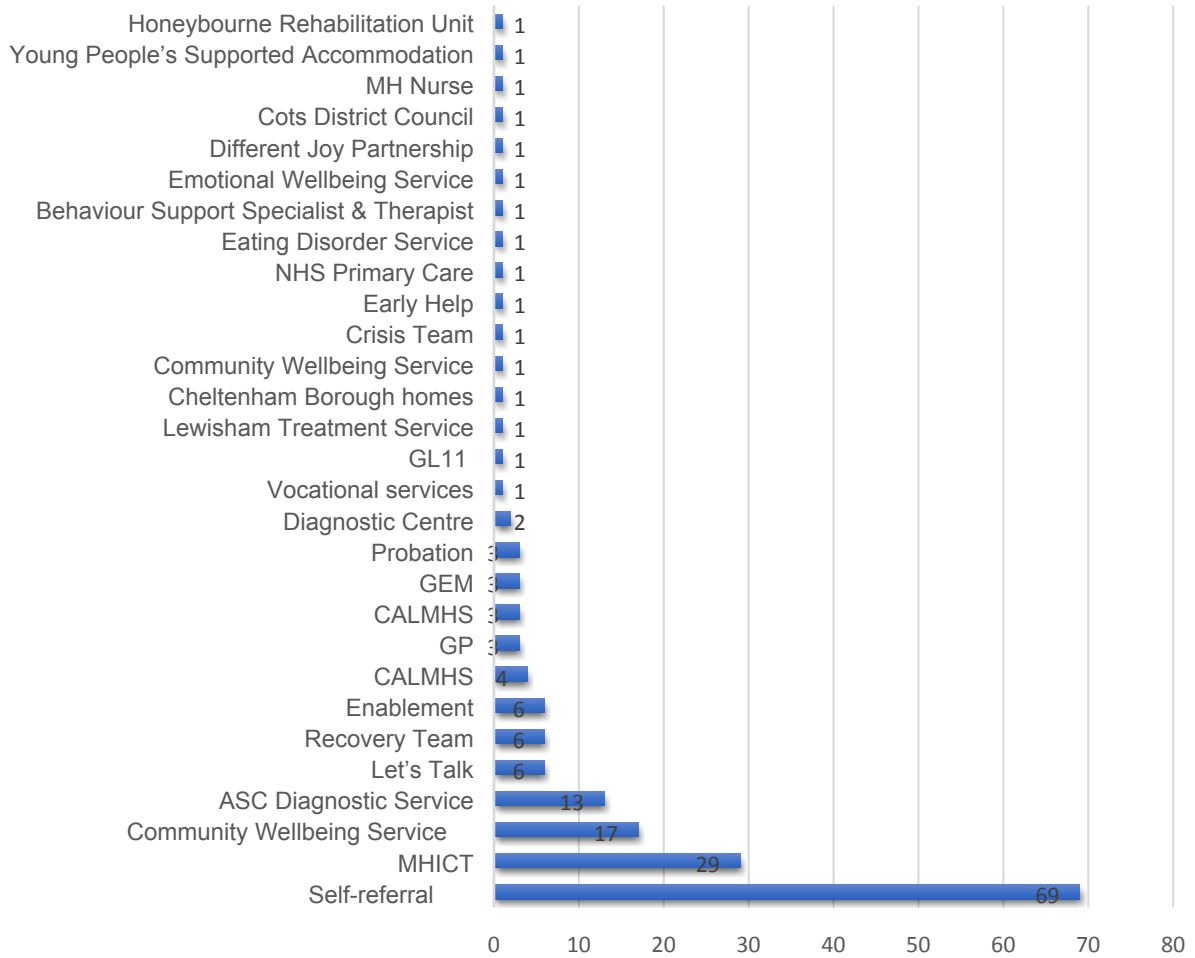
5. Market Engagement Event: The Mental Health and Autism Engagement event was a highly anticipated gathering aimed at fostering dialogue and collaboration between Service Providers and Commissioners of Mental health and Autism services. The event provided a platform for open discussions, sharing of experiences, and the exploration of strategies to support the mental well-being of individuals on the autism spectrum. Attendees had the opportunity to engage in interactive workshops, informative presentations, and networking sessions, enabling them to gain valuable insights, build connections, and access resources. The event successfully brought together diverse perspectives and expertise, creating a supportive and inclusive environment where participants could contribute to the ongoing dialogue surrounding Mental Health and Autism.

To capture a broader range of perspectives and collect quantitative data, surveys were conducted in various formats, such as paper-based or online questionnaires. They are designed to gather structured information, including ratings, rankings, and responses to specific questions. Surveys allow for standardised data collection across a substantial sample size and facilitate statistical analysis. By using surveys, we can obtain feedback from a diverse group of individuals and systematically evaluate various aspects of the service, such as satisfaction levels, effectiveness, and areas that require improvement.

Summary of Contract Monitoring Reports 2019 - 2023

The top referral sources were Self-referral, Mental Health Intermediate Care Team, Community Wellbeing Service, Autism Spectrum Conditions Diagnostic Service, Let's Talk, Recovery Team, Enablement, Community Advice, Links, & Mental Health Support Service and General Practitioners (GPs).

Referral Sources



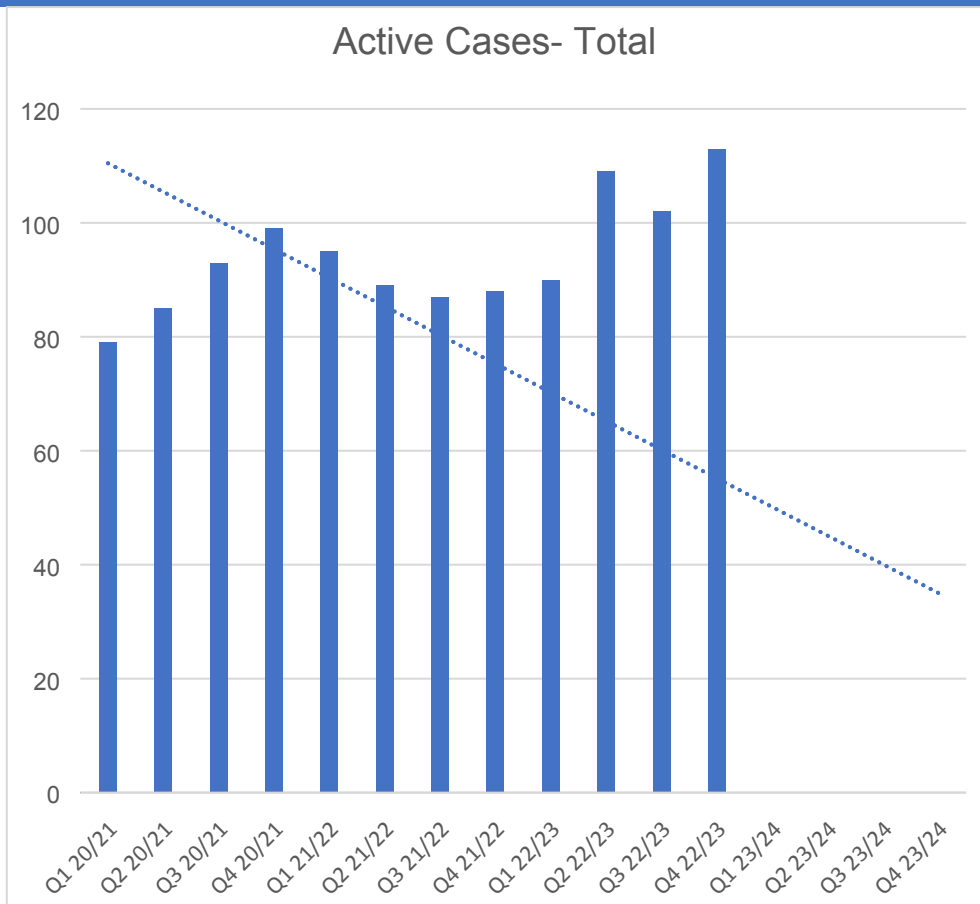
Participants responses indicate mixed experiences with feeling understood through the referral process.

One person mentioned feeling supported and no longer alone, finding a sense of belonging within a group.

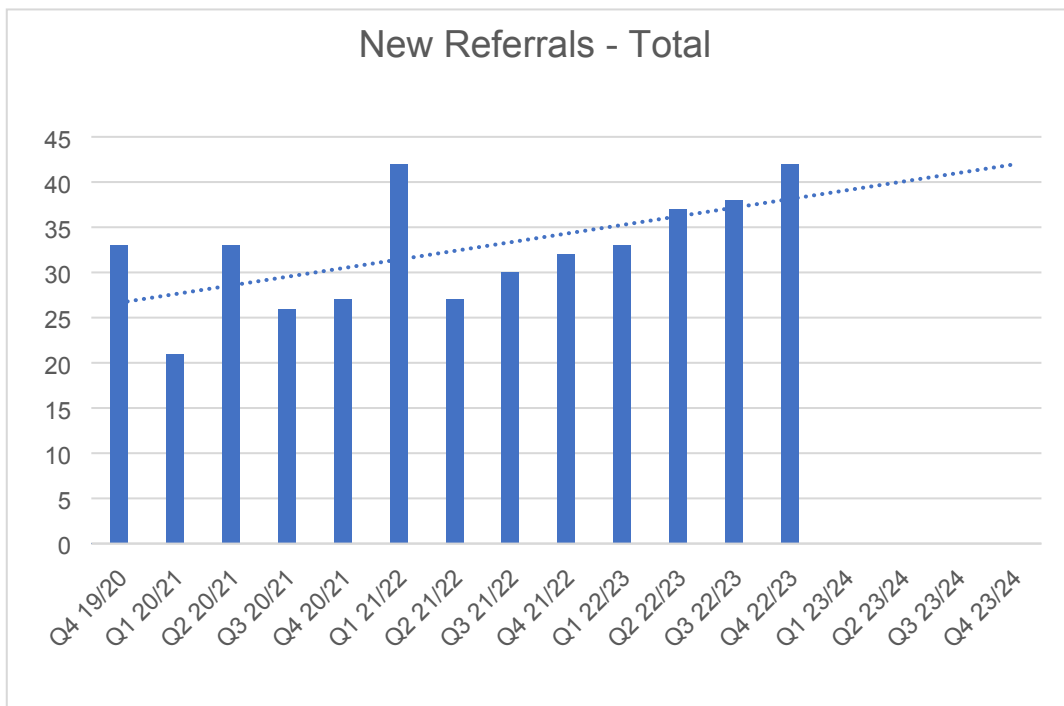
Another person appreciated the consideration given to their additional needs, such as autism, with prompt responses to their inquiries.

One individual felt understood because their job-related issues were addressed, with the referral process leading to the provision of reasonable adjustments and even having someone attend work meetings at their house.

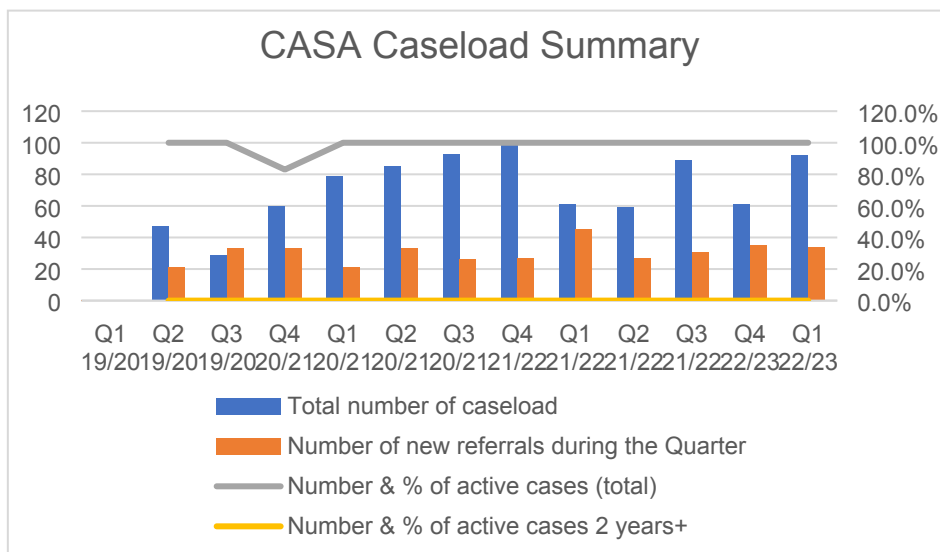
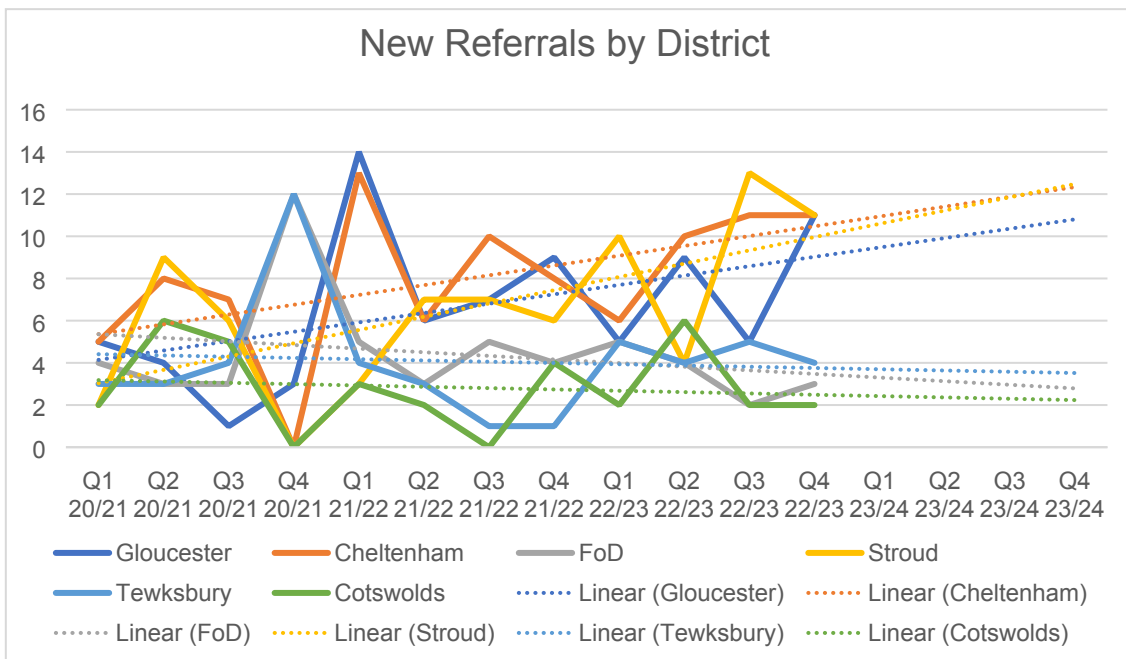
However, someone expressed frustration and dissatisfaction, stating that their previous case worker did not understand or acknowledge their problems, implying a lack of understanding through the referral process.



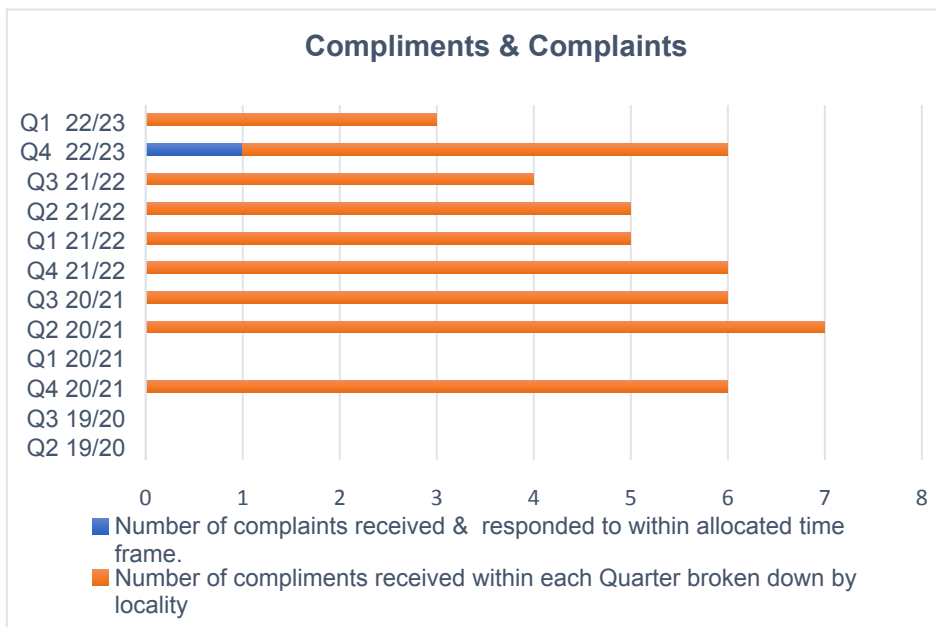
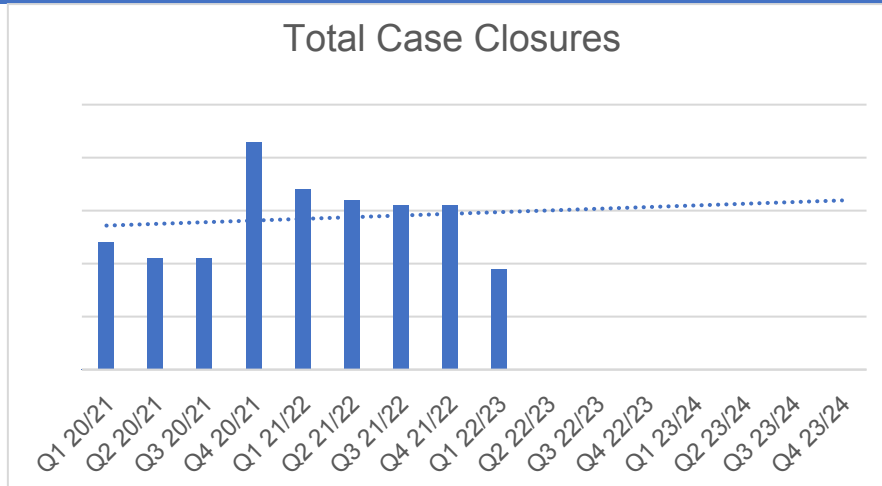
We can see that the number of new referrals has been increasing with an average of 123 new referrals per annum.



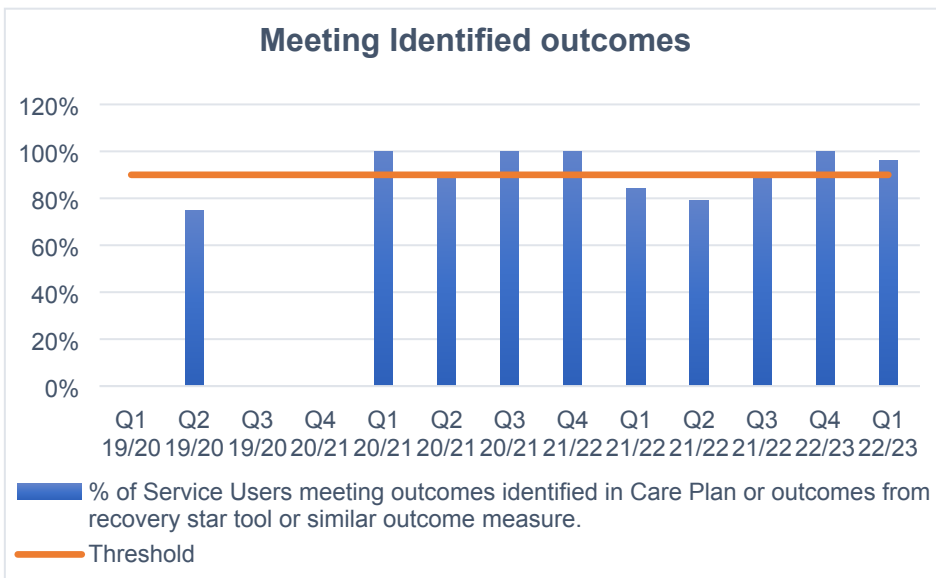
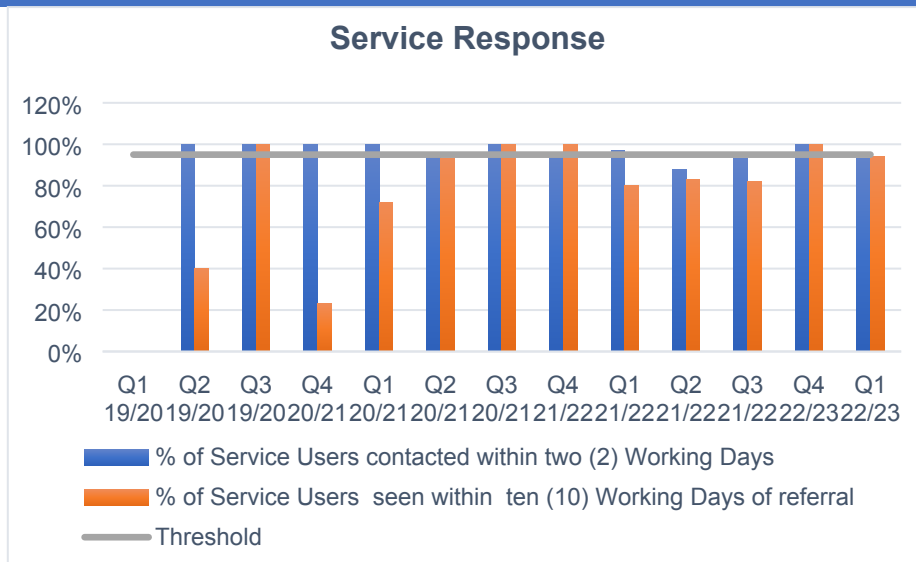
Cheltenham, Stroud and Tewksbury show an increase in new referrals whilst Gloucester, Forest of Dean and the Cotswolds demonstrate a steady decline.



The caseload, on average, consists of 71 cases while there are typically 31 new referrals added to the workload.



So far, during the contract monitoring period, only a single complaint has been recorded by CASA.



Results from the Participants Evaluation Survey 2023

The survey conducted among participants of the CASA service in 2023 revealed valuable insights and feedback. The key areas assessed in the survey included:

1. Support from the CASA service:

Participants provided feedback on the level and effectiveness of support received from CASA service).

The summary highlights several key points. Firstly, the majority of clients learned about CASA through sources other than CASA itself, ADT (Assessment and Diagnosis Team), or their General Practitioner (GP). Many clients came to CASA through self-referral, indicating a significant level of awareness and initiative on their part.

Secondly, individuals generally found the overall support and process provided by CASA to be very good, suggesting a high level of satisfaction with the services and assistance they received.

Thirdly, 57% of individuals had a clear understanding of the specific support they desired from CASA. This indicates that a significant portion of clients had a clear idea of their needs and were able to articulate them to CASA.

Additionally, a large majority of individuals (86%) demonstrated an understanding of the referral process, suggesting that they were well-informed about how to access CASA's services and how the referral system worked.

Lastly, CASA provided support to individuals in various areas, including voluntary work, employment opportunities, training opportunities, and access to adult social care. This indicates that CASA offered a comprehensive range of services to meet the diverse needs of their clients.

Overall, the summary highlights the diverse referral sources, positive client experiences, clear understanding of desired support, comprehension of the referral process, and the broad range of support offered by the CASA service.



Survey Question 11: If there is anything not listed above, please give details about the difference CASA has made to your daily life

"I grow up knowing I was different but not knowing why, I always felt like I an alien territory (ground) until now."

"These drop-ins has helped me to gain a better routine structure weekly for me."

"They helped me return to work when I was going through a difficult time. They informed my company that they would have to make reasonable adjustments."

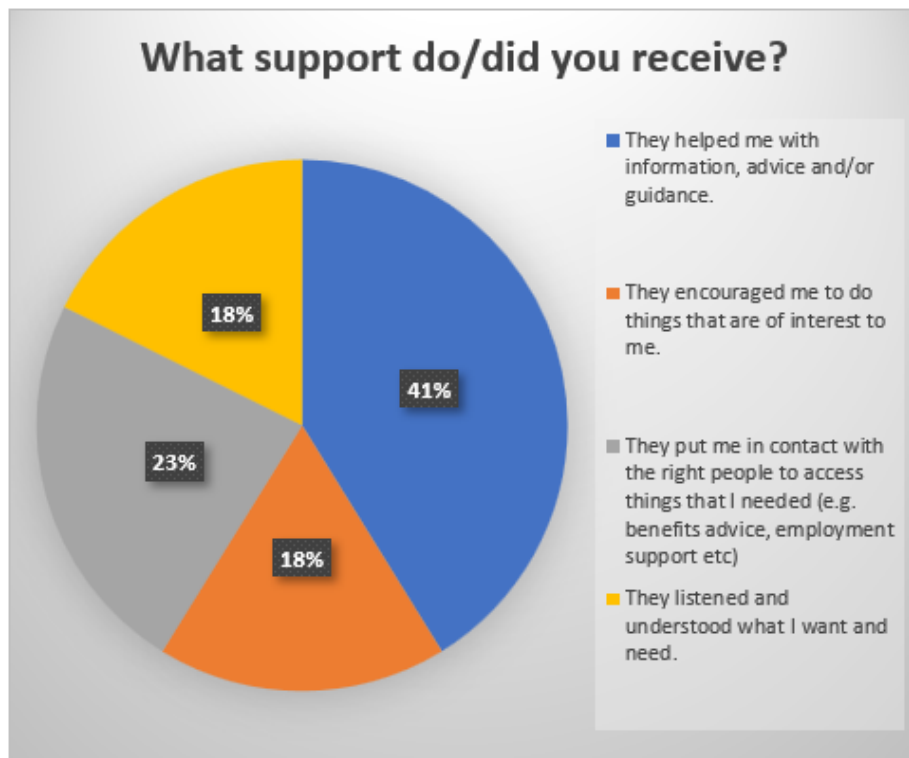
“Mental Health knowing I am not the only weirdo, so I feel I belong and welcome. There is nothing wrong with me.”

2. 1 to 1 Support:

Participants shared their experiences and satisfaction with the individual one-to-one support provided by the service.

57% of individuals received support from a 1-to-1 support worker and/or a Bridge Builder. These support workers were highly effective in involving the individuals in decision-making processes, as reported by the individuals themselves. This indicates that a majority of the surveyed population received valuable support from these professionals, who actively engaged them in important decision-making regarding their circumstances.

14% believed CASA could have done more support them better. However, it was unspecified as to what could have been done better.



Survey question 16: Please provide details of any other support you've received:

“Just being there.”

“Support in building my routine with everyday tasks and appointments.”

“They would help me to decide by explaining the options for me.”

“By coming I became a member of Barnwood circle, they're brilliant!”

Survey Question 20: What could CASA have done to support you better?

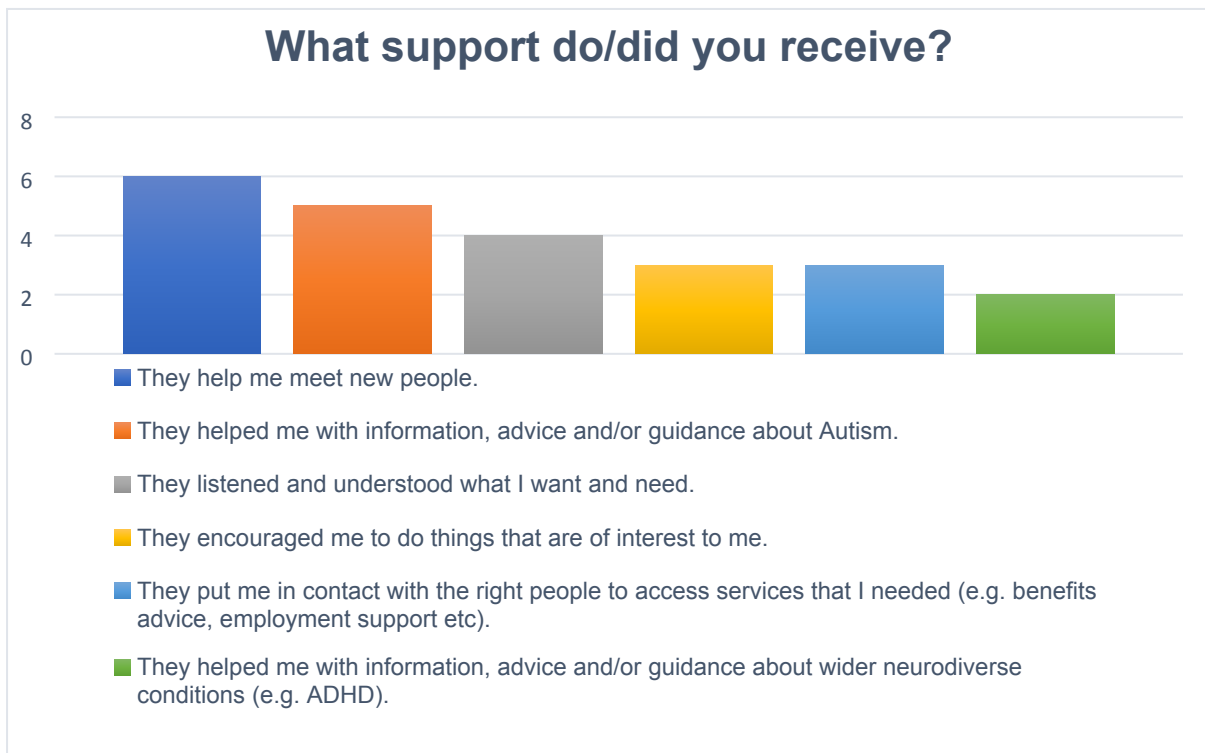
"I am always left feeling like no one has time for me."

3. The CASA Drop-in Service:

Feedback was gathered on the CASA service drop-in sessions, assessing their usefulness and impact on participants' well-being.

The summary states that a substantial 86% of individuals received support from a CASA drop-in service. This indicates that a majority of the surveyed population accessed and benefited from the services provided by CASA.

Additionally, 57% of the individuals reported feeling very good about being involved in decision-making processes. The remaining percentage, although unspecified, felt good about their involvement. This suggests that a significant portion of the individuals surveyed had a positive experience and felt empowered by participating in decision-making related to their situation or the services they received from CASA. Cheltenham had 60% of the attendees for Drop-ins whilst Morton in Marsh, Gloucester, Tewkesbury and Stroud all had 10% each.



14 % of individuals said a friend or someone close to them accessed a CASA drop In and linked them with a helpful/people and services at a time they needed them.

These responses highlight the positive experiences participants have had during drop-in sessions, such as meeting individuals who share similar experiences, forming connections and friendships, gaining a better understanding of their own autism, building confidence, improving mental health, and enjoying engaging activities in a relaxed setting.

Survey question 27: What do you enjoy most about the Drop-In sessions?

"Meeting people like me."

"Meeting other people and made new friends Help me better understand about my autism Help me build confidence and improve my mental health Provide activities to help with routing of the drop ins."

"Meeting people in the same situation as myself. It is also nice to chat to them to feel that you are not the only one."

"Activities put on like quiz and relaxed environment."

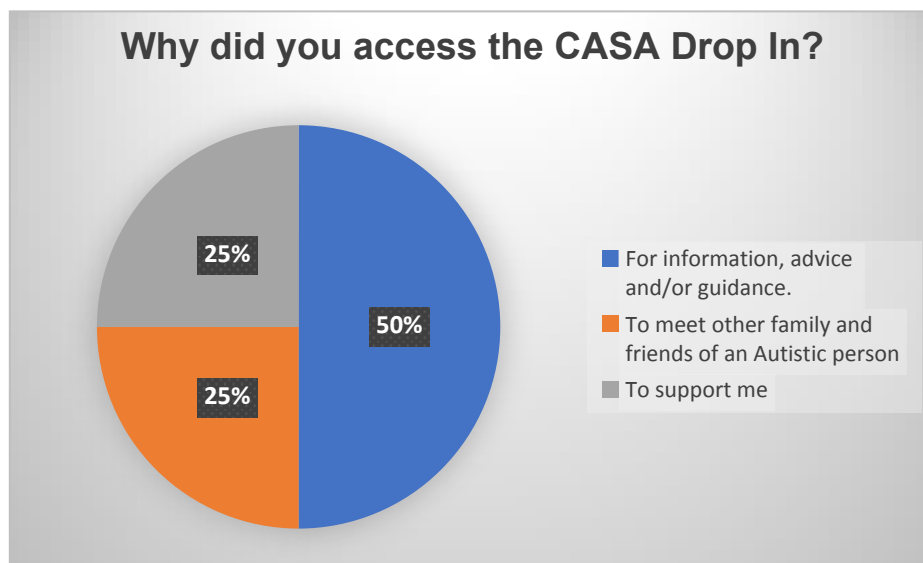
Survey question 28: How could the Drop-In sessions be improved?

"In a quieter place."

"A room with no echo Like a carpeted floor."

"Possible weekly sessions."

"An evening one would be good because I can't go if I'm working."

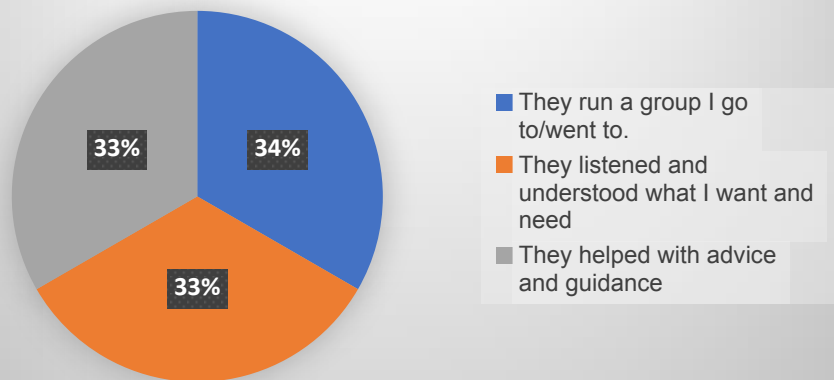


4. Peer Support:

Participants were asked to provide feedback on the peer support initiatives offered by CASA.

43% of individuals were aware of the Peer Support Worker and Peer Volunteers and received support from them. This suggests that a significant proportion of the population surveyed had knowledge of and benefited from the assistance provided by these individuals.

How have Peer Support Workers and/or Peer Volunteers supported you?



Survey question 41: Please tell us how the peer workers have helped you

“To me were all equal, so all have same share and contribute.”

“They supported me when I was going through a difficult time in my job.”

5. Links to Local Community:

The survey explored participants' perceptions of how effectively the CASA service connected them with their local community.

Survey question 33: One of the roles of CASA, is to help support you make links in your local community. This could be social connections, introducing you to people and/or organisations that can help you with the things you need. How has CASA supported you make links and connections with your local community?

“Supporting me at my first group and/or activity.”

“ Helping me to access local services.”

“Helping me find local groups and activities.”

One person reported they were not linked with helpful people and services at the time they were needed.

6. Information, Advice, and Guidance:

Participants shared their thoughts on the quality and usefulness of the information, advice, and guidance provided by the CASA service.

Only 14% of individuals have used the '*My Autism Information*' booklet. However, among those who did use the booklet, 50% found it to be useful. This suggests that half of the individuals who accessed the booklet derived some value or benefit from its content. 50% of those who did use the booklet found it useful indicates that the content provided within it has proven beneficial to a significant portion of the target audience. It suggests that the booklet contains valuable information related to Autism, which can assist individuals in understanding and navigating the challenges of accessing health and care services.

To encourage a higher utilisation rate and increase the booklet's impact, it would be important to address the barriers that prevent individuals from accessing it. Strategies may include raising awareness through targeted marketing campaigns, collaborating with relevant organisations or healthcare providers to distribute the booklet more widely, or exploring digital platforms to make it more accessible and convenient.

Furthermore, gathering feedback from individuals who found the booklet useful can help identify specific aspects that were helpful and guide improvements for future editions. By incorporating suggestions and tailoring the content to meet the needs of the target audience, the usefulness of the booklet can be further enhanced, potentially increasing its utilisation rate as well.

Overall, the statistic provided sheds light on both the underutilisation of the '*My Autism Information*' booklet and its positive impact on those who have accessed it. Efforts should be made to bridge the gap between availability and utilisation, ensuring that more individuals can benefit from the valuable information contained within the booklet.

7. A to Z of Activities:

The survey examined participants' engagement with the various activities offered by the CASA service.

29% of individuals had seen the A-Z list of different activities and groups in the community created by The Independence Trust. This suggests that a relatively small portion of the surveyed population had knowledge of the list's existence.

Furthermore, out of the individuals who had seen the list, only 34% had actually utilised it. This indicates that a smaller subset of the user population had taken advantage of the list to explore and engage in various activities and groups available in the community.

This highlights a potential gap in awareness and utilisation of the A-Z list. Efforts could be made to increase the visibility and promotion of the list to encourage more individuals to access and benefit from the wide range of activities and groups listed. Strategies such as targeted marketing, collaborations with community organisations, or making the list more easily accessible and user-friendly could be considered to enhance its utilisation rate.

8. The Future:

Participants were given the opportunity to share their hopes, suggestions, and expectations for the future of the CASA service. All individuals reported they would recommend the CASA service to family and friends.

29% of individuals did not like the name CASA.

Survey question 51. What would you like to see improved and/or changed from CASA service?

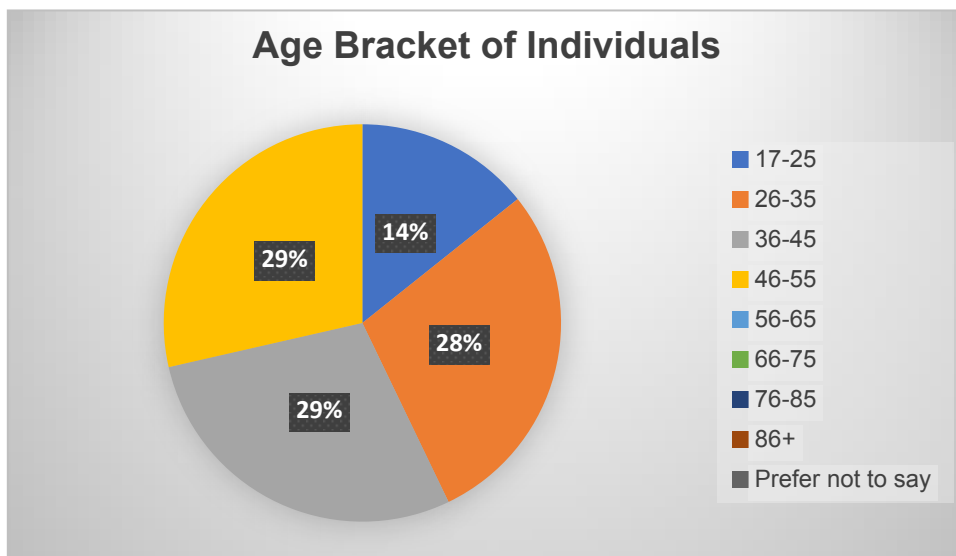
"Give me a diagnosis I want everyone to be helped. The NHS diagnostic criteria is too rigid."

"Possible weekly sessions."

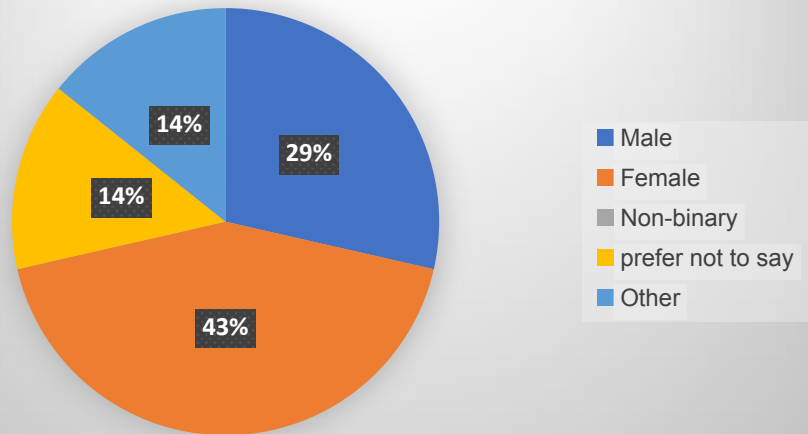
"The service needs more staff and funding to help support everyone who needs it equally."

Protected Characteristics:

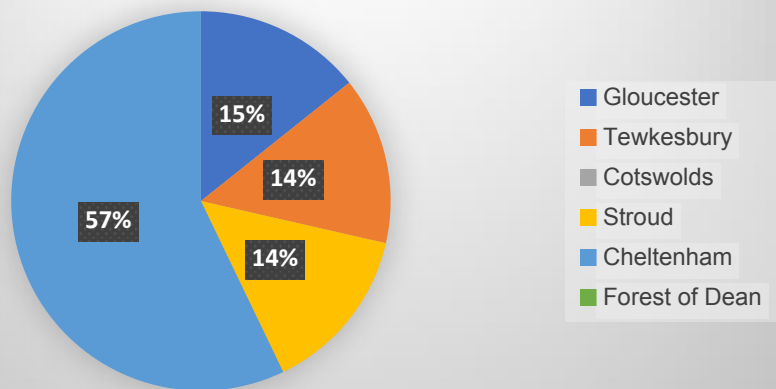
All Individuals that part took in the survey were of white English background.



Gender



Where do you live in the County of Gloucestershire?



Results from the online Staff Engagement Survey May 2023

The staff evaluation survey conducted in May 2023 assessed the experiences and perspectives of the staff members working in the CASA service have been summarised below:

When working with autistic people, several key factors contribute to achieving the best results. First and foremost, active listening and asking about their experiences and priorities are crucial. Understanding their perspective and the reason behind their preferences is essential for effective support. Additionally, treating each individual as a unique person is important, even in group settings. It may be challenging, but ensuring that everyone is heard and seen, even if they choose not to speak, is of utmost importance. Building their confidence and affirming their validity and right to be treated, with adjustments, if necessary, is vital in creating an inclusive environment.

Honest and open communication plays a significant role in working with autistic individuals. Having a clear understanding of their challenges, goals, and desired outcomes from their time within a service like CASA is essential. Connecting with individuals based on their interests and passions demonstrates genuine interest and fosters meaningful relationships. Reliability and following through on commitments are valued, as is investing time in building a strong rapport.

Supporting autistic individuals to increase their independence in areas they find challenging is a key aspect of the work. This involves assisting them in accessing the appropriate support they may have been lacking for years. Building trusting relationships becomes particularly crucial, considering that many clients may have had negative past experiences with service providers. Additionally, it is important to support other professionals in better understanding how to support autistic clients and patients. Facilitating communication within relationships and families is another crucial aspect, helping clients understand their autism in a positive light and recognizing their strengths.

Regarding the best parts of the role, working face to face with clients and being acknowledged as the first person who truly understands them is rewarding. The drop-in and online groups are described as amazing, empowering individuals to support each other on a peer level. Witnessing individuals overcoming anxiety to take leadership roles in these groups is a significant outcome. Moreover, hearing that these sessions provide individuals with a valuable opportunity to do something for themselves is incredibly meaningful.

One staff member express immense pleasure and consider working in the CASA team one of the highlights of their career. They recognize the vital role the team play in providing a much-needed service for individuals on the autism spectrum and those supporting them. They appreciate the incredible potential of this group of people and emphasises the need for educating others to make the necessary reasonable adjustments. Overall, Staff "love" their job and feel well-supported, valued, and fulfilled within their role.

The survey covered the following areas:

1. The Service: Staff members provided their feedback on the overall functioning and effectiveness of the CASA service.

Staff Survey Question 5: Are any of the specific areas (listed above) you don't think you should be supporting people with?

"Benefit Claims and Housing but we have to due to lack of ASC understanding in DWP and Housing We need an agreed pathway between Enablement and CASA."

"Every single thing mentioned... we either directly support with, support to signpost or signpost. All is time consuming. Everyone is also entitled to support with all of the above but as a team of 3 is impossible to accomplish - So no. I don't think there is anything we shouldn't be supporting with. But the reality is we do not have the man power and resources."

"Lots of people come for support with PIP, not always the soul aim but it can impact so many areas of their lives but is intensive on resources to support as generally their claims go to mandatory reconsideration and occasionally tribunal."

2. Drop-in Sessions: The survey sought input on the drop-in sessions, including their value, challenges encountered, and suggestions for improvement.

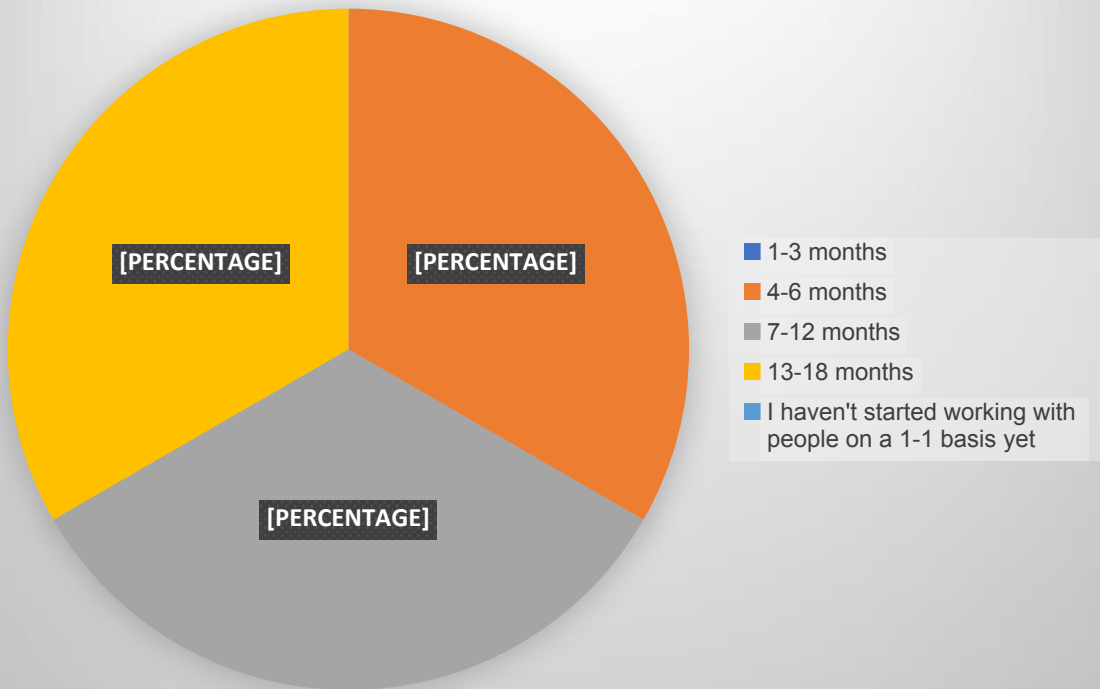
The staff at CASA unanimously recognise the significance of offering a diverse range of groups to the individuals they support. They strongly believe in the importance of providing access to peer support services as well. In fact, all staff members emphasise the critical role that peer support plays in the lives of individuals they assist.

Furthermore, it is worth noting that 33% of staff members express that peer support is particularly important because it instils hope for better days among the individuals they serve. This highlights the positive impact of peer support in fostering a sense of optimism and encouragement, which is crucial for individuals facing challenges associated with their circumstances.

The collective sentiment among staff members underscores their commitment to providing a comprehensive support system that encompasses various groups and peer support services. They recognise the intrinsic value of such support in fostering hope, resilience, and overall well-being for the individuals they assist.

This highlights the extensive tenure and expertise of the CASA staff members in serving these areas under the umbrella of The Independence Trust. The staff have collectively accumulated over two years of experience working across various regions, including Cheltenham, Tewkesbury, Gloucester, Forest of Dean, Cotswolds, and Stroud, specifically within the CASA service.

Staff working time with people on a 1 to1 basis



Before the pandemic, the primary areas of focus for staff supporting registered users at CASA revolved around facilitating goal setting, assisting with service access, and engaging in meaningful discussions about autism and its impact on individuals. However, in the current context, the main areas of emphasis now include assisting individuals in learning about Autism, facilitating conversations about its personal impact, enhancing existing relationships with friends and family, and guiding individuals in setting meaningful goals. This shift suggests that the pandemic may have influenced the priorities and needs of registered users, with a greater emphasis on self-awareness, personal growth, and strengthening social connections within the Autistic community.

Support plans are co-produced with an emphasis on personalisation with further examples provided within contract monitoring reports throughout the contract period.

Staff Survey Question 11: From your perspective, what is the purpose of a Drop-in Session?

“A safe non-judgmental environment for Social Exposure, Meeting others on the Spectrum, Friendships, sharing lived experience, confidence building, volunteering opportunity, a place for your voice to be heard and listened to.”

“This is a huge question. An attendee once told me it is the only time, they leave house to be social for themselves and I think that says everything really. Meeting other neurodivergent people is so important. Also, becoming comfortable in a public space post-covid is extremely important. The drop in builds confidence, offers advice

guidance and signposting where needed and encourages supportive peer relationships to form.”

“To meet others who may have similar challenges, to connect and make friendships and learn about self and others in an accessible way.”

Staff provided suggestions for improving the service, frequency and duration of the Drop-In sessions, which can be summarized as follows:

Sensory-friendly spaces: Participants mentioned the need to have appropriate spaces that are sensory-friendly, instead of relying on free spaces that may not cater to the sensory needs of attendees. Hiring suitable venues would enhance the overall experience.

Increase resources: Staff expressed the desire for a bigger team and more hours of support. They believed that with a larger team, the Drop-In sessions could be greatly improved. Limited capacity and ad-hoc support can lead to delays in attending appointments or providing one-on-one sessions outside of the drop-in.

Attendee empowerment: Staff suggested providing more opportunities for attendees to take responsibility and influence the direction of the sessions. This would allow them to have a greater say in shaping the activities and discussions, making the sessions more tailored to their specific needs and desires.

These suggestions highlight the importance of creating sensory-friendly environments, increasing resources and support, and empowering attendees to have a greater sense of ownership and control over the drop-In sessions.

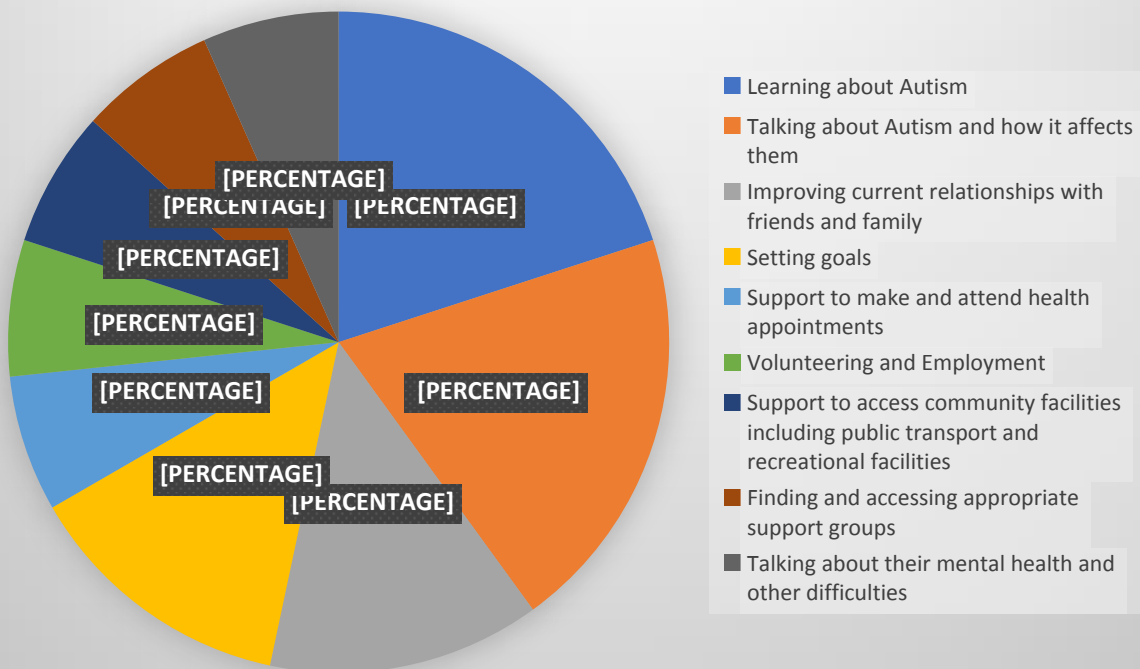
Weekly sessions: Participants expressed a strong preference for holding the sessions on a weekly basis. This frequency would provide consistent social contact and regular opportunities for individuals to leave their homes and engage with others.

Longer sessions: Some participants indicated a desire for longer sessions, considering that the Drop-In sessions often serve as their primary social interaction. Extending the current 2-hour period would allow for more activities and increased socializing.

Fortnightly sessions: A few participants mentioned that the current schedule of fortnightly sessions, lasting 2 hours, is appropriate. They highlighted the importance of balancing the frequency of sessions to ensure individuals have enough time to engage with other community groups and opportunities.

These suggestions reflect a preference for regular and consistent scheduling of the Drop-In sessions, emphasizing the need for adequate time for social interaction, engaging activities and access to other community resources.

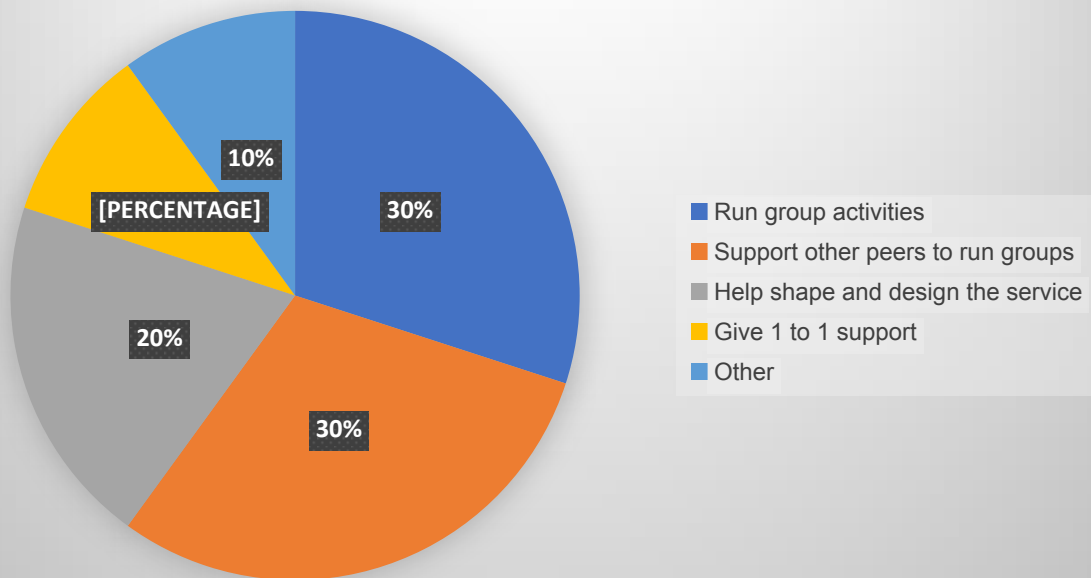
Areas of support staff provide to registered users



2. Peer Support: Staff members shared their perspectives on the peer support programs and their impact on the participants.

Firstly, they recommend having additional staff to initially support clients and help the peer support system grow. As the peer support network becomes self-sustaining, fewer staff members would be required. It is important to recognise that autistic individuals may not typically want the responsibilities associated with running one-on-one support or drop-in sessions. Staff emphasize the need for investment in peer support (by the local authority), highlighting that peer support roles should primarily be paid positions. Lastly, the need for more time to be dedicated to the development of peer support initiatives.

What do you think the role of Peer Supporters could be within CASA?



Staff provided their perspectives on the role of Peer Support within CASA, which can be summarized as follows:

1. Building confidence and independence: Participants viewed Peer Support as crucial in supporting individuals to gain the confidence to engage in activities and work towards doing them independently. Peer Support serves as a source of encouragement and empowerment.
2. Sharing subjective experiences: Peer Support is seen as an opportunity to utilize one's own experiences to help others. Participants emphasized that everyone, including staff and attendees at drop-ins and online info sessions, engages in Peer Support by treating individuals individually and empathizing based on shared experiences.
3. Current focus: Currently, Peer Support is primarily associated with drop-in sessions and information sessions. Participants expressed the desire for more opportunities to connect clients and drop-in attendees in a safe manner, potentially through mentorship or shared interest groups like gaming. However, they acknowledged that organising such activities can be time-consuming due to administrative considerations.

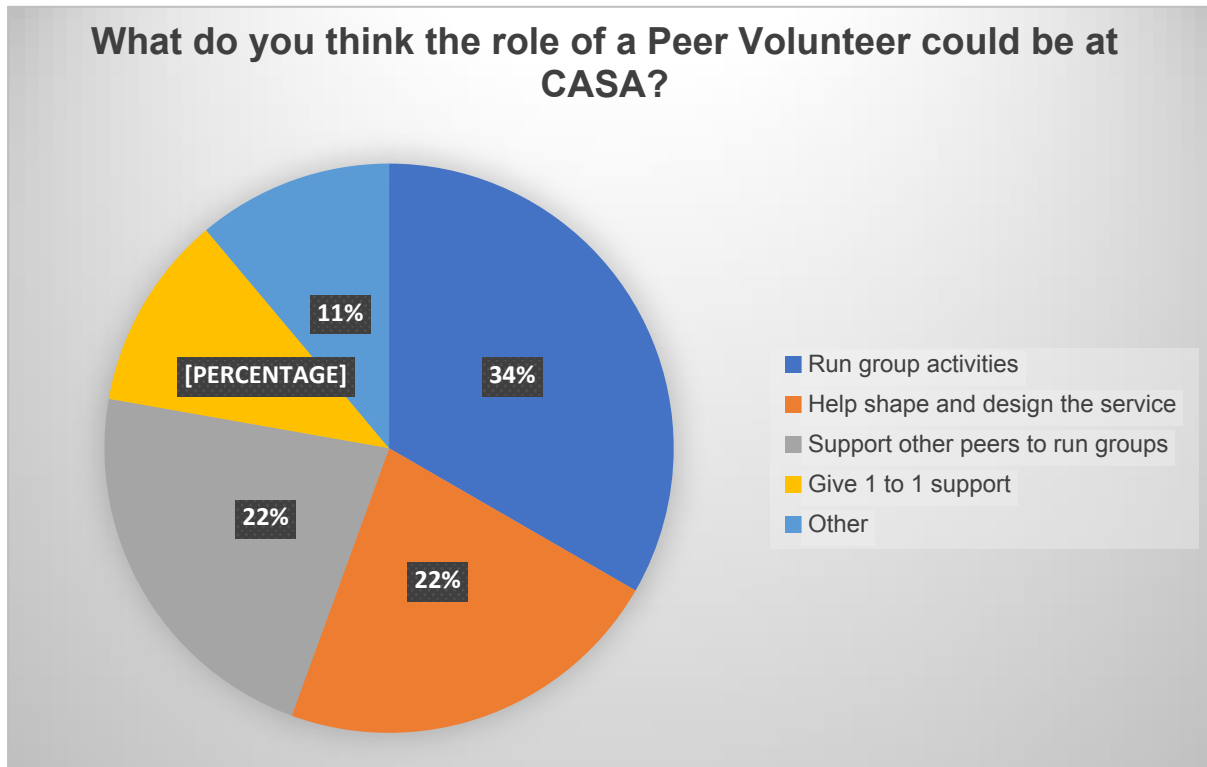
These responses highlight the importance of Peer Support in fostering confidence, independence, and understanding among individuals within CASA. Staff also expressed a desire for expanded opportunities for client connections and shared interest groups, while recognising the challenges involved in implementing such initiatives.

Staff Survey question 20: What do you think is good about the Peer Support?

“Confidence Building, Dealing with people with lived experience not text book.”

“The peer support I see people giving people throughout the information sessions I run online is amazing to watch”

“Connection with a shared understanding of strengths and challenges, people benefit from having positive role models.”



4. Barriers: The survey explored any barriers or challenges faced by staff members in providing optimal support and services to autistic individuals.

Staff felt the most common barriers for people to accessing CASA and other services were:

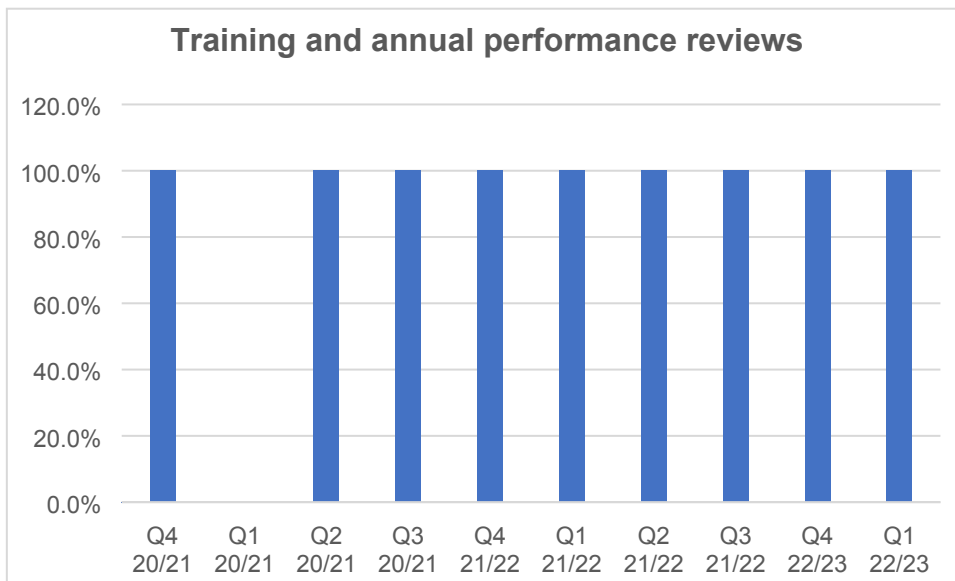
- Transport
- Don't feel like it's right for them
- Lack of motivation
- Complex emotional needs
- Don't trust services

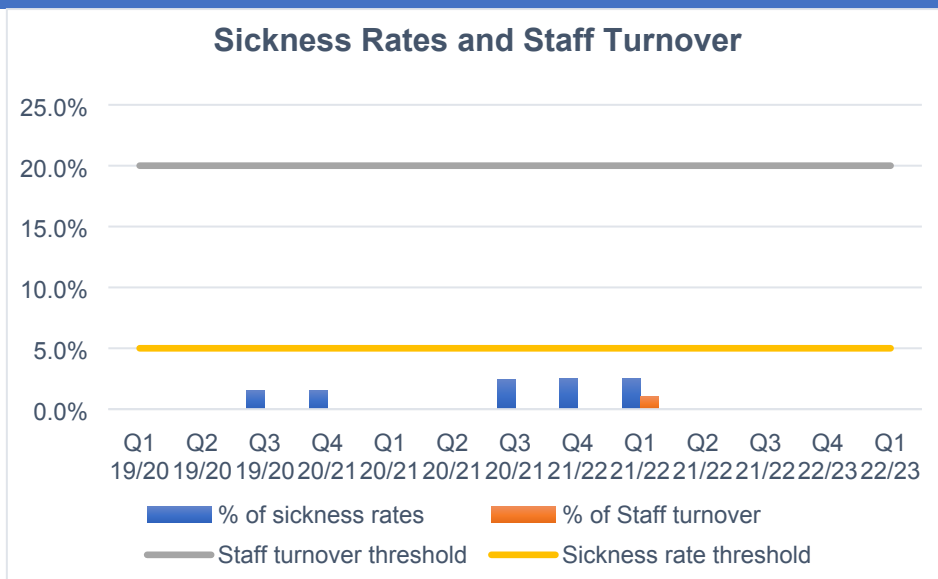
5. Your Role: Staff members were given the opportunity to reflect on their roles and responsibilities within the CASA service.

What does success in your role look like?



Training and annual performance reviews





Staff sickness and staff turnover were well below thresholds.

The biggest challenges in Staff roles include managing a caseload of 25-30 clients while also overseeing Drop-ins and Online Groups, which essentially means juggling two jobs. Additionally, one Staff member has to be physically present in the office at least once a week to handle phone calls and manage social media, adding extra responsibilities on top of their existing role. Absorbing additional roles and finding time to organize new Drop-ins, recruit volunteers, and coordinate various ad-hoc support requests from the county pose further challenges. Staff also face time constraints to organise drop-in activities, handle email queries, respond to internal emails, and attend agency/organizational meetings, which consume a sizeable portion of their limited weekly hours. Maintaining up-to-date booklets and information leaflets, conducting assessments, and following up with referrers for more information or redirection add to the workload. Promoting events and drop-ins throughout the year is another task that requires attention. Staff express that their capacity, as well as that of the team, is stretched thin, making it challenging to meet all the demands.

...“Bigger Team with set, not mixed roles. I found my role overwhelming.”

Another challenge highlighted is the lack of understanding among other services about Autism and when to refer individuals to the service. There is an expectation for Staff to bridge the gap and provide support, even when it falls outside their scope of expertise. This can have a negative impact, especially when the Staff member cannot assist with finding jobs or applying for benefits, as these are roles covered by specialist services. Additionally, finding appropriate support for Autistic adults in terms of mental and physical health becomes a challenge. The phenomenon of diagnostic overshadowing, where the focus on autism overshadows other mental health or advocacy needs, adds complexity to providing the necessary support. Moreover, Staff acknowledge the difficulty in finding suitable longer-term or personal assistant-type support for their “clients,” further adding to the challenges they face.

Survey question 6: Is there anything that you're not currently doing in your role that you would like to be doing?

"Go into people's homes to" evaluate how they are managing and their level of life skills."

"The drop ins could be even better than they already are. The ad-hoc support I am doing has people waiting 2 months for my time. There are many things I would like to be doing but cannot do in 20 hours, all with the goal of supporting autistic adults AND those on the waitlist/curious/self-diagnosed."

"Having enough time to fully support parents/carers individually without impacting time spent with the client."

The staff members shared varied sentiments, expressing either uncertainty or disagreement regarding the term "Bridge Builder" and its accuracy in describing their individual roles.

"I am not a bridge builder. But I still think the name is silly and I have spent a lot of time during assessments unnecessarily explaining it."

6. The Future: The survey invited staff members to share their visions, aspirations, and recommendations for the future development of the service.

The consensus among all staff members was that CASA is indeed capable of providing information, support, and advice to encourage and promote inclusion. One-third of the staff liked the name CASA, another one-third did not, and the remaining one-third were unsure about their opinion on the name.

Staff Survey Question 7: Are there specific areas of support, currently not provided by CASA which need to be available to Autistic people?

"Mental Health practitioner with ASC knowledge Career/Employment Advice from people who understand ASC Help line for people to call for advice on navigating the NT World Drop Ins out of working hours as many of our clients work."

Work/Volunteering. Those supporting autistic individuals into work need to be treated individually and have their needs/special interests/talents recognised and utilised. Unfortunately, services are not currently providing people with the best support for this. I also have mentioned specialised help with PIP applications - whilst there is citizens advice, they are not trained on how best to communicate with autistic individuals. I've already mentioned the drop ins - but there could be more that are more accessible to those who work - for instance in the evenings.

"Clear gender identity support, we do support this currently, but resources are limited in Gloucestershire as is awareness and understanding."

Staff Survey Question 8: From your perspective what support do you require to meet the suggestions you have outlined in Question 7?

“A bigger staff team each member to have specific role not mixed multiple roles, e.g.: Fulltime peer worker to run Groups and Drop Ins only, Face to Face workers (Bridge Builders) to do only 1:1 work with max caseload of 25.”

“A larger team. A bigger budget. If someone is community based, they need to be exactly that with no office commitment. Other services also need training or to hire individuals with relevant experience in support autistic people.”

“Time.”

Staff survey question 37: What would you like to see improved and/or changed from CASA service?

“Compared to Adult autism services in other parts of UK we are so small, especially when you look at the population we are expected to cover. We need a bigger team.

We need more Peer and 1 to 1. CASA is also thriving because of social media - advertising needs to be invested in. We need to get word out about the service more not just to clients but to all people who come into contact with the public in Gloucestershire.”

“Just capacity really. we have so much we could do with more staff and time. services are willing to improve their understanding and support of autistic adults, but we don't have enough time/capacity to put into this aspect. it would be good to be able to increase our support of those on the diagnostic pathway.”

Conclusion:

The evaluation of the CASA service has provided valuable insights into the effectiveness and impact of the service. Through various data collection methods such as focus groups, surveys, and staff evaluations, we have gained a comprehensive understanding of the experiences and perspectives of participants, staff, and the wider public.

The focus groups served as collaborative platforms where individuals voluntarily came together to discuss specific topics related to the service. These sessions fostered open dialogue, allowing participants to share their perspectives, provide insights, and generate collective ideas. The survey, with its combination of multiple-choice questions and free text boxes, provided structured data for quantitative analysis while also allowing participants to express their thoughts and suggestions in their own words, providing qualitative insights.

Participants highlighted the valuable support received from the CASA service, including individual one-to-one support, peer support through drop-in sessions, and connections to the local community. The service aims to help individuals reach their potential by providing access to information, support, and advice, signposting to other services, and exploring opportunities for skill development. Staff evaluations provided valuable feedback on the service's strengths, drop-in sessions, peer support, identified barriers, and considerations for the future.

The evaluation report also highlighted areas for improvement. Suggestions included providing sensory-friendly spaces for drop-in sessions, increasing resources and staff capacity, and empowering attendees to have a greater say in shaping the sessions. Participants expressed preferences for regular and longer drop-in sessions, as well as opportunities to connect and share interests in a safe and supportive environment.

Overall, the evaluation findings highlight the positive impact of the CASA service in supporting autistic individuals and their families. The Service has effectively provided valuable support, promoted community connections, and facilitated personal growth. The insights and feedback gathered through this evaluation will serve as a foundation for further enhancing the service and ensuring its ongoing relevance and responsiveness to the evolving needs of the Autistic community.

Based on the evaluation results, it is recommended that the CASA service continues its efforts in providing person-centred support, further exploring opportunities for sensory-friendly spaces, considering resource allocation and staff capacity, and actively involving participants in shaping the service's direction. By implementing these recommendations, the CASA Service can continue to make a positive difference in the lives of Autistic people, enabling them to reach their full potential and thrive within their local communities.