

Autism and Homelessness

Briefing for frontline staff



Produced by

The Innovation and Good Practice Team

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Let's end homelessness together

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Introduction

This briefing aims to provide frontline staff with information to better support people experiencing homelessness who are known or suspected to have autism. It includes suggestions of how to overcome challenges and case examples of two individuals with autism who were successfully supported to address their housing needs.

What is autism?

Autism is a lifelong condition with no known cause or cure. It affects approximately 1% of the population. Only 15% of people with autism are in employment. Each person with autism presents differently. The range of the condition is described as a spectrum. At one end are people with very profound learning and physical disabilities who are likely to receive full support from statutory services. At the other end are people with Asperger's who are likely to be in work and 'high functioning'. The majority of people with autism are somewhere between these two extremes and may find it difficult to access appropriate support. Many people with autism do not have a diagnosis.

People with autism experience:

- Difficulties communicating with others
- Difficulties with imagination
- Difficulties interacting socially
- Sensory challenges (either increased or decreased senses)

Autism and homelessness

There is little research in this area, however it is thought that autism could be a cause of homelessness in addition to being a barrier to moving away from the street. Researchers in Wales¹ found that 12% of people diagnosed with autism had experienced homelessness at some time. In a small study of people sleeping rough long term in Devon it was found that nine out of 14 individuals could be classified as falling onto the autistic spectrum².

Research is at an early stage, but feedback from outreach teams indicates that there are people with autism sleeping rough over a long time who have been regarded as 'hard to reach'. This is because the way that homelessness services are delivered typically doesn't allow for the different needs of people with autism.

Why might people with autism become homeless?

People with autism typically do not understand social rules and find them difficult to learn. Challenges in communicating and interacting with others can lead to relationship breakdown, an inability to build up a support network and difficulties in interacting with others to access help.

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¹(The National Autistic Society (NAS), 2011. <u>The life we choose: shaping autism services in Wales</u> [pdf] Available at: <u>The NAS website</u> http://www.autism.org.uk/get-involved/campaign-for-change/get-involved-with-campaigning/our-campaigns/current-campaigns/the-life-we-choose.aspx

² Pritchard, C., 2010 An Evaluation of the Devon Individualised Budget project to encourage rough sleepers into accommodation. [project report] Exeter City Council

Because people with autism find interacting with the world so difficult, they can become very anxious in trying to conform. One way to deal with this anxiety and feel safer is to take complete control of their environment, relationships with others and daily routines. People with autism that sleep rough are likely to create fixed routines that help them feel in control and reduce their anxiety. Other behaviours that could be linked to autism include hoarding, pushing a trolley of belongings and needing to be in constant motion.

Why might people with autism find it hard to engage with services?

People with autism can find it hard to engage with services for support for the following reasons:

- Experiencing frustration at not being understood
- Being unable to understand what others are telling them
- Being unable to answer 'what', 'why', 'where', 'who' and 'how' guestions (e.g. where are you from?)
- Being unable to imagine 'the other' (e.g. what hostels are like, what consequences there are for sleeping rough, how their behaviour or actions affect others)
- Regularly blocking conversation to maintain control and reduce confusion
- Being offered too many choices
- Reducing/increasing sensory challenges through rough sleeping
- Being unable to cope with changes to routine e.g. attending an appointment

What can you do?

In the homelessness sector it is good practice to work in a person-centred way, to ask open questions in order to understand a person's situation and support needs, and to give people choices. This might not be the right approach for people with autism. If you find that your normal practice isn't leading to engagement or is causing someone distress, it's time to try a different approach. It can't do any harm and could be effective in ending someone's homelessness.

It is probable that most people you come across will not have been diagnosed with autism or will not disclose a diagnosis if they have one. If all traditional methods of engaging the person has failed however, and you suspect they may have autism, there are some simple and harmless things you can try that might help:

- Allow time for the individual to process what you are asking or telling them
- Ask one very clear and direct question at a time then just stop talking!
- Reduce the amount of choice you are offering
- Provide images to illustrate what you are telling them (e.g. a picture and description of you, pictures of a hostel)
- Give very clear, minimal rules (visually if possible)
- Be aware of the potential of sensory challenges. Prepare them for this (e.g. there is an extremely bright wall as soon as you walk in the hostel, will they need black-out curtains or different bedding)
- Be aware of possible anxieties they may have and consider ways of reducing these
- Find ways to make your support part of their routine e.g. regular meetings at a fixed time and place that they are familiar with

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For further information see: http://resourcesforautism.org.uk

Case Studies

David

David was first found rough sleeping in by the Camden outreach team in 2007. He was always easy to find, having set routines and places he wanted to be at certain times of the day, and whilst friendly he would never engage in a meaningful way with the support available. He was continually offered accommodation to which he would say that he was 'fine' and would 'think about it'. He would then change the subject as soon as he could and break away from further conversation. He was completely socially isolated.

Over time the team suspected that he may have some learning difficulties; possibly autism. Despite attempts to gain intervention from mental health services the outreach team were advised that there was no evidence of a treatable mental illness.

In 2013, aged 66, it seemed that David's health was deteriorating and there was concern that he would not survive another winter on the streets. A suitable accommodation option was identified for him, he was given information and photos and the project manager came to meet him. He still wouldn't accept the offer.

Mental health services became involved when it was thought that David might not have capacity around his decision to sleep rough during the winter and the risks associated with that. Whilst it was deemed necessary to detain him under the Mental Health Act, the concerns were shared with David who agreed to go voluntarily to hospital for an assessment. This broke his established routine.

Once in hospital the team began to work in a much more directive way, limiting the choices David was given which they thought were confusing him. Instead they just simply told him he would be moving to a particular accommodation project and instead of describing it verbally they showed him images. When he moved there the outreach team visited him daily to help him establish a new routine. He is now settled and has no desire to return to the streets, despite the team later finding out he had been there for 30 years. His quality of life is now vastly improved and he is engaging in activities at the project.

Jim

Jim, in his 50s, spent years going in and out of accommodation which he often lost because of his hoarding of 'beautiful things' and for which he preferred to sleep rough rather than stop collecting. His collecting was an absolute necessity for him.

A new supported living flat was identified and, before the tenancy was signed, a rule created between him and his key worker. The rule stated that he could keep 'beautiful things' as long as these remained on the shelves in his room. He could have many shelves, but his collection could not spread out.

This rule was reinforced visually with a line drawn round the flat. He had visual reminders of the rule and if his collection would exceed the line he could choose items to put in a box for his support worker to remove every week. As the disposal was too difficult for Jim he could be out when this happened, as it took place on the same day every week.

Jim has maintained his tenancy for nearly a year – the longest yet. Whilst there were some difficulties it was important for all involved to understand that he could and should not be asked to stop collecting. Instead, by creating the rule, his need to hoard was valued but limited in a way he could control.

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Checklist

For communication and assessment

If traditional methods of engagement have not worked, and you suspect or know that an individual has autism, it may be necessary to adapt the way you communicate with that person.

Someone with Autism may have excellent verbal communication that will mask the limited understanding they have of a situation or they may have very poor verbal communication that is repetitive or non-existent.

Keep language to a minimum
Keep language clear, calm, short and directive
Allow process time. (Silence!)
Keep your voice neutral. Avoid raising your voice or using language that might be seen as provocative
Keep facial and hand gestures to a minimum
Always address the person by name at the start of each sentence especially if there are other people present
Plan and structure interviews in advance ideally in short blocks with breaks
Remember process time
Do not keep repeating requests or questions. Just stay quiet
Avoid sarcasm or 'jokes'
Use visuals as much as possible. Lists, timetables, written schedules, written rules or instructions in a clear order
Avoid abbreviations and keep written information/instructions/rules brief and to the point
If you set a time to meet be on time and do not cancel or postpone
Say in advance what you want to talk about
Avoid choices. Be clear, direct and 'blunt'
Keep the person informed of what is happening
Avoid touching someone and if they recoil against shaking your hand they are not being rude!
Follow up to check understanding and make sure colleagues know the approach you are taking and use the same or similar with the same person
It is your job to get into their head not their job to get into your world



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What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

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