

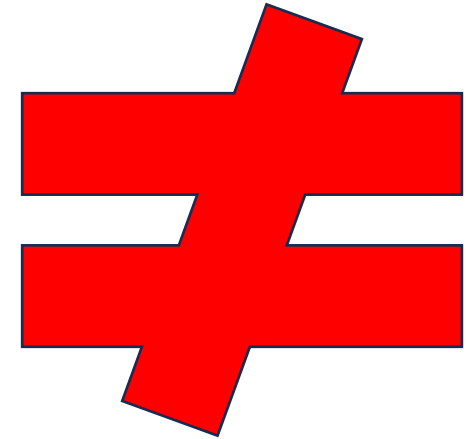
Autism and Homelessness



The Case For Change...

- As both support services and wider society become more aware of neurodivergence, it's prevalence, and potential impact on our lives, there is a need to shine a light on the intersection between **autism** and **homelessness**.
- Recent research conducted by Oxford University suggests that **12.3% of people experiencing homelessness are autistic**, compared with 1-2% of the general population.
- Why is this the case, and what can we do about it?

12.3%



1 – 2%

Workforce Survey

- My colleague Scarlett Wright and I began by speaking to professionals at all levels across London and England to better understand their approaches and ways of creating pathways of support for autistic adults within a complex and often hard to navigate system.
- We heard from commissioners and frontline practitioners alike, hearing about their successes and challenges, alongside hearing about the journeys of the people they supported.
- We knew we needed to hear from a wider pool of professionals to truly measure the scale and depth of work needed. We distributed a survey designed to capture the challenges, alongside examples of good practice, that professionals who worked with those experiencing homelessness in London were facing, and their experiences navigating the system.

Survey Findings

1. There needs to be greater recognition and awareness of the prevalence, presentation, and support needs for autistic people (and for those experiencing co-occurring autism and homelessness), coupled with nuanced understanding of the spiky profile of needs and presentations.
2. Flexibility and accommodation of autism should be adopted within services, both in the environment and in interactions with practitioners.
3. Changes to services should be co-produced with autistic people.
4. Gender-informed approaches should be embedded within services to increase understanding of women's experiences of autism and homelessness.

Survey Findings

5. There is a need for commissioners and funders to better understand the needs of autistic people, thereby improving the identification of, and commissioning for appropriate outcomes.
6. There must be structural changes to pathways for support, including access to rapid and flexible diagnostic assessments, specialist open ended support and resources, preventative support, amendments to priority need and statutory duties, and appropriate accommodation and pathways.
7. We need a joined-up approach throughout the system – there should be joint working and sharing of information between services, and pooled funding.
8. Recurrent in-person training must be implemented for all staff about autism and homelessness.

Case Study – London Navigators

Working with People with neurodiversity, brain injury and learning disability

- I began working with TS in Nov of 2018. He had spent many years in and out of prison and was constantly being recalled just after release because he found both engaging with probation and with services too difficult. We knew TS had had multiple brain injuries and had attended a SEN school. TS was almost childlike in his presentation and extremely trusting.
- Initially (for the first two years) a member of the team would pick him up from Pentonville, take him to probation then to a substance use service and finally to an accommodation project. He would then disappear the next day and be recalled 6 weeks later for failing to comply with bail and JIGSAW conditions- normally after having an alcohol induced fit and being hospitalised.
- In 2020 we asked for further investigations of his mental health. At the time, despite requests to Westminster Council and Westminster Mental Health services for a Care Act Assessment and a Mental Health Assessment, those services refused to go into the prison. This was in part because of the pandemic and also because TS had long been seen simply as a substance user. We requested EASL and Leigh Andrews (Speech and Language Therapist) each conduct assessments. They did this and these gave us a lot of insight into not just TS's current diagnoses but also his history.

Case Study – London Navigators

- The assessments demonstrated TS had an IQ of 60 and that he would often pretend to understand when he actually didn't. They also gave us more information about his particular difficulties with socially acceptable behaviour and his difficulties with language and unspoken rules.
- These assessments not only helped me to secure a Care Package for his multiple physical and mental health needs but also gave the whole team of support workers from various services a set of guidelines to work from when trying to communicate with him in a way he could process. For instance:
 - Using words and pictures to convey an idea.
 - Breaking things into smaller steps and simplifying plans as much as possible.
 - Not speaking in sentences with more than two clauses.
- We had another Speech & Language Assessment about 6 months after he left prison in Feb 2022, in order to try and get TS into a more supported Care Home environment. He was being bullied by others at his accommodation and other local homeless people, who would use him to beg for money then spike him or just give him a large quantity of drugs and steal his money on a regular basis.

Case Study – London Navigators

- TS was hospitalised and went into a coma after one such incident about two months later and the detailed information and techniques for helping him to understand his health care, managing his conditions and addictions and managing challenging behaviours was sent by me before every assessment. Those documents became the core of the integrated work around him. He was discharged and progressed well at the Residential Care Home he was placed in, although he struggled at first with the change in the type of support.
- TS sadly died at the end of 2022 but had recently celebrated with me the anniversary of his first year out of prison for decades and had a safe supportive home to live in.

- London Navigators

Areas Of Focus

One

Workforce
development

Two

Access to
rapid and
flexible
diagnosis

Three

Post
diagnostic
aftercare and
support

Access to Assessment in Newham

- Work began in Newham to provide access to rapid and flexible diagnostic assessment for people experiencing homelessness.
- Meetings took place involving professionals of different specialisms and looked at ways we could streamline the referral process for diagnostic assessment.
- In Newham we have 21 people who have been rough sleeping in the borough for a long period of time due to multiple disadvantages. This flexible approach would give those with undiagnosed autism access to an assessment
- If autism is diagnosed, this would give the practitioners a better understanding on how to work with the rough sleeper and support with pathways off the street.
- One of the main reasons for homeless is eviction from previous properties.

Questions and Discussion

1. Does anyone know of someone autistic that has lost their accommodation and/or become homeless?
 - a. If so, how did they resolve it?
 - b. If so, were they rough sleeping, put in TA, etc?
2. Does anyone know what to do to contact the council about losing their tenancy?
 - a. How would they help?

Questions and Discussion

3. Has anyone received help/support to maintain their tenancy?

a. How did they help and did they resolve your problem?

b. How helpful did you find these?

5. Have you ever felt like you could lose your home?

a. And for what reason did you think you might?

Further Links

- **Autism and Homelessness Report** – https://www.transformationpartners.nhs.uk/wp-content/uploads/2024/09/Autism-and-Homelessness-Survey-Report_30-Sept.pdf
- **Homeless Link Blog** – <https://homeless.org.uk/news/understanding-the-needs-of-the-homelessness-workforce-in-supporting-autistic-people-experiencing-homelessness/>
- **My email** – david.bryceland@nhs.net