

Piecing together a solution: Homelessness amongst people with autism in Wales



Our vision

Shelter Cymru's vision is that everyone in Wales should have a decent home.

We believe

- a home is a fundamental right and essential to the health and well-being of people and communities.
- there must be major changes to law, to the culture and delivery of services and the level of resources if homelessness and housing need are to be finally eradicated in Wales.

Our Values

Independence

We work for people in housing need without fear or favour. We will constructively challenge to ensure people are properly assisted and to improve practice and learning.

Respect

We work as equals with the people who use our services. We provide information, advice and support to help people identify the best options to find and keep a home and to help them take control of their own lives.

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Executive Summary

Background

There is compelling evidence that homelessness is considerably more common among people with autism than the general population. A survey conducted in Wales by the National Autistic Society Cymru (2011)¹ reported that 12 per cent of their adult participants disclosed being homeless at some point in their lives. Beyond Wales, Pritchard (2010)² conducted a small study into 14 rough sleepers in Devon and found that 65 per cent of entrenched sleepers had been diagnosed with Autistic Spectrum Disorder (ASD).

Nevertheless, at present, there is very little evidence that provides an accurate assessment of the risk factors for a housing crisis and the lived experience of homelessness for people with ASD in Wales.

The aim of the current research was to use a qualitative approach to explore the homelessness experiences of people with ASD.

We were particularly interested to consider:

- The reasons why people with ASD are at particular risk of becoming homeless
- People with ASD's lived experience of homelessness
- How to prevent or quickly resolve homelessness for people with ASD.

Methodology

This report is based on:

- A review of autism and housing policy and practice in Wales
- A review of academic literature on the interplay between autism and homelessness
- A thematic analysis of 12 interviews with people who have experienced homelessness in Wales
- An examination of people with ASD's pathways into and through homelessness
- Three interviews with stakeholders who work with people with ASD in Wales.

¹ The National Autistic Society (NAS), 2011. The life we choose: shaping autism services in Wales

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

Findings

The report presents several key issues related to the unique factors that can predispose some people with ASD to homelessness.

Risk factors

Risk factors reported by the participants included:

- (i) While there is often support for people with lower IQ autism via Adult Services, we found those with a diagnosis of High Functioning Autism (HFA) or Asperger Syndrome (AS) (i.e. those who did not report having a co-occurring learning disorder) were more likely to not be in receipt of support and be at a higher risk of homelessness than the general population
- (ii) Only seven out of 12 of our participants had a diagnosis of ASD at the time of homelessness. We found that delays in diagnosis at the time of presenting to housing services meant that people were not always able to access the assistance and support they required
- (iii) We found evidence of financial abuse and exploitation of people with ASD contributing to their homelessness risk.

Features of ASD

People with ASD in Wales face the same risk factors as anyone else for homelessness. However, we found that there are unique structural and individual factors that result in an increased risk of homelessness for people with ASD.

These include:

- (i) Sensory difficulties mean presenting at a noisy, busy housing office is a challenge and can even deter some people with ASD from presenting at all
- (ii) Social communication and interaction difficulties may result in the behaviour of the individuals with ASD being misinterpreted as deliberately negative and falsely considered anti-social, oppositional or challenging by housing professionals
- (iii) Cognitive challenges such as slower information processing mean some people with ASD have challenges answering letters or understanding the nature of the homelessness process. Challenges with money management – for example, budgeting, setting up and maintaining direct debits for rent, applying for and completing benefits forms – result in additional risk factors for homelessness.

Co-occurring conditions

Often people with ASD will present with multiple diagnoses or co-occurring conditions. Eight out of 12 people in our sample had a co-occurring condition in addition to ASD. The most common co-occurring conditions reported by the participants were depression, anxiety and ADHD. Mental health issues can interfere with a person's ability to maintain their tenancy and these conditions can also worsen as a result of homelessness leading to compounded disadvantage.

Housing not matched to need

The research found evidence that some people with ASD were inappropriately housed, thus making their tenancies unsustainable long-term. Some people with ASD even refused to present to the local authority as they were concerned that they would only be offered unsuitable accommodation that did not take into consideration their individual needs.

Unemployment and poverty

Employment is reported as a significant challenge for people with ASD. Unemployment and poverty is a major cause of homelessness³. Participants told us that their unemployment severely limited their housing options. This was corroborated by stakeholders who told us that unemployment coupled with poor money management can lead to late payment of housing costs and resulting homelessness for people with ASD.

Relationship breakdown

A breakdown in family relationships was a prevalent theme in the research with the majority of our sample becoming homeless from the parental/family home. Also, many participants discussed the difficulties of social interaction and relationships with others including partners and friends. The overwhelming picture painted is of the participants lacking social networks of support and appearing to be very isolated.

People with ASD's lived experience of homelessness

Case studies presented in the report highlighted issues such as late diagnosis, social and communication difficulties and the importance of employment, training and education on resolving homelessness and preventing future occasions.

³ Shelter, (2007). Homelessness: Shelter factsheet

Overall, our interviews strongly suggested a lack of awareness of housing and related services amongst people with ASD. For a minority of individuals, services had a significant impact and their experience is described in wholly positive terms. Nevertheless, there were also reports of bad practice with people not being believed about having ASD, unhelpful staff, inefficient communication and offers of unsuitable accommodation. Even when the person's ASD was disclosed, some participants still faced problems getting help from their local authority housing department.

Recommendations

We have grouped our recommendations thematically below, including actions that we will take forward ourselves as part of our future work programme.

Housing professionals: Awareness, acceptance and training tailored to need

- We recommend tailored training for housing staff which includes the identification of ASD risk factors (for example, the worker flags up traits of ASD but does not give a diagnosis). Once a risk has been identified, specialist ASD services can be contacted with a view to supporting the person and advocating on their behalf when necessary (whether to get a diagnosis or to assist with liaising with the housing department).
- Within Housing Options, staff awareness of ASD is particularly important in light of local authorities' new powers to discharge homelessness duties for 'failure to cooperate'. Potentially this new duty could be a further, new risk factor for people with ASD unless staff are appropriately trained. Conversely, awareness of the condition is likely to assist Housing Options staff to identify more sustainable housing solutions.
- As well as through training, awareness can be raised via housing policy and guidance, including the Homelessness Code of Guidance. At present the Code of Guidance makes reference to the ASD guidance material, but we recommend that ASD is covered as a separate group in the Guidance alongside people with learning disabilities.
- We recognise that there is a need to monitor local authorities' assessments of 'vulnerability' under the new Act to evaluate whether it is more inclusive of people with ASD. This will form part of subsequent research for our work programme.
- We also recommend that the National Autism Alert card is recognised at housing services in Wales: <http://www.autism.org.uk/card>.

Presentation at the housing office

- Due to the sensory issues that people with ASD face, service users should be offered a quiet and private room for their housing interview.
- There is a need for improvements in communication, possibly through altering the current means of communicating. Information processing can be slower due to cognitive challenges for some people with ASD. Therefore, services should ensure both verbal and written communication is appropriate, jargon-free and clear. A website such as Speak Easy (<http://www.easy-read-online.co.uk/>) could be a useful way of explaining complicated housing matters to people with ASD (as recommended by a research participant with ASD).
- To ensure that people access the support and help they are entitled to, we recommend that people with ASD who present as homeless have access to an advocate who, if necessary, can communicate on the person's behalf.
- When people with ASD are housed by the local authority we recommend that they are followed up in their tenancy six months later to ensure that any issues are identified and remedied at an early point.
- We recommend that the Welsh Government issue guidance that local authorities should not find people with ASD intentionally homeless.
- We recommend that there is closer collaboration between ASD charities, housing organisations and statutory sectors such as Supporting People and GPs. This should also include the built environment (housing that is appropriate and tailored to individual need). Seamless referrals between the housing department to local ASD leads and related services will ensure those with ASD get the support they need to access housing.

Features of ASD, diagnosis, co-occurring conditions and independent living skills training

- A lack of support, particularly among those with higher-functioning ASD, was a common theme of the research. Without support people were prey to financial problems, missed out on benefit entitlements, and even became victims of exploitation. More support needs to be targeted towards those who are deemed to have high functioning ASD without learning disability.
- Individuals with ASD would benefit from increased support in building up a range of skills and resources, such as independent life skills; tenancy management; social interaction skills; and increased resilience in coping with difficult situations.

- The thematic analysis highlighted how individuals with ASD felt they were not aware of the range of services available to them. One of our key recommendations is the need to raise awareness of services for individuals with ASD by better publicising what support is already available and how it can be best accessed by individuals with ASD. People with ASD need to know what to do when they face a housing crisis in order to prevent homelessness. They should be aware of organisations such as Shelter Cymru and the National Autistic Society, as well as local services such as Cardiff's Autism One Stop Shop.
- We have identified the need for a homelessness prevention leaflet to be developed in collaboration with people who have ASD, to assist people on the spectrum who find themselves homeless or in inappropriate housing. This needs to be set out in an accessible format and should be distributed by a range of housing and ASD services. This project will form part of our future workplan.

Introduction

There is compelling evidence that homelessness is considerably more common among people with autism than the general population. A survey conducted in Wales by the National Autistic Society Cymru (2011)⁴ reported that 12 per cent of their adult participants disclosed being homeless at some point in their lives. Beyond Wales, Pritchard (2010)⁵ conducted a small study into 14 rough sleepers in Devon and found that 65 per cent of entrenched sleepers had been diagnosed with Autistic Spectrum Disorder (ASD).

Anecdotal reports by housing charities and other services have also reported undiagnosed homeless service users accessing their services. Indeed, the issue of undiagnosed ASD in the general population is a topic of ongoing research and academic debate. Baron-Cohen and colleagues (2009)⁶ highlighted that for every three known cases of ASD, there may be a further two cases that are undiagnosed. Nevertheless, at present, there is very little evidence that provides an accurate assessment of the risk factors and experiences of a housing crisis and the lived experience of homelessness for people with ASD in Wales.

ASD is a complex disorder that affects one per cent of the general population (Baird et al, 2006). The characteristics of ASD can vary widely in individuals and presents uniquely in each person. As in the general population, people on the spectrum have individual differences that include introverted or extroverted personalities⁷. The essential features of ASD are persistent impairment in reciprocal social communication and social interaction and restricted behaviour, interests or activities.⁸

In many respects the Welsh Government has taken a progressive approach towards ASD. Wales was the first country in the UK to implement an ASD strategic plan in 2008 and this strategy led to a local ASD lead being appointed in every local authority area. Working with statutory and voluntary agencies, the strategy made available £12m of funding to implement positive change to services and improve the lives of people on the spectrum, their parents and carers. Further funding by the Welsh Government was announced May 2015 in an interim delivery plan with emphasis on the improvement of diagnostic services and pathways, unmet needs, education and employment. However, it made no specific mention to addressing housing provision and homelessness prevention.

The Welsh Government launched ASD awareness raising materials for professionals in 2011. The housing related guides include: (i) ASD Guide to Homelessness March 2011 and (ii) ASD Guide to Housing management March 2011.

⁴ The National Autistic Society (NAS), 2011. The life we choose: shaping autism services in Wales.

⁵ Pritchard, C., 2010. An Evaluation of the Devon Individualised Budget project to encourage rough sleepers into accommodation. Exeter City Council.

⁶ Baron-Cohen, S., Scott, F. J., Allison, C., Williams, J., Bolton, P., Matthews, F. E., & Brayne, C. (2009). Prevalence of autism-spectrum conditions: UK school-based population study. *The British Journal of Psychiatry*, 194(6), 500-509.

⁷ Please see Appendix 1 for a detailed description of the key features of ASD

⁸ In 2013, the fifth edition of the Diagnostic Statistical Manual (DSM-5; American Psychological Association, 2013) was released with changes to the criteria for diagnosis of ASD. These changes included Asperger syndrome (AS) and high functioning autism (HFA) being subsumed under the umbrella term of ASD.

These are both referenced in the Welsh Government's statutory homelessness Code of Guidance. However, apart from this one reference within the guidance, there is no other specific mention of ASD, only a general reference to people with learning disabilities:

“12.129 People with mental disability/learning disabilities can be particularly vulnerable to homelessness if their needs are not identified and addressed through the statutory care framework. In particular, people whose disability is not easily identified may have difficulties seeking assistance and explaining their problems. It is important that Local Authority homelessness services are sensitive to people in this situation and provide appropriate assistance.”

ASD is not in itself a learning disability. It is important that housing professionals understand the unique nature of the condition, which may not be immediately obvious and may easily be misinterpreted, potentially leading to people being excluded from assistance.

This conflation of ASD and learning disability extends beyond Welsh Government publications: we undertook a brief review of five local housing authority websites and found no specific references to ASD in relation to housing and homelessness, only general references to learning disability and mental health.

ASD and homelessness in Welsh law

Under Welsh homelessness law, since April 2015 a person can be found vulnerable, and hence have a priority need for assistance, if:

- (a) the person would be less able to fend for himself or herself (as a result of that reason) if the person were to become street homeless than would an ordinary homeless person who becomes street homeless, and*
- (b) this would lead to the person suffering more harm than would be suffered by the ordinary homeless person⁹.*

The comparator 'an ordinary homeless person who becomes street homeless' was introduced in the Housing (Wales) Act as a way of codifying previous case-law, known as the Pereira Test¹⁰. Subsequent case-law since Pereira had established that an 'ordinary homeless person' would be expected to exhibit many vulnerable characteristics such as depression, mental illness and substance misuse. For this reason the bar for vulnerability was set at a relatively high level, with applicants expected to prove that they were more vulnerable than an already highly vulnerable stereotype.

⁹ s.71 Housing (Wales) Act 2014

¹⁰ Established in R v Camden LBC ex p Pereira [1998] 30 HLR 317

In the Housing (Wales) Act, Welsh Government sought to re-establish a more inclusive comparator, stating for example that ‘people who are sleeping rough are likely to be vulnerable due to the health and social implications of their situation’¹¹.

Research into outcomes for adults with ASD highlight continuing difficulties with social inclusion, life skills and living arrangements (Beadle-Brown et al. 2005¹²; Eaves and Ho 2008¹³; Gillberg and Steffenburg 1987¹⁴; Howlin et al. 2004¹⁵, 2013¹⁶).

On average 60 per cent of adults in these studies reported poor to very poor outcomes and remained largely dependent on others with their day-to-day living needs.

The question of vulnerability is therefore key for people with ASD who become homeless. Households in priority need have access to emergency accommodation and also stronger rights to long-term accommodation than non-priority households. One of the aims of this research is to examine how sensitive homelessness services are to the needs of people with ASD.

The aim of this research

The aim of the current research is to use a qualitative approach to explore the homelessness experiences of people with ASD.

We were particularly interested to consider:

- The reasons why people with ASD are at particular risk of becoming homeless
- People with ASD’s lived experience of homelessness
- How to prevent or quickly resolve homelessness for people with ASD.

The report is based on:

- A review of autism and housing policy and practice in Wales
- A review of academic literature on the interplay between autism and homelessness
- A thematic analysis of 12 interviews with people who have experienced homelessness in Wales

¹¹ Code of Guidance 16.29

¹² Beadle-Brown, J., Murphy, G., & Wing, L. (2005). Long-term outcome for people with severe intellectual disabilities: Impact of social impairment. *American Journal of Mental Retardation*, 110(1), 1–12.

¹³ Eaves, L. C., & Ho, H. H. (2008). Young adult outcome of autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 38(4), 739–747.

¹⁴ Gillberg, C., & Steffenburg, S. (1987). Outcome and prognostic factors in infantile autism and similar conditions: A population-based study of 46 cases followed through puberty. *Journal of Autism and Developmental Disorders*, 17(2), 273–287.

¹⁵ Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004). Adult outcome for children with autism. *Journal of Child Psychology and Psychiatry*, 45, 212–229.

¹⁶ Howlin, P., Moss, P., Savage, S., & Rutter, M. (2013). Social outcomes in mid to later adulthood among individuals diagnosed with autism and average nonverbal IQ as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(6), 572–581.

- An examination of people with ASD's pathways into and through homelessness
- Three interviews with stakeholders who work with people with ASD in Wales.

Thematic analysis was used to allow the narrative experiences of the participants to drive the analysis. An iterative process of reading and re-reading the interview transcripts in order to identify sub-themes and main themes was employed (Braun & Clarke, 2006¹⁷). Six main themes were identified:

- 1) risk factors – including issues surrounding higher functioning ASD, lack of support, delays in diagnosis at the time of presenting to housing services, and abuse and exploitation
- 2) features of ASD – including sensory difficulties, social communication and interaction difficulties, and cognitive challenges
- 3) co-occurring conditions – detailing how people with ASD often present with multiple diagnoses or co-occurring conditions and how these conditions can worsen as a result of homelessness
- 4) housing not matched to need – exploring how sometimes housing is not matched to individual need resulting in unsustainable tenancies
- 5) unemployment and poverty – detailing how unemployment and poverty is a significant challenge for people with ASD and how it can raise homelessness risk
- 6) relationship breakdown – exploring challenges surrounding social interaction and personal relationships resulting in increased homelessness risk.

Firstly we examine each of these themes in detail. Following this we examine – through case studies and housing histories - people's pathways into and through homelessness to understand their lived experiences of homelessness with ASD.

Risk Factors

“That's it you see, I have a job, therefore I have money, and therefore I can pay rent so I'm not on the streets. But it wasn't just money that made me homeless, it was my condition, and my relative inability to deal in social situations, it was the lack of support I had in adapting to life with autism, and I think I wouldn't have been in that situation in the first place if I'd had a diagnosis and if I had support. So I think the root of me being homeless can be traced back to when I was much younger, you know, and not getting the that support I needed”

Risk factors reported by the participants included issues surrounding higher functioning ASD, lack of support, delays in diagnosis at the time of presenting to housing services, and abuse and exploitation:

Higher functioning ASD. Our research found that there is often support for people with lower IQ autism via Adult Services. However, those with a diagnosis of High Functioning Autism (HFA) or Asperger Syndrome (AS) (i.e. those who did not report having a co-occurring

¹⁷ Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.

learning disorder) were more likely to not be in receipt of support and be at a higher risk of homelessness than the general population.

People who require support to overcome challenges but do not reach the criteria for support services are those at critical risk for a housing crisis.

Compounding this issue is the interface between learning disability and mental health services and delays in diagnosis:

“There is a huge overlap with mental health and learning disability but autism isn’t learning disability. A person can have a learning disability as well as ASD but psychology/psychiatry referrals can be damaging as labelling it as a mental health or learning disability issue”

Local GP

Delays in diagnosis

A delay in ASD diagnosis was a major issue for a number of our participants and it can be difficult to obtain a diagnosis of ASD, especially as an adult. A lack of diagnosis will reduce the amount of support an individual is entitled to which can therefore make it difficult to obtain the level of assistance needed for stable accommodation. Additionally, those who are diagnosed as HFA or AS may not receive as much help as they need as they are considered to be ‘able’ by authorities.

All participants in this research presented as homeless prior to the introduction of the Housing (Wales) Act and were therefore subject to the old Pereira Test, compounding the situation.

“The thing important to me that would have stopped me being homeless, stopped me failing school, would have stopped me having the problems, would be early diagnosis”

“We tend not to do stuff medically if it has no impact on their outcome. What would be the point of putting that label on them if they are fully functioning?”

Local GP

“No the autism diagnosis... I mean that really would’ve helped, that would have been massive because I think that would have sort of set me up a lot better and it would have given me more of an understanding as to why I couldn’t really settle anywhere and why I couldn’t get along with people, and you know why I was like very vulnerable to other people basically, why I didn’t really sort of seek support”.

Abuse and Exploitation

Recent surveys reported 49 per cent of adults with autism (National Autistic Society, 2014¹⁸) and 80 per cent of those over 16 years old with ASD (Wirral Autistic Society, 2015¹⁹) had been abused and exploited by someone they considered as their friend.

¹⁸ The National Autistic Society (2014). Careless: will the Government protect vulnerable people with autism from abuse, neglect and loneliness?

¹⁹ Wirral Autistic Society. (2015). Mate Crime in Merseyside

'Mate Crime' where people pretend to befriend a vulnerable person, while secretly grooming them in order to exploit and abuse was reported by participants that took part in our study. We spoke to a number of people with ASD who experienced financial abuse and exploitation whilst living in their accommodation. For example, one of our participants, Kyle²⁰, rented from a "friend" who turned out to be a rogue landlord. The property wasn't appropriately maintained, lacked basic amenities, and Kyle ended up being supported to address these issues through formal means as "communications had broken down completely" with the landlord, despite being a "friend". The picture portrayed through Kyle's account is that of a vulnerable individual being exploited due to his ASD, and restricted by a lack of resources and limited availability of appropriate housing.

Our participant Mark had difficulties in the private rented sector (PRS). Living in a house in multiple occupation, there was a lack of understanding of his ASD and in fact his account implies that his ASD made him vulnerable and open to exploitation. He describes having "things stolen...some of the other tenants robbed it" and he appears to have been bullied both at home and within the wider community. Abuse and attacks around his local area implies a misconception of his ASD and a lack of awareness amongst the general public regarding the problems associated with ASD.

Features of ASD

People with ASD in Wales face the same risk factors as anyone else for homelessness. However, we found that there are unique structural and individual factors that result in an increased risk of homelessness for people with ASD:

Sensory difficulties

Sensory difficulties in people with ASD include challenges with noise, lighting, fabrics and touch. Noisy neighbourhoods, busy roads, and shared accommodation can impact negatively on an individual with ASD and result in the individual taking action by leaving the accommodation and becoming homeless. This can result in them being deemed to have made themselves 'intentionally homeless' by the local authority.

Sensory difficulties can also deter people with ASD from making presentations at housing services. For example, some people with ASD find it difficult to cope with the noise and business of the housing office so presenting as homeless can cause considerable anxiety. On presentation, a person with ASD can become quickly overwhelmed by the office environment and, if staff have not received the correct training in ASD, then the behaviour can be misconstrued as hostility.

"I got really frustrated which resulted in the council calling security and getting me chucked out."

²⁰ All names have been changed to pseudonyms to protect identity

Social communication and interaction difficulties

A core feature of ASD is difficulty with reciprocal social communication and social interaction which relies on mutual perspective-taking and inferring the mental states of others (Baron-Cohen, 1988²¹). These difficulties, in conjunction with challenges reading and understanding non-verbal body language, may result in the behaviour of the individuals with ASD being misinterpreted as deliberately negative and falsely considered anti-social, oppositional or challenging by housing professionals such as housing officers or landlords. Our interviewees had been routinely misinterpreted as deliberately negative by housing staff.

“Because they’re not trained, they wouldn’t know, they’d probably just think it was a person being very difficult and depending on how affected by the autism the person is, it could be that they can’t do eye contact or get abrupt and all of the above could be misread by the person from the housing type services that they’re dealing with and it can all go down the pan really, very quickly”

Stakeholder

There is a need for services to have a better awareness of the needs of individuals with ASD. While our participant Myra explained how this should already be in place, as recommended by the Autism Act (2009), our analysis has found that this isn’t the case. Despite the guidance set up for professionals there is evidence that this information is not filtering down to frontline staff.

“Yeah, and you know, even since I’ve been diagnosed, I read the 2009 Autism Act [...] and yeah all these people that are supposed to have been trained, like doctor’s receptionists and job centre staff, and local government staff, they’re supposed to all have been trained, well I’ve had dealings with all of those three people since I’ve been diagnosed and they haven’t had a clue”

“In theory, the Welsh Government handed out 12 booklets for different professions about five years ago, and I think one of those was on housing, but I don’t think the agencies involved or even the housing associations have necessarily taken on board what it says within them and part of it is how do you deal with the person with ASD. So it’s great that they’re there, but if nobody’s going to take any notice of them and digest what is in them or even go to some autism awareness training to find out what it really means... what’s the point?”

Stakeholder

Study participant Brett recommends that through a better awareness of autism, services can “communicate better and understand why the person is acting a certain way”, which may prevent some situations of homelessness which have occurred due to a lack of awareness on the part of services.

It can be difficult for some people with ASD to effectively communicate their housing needs to official authorities when they face a housing crisis. This can manifest in difficulty in

²¹ Baron-Cohen, S. (1988). Social and pragmatic deficits in autism: Cognitive or affective? *Journal of autism and developmental disorders*, 18(3), 379-402.

explaining their circumstances to staff in a way that ensures they can receive the help and assistance they need.

“Yeah I didn't really know what to say... but I couldn't really explain at all, that's probably why... that's probably why isn't it, that's probably why they said they couldn't help me, I probably came over as someone who'd just had a bit of a row with his girlfriend, you know”

As communication issues are a core feature of ASD, this also impacts on people's ability to communicate their needs and understand the perspective of landlords. They might fail to make contact with a landlord if they experience any issues that require resolving, allowing situations to escalate past the point of resolution. Then, if they do make contact with a landlord, a slow response could lead to frustration and anxiety for the person with ASD.

“Some adults that I know who live in private accommodation, they get very stressed when something goes wrong, so say something goes wrong that the boiler stops working, getting in touch with the landlord to make sure that that happens, if it doesn't happen then they're getting very stressed with the fact that they don't know how to make it happen, and all the anxiety that's building up about having to deal with what, for them can be a very stressful situation.”

Stakeholder

Cognitive Challenges

Cognitive challenges such as slower information processing (Williams, Goldstein & Minshew, 2013²²) are prominent features of ASD. Therefore, some people with ASD have challenges answering letters or understanding the nature of the homelessness process.

“I didn't think ahead properly, I could have done with some people to help me think ahead or maybe do my thinking for me”

Both verbal and written communication was also felt by study participants to be problematic when people with ASD presented to the local authority. The following extract also highlights rigidity of thought for people on the spectrum and taking the written and verbal word literally:

“They'd give me a big housing benefit form with the rules and regulations, and put it in front of me, which I'd have to sign. And nine times out of ten there would be a bit at the end saying I fully understood the form. And if I signed it, I would be making a false statement. If I don't sign it, I don't get my housing.”

Mark was sent advisory letters by his social landlord which he ignored as he was not able to understand this format of communication. This resulted in court proceedings, all of which could be prevented if he had been given information in a more accessible and easy to understand format. Indeed our participant Sadie confirms how she and others with ASD are:

²² Williams, D. L., Goldstein, G., & Minshew, N. J. (2013). The modality shift experiment in adults and children with high functioning autism. *Journal of autism and developmental disorders*, 43(4), 794-806.

“given information in a format we don’t understand...you need to be putting information into a different format... giving people more clear information that they can fully understand”.

Consistent with cognitive challenges is the understanding of the mechanisms and importance of finance, legal documents and agreements. Challenges with money management – for example, budgeting, setting up and maintaining direct debits for rent, applying for and completing benefits forms – result in additional risk factors for homelessness.

“I didn’t understand how to access benefits, I didn’t understand the paperwork. That caused problems as well.”

There was a lack of awareness of available services among our participants, who described being unaware of options or in fact never even considering asking for support from services. Those diagnosed later in adulthood state it *“never even occurred”* to them to ask for help or seek support as they had been used to looking after themselves.

Even those who were diagnosed at an early age of three like Craig, *“didn’t realise there might be help”*, but tended to turn towards family or friends for support in finding accommodation when homeless. Others felt *“too proud to ask for any professional help”*, or were *“too scared to go to official people...didn’t think they’d handle it very well...understand or listen”*. Family or friends were the first point of call for some, rather than services, yet this wasn’t always an option for care-leavers or those whose homelessness was linked to family or relationship breakdown.

Co-occurring conditions

For many individuals with ASD, coping with daily living is a challenge. Many of their challenges are due to the features of ASD and co-occurring conditions (Gotham et al, 2015²³).

Often people with ASD will present with multiple diagnoses or co-occurring conditions that may include: anxiety (Moss et al, 2015²⁴; White et al, 2009²⁵); depression (Gotham, Brunwasser & Lord, 2015²⁶); bi-polar disorder (Vannucchi et al, 2014²⁷; obsessive

²³ Gotham, K., Marvin, A. R., Taylor, J. L., Warren, Z., Anderson, C. M., Law, P. A., & Lipkin, P. H. (2015). Characterizing the daily life, needs, and priorities of adults with autism spectrum disorder from Interactive Autism Network data. *Autism*

²⁴ Moss, P., Howlin, P., Savage, S., Bolton, P., & Rutter, M. (2015). Self and informant reports of mental health difficulties among adults with autism findings from a long-term follow-up study. *Autism* (online, 26 May, 2015).

²⁵ White SW, Oswald D, Ollendick T, Scahill L (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clin Psychol Rev* 29 (3): 216–29

²⁶ Gotham, K., Brunwasser, S. M., & Lord, C. (2015). Depressive and Anxiety Symptom Trajectories from School Age through Young Adulthood in Samples with Autism Spectrum Disorder and Developmental Delay. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(5), 369-376.

²⁷ Vannucchi, G., Masi, G., Toni, C., Dell, L., Erfurth, A., & Perugi, G. (2014). Bipolar disorder in adults with Asperger’s Syndrome: A systematic review. *Journal of affective disorders*, 168, 151-160.

compulsive disorder (OCD; Cadman et al, 2015²⁸) and attention deficit hyperactivity disorder (ADHD; Berenguer-Forner et al, 2015²⁹). Rommelse et al., (2010³⁰) reported on two studies that indicated 40–50 per cent of adult patients with autistic disorder or atypical autism and 28–36 per cent of patients with AS fulfil the criteria for ADHD. Past research has suggested that undiagnosed ADHD is an issue amongst homeless people (Lomas & Gartside, 1997³¹).

Eight out of 12 people in our sample had a co-occurring condition in addition to ASD. The most common co-occurring conditions reported by the participants were depression, anxiety and ADHD. Mental health issues can interfere with a person's ability to maintain their tenancy and these conditions can also worsen as a result of homelessness leading to compounded disadvantage.

“Well I had a sort of mental health [...] diagnoses at the time but I didn't really have much help with that either, you know, sort of anxiety and depression and what have you”

As noted, eight out of 12 people in our sample had a pre-existing co-occurring condition as well as ASD. Only one of those eight people were receiving support for their co-occurring condition at the time of homelessness. This is further evidence that co-occurring conditions can contribute to homelessness risk for people with ASD.

All participants describe an impact of homelessness being deterioration of their mental health, with depression and anxiety being most commonly quoted as the main issues. For some, mental health issues were present prior to their episode of homelessness, but all describe how their mental health issues escalated and worsened as a result of homelessness. Many of the participants' accounts portray the idea of spiralling out of control, with Bob saying he *“just couldn't cope...I was close to a nervous breakdown”*. Craig and Sue felt that their mental health had reached such an extreme point that they feared they'd be *“sectioned”*. Sue also describes that it affected her mental health to such a point that she attempted to take her own life through substance abuse:

“It was probably the darkest point in my life. Everything was very black, it was like falling into a vortex, and I felt very suicidal. I've never been much of a drinker...And one night I grabbed one of his bottles and drank nearly the entire thing like it was water. I just didn't want to feel any more. I was in so much pain I just wanted to stop feeling.”

Brett's account similarly portrays the traumatic impact of homelessness and how it significantly impacted on his mental health and also had a knock-on effect on his physical

²⁸ Cadman, T., Spain, D., Johnston, P., Russell, A., Mataix-Cols, D., Craig, M & Murphy, D. (2015). Obsessive-Compulsive Disorder in Adults with High-Functioning Autism Spectrum Disorder: What Does Self-Report with the OCI-R Tell Us? *Autism Research*. (In press).

²⁹ Berenguer-Forner, C., Miranda-Casas, A., Pastor-Cerezuela, G., & Rosello-Miranda, R. (2015). [Comorbidity of autism spectrum disorder and attention deficit with hyperactivity. A review study]. *Revista de neurologia*, 60, S37-43.

³⁰ Rommelse, N.N.J., Franke, B., Geurts H.M., Hartman C.A. & Buitelaar, J.K. (2010). Shared heritability of attention-deficit/hyperactivity disorder and autism spectrum disorder. *European child & adolescent psychiatry*, 19 (3)

³¹ Lomas, B. & Gartside, P.S. (1997). Attention-deficit hyperactivity disorder among homeless veterans. *Psychiatr Serv*. 1997 Oct; 48(10):1331-3.

health and ability to function. Below a sense of spiralling mental health issues is portrayed and also how difficulties that were present previously due to his ASD, were multiplied as a result of homelessness:

“Meltdown, meltdown, sort of implosion, sort of meltdown, sort of brain and mind wasn't thinking properly, wasn't thinking straight, just too anxious and hungry and what have you, so I don't know, I don't know how well I would have done that, even at the best of times I don't function that well, and these weren't the best of times...my mind wasn't right, I was very stressed you know...word got around...that I was on drugs, you know my complexion was terrible and I was very shaky and trembly, I still am, it's like an anxiety thing... and I wasn't on drugs I can assure you.”

Participants told us how their deteriorating mental health would have a knock-on effect on other areas of their lives.

“It would get me into a mood where I wouldn't like doing other things like looking for work”

Substance abuse was an issue raised but was not a problem linked to homelessness for all participants, although they did feel that this was a common misconception. Kevin describes the link between homelessness and substance misuse as a typical presumption as:

“a lot of people thought I was on drugs, which I found quite insulting to be honest with you, to immediately come to that conclusion...Instead of just being judgemental, how's about just helping somebody out and ask me if I am on drugs and I would have said no actually, my head's a mess and I don't know where I am and I don't really have anywhere secure to live”.

Housing not matched to need

We found that some people with ASD were inappropriately housed, thus making their tenancies unsustainable. Some people with ASD even refused to present to the local authority as they were concerned that they would only be offered unsuitable accommodation that did not take into consideration their individual needs.

“I know of some adults currently who have self-sectioned, who are doing that by night and then are out by day because they cannot get appropriate housing”

Stakeholder

“I was offered a two bedroom wheelchair friendly property; I couldn't take it though because it was really isolated”

People told us of disputes with neighbours and their fear of living in close proximity to others who might not understand their condition. This made people fearful to present to the local authority at all.

“I just couldn't, I couldn't, I couldn't just stay around normal people”

We spoke to a young care leaver with ASD who told us that he was placed in B&B accommodation after presenting as homeless. This placement led to a considerable deterioration in his life.

“I was 16 years old and put in this place (B&B) that is now shut down which was a notorious brothel. Drugs, alcohol and all sorts were rife in there. So not the best people for me to be around. I actually bought drugs from the owner. I would say the impact of being in temporary accommodation is that it contributed to my mental breakdown and also escalated my drug and alcohol use.”

Unemployment and poverty

Employment is reported as a significant challenge for people with ASD. Employment statistics of people with ASD range from just four per cent (Taylor & Seltzer, 2011³²) to 15 per cent (National Autistic Society, 2012³³). A study into barriers to employment found that 69 per cent of ASD participants had no support or assistance in securing employment (Lopez & Keenan, 2014³⁴). Unemployment and poverty is a major cause of homelessness (Shelter, 2007³⁵)

Interviewees told us that their unemployment severely limited their housing options. This was corroborated by stakeholders who told us that unemployment coupled with poor money management can lead to late payment of housing costs and resulting homelessness.

“because, you know, only 15per cent are in employment, most people are living hand to mouth on benefits anyway because it's not that they don't want a job it's because they can't get a job, and then you know they have to manage their money, well for many people on the spectrum actually that can be a challenge in itself”

Stakeholder

We also uncovered evidence that some people with ASD are not aware of their entitlement to housing benefit and other related benefits and support.

“It never even occurred to me at the time that I could get any support for anything”

We spoke to Mike who told us that because he didn't know he could claim benefits he was forced to use his savings to pay his rent shortfall, and thereafter borrowed money from his

³² Taylor, J. L., & Seltzer, M. M. (2011). Employment and post-secondary educational activities for young adults with autism spectrum disorders during the transition to adulthood. *Journal of autism and developmental disorders*, 41(5), 566-574

³³ The National Autistic Society. (2012). The undiscovered workforce – working locally to improve employment rates

³⁴ López, B., & Keenan, L. (2014). Barriers to employment in autism: Future challenges to implementing the Adult Autism Strategy. University of Portsmouth, Portsmouth.

³⁵ Shelter, (2007). Homelessness: Shelter factsheet

father and friends to sustain his tenancies. This nearly resulted in homelessness on more than one occasion. Luckily he is now aware of his benefit entitlements and his tenancy is more secure.

Financial independence can be a challenge for people with ASD ranging from applying for welfare benefits to money management. A lack of support to become aware of, and to successfully access, benefits is a particular issue which can lead to a spiral of increasing debt and a homelessness crisis. The impact of becoming homeless for people with ASD can be exacerbated if support is not given immediately to resolve the need. Initial homelessness can lead to far reaching impacts beyond the initial crisis for vulnerable people.

“I was a care leaver and put in to a B&B for eight to nine months. I also had three different flats (in the PRS). I then had a mental breakdown and dropped out of college at 18, because of that I was no longer entitled to support and I didn’t have housing benefit. I then got into debt and had to leave the flat, the council then said I was intentionally homeless and refused to help me because of that.”

Relationship breakdown

A breakdown in family relationships, particularly a problematic relationship with a parent or step-parent, was cited by Bob, Mark, and Sadie as the main reason for becoming homeless.

Mark describes how his mother “*threw him out*” and Bob says his father and step-mum “*just wanted to turf me and my brother out*”, and made living there so difficult that Bob became “*close to a nervous breakdown*”.

Bob's family were aware of his autism, but he felt unsupported and tended to sofa surf at friends' houses due to strained family relationships at home.

The cause of Sadie's homelessness was also put down to the fact that the “*family relationship had broken down...probably because we didn't know about the Asperger's*”. Sadie's account hints at the complexities of family relationships for those living with ASD, as the family appeared to try to provide some support as they:

“...bought me a flat, I had no idea about bills, how to be a good tenant, how to keep the place clean or any of those kind of things. So that led to everything breaking down as I didn't understand how to access benefits, I didn't understand the paperwork. That caused problems as well. I was then homeless for 20 years”

Family relationships can be viewed as a risk factor for homelessness, but cannot be viewed in isolation as other factors also play a part, as illustrated in the extract above.

As highlighted in figure 1, the most common reason for homelessness in our sample was relationship breakdown.

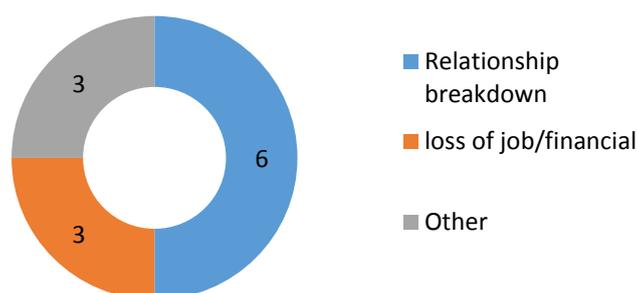


Fig. 1: The reasons for homelessness

Many participants discussed the difficulties of social interaction and relationships with others including partners and friends. A minority of participants such as Craig and Mark, describe having friendships they could draw upon for support during periods of homelessness, with friends helping to find accommodation or offering a sofa to sleep on. However the overwhelming picture painted by the transcripts is of the participants lacking social networks of support and appearing to be very isolated.

Often this isolation can be viewed positively: Alan describes himself as “*an island*” and states he'd “*prefer to be alone, ok with this*”. Myra also prefers living in isolation and feels she's much healthier now she doesn't live in a house with people who made her unhappy and ill, but she does acknowledge the negative aspects of having poor social interaction skills.

The majority of our sample became homeless from the parental/family home.

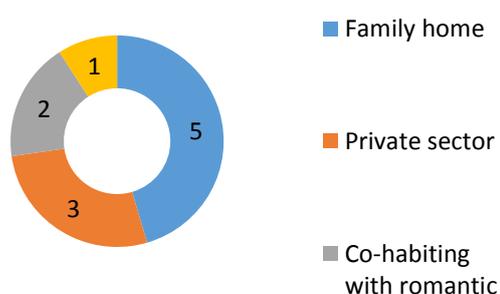


Fig. 2: Where our sample became homeless from

Examination of people with ASD's pathways into and through homelessness

In this section we examine homelessness and service pathways via case studies and housing journeys described to us by our participants.

Jasper

This case study highlights the issues of late diagnosis, social and communication difficulties and the importance of employment, training and education on resolving homelessness and preventing future occasions.

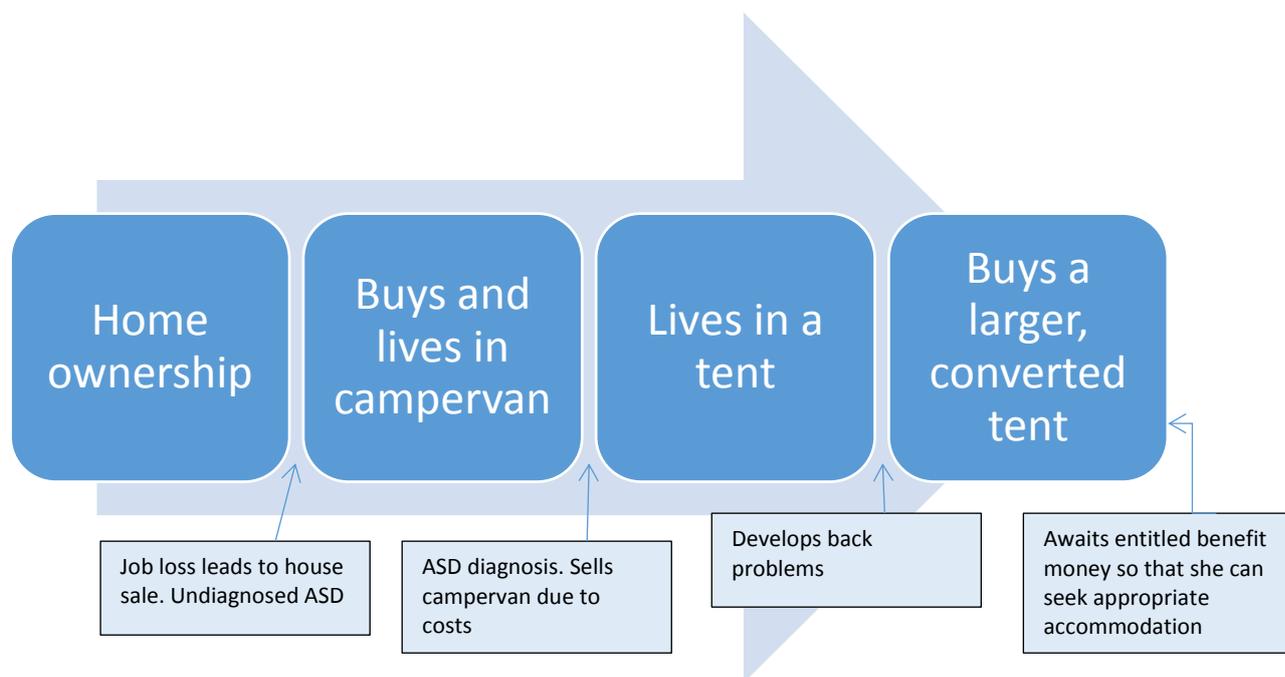
Jasper was homeless after a relationship breakdown. Jasper wasn't diagnosed with ASD until he was an adult and felt that if he'd had an early diagnosis and more support from an early age he wouldn't have experienced the problems that led him to becoming homeless in the first place. If he'd known about his diagnosis when he became homeless he might have been able to access support, including advocacy, to communicate with the council on his behalf. He also may have been able to communicate his difficulties better to the college and to the council, and later on in employment.

He told us of numerous traits associated with ASD that made life difficult for him, both before, during and after becoming homeless. He discussed social and communication difficulties, and also mentioned his repetitive behaviours. As well as these, he talked of associated difficulties such as with executive function, organising and time management, planning ahead, forming relationships with people, and suffering with anxiety and depression.

Jasper's homelessness was resolved when he got a place at university. The associated grant and chance to get part time work acted as a lever out of homelessness. As a result he places great importance on employment for ASD adults, and specifically suggests that organisations could do more to help adults on the spectrum. Even though he now has a successful job, he still occasionally has problems arising from his social and communication difficulties.

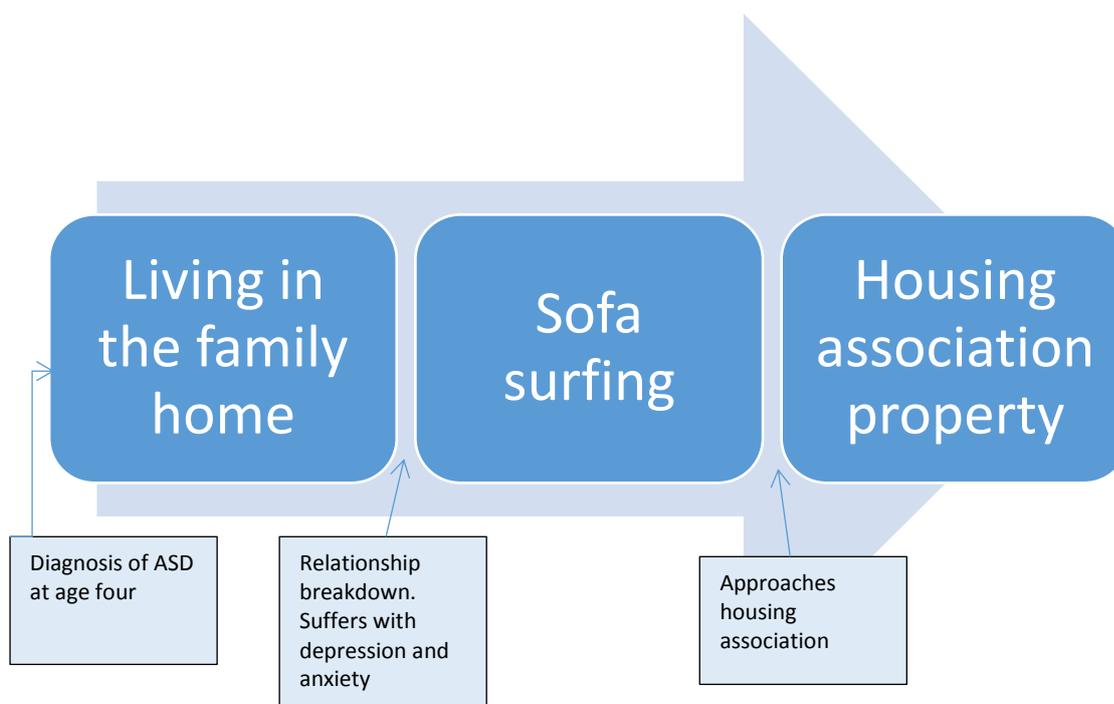
Iris

Iris' housing history is shown below. Iris did not have a diagnosis when she first became homeless and she did not contact the local authority homelessness department for assistance. She is in the process of arranging benefits for herself and hopes to resolve her homelessness soon.



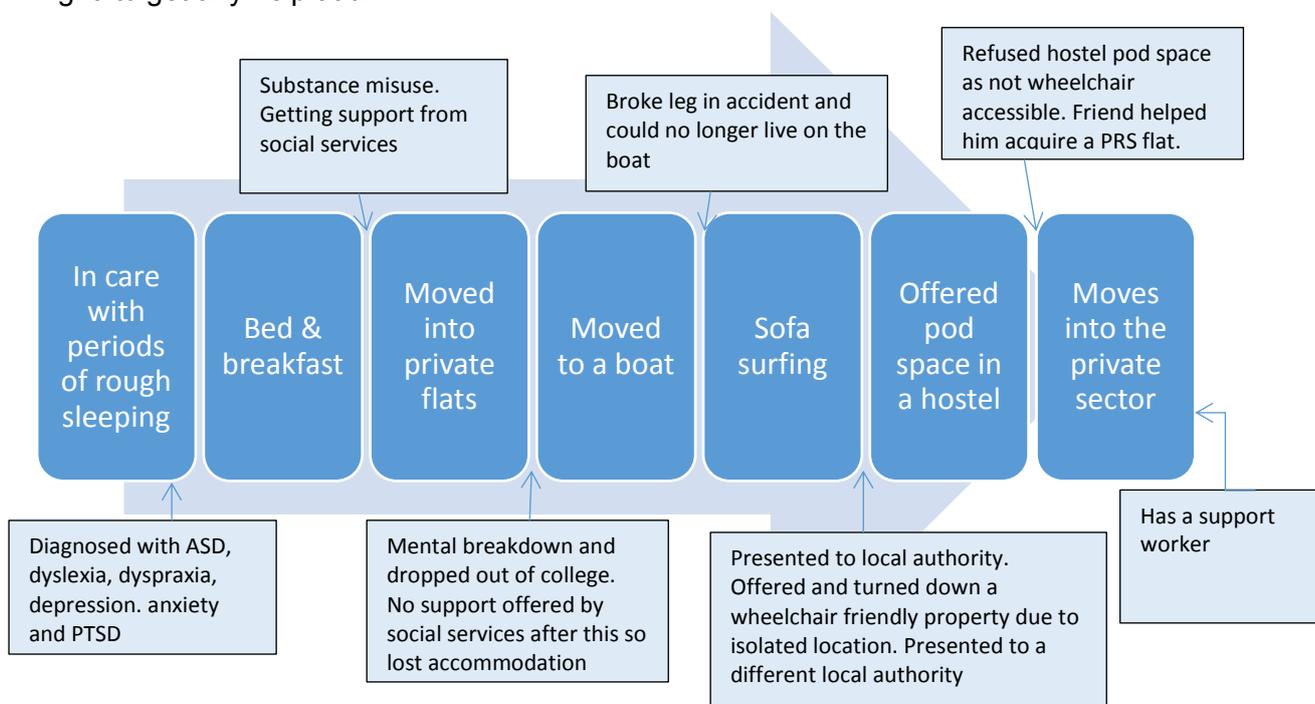
Brett

Brett's pathway shows someone who has a diagnosis of ASD and contacted a local housing service. He was swiftly housed in suitable accommodation, highlighting good practice and a positive experience.



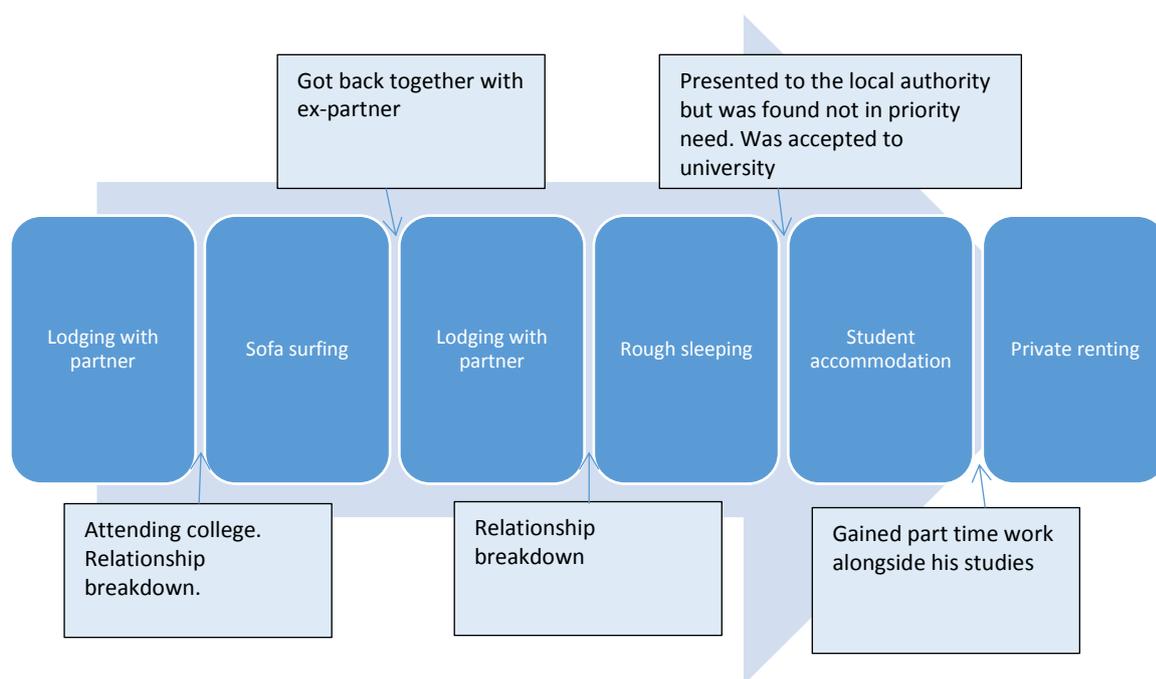
Daniel

Despite having had a diagnosis of ASD when approaching the housing service, Daniel has a more chaotic pathway through homelessness. He presented to two different local authorities and was offered unsuitable accommodation a number of times. One local authority did not believe he was a vulnerable adult as a result of his ASD and he felt he had to continually 'fight' to get any help at all.



Glyn

Glyn's example below shows that despite not getting assistance from the local authority, entrance into university and part time work were levers out of homelessness for him. This highlights the important of financial independence in mitigating the risk of homelessness amongst people with ASD.



Myra

This case study highlights the issue of late diagnosis, social and communication difficulties and a lack of employment leading to homelessness

Myra became homeless following losing her job and source of income. Diagnosed with ASD recently, and in later life, Myra told us she has difficulties communicating and socialising with past work colleagues, government employees and neighbours. She says she is perceived as 'odd' or 'different' and it is something she feels should be addressed by improving wider understanding of autism.

After leaving Coventry and returning to Wales, Myra tried to sign on for Job Seekers Allowance. However she found dealing with the Jobcentre staff incredibly stressful and felt forced into taking an unsuitable job. Due to bullying by colleagues, Myra left her job and the lack of income led to homelessness.

Myra is in the process of applying for her pension from a previous employer and Personal Independence Payments (PIP) which would allow her to resolve her homelessness and rent somewhere. Although Myra is not sure that having a diagnosis would have prevented her homelessness entirely, she feels she may have had access to her pension and PIP sooner than she did.

Experiences of services

Overall, our interviews strongly suggested a lack of awareness of housing and related services amongst people with ASD. All interviews, nevertheless, discuss experiences of services in some form or another. The different type of services explored ranged from “council” services (i.e. local authority housing/homelessness), to housing associations; charities; support workers; support groups; and health services (including mental health) across all areas of Wales. These include generic services and also those that are specifically designed to support individuals with ASD. The overall experience of services varies widely, depending on a number of factors including the type of service and the location.

Seven out of 12 of the sample had a diagnosis of ASD at the time of homelessness; yet only six of our total participants presented to the local authority (one participant presented to two different local authorities) when they found themselves homeless. Of those who presented to the council, less than 50 per cent of the experiences were deemed positive by the participant.

For a minority of individuals, services had a significant impact and their experience is described in wholly positive terms. For instance, Mark and Bob explain how their homelessness was resolved when housing associations offered accommodation “very quickly” and in the latter’s case, provided on-going tenancy support, all of which was said to be “very helpful”.

“They [the council] responded really quickly and provided excellent service. They were very empathetic and understanding, there was no need for me to fight. There were some communication difficulties at first, they didn’t believe me but that was soon cleared up and they were really helpful.”

Nevertheless, there were also reports of bad practice with people not being believed about having ASD, unhelpful staff, inefficient communication and offers of unsuitable accommodation. Even when the person’s ASD was disclosed, some participants still faced problems getting help from their local authority housing department.

“They [The council] absolutely didn’t help me, they offered me inappropriate housing and then told me I wasn’t their responsibility when I refused to accept the offer. They didn’t help me at all, at one point I became suicidal from dealing with them”

“They asked for proof [of my ASD] and I gave them an assessment by an occupational therapist and psychiatrist letters. They wouldn’t accept them and refused to believe or accept that I was a vulnerable adult. They never specifically said what exactly they needed to see as proof so I didn’t know what to show them.”

Conclusions and recommendations

This research sought to explore homelessness amongst people with ASD in Wales. We found that a number of unique risk factors can predispose some people with ASD to homelessness:

- 1) Risk factors,
- 2) features of ASD,
- 3) co-occurring conditions ,
- 4) housing not matched to need,
- 5) unemployment and poverty,
- 6) relationship breakdown.

Our exploration of homelessness pathways indicated that there are a myriad of different experiences and points at which services could intervene and assist people with ASD to either prevent or resolve their homelessness. We have grouped our recommendations thematically below, including actions that we will take forward ourselves as part of our future work programme.

Housing professionals: Awareness, acceptance and training tailored to need

A lack of understanding of ASD coupled with a lack of diagnosis can make assisting people a challenge for housing staff. We recommend tailored training for housing staff which includes the identification of ASD risk factors (for example, the worker flags up traits of ASD but does not give a diagnosis). Once a risk has been identified, specialist ASD services can be contacted with a view to supporting the person and advocating on their behalf when necessary (whether to get a diagnosis or to assist with liaising with the housing department).

Within Housing Options, staff awareness of ASD is particularly important in light of local authorities' new powers to discharge homelessness duties for 'failure to cooperate'. Potentially this new duty could be a further, new risk factor for people with ASD unless staff are appropriately trained. Conversely, awareness of the condition is likely to assist Housing Options staff to identify more sustainable housing solutions.

As well as through training, awareness can be raised via housing policy and guidance, including the Homelessness Code of Guidance. At present the Code of Guidance makes reference to the ASD guidance material, but we recommend that ASD is covered as a separate group in the Guidance alongside people with learning disabilities.

We recognise that there is a need to monitor local authorities' assessments of 'vulnerability' under the new Act to evaluate whether it is more inclusive of people with ASD. This will form part of subsequent research for our work programme.

We also recommend that the National Autism Alert card is recognised at housing services in Wales: <http://www.autism.org.uk/card>

Presentation at the housing office

Accessing services such as Housing Options typically requires a visit to a busy office environment, an experience that can make many people with ASD very uncomfortable. Filling in forms and understanding written and verbal communication can be challenging.

Due to the sensory issues that people with ASD face, service users should be offered a quiet and private room for their housing interview.

There is a need for improvements in communication, possibly through altering the current means of communicating. Information processing can be slower due to the cognitive challenges for some people with ASD. Therefore, services should ensure both verbal and written communication is appropriate, jargon-free and clear. A website such as Speak Easy (<http://www.easy-read-online.co.uk/>) could be a useful way of explaining complicated housing matters to people with ASD (as recommended by a research participant with ASD).

To ensure that people access the support and help they are entitled to, we recommend that people with ASD who present as homeless have access to an advocate who, if necessary, can communicate on the person's behalf:

“They almost need an advocate to go with them but they might not be able to access advocacy to be able to help that to happen”

Stakeholder

When people with ASD are housed by the local authority we recommend that they are followed up in their tenancy six months later to ensure that any issues are identified and remedied at an early point.

We recommend that the Welsh Government issue guidance that local authorities should not find people with ASD intentionally homeless.

We recommend that there is closer collaboration between ASD charities, housing organisations and statutory sectors such as Supporting People and GPs. This should also include the built environment (housing that is appropriate and tailored to individual need). Seamless referrals between the housing department to local ASD leads and related services will ensure those with ASD get the support they need to access housing.

Features of ASD, diagnosis, co-occurring conditions and independent living skills training

A lack of support, particularly among those with higher-functioning ASD, was a common theme throughout people's pathways. Without support people were prey to financial problems, missed out on benefit entitlements, and even became victims of exploitation.

More support needs to be targeted towards those who are deemed to have high functioning ASD without learning disability.

Individuals with ASD would benefit from increased support in building up a range of skills and resources, such as independent life skills; tenancy management; social interaction skills; and increased resilience in coping with difficult situations.

The thematic analysis highlighted how individuals with ASD felt they were not aware of the range of services available to them. One of our key recommendations is the need to raise awareness of services for individuals with ASD by better publicising what support is already available and how it can be best accessed by individuals with ASD.

People with ASD need to know what to do when they face a housing crisis in order to prevent homelessness. They should be aware of organisations such as Shelter Cymru and the National Autistic Society, as well as local services such as Cardiff's Autism One Stop Shop.

We have identified the need for a homelessness prevention leaflet to be developed in collaboration with people who have ASD, to assist people on the spectrum who find themselves homeless or in inappropriate housing. This needs to set out in an accessible format and should be distributed by a range of housing and ASD services. This project will form part of our future workplan.

Appendix 1

The associated features of ASD include:

1. *Reciprocal social communication and social interaction*: difficulties with verbal and non-verbal language (e.g. unable to read body language, interpret meaning or understand common gestures). Challenges with reciprocal conversation and literal thinking, (e.g. may struggle to complete a 4-way sequence in a conversation; (housing officer): (1) 'Can you tell me how you became homeless?' (ASD individual): (2) 'yes'. Housing officer waiting explanation (part of the 2nd sequence) that is not forthcoming from individual with ASD. This is partly due to the person with ASD taking what the housing officer was saying literally. (Housing officer): 'can you tell me what happened?' (ASD person): 'yes'. Still no elaboration on the details of how the ASD individual became homeless, emotional reciprocity (e.g. will experience emotion and empathy but will be unable to know how, when and where to express emotion) and difficulties with modulating eye contact (ranging from fleeting glances in the corner of their eye, no eye contact at all or staring without blinking). Challenges with knowing when to stop talking (e.g. talk continually about an issue, interest or hobby). Challenges with turn-taking (e.g. talking over a person, finishing a person's sentences).
2. *Cognitive challenges*: slower at processing information, taking longer to understand what they are reading, listening to or seeing (Williams, Goldstein & Minshew, 2013³⁶). Challenges with metaphors (e.g. it's raining cats and dogs), literal thinking (e.g. If a housing officer said 'you need a roof over your head', the person with ASD will envisage and perceive an image of a roof on top of their head and taking the words literally), logical thinkers (e.g. I am homeless, the council will house me). Weak coherence e.g. focus on detail and not the bigger picture, struggles to envisage scenarios of what may happen or consider or anticipate the consequences of their actions e.g. Unable to consider how distressing being homeless is (Gomot & Wicker, 2012³⁷).
3. *Difficulties understanding their own perspective and the perspectives of others* (Baron-Cohen, 1988³⁸): Challenges with cognitive empathy (e.g. struggles to recognise and understand another's emotional state), challenges with affective empathy (e.g. struggles to respond emotionally to others emotional/mental states accurately or appropriately). Challenges with sparing another's feelings and unaware of the impact of their words upon a person (e.g. will say it as it is 'I don't like that dress, it makes you look big').
4. *Restricted, repetitive patterns of behaviour, interests or activities* : challenges with flexibility of thought (e.g. when given floor-space will presume that is permanent and will not understand and refuse to move to another floor-space or room etc.), insistence on sameness (e.g. will insist that same instructions in one hostel are

³⁶ Williams, D. L., Goldstein, G., & Minshew, N. J. (2013). The modality shift experiment in adults and children with high functioning autism. *Journal of autism and developmental disorders*, 43(4), 794-806.

³⁷ Gomot, M., & Wicker, B. (2012). A challenging, unpredictable world for people with autism spectrum disorder. *International Journal of Psychophysiology*, 83(2), 240-247.

³⁸ Baron-Cohen, S. (1988). Social and pragmatic deficits in autism: Cognitive or affective? *Journal of autism and developmental disorders*, 18(3), 379-402

identical in others and will be confused or distressed when they realise this is not the case) and resistance with change (e.g. fail to move from entrenched rough sleeping to floor-space). Some individuals with ASD may impose strict routines and rituals on themselves and those they live with. Some individuals may have obsessive interests or activities that may be considered inappropriate or antisocial (e.g. fascination with mechanical parts and strip car engine down on kitchen table in shared kitchen, like the same song and play that song repeatedly). Some individuals with ASD may exhibit oppositional defiant behaviours (e.g. actively refusing to comply with consensus-supported rules) that incorporate the above challenges.

5. *Sensory issues* (Donnellan, Hill & Leary, 2012³⁹) : challenges with noise, lighting, fabrics, touch (e.g. kind gesture of a pat on the back may be unbearable for ASD individual) juxtaposed to sensory stimulation (e.g. like to be touched and likes to touch others, love to touch certain fabrics, attracted to certain sounds).
6. *Physical challenges*: personal hygiene e.g. fail to recognise body odour, bad breath on themselves, resistant to daily washing or cleaning teeth, insist on wearing same clothes each day (Hays & Hosaflook, 2013⁴⁰), challenges with fine motor skills (writing, using buttons, tying shoe laces), challenges with spatial awareness (fail to recognise personal zones, directions to spaces and places).

³⁹ Donnellan, A. M., Hill, D. A., & Leary, M. R. (2012). Rethinking autism: implications of sensory and movement differences for understanding and support. *Frontiers in integrative neuroscience*, 6.

⁴⁰ Hayes, G. R., & Hosaflook, S. W. (2013, June). Hygiene Helper: promoting awareness and teaching life skills to youth with autism spectrum disorder. In *Proceedings of the 12th International Conference on Interaction Design and Children* (pp. 539-542). ACM.