

Autism & Homelessness

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Autism and Homelessness Toolkit

Supported by:



What is Autism?

- Affects how people perceive and interact with others
- Autistic people may see, hear, feel, and process the world in different ways
- It's a **spectrum**

Statistics

1% of population in the UK has an ASD diagnosis

only 1/3rd of autistic people are in paid employment

8% of men in social housing have an ASD diagnosis

70% of autistic adults do not get help from social services

Strengths

- Highly focused interests
- Good eye for detail
- Excellent memory
- Often direct, truthful, reliable

Challenges

- Interpreting verbal and non-verbal language
- Understanding feelings, facial expressions, jokes
- Repetitive behaviors or routines as world can seem unpredictable
- Sensory sensitivities

Sensory Processing



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How information from the environment is received and processed through the 8 sensory systems

Sensory receptors > sensory cortex > processed in different areas of the brain > motor cortex > motor neurons > muscles

Auditory (sound)

Olfactory (smell)

Gustatory (taste)

Tactile (touch)

Sensory Systems

Visual (sight)

Proprioceptive

Vestibular

Interoceptive

Vestibular System

Provides information about movement, balance and spatial representation

Fluid and crystals in our inner ear that tell us we're upright

E.g. swinging, walking, rocking back and fourth

Proprioceptive System

Located in muscles and joints

Provides input about where your body is in space

E.g. being able to touch your nose with your eyes closed

Sensory Processing Disorder

Signals don't get organised into appropriate responses

Can lead to:

- Overstimulation
- Irritability
- Anxiety
- Avoidance / Withdrawal
- Aggression

Typically present in individuals with autism, and included in the DSM criteria for diagnosing autism (APA, 2013)

A study by Churchyard et al. (2019) found that 12% of a group of individuals experiencing homelessness met a diagnosis for autism and 8.5% had autistic traits

HYPERAROUSAL

Use mindfulness,
grounding, Breath work

Overreactive, unclear thought,
Emotionally distressed

Can't calm down

WINDOW OF TOLERANCE

The body is in its optimal state, Can access both
reason and emotion, Mentally engaged

Shutting Down

Depressed, lethargic,
numb, unmotivated

Use mindfulness, breath work,
physical activity

HYPOAROUSAL

Case Scenarios

A large purple circle containing the name James.

James

A large orange circle containing the name Ahmed.

Ahmed

A large red circle containing the name Joanna.

Joanna

Think about...

Communication strategies?

Sensory strategies?

Changes you can make as a worker?

Organisational changes?

AHMED

Ahmed has been rough sleeping for years in the same location with set routines, and places he wants to be at certain times of the day. Whilst friendly, he never engages with available support. His health has been deteriorating and there are concerns about him not surviving another winter. A suitable accommodation was identified, he was given information and photographs, and the manager came to meet him. He did not accept the offer. Soon after, he was admitted to hospital and has a few teams involved in deciding what to do next. How could the situation be managed to help him stay in accommodation?

What Helped?

- Working in a more directive way and limiting choices
- Showing images and telling him he was moving to an accommodation
- Outreach team visiting daily to help him establish a new routine
- Getting advice from local autism assessment psychologist



Ahmed

James

James is an older man with a history of rough sleeping and eviction from hostels. Reasons included failing to engage with keyworkers, not cooperating with fire drills, withholding his signature from benefits forms, not paying service charges and verbal aggression towards staff. When he slept out, he would sleep standing up in telephone boxes. On a good day, James is funny and engaging, enjoying crosswords, and discussing tv programs. He has an exceptional memory of price, dates, and times. He can get irrationally angry and turn away staff with whom he has good relationships with. He is moving into a different supported accommodation. What could be done to plan for this move?

What helped?

- Taking time to map out challenging behaviours and why they took place
- Full history of what worked well
- Learning about his communication e.g., he hates being asked “how are you”
- Direct deduction of service charge for his pension
- Welfare checks by noting sighting on CCTV rather than in person checks
- Creating low pressure, incremental opportunities to increase self care and quality of life



James

Joanna

Joanna was a middle-aged woman who had spent years in and out of accommodation, which she often lost because of her hoarding of 'beautiful things'. She preferred to sleep rough rather than stop collecting, which was an absolute necessity for her. A new supported living flat was identified and, before the tenancy was signed, a rule created between her and her key worker. The rule stated that she could keep 'beautiful things' as long as these remained on the shelves in her room. She could have many shelves, but her collection could not spread out. How could her key worker further support her?

What helped?

- Rule was reinforced visually with a line drawn around the flat
- If collection exceeded line she could choose items to put in a box for her support worker to remove every week
- As the disposal was too difficult for Joanna she could be out when this happened, as it took place on the same day every week
- Important for all involved to understand that she could and should not be asked to stop collecting and her need to hoard was valued



Joanna

Strategies you can use as a worker

Consistency

- Frequently short sessions rather than infrequent long sessions
- Same time & place
- Sharing with team what works so that everyone's approach is consistent

Minimising Demands

- Minimising questions, options, choices
- Slowing down and allowing time to process
- Adapting normal protocols if causing distress

Adapting Communication

- Providing images
- Writing information in smaller chunks
- Avoiding metaphors, idioms, jokes
- Talking about their interests

Sensory Strategies

- **Tactile** – Pat on the shoulder, giving something to fidget with e.g., piece of tack, pen
- **Auditory** – quiet space, reducing noise
- **Visual** – reducing visual distractions, sharing information through pictures, drawing, writing, gestures
- **Gustatory** – Eating or drinking during a meeting
- **Vestibular** – Letting them rock back and fourth
- **Proprioceptive** – May stand very close, having them sit down, weighted items

Supporting Clients To Self-Regulate

- Many adults with sensory processing difficulties may not be diagnosed and have had the opportunity to develop strategies to **self-regulate** their sensory system
- Help them identify what sensory stimulus overstimulates and aggravates them
- What organizes, calms and alerts them?

Resources and References

- Autism and Homelessness Toolkit by Homeless Link
- Ayre's Sensory Integration ® :<https://www.cl-asi.org/about-ayres-sensory-integration>
- STAR Institute - YouTube videos
(<https://www.youtube.com/watch?v=bSW8wf4f2hE>)
- National Autistic Society Website
- Churchard, A., Ryder, M., Greenhill, A. & Mandy, W. 2019, "The prevalence of autistic traits in a homeless population", *Autism : the international journal of research and practice*, vol. 23, no. 3, pp. 665-676.

Thank you
Any Questions?



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