

CHAPTER 9

Autism: A Guide for Practitioners within Housing and Homelessness Services



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Background



The Autism: A Guide for Practitioners within Housing and Homelessness Services has been written and produced in 2018/19 in response to the Housing (Wales) Act 2014 and the Social Services and Wellbeing (Wales) Act 2014.

Following these Acts, it was recognised that the previous guide that was in place from 2011 needed to be refreshed and significant policy areas needed to be changed.

The Guide is also a response to the consultation that the National ASD Development Team facilitated on behalf of Welsh Government in 2015, as well as the reports commissioned by Shelter Cymru³⁴ at this time. In the consultation, autistic people and professionals highlighted the issues and challenges faced by autistic people in relation to housing, and Shelter Cymru reported that there is a higher proportion of homeless people who are autistic.

The aim of the Guide is also to ensure that autistic people know what their rights are in relation to housing, housing support, and benefit housing claims. As the social model of disability suggests, reducing the barriers autistic people may face in the housing sector could mean they reach the best possible outcome in housing and consequently overall well-being.

³ <https://sheltercymru.org.uk/wp-content/uploads/2015/05/Jacqueline-Campbell-Shelter.pdf>

⁴ Autism - The prevalence of autistic traits in a homeless population (Alasdair Churchard, Morag Ryder, Andrew Greenhill and William Mandy) - <https://journals.sagepub.com/stoken/default+domain/IAmuFddNNmeCRNV5RWXY/full>

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Description

The Guide was co-produced by the National ASD Development Team, autistic advisors, several Housing professionals, and colleagues who work with autistic people across Wales. There was a Task and Finish Group established to complete the Guide, as well as a smaller Writing Group.

The Guide is split into themed chapters which align with those in the Housing (Wales) Act 2014 for practicality and ease of reference.

A diagnosis of autism does not necessarily mean that a person is unable to cope with living independently, but rather that they may require additional consideration in the choice of housing, in the way the property is managed, and in the way the tenant is supported.



Outcome

This Guide will be fully published by July 2019. There is a high level implementation plan to establish the Guide and it will be available to professionals and providers across Wales through the ASDinfoWales site.

There are “Top Tips” at the end of the Guide that can be printed out by practitioners for ease of reference and can be used by practitioners at all levels.

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Overview of Housing Case Studies (which are included in Autism: A Guide for Practitioners within Housing and Homelessness Services):

Wales and West Housing Early Intervention

B had a very bad perception of the Housing Association from previous experience of interacting with them.

He felt that the Housing Association told him what to do in his accommodation rather than allowing him to make decisions about his property.

One of the first times the housing officer met with B it was over a complaint about a neighbour's dog barking. B was told that the neighbour would be given 10 days to resolve this issue. B felt that this was not acceptable or reasonable and it led to an argument between B and the housing officer rather than a reasoned conversation.

Working in a different way and finding out "what matters" to the tenant has enabled issues like this to be dealt with differently.

B is a very intelligent gentleman and he sees his autism as making him evolutionary superior. Therefore, it is important to acknowledge this and speak to B as at least an intellectual equal. This has drastically changed B's reaction to conversations as housing officers don't "talk down" to him anymore but relate to him on his level.

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On one visit the housing officer noticed a Marvel poster in the property and found out that B has a very keen interest in comic book characters and films.

A new way of recording has allowed this information to be shared with other staff within the Association and enables repairs staff, for example, to find common ground with B and strike up a conversation with him rather than a repairs visit being confrontational as it might have been in the past.

B is now keen to have conversations and will talk about the latest film or computer game and often calls the housing officer up to do this.

Wales and West Housing what matters conversation

G was living with his mother in the front room of her house and only had access to very dated amenities. His mother was moving on and G had to move out of the family home.

When the housing officer first met with G he found it very difficult to converse with him and G didn't laugh at his jokes. G stated that he didn't need "support" – the word "support" had very bad connotations for him. The terminology used was very important and G received "assistance" going forward.

G had no income of his own as he had always been provided for by his parents. He didn't even have a bank account for any new benefits to be paid into. Although G promised the housing officer that he would set up a bank account, he failed to do so. As the housing officer continued to meet with G and get to know him he was made aware that G had Asperger Syndrome.

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The housing officer obtained leaflets about a range of basic bank accounts and left these with G. On the next visit the housing officer found that G had read the leaflets and opened his own account.

This helped the housing officer understand that G responded better to written information rather than verbal instructions. It also led the housing officer to a change in practice, enabling people to open accounts or make benefit claims rather than just taking the person's word for it that they will do it. G was assisted to make a benefit claim in order to receive income and pay his rent.

G was then given a step by step written guide to help him pay his rent from his income. G had sustained his tenancy for over 4 years with very little need for further assistance.

When G's benefit claim switched to Universal Credit he mistakenly thought from things he had heard about "not signing on" that he wouldn't need to go to the Job Centre any more. G took things literally and needed things explained to him in a specific way.

G had no phone of his own but is able to access "assistance" by going to a nearby extra-care scheme and letting the staff know that he wanted to meet with the housing officer.

Any assistance was then based on demand from G but the housing officer worked hard to understand what had led to this demand. When the housing officer needed to meet with G he was very clear in his correspondence about this and when he would be meeting him.

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Keeping to an appointment time was very important to G. This information was also shared with other staff within the organisation who may have also been setting up appointments with G.

Cardiff in-house homelessness support provision

C is a 60-year-old male who has multiple health needs which affect his ability to “take in” and retain information in traditional forms (letters, action plans, benefit updates online etc.).

He was living in temporary accommodation due to domestic abuse within his family. C had been looking for private rented accommodation but had not been successful and was struggling to cope with the temporary accommodation due to his support needs. I tailored my support to his individual needs generally working in the following way:

- Before meeting C, it was important to thoroughly research his case and gather information from his initial assessment. This information could be verified in the first meeting but allows the first contact to be more conversational and focus more on C's needs and aspirations. We needed to identify and secure private rented accommodation, set up and then maintain this tenancy, maximise benefits including UC and PIP, and ensure that direct payments of UC were paid to the landlord.

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- The action plan drawn up contained both long and short term goals, which included setting limited time, achievable targets building a rapport and helping C to stay motivated and increase confidence. Complex tasks (applying for benefits for example) were broken down into smaller parts so as not to overwhelm him.
- Any written communication was provided in as straightforward a manner as possible and was always followed up with a call or visit to make sure that it had been understood. I arranged for C to receive long-term floating support and ensured this was in place before closing his case.

C is now in a secure, sustainable tenancy, with support in place, and is making links with his local community through his mosque. Long term sheltered accommodation will become available in the future should C's support needs increase. Floating support is in place to support C through the next few months of his tenancy.

At the beginning of my involvement, C was under a lot of stress and had no confidence that he would be able to sustain a private rented tenancy. The work we did has allowed him to live comfortably and independently whilst addressing his previous arrears. C gave positive feedback at sign off:

"I am very happy with the support and what you have done for me.
Thank you very much."

GOFAL Housing Advice Pontypridd

M is 28 and was living with his dad but was about to be homeless as his dad was moving out of the area and M did not want to go with him. M did not want to pursue the option of supported accommodation and wanted to live independently.

He was referred to the support service by Housing Options. They were satisfied that M was a priority need.

M had been diagnosed at the age of 4 with autism and had also been diagnosed with ADHD, OCD, anxiety, depression and Insomnia.

He had taken medication over the years and had received support from mental health services, however at the time of interview and during the support he declined any referral back to the Community Mental Health Team as he felt he was managing fine and wanted to be as independent as possible.

During the assessment, care was taken not to overload M with all the advice and information generally given as it was apparent the situation was stressful enough without adding to this.

It was decided to give the information required to make choices and understand the process in order of priority for completion.

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M was always telephoned to ensure he understood things and encouraged to write things down if he needed to so that he could ask the next time he saw the support worker.

Only one task was dealt with on each visit. M was always seen by the same support worker as continuity is essential for building relationships and trust with people, especially those who have autism.

M worked for 12hrs a week while living with Dad but had no other income, so it was clear from the start that on a wage of £60 a week the tenancy was going to fail very quickly. It was explained that he would not afford his own tenancy unless a claim for benefit was submitted, however this was not easy as it was not something he had ever needed to do and did not really think about this when choosing to live independently.

M's job was hugely important to him, so it was essential that any benefit claim requested was able to incorporate him continuing to work. Working was the only time he saw people other than at home, and was part of his routine, so it was essential that the property he was allocated was within walking distance of his job as he would not go on public transport.

Another appointment was given to M to go over again the reasons why he needed to claim benefit and then he was supported to do this over the phone. A request was made by the support worker under the work permitted rule guidelines.

In order for the completion of the benefit to be processed a one to one appointment was requested which M managed well as it was explained prior to attending and whilst there.

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It was essential to obtain and submit bank statements ahead of submitting to housing benefit (before allocation of property). M was not forthcoming as he did not understand why they were required.

This needed to be explained in simple terms several times, however by the time we had to submit the housing benefit forms M was ready to obtain them.

When M was allocated his property, a referral was submitted immediately for Tenancy Support and requested that this could continue with the same support provider to ease the transition and to initially do some joint working.

The reason behind this was for M to feel less anxious about leaving the current support worker.

As neither M nor his family had the financial means to purchase any essential items for his new home, a Discretionary Assistance Fund application was made. This provided him with white goods for his new home. The utilities were set up, change of address with DWP was made, support to change address with GP, employer etc. was also provided.

The role of the agency is to provide housing advice and crisis re-settlement. Without a referral into tenancy support this would have failed if M had received no ongoing support.

Care was taken when withdrawing support in this case and telephone contact continued in order to provide reassurance and to discuss any concerns M may have had.

To date the tenancy has been a success.