Our vision

Everyone in Wales should have a decent and affordable home: it is the foundation for the health and well-being of people and communities.

Mission

Shelter Cymru's mission is to improve people's lives through our advice and support services and through training, education and information work. Through our policy, research, campaigning and lobbying, we will help overcome the barriers that stand in the way of people in Wales having a decent affordable home.

Values

- Be independent and not compromised in any aspect of our work with people in housing need.
- Work as equals with people in housing need, respect their needs, and help them to take control of their lives.
- Constructively challenge to ensure people are properly assisted and to improve good practice.

Introduction

Shelter Cymru welcomes the opportunity to respond to this consultation. Our response is concerned with housing and homelessness issues facing people with Autistic Spectrum Disorder (ASD) both with and without a diagnosis, and we have therefore restricted our response to questions relevant to this. Our evidence is based on our casework and our research, including a 2015 study we carried out called Piecing Together a Solution, which investigated the reasons why a disproportionate number of people with autism in Wales experience homelessness.

Consultation Questions

a) What are your views on the effectiveness of the current arrangements for improving autism services in Wales?

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, as well as additional money being made available to implement

many other positive changes. However, the strategy made no specific mention of addressing housing provision and homelessness prevention.

As our report Piecing Together a Solution shows, while people with ASD face the same homelessness risk factors as anyone else, there were additional unique structural and individual factors that result in an increased risk of homelessness with ASD.

For example, sensory difficulties in people with ASD – including challenges with noise, lighting, fabrics and touch – mean that noisy neighbourhoods, busy roads, and shared accommodation can be challenging. In extreme circumstances this can result in the individual taking action by leaving their accommodation and becoming homeless. As a consequence of this action they can be deemed to have made themselves 'intentionally homeless', thereby restricting their rights to assistance by Housing Options services.

Sensory difficulties can also deter people with ASD from presenting to Housing Options. For example, some people with ASD find it difficult to cope with the noise and business of the Housing Options office. On presentation, a person with ASD might become overwhelmed by the office environment, and if staff haven't received the correct training in ASD the behaviour might be misconstrued as hostility, which could affect how they are assisted.

Following the publication of our report we worked closely with the Welsh Government to revise the statutory Homelessness Code of Guidance to include information on ASD. The latest guidance states that: 'Professionals should ensure that their practice is adapted for individuals with ASD, including written and verbal communication and the environment', and also that 'Local authorities should consider there may be a particular risk of rough sleeping to those people who present with ASD or who exhibit symptoms of ASD, as well as be alert to the possibility that an applicant who is rough sleeping may have ASD.'

This is welcome progress. However, local authority Housing Options services are currently under great pressure with rising demand, which does create a higher risk of diagnosed and undiagnosed ASD going unrecognised.

Furthermore, the Housing (Wales) Act 2014 created a new power for local authorities to discharge their homelessness duties if they judge that an individual is 'unreasonably failing to cooperate'. This has created a new risk factor for people

with ASD to fall through the housing safety net. The impacts of this new policy on people with ASD are not yet fully understood. We would argue that an autism strategy for Wales needs to address how we monitor 'unreasonably failing to cooperate' powers from the perspective of people with ASD both with and without a diagnosis.

b) Do you believe Wales should have legislation requiring the Welsh Government to publish a national autism strategy for children and adults and issue guidance to local authorities and NHS bodies on implementing the strategy?

Yes – as long as housing and homelessness is an element of it. We would welcome the provision of more specific guidance to Housing Options and other housing services working with people with ASD to ensure that working practices and environments are appropriate. There is however the need to ensure that any changes to service provision required by the strategy are adequately funded.

d) What (if any) consultation do you think the Welsh Government should be required in legislation to undertake, when developing, reviewing and updating a national autism strategy?

Welsh Government should be required to consult directly with people with ASD and those who support them. This is more challenging than relying on consultation with stakeholders but we would argue is highly desirable and will produce useful feedback as well as buy-in from the public.

g) What are your views on how easy it is to access a diagnostic assessment where you live?

A delay in ASD diagnosis was a major issue for a number of our research participants around Wales, especially as an adult. A lack of a 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 to acquire and maintain stable accommodation.

Additionally, people with a diagnosis of High Functioning Autism (HFA) or Asperger Syndrome may not receive as much help as they need as they are considered to be 'able' by authorities. Indeed, a lack of support, particularly among those with HFA, was a common theme throughout people's experiences of homelessness. Without support people were prey to financial problems, missed out on benefit entitlements, and even became victims of exploitation.

Case study: Jasper

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.

j) What are your views on the sufficiency of services currently provided to meet the needs of people with autism spectrum conditions in Wales?

Our research identified a lack of training and awareness among housing professionals, leading to less than positive outcomes for people with ASD.

For example, we 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 homelessness service, as they were concerned that they would only be offered unsuitable accommodation.

Seven out of 12 of the people involved in our research had a diagnosis of ASD at the time they experienced homelessness. Of those who presented to the council, less than 50 per cent of the participants deemed their experiences positive.

For some people services had a significant impact and their experience is

described in wholly positive terms. For instance, one participant described how their homelessness was resolved when a housing association offered them accommodation together with on-going tenancy support.

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 still faced problems getting help from their local authority housing department.

Case study: Daniel

Daniel was diagnosed with ASD when he was 14. He also has further diagnoses of dyslexia, dyspraxia, depression, anxiety and PTSD. Daniel is a care leaver and when he first found himself homeless he was put into a B&B by the local authority. This short term intervention turned into an extended stay of almost nine months.

After this he was placed into a flat but was not offered any support to assist him in maintaining the tenancy. At the same time he was in further education but found the pressure of this course and of sustaining his tenancy too much and he suffered a breakdown. He didn't know what to do and the change in circumstances affected his benefit entitlement. As a result he found himself slipping into debt and behind on his rent. Eventually he had to give up his flat and re-present to the council. Unfortunately he was deemed to be intentionally homeless which led to a prolonged period of homelessness and a strained relationship with the council.

Daniel found dealing with the council very stressful and confusing, to the extent he had suicidal thoughts. He found the support he was offered often misguided and ill-judged. For example, his ASD traits were mistaken for substance misuse and as such were offered a drugs and alcohol support worker, even after he explained he had no substance misuse issues.

Daniel thinks the council feels his interactions with them were aggressive but he didn't know how else to cope with the 'roadblocks' they were putting up instead of just helping him. He was forcibly removed from the offices a number of times but if they understood his ASD he feels it would never have got to this point.

Eventually he was offered 'pod-space' in a hostel which he refused on grounds of suitability which further led to a relationship breakdown with the council and the removal of any further assistance.

Ultimately, with help from friends he was able to address his homelessness and

access the support he needs himself. However, the interactions with the council have left a lasting negative impression on him.

n) Do you have a view on the current scope and effectiveness of training in Wales for key staff working with people with autism spectrum conditions?

One of our report's key recommendations was that tailored training should be delivered to housing staff, including the identification of ASD risk factors.

Following the publication of our report in 2015 we offered training for frontline homelessness services on how to work with people with ASD. The training was peer-designed and delivered by people with ASD, and although delegate feedback was very positive it was poorly attended by local authorities. Lack of capacity to attend training courses is inevitable when services are in high demand, as is currently the case in homelessness. This is a strong argument for a statutory training requirement.

o) Do you believe that legislation should specify outcomes that training should achieve, thereby providing greater flexibility around the delivery of such training?

p) An alternative approach would be for legislation to specify that key staff working with people with autism spectrum conditions should undertake autism training.

We believe all staff should have at least some form of ASD training, not just key staff. In our report 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).