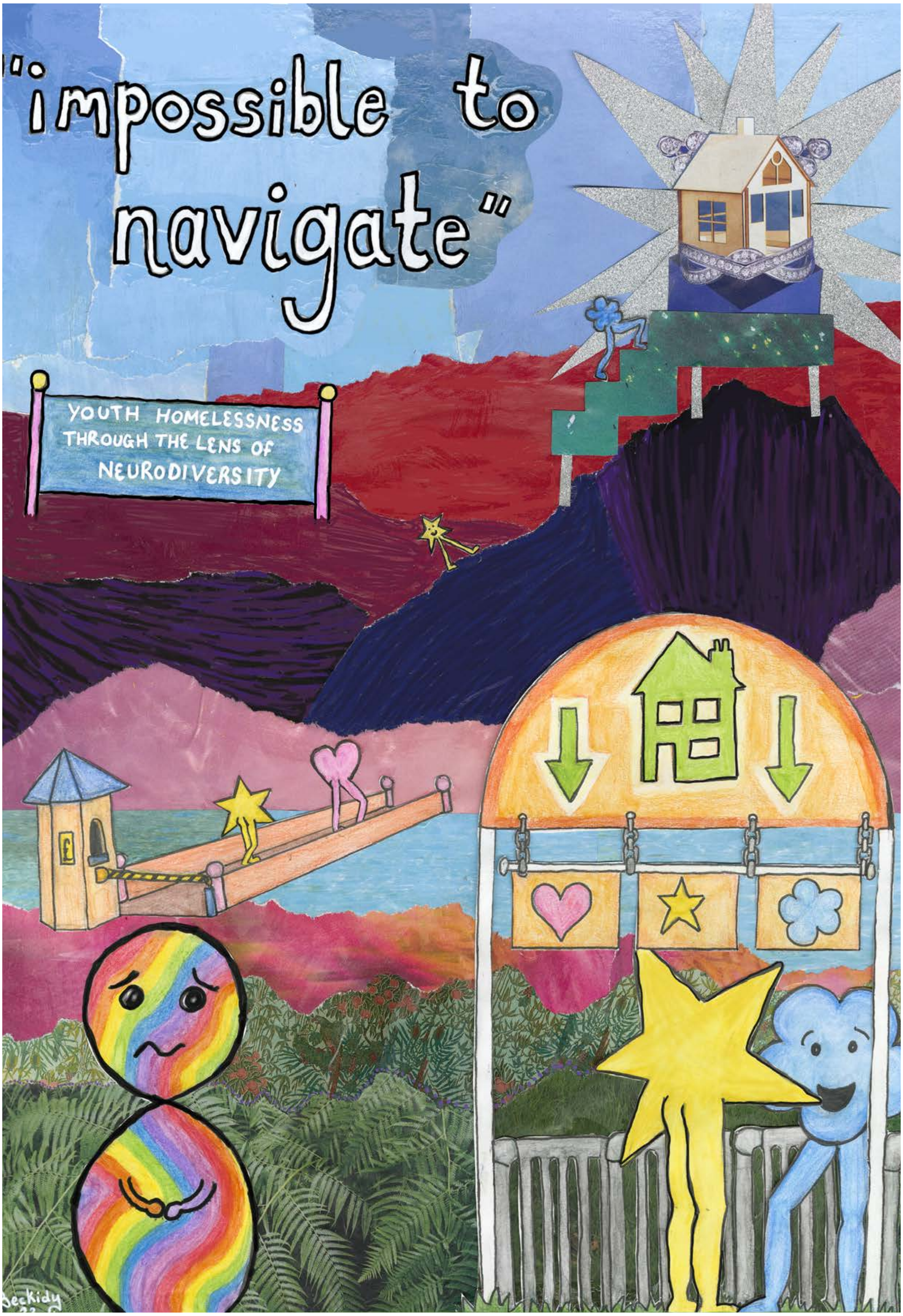

End Youth
Homelessness Cymru

> ‘The world I believe in is one where everyone gets what they need, where accessibility is treated as a priority rather than an afterthought. I hope our work can bring that world at least a little bit closer.’

Peer Researcher

Contents

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Report Authors:	For more information contact:
Monika Conti	MonikaConti@llamau.org.uk
Bill Rowlands	BillRowlands@llamau.org.uk

Foreword

Peer researcher

I am a neurodivergent young person. At the age of 16 I left an unsafe home due to a childhood of neglect and marginalisation on the basis of my neurodivergence. My experience is not an isolated one. In fact, it is far more common than many would be inclined to believe, but a lack of research and information means that our stories have gone unheard for far too long.

A solution is only possible if we listen to the people most affected by the problem. End Youth Homelessness Cymru understood this, and took action to bring together this report, working with a team of peer researchers and a range of young people and practitioners from across Wales.

Our peer research group was brought together in February 2022. Together, we learned about the process of collecting and analysing data, such as evaluating different research methods and formulating questions to gather the most accurate and comprehensive answers possible. The meetings provided us with a space where we were able to share our own experiences without judgement or hierarchy. We were given the freedom to undertake sections of the research we were more suited to while not feeling any pressure to do anything that might make us feel uncomfortable. In line with this, some peer researchers conducted interviews with young people to gather information about their experiences, and some participated in workshops with practitioners to discuss methods of making the available support systems more accessible to neurodivergent young people.

Being involved with the creation of this report has been incredibly rewarding and thought provoking. While it's upsetting that so many neurodivergent young people have endured such horrible situations, it's also encouraging to know that people care about our concerns and have an interest in what we're doing. Despite the scale of the work that needs to be done, it feels as though the momentum is with us to carry our achievements forward to create positive change. This process has taught me that kindness and consideration is far more common than I previously thought. It has been a privilege to work with some of the most determined and committed people I have ever met.

The world I believe in is one where everyone gets what they need, where accessibility is treated as a priority rather than an afterthought. I hope our work can bring that world at least a little bit closer.

Foreword

Professor Amanda Kirby, MBBS MRCGP PhD

Too often we overlook young people who have a mix of adversity and neurodiversity in their lives. For some the impact of these challenges is not only to have a greater risk of homelessness but also to wander around a system where people don't recognise their support needs and don't fully value their potential skills and abilities.

I welcome this valuable piece of work that provides firstly an important background understanding of what we currently know and where there are current knowledge gaps along with even more importantly the voices and experiences of young people.

- Read every word.
- Digest every sentence.
- Feel uncomfortable and consider who we are excluding in society by our siloed processes
- Decide to be a part of the change that we all need to make.

As Barack Obama said:

> Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.

Introduction and Background

Since the inception of EYHC, we have spoken with hundreds of young people and practitioners to find out about youth homelessness in Wales and what we can do to prevent it. The conversations we have had have brought to light key issues pertaining to the situation across the country and made us aware of areas which need special attention and further research. One of those areas was neurodiversity.

Through our conversations, it became apparent that neurodivergent young people – those who are Autistic, Dyslexic, Dyspraxic, have ADHD, Tourette's Syndrome, Tic Disorders, or any other form of neurodivergence – were at a particular risk of youth homelessness. Furthermore, when they did become homeless, they were additionally disadvantaged by the inaccessibility of the services which were predominantly built with the neurotypical person in mind, thus marginalising and failing to meet the needs of many neurodivergent young people.

This is why we decided to carry out this research.

For the past year we have been working closely with our peer researchers to explore what youth homelessness looks like for neurodivergent young people in Wales. The main evidence from this report comes from our interviews with young people, focus groups with practitioners as well a number of individual conversations which have been carried out throughout 2022.

The numerous conversations we have had throughout our research process allowed us to gain a better understanding of the situation and what it is like to be a neurodivergent young person who is experiencing or is at risk of homelessness in Wales. The invaluable knowledge that young people and practitioners have shared with us has also allowed us to collate a set of recommendations on how we can prevent youth homelessness for neurodivergent young people, improve the accessibility of services and create a more inclusive Wales.

This report initially touches on the definitions and terminology around Neurodiversity before outlining the methodology used in this research. A review of the existing literature around neurodiversity and youth homelessness follows, before attention is given to young people's experiences both of navigating society but also their more specific experiences of the homelessness system. Thereafter, both young people's and practitioners' reflections and experiences are explored, which formed the basis of our list of recommendations.

Whilst we do not promise to have definite answers, we hope that this report can amplify the voices of both young people and practitioners we spoke to and be a useful point from which we can reflect on our own practice and start transforming our systems.

At EYHC we are not seeing this as the end of the project at all, but rather the beginning, and we welcome any feedback, comments or engagement from Local Authorities, organisations or community groups who would like to discuss the system changes required to allow all young people in Wales to thrive.

Introduction to Neurodiversity

What is neurodiversity?

Neurological
relating to the nervous
system - our brain,
nerves, spinal cord

Neurodiversity

diversity
degree of variability of a
given characteristic of a
given population or place

To define neurodiversity we have adapted Judy Singer's (who first coined the term) definition, which states that neurodiversity refers specifically to the limitless variability of human cognition and the uniqueness of each human mind and is an inherent part of human diversity (Singer, 2019).

Terminology

Neurodiverse: Describes the diversity and variation of cognitive functioning of a group, e.g. 'our planet has a neurodiverse population', 'we have a neurodiverse team'.

Neurotypical: Describes an individual with more 'typical' neurocognitive functions or traits that fit in with society's norm.

Neuroatypical/Neurodivergent: Describes an individual whose neurocognitive functioning is not considered 'typical', this includes but is not limited to individuals who are Autistic, have ADHD, Dyspraxia (DCD), Dyslexia, Tourette's Syndrome, Developmental Language Disorder (DLD) etc.

Neurodiversity and the Social Lens

In this report we are looking at neurodiversity through the social lens. Particularly, we are considering the wider social problem:

Our society, systems and services are predominantly designed with the neurotypical brain in mind, thus marginalising and failing to meet the needs of many neurodivergent people.

As agents within those systems, we have the responsibility to transform them and make adjustments to our practice. It is important that in the process we consult with neurodivergent young people and together co-produce solutions that are both feasible to implement and relevant to the needs of young people.

How can we build an inclusive society which enables the wellbeing of all neurodivergent people?

Broader Context

Although the focus of this report is on neurodivergent young people, the causes of their homelessness and their experiences of navigating the homelessness system in Wales, these causes and experiences cannot be viewed in isolation. They must be placed in the context of the 'housing crisis' (Bevan Foundation, 2022) that Wales is currently facing, and has been facing for a number of years.

In 2020, the Welsh Government (2020) estimated that an average of 7,400 additional housing units were required annually to meet demand, which included an additional 1,100 housing units to clear those who were in existing unmet need. However, since this estimation, this target has consistently been missed, by around 2,000 units per year, though it must be noted that this has been impacted by the Covid pandemic (Mcleod, 2022). Furthermore, there has been an increase of 40% in the number of households on the social housing waiting list that now stands at 90,000 households, as the demand for affordable housing continues to significantly outstrip the supply.

In regards to the private rented sector, Savills (2022) found that rent had increased by 11% in the year up to September 2022, with surveyors commenting that again there is a significant excess of demand over supply, whilst also commenting that the rental market is increasingly unaffordable for those on housing benefit. This finding is further supported by the work of the Bevan Foundation (2022), who found that only 60 properties, just 5.9% of the market, were available at or below LHA across the whole of Wales on August 1st 2022, with a number of Local Authorities reporting that they did not have a single property available at LHA rate. When this level of supply is combined with excessive requirements for prospective tenants utilised by some landlords, it is an increasingly bleak and unaffordable option for many people across Wales.

Against this backdrop, the number of households in Wales in temporary accommodation continues to rise, at the years end of 2022, there were over 9,000 people living in temporary accommodation, with over 2,000 of these being dependent children under the age of 16, the number of those residing in temporary accommodation has increased by 4,000 over the past two years (Mcleod, 2023). Similarly, the latest Welsh Government release on homelessness, shows a 27% increase in the number of households threatened with homelessness from 2021-2022 (Mcleod, 2023).

Thus, when the situation is taken in its entirety, a number of reports have made reference to the fact that Local Authorities are locked in a permanent state of firefighting, with services becoming increasingly stretched as the number of households requiring their support increases. In January 2020 prior to the Covid-19 pandemic the Housing Support Network (Williams and Howard, 2021) surveyed all Welsh Local Authorities to ascertain the levels of homelessness caseloads across the country and work with LAs to support them to ensure adequate levels of staffing. At this time the average caseload of a homelessness caseworker was about 45. In May 2021 the same exercise was carried out again and the average caseload across Wales had risen to 55. With the highest reported caseload going from 106 in 2020 to 168 in 2021. Levels of caseloads had risen across almost all LAs and this was accompanied by a growing concern for staff wellbeing as they struggled to cope with an increasing workload on top of the additional pressures associated with working during a pandemic Although a more up-to-date pan-Wales snapshot is not available, anecdotally, it appears that these higher caseloads have become the 'new normal', with concerns about the wellbeing of front-line continuing to be a real concern.

At a budgetary level, the picture also remains bleak. Between April 2023 and March 2025, it is estimated that local authorities will have to manage £1.2 billion unfunded cost pressures (Audit Wales, 2023), with a Senedd report highlighting that:

> “Every authority is now reporting an overspend in the current financial year and budget gaps in the future years. Other than the experience of the early months of the pandemic, there is no precedent for pressures of this scale escalating so quickly. Without additional funding the risks to all local government services including the larger ones of education and social care cannot be understated.”

The Welsh Government's recent draft budget (2023) was pre-faced with the statement that

> “It has been one of the toughest we have ever made and reflects the perfect storm of economic and budgetary pressures Wales is facing.”

For the homelessness sector in particular, the decision to maintain the Housing Support Grant funding at £166M for 2023/2024, the equivalent to a real term cut, was particularly hard to take, given the aforementioned pressures facing the sector, with Cymorth Cymru (2023) highlighting that:

- **93%** of service providers are extremely or very concerned about their ability to continue delivering services if there is no increase to the HSG
- Approximately **29%** of HSG funded staff are paid below the new National Living Wage and Real Living Wage
- One support provider told us it will cost them an additional £500,000 to pay their staff the RLW in the 2023/24. Another told us that it would cost them in excess of £1million.
- **18%** of frontline workers are struggling to pay their rent
- **56%** are struggling to pay their bills
- **46%** of frontline workers surveyed said they spent 76-100% of their wage on essential living costs and **14%** said their wage does not cover all of their essential living costs

It is clear then, that despite the best efforts of those working within the 'sector', from local authorities, to third sector providers to volunteer groups and Welsh Government officials, the picture is currently a very bleak and worrying one, with demand continuing to outstrip supply, with no obvious end in sight to the current situation we find ourselves in. The purpose of this context setting was not to be defeatist, but to rather highlight the difficulties that are currently facing all parts of the sector and, to emphasise, that to achieve a fully functioning person-centred system, that serves both neurotypical and neurodivergent young people, we are going to have to work together collaboratively, creatively and flexibly to make that goal a reality.

Methodology

Research Purpose

The purpose of our research has been to gain a greater understanding of the interaction of neurodiversity and youth homelessness in Wales in order to propose recommendations on how we can both prevent youth homelessness from occurring and improve services for neurodivergent young people.

Research Aims

Our research aims have been:

- To gain a better understanding of neurodivergent young people's lived experiences of youth homelessness and accessing support, including systemic barriers and everyday challenges
- To learn about practitioners' experiences of providing support to neurodivergent young people, including any barriers and constraints they face in their practice
- To amplify the voices of neurodivergent young people

Collaboration and Co-production

Collaboration and co-production have been central to this project, which has relied on the involvement of a wide range of stakeholders: neurodivergent young people with lived experiences of youth homelessness, practitioners from across Wales working within the youth homelessness sphere and academics whose research focuses on neurodiversity.

The collaboration between different stakeholders helped us ensure that the research is: meaningful to young people, useful to and considerate of practitioners' lived realities, and underpinned by theoretical knowledge surrounding neurodiversity.

Participatory Approaches and Peer Researchers

This research has taken on a youth participatory design. As part of the project we have recruited five young people, four of which are neurodivergent and have lived experiences of youth homelessness, to help us carry out the research project as peer researchers. As part of their roles, the young people took part in a research methods course delivered by the EYHC team which consisted of weekly on-line training sessions, covering topics such as: introduction to research and peer research, research methods, interviewing skills and data analysis.
In the development of the training, we endeavoured for the training to remain accessible and engaging for the young people, whilst ensuring that they become equipped with the skills necessary to conduct this project.

> *"I've learned loads."*

> *"Same it was really good."*

> *"I found it really like accessible, and again, interactive, and sort of just, really like fun as well."*

> *"It was really engaging, but it wasn't heavy. Cause obviously with research you could have done hours and hours of absolute waffle about just things that you could argue we need to know. But you sort of stuck to the basics then built on them. And I think it was really accessible".*

Upon the completion of the training, the peer researchers have been meaningfully involved throughout the research process, from setting up research questions, clarifying data collection tools, carrying out interviews, analysing data, to co-creating recommendations and advising on the next stages of the research.

The use of participatory methods and the involvement of young people as peer researchers has not only hugely benefited the research project through the value and expertise of lived experience but has also been of great benefit to young people themselves, who developed their knowledge, skills and confidence and were empowered to pursue further opportunities.

> *"I'm going to be part of another project. It's a youth music project. And I think, I wouldn't have applied for that without having this, I wouldn't have felt the confidence. I wouldn't have felt like I was sort of adequate or experienced enough, or really worth it actually without having done this.*
>
> *Yeah, so I think **it's opened up so many new opportunities for me that I'd never would've envisaged.***
>
> *And I now know that I could do research again and say, I have this experience.*
>
> *And as well, when you're making connections with people, like they sort of ask you, what's your thing? What do you do? And I never really have much to say, but I can say this now. And it's just been like so important for me".*

> ***"I'm seriously considering getting a job working in youth homelessness and or research.***
>
> *So I think that's just a quick sort of answer, but it shows how effective this has been.*
>
> *'Cause I've always been curious. I've always wanted to change things, but I've never had to do it in this way. There's been some projects where you can sort of say your opinion or you can campaign, or you can advocate, but this is different because we were involved in the research from step one and we are going to be until the very end".*

Data Collection

- **Interviews:** 12 interviews with young people around their experiences of becoming homeless and accessing support, the majority of which were facilitated by peer researchers
- **Focus group:** A two hour online focus group with a group of practitioners from one local authority to discuss their experiences of providing support to neurodivergent young people
- **Survey:** 60 responses from an online survey aimed at practitioners from across Wales
- Numerous **individual conversations** with various stakeholders
- **Workshop:** An online workshop with two of our peer researchers and a group of practitioners to discuss potential recommendations and solutions

Solutions Workshop Methodology:

2 hour online workshop over Teams
Part I: 20 minute presentation of initial findings of the research
Part II: Practitioners and young people then took part in a series of break out rooms exploring the following questions:

- What is a neurodiversity friendly practitioner?
- What training do practitioners need to become neurodiversity friendly?
- How can information and communication be more accessible?
- How can services be more accessible?

The answers were recorded using the online whiteboard software Miro, and were also shared verbally during the group discussions.

Interviews, Participant Characteristics and Diagnosis

As part of our research we spoke with 12 young people between the ages of 17-25 with lived experiences of youth homelessness or being at risk of. The interviews explored several themes:

- Young people's perceptions of their neurodivergence
- Every day challenges experienced by young people
- Family, friendships and personal relationships
- Societal barriers, including in education, employment, healthcare and housing
- Pathways into homelessness, experiences of homelessness and housing, and accessing homelessness and housing support

The participants had a wide range of neurodivergent conditions including Autism, ADHD, Dyslexia, Dyscalculia, Tourette's Syndrome, Tic Disorders and Developmental Language Disorder; as well as mental health conditions such as depression, anxiety, bipolar disorder, borderline personality disorder, panic attacks and schizophrenia. Some of the young people were officially diagnosed, others were self-diagnosed. The majority of the young people expressed difficulties in getting an official diagnosis, such as long waiting times and lack of access to specialist services.

> *"So I was like, no, I'm not autistic. I maintained that I wasn't autistic for years. And struggled really badly with my mental health. I was self-harming and depressed and anxious and was struggling in school. And I kept trying to go to CAMHS and CAMHS kept not accepting the referral. And in the end I started researching more about autism and I realized that it can affect everyone differently. And I sort of maybe was like, oh, so maybe I might be autistic".*

This barrier was also mentioned by practitioners we spoke to who confirmed there are significant issues of capacity in terms of assessment services across Wales. Many of the young people they support are undiagnosed and unaware that they might be neurodivergent. It is therefore often at the practitioner's discretion to recognise that the young person might be neurodivergent and provide additional support. their knowledge, skills and confidence and were empowered to pursue further opportunities.

One local authority we spoke to explored providing funding for young people to be assessed privately. We were able to speak to one young woman who accessed the funding and received a private diagnosis:

> *"It completely changed my life. The first day I got diagnosed I was very like, 'Oh my God, I'm different'. I always knew I had ADHD, but now I've actually got it. I'm diagnosed. I felt very like, overwhelmed to start with. But it also helped me a lot mentally with understanding why certain things in my life are the way they are and why my brain reacts to certain things differently to what another sort of undiagnosed ADHD person would react and act by with. So yeah, I felt very, very happy to be honest".*

Young people's opinions around the necessity of getting a diagnosis were mixed. Some expressed that a diagnosis has helped them to better understand themselves, however, others felt that receiving a diagnosis would not make a difference particularly due to lack of specialist support available in their community.

> *"...trying to get a diagnosis at this point, it wouldn't benefit me in any way".*

> *"When you don't have a diagnosis, it's a bit harder to understand yourself. So obviously I got the diagnosis and then I've sort of done a lot of years of practice with my own self work. And it has gotten easier, but sometimes the emotions are not that easy to control. And sometimes things are escalated".*

> *"So after I had the final diagnosis regarding my autism, my maths teacher had more patience for me, but by then it was only two weeks until I left...I wish I had my diagnosing earlier means things could be done differently".*

Practitioners also told us that early diagnosis is paramount for young people to get the support they need to stop their problems escalating further and prevent them from slipping through the net. This is particularly important, as it was identified that where services are available, they are usually offered on a diagnosis rather than needs basis. This means that without diagnosis young people are often unable to access support services.
The latest Review of the Demand, Capacity and Design of Neurodevelopmental Services

(Holtom & Lloyd-Jones, 2022) in Wales states that the demand for diagnostic assessment has outstripped the capacity of both Children's Neurodevelopmental services and the Integrated Autism Service. The gaps between the demand for assessment services and their capacity in turn increase waiting times, delaying support (where support depends upon a diagnosis), increasing people's distress and the risk that problems can multiply and/or escalate as opportunities to intervene early are missed. It was recognised in the report that consequently the unmet needs cause significant human, social and economic costs.

Best Practice – Powys Youth Service

Powys Youth Worker

A large proportion of the young people we support (16-25 year olds) suffer from various mental health issues, anxiety being one which is thematic amongst our group. There have been trends which have meant that our YP have been seen to fail with maintaining tenancies or education, employment and training. We have always used the Trauma Recovery Model as a basis of our support.

However, two of our senior colleagues, did a vast amount of research into neurodiverse conditions and how they can inform and exacerbate the aforementioned mental health issues and, if un-diagnosed and not properly treated, can be the root of young people's struggles and perceived limitations in day to day life. The team received some brilliant training on ADHD earlier this year which broadened our collective understanding. Our Young people on the Housing First for Youth schemes are traditionally the most vulnerable, the ones who have found it very difficult to live independently without intense support. They typically lack a strong personal support network and therefore have an increased reliance on support services. There is currently no ADHD pathway in Powys, therefore there is a huge cohort of people who are being un-diagnosed. As a team, we contacted a private clinic in Shropshire and formed an agreement with them where they could prioritise 10 of our young people to be assessed for ADHD and we could pay for it.

It was identified that there was enough money in the Housing First Budget to cover these assessments, with the condition that Housing First Young People were prioritised. We have provisionally filled those slots and have up to 5 reserve slots for the team. The funding has been approved by our manager and we are awaiting the clinic's response in terms of their capacity to complete these additional assessments. The response from young people has been really positive, especially those who have been through the assessment process. It's something we anticipate continuing in terms of training staff around ND and ensuring our young people are assessed.

Literature review

Terminology, Definitions and the Social Lens

This literature review was originally started by former EYHC Policy and Research Officer Jemma Bridgeman to examine the links between neurodiversity and youth homelessness and has subsequently been built upon.

There are longstanding and often acrimonious debates within neurodivergent communities about what neurodiversity actually means and who the neurodiversity movement represents (Gillespie-Lynch et al., 2020). The language and terminology used around neurodiversity is often contested, and various terms such as ‘neurodivergent’, ‘neurodifferent’, ‘neuroatypical’ and ‘neurodiverse’ are currently being used by academics and by people to self-identify (Doyle, 2020). This report predominantly uses identity first language (i.e. autistic or dyslexic person) rather than person-first language (i.e. person with autism/ dyslexia) as this reflects the preferences of neurodivergent people in the UK (Crane et al., 2017). We also use the term ‘neurodivergent’ to refer to individual whose brain structure and cognitive functioning deviates from the average, whereas the term ‘neurodiverse’ is used to describe groups or populations, in line with Judy Singer’s definition (Singer, 2019).

It is important to define some related but distinct terms around neurodiversity, the neurodiversity paradigm and the neurodiversity movement. Firstly, neurodiversity refers to the fact that all brains are different. Secondly, the neurodiversity paradigm asserts that all brains are valuable, the idea of a ‘normal’ brain is socially constructed and social dynamics towards neurodiversity replicate power inequalities. Thirdly, the neurodiversity movement refers to a decentralised movement of people who promote the rights of neurodivergent people, to ensure they have equal opportunities for work and education (Gillespie-Lynch et al., 2020).
The three key ideas of the neurodiversity paradigm have been described by Gillespie-Lynch et al. (2020: 24) and are listed below:

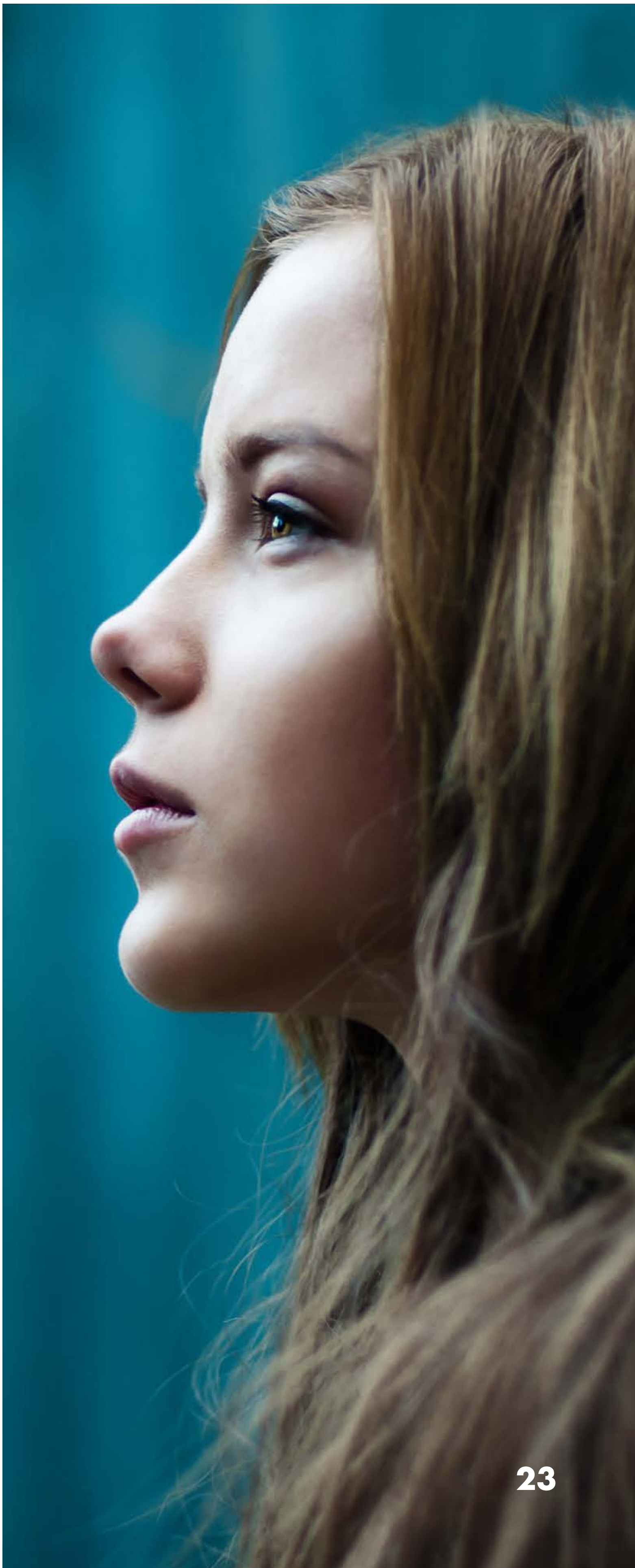
1. There is no such thing as a ‘normal’ brain and the reality of diversity (neurodiversity) is good for society;

2. Neurodivergent people should be accepted as they are rather than pursuing ‘normalisation’ for its own sake;

3. Many (but not all) of the challenges neurodivergent people face come from social inequalities.

In order to understand neurodiversity, we must move between social and medical models (Doyle, 2020). In our research we are examining neurodiversity and youth homelessness through a social lens. However, as Singer (2021) explains, neurodiversity itself can be used as an analytical tool to explore social issues and hence this research uses the lens of neurodiversity to explore youth homelessness.

Whilst we are not experts on neurodiversity and acknowledge the limitations of our knowledge and expertise, our aim and priority is to provide a space to amplify the voices of neurodivergent young people and value lived experience.



Neurodiversity and Homelessness Research

There is limited research on the risk of homelessness for neurodivergent people.
There is some literature exploring homelessness and neurodiversity in Wales, particularly focusing on Autism. Shelter Cymru (2015) interviewed 12 people in Wales who had autism and had experienced homelessness and three stakeholders who worked with people with autism. This is a useful starting point but it should be acknowledged the research was undertaken before The Housing (Wales) Act 2014 and with an adult homeless population (Shelter Cymru, 2015). They found:

1) Risk factors – including issues surrounding autism without an intellectual disability including: a lack of support, delays in diagnosis at the time of presenting to housing services, and abuse and exploitation.

2) Features of autism – including sensory difficulties, social communication and interaction difficulties, and cognitive challenges.

3) Co-occurring conditions – detailing how people with autism 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 autism and how it can raise homelessness risk

6) Relationship breakdown – exploring challenges surrounding social interaction and personal relationships resulting in increased homelessness risk.

As a direct result of this research, 'Autism: A Guide for Practitioners within Housing and Homelessness Services', associated training and resources were produced by Autism Wales and the Welsh Government for professionals, across public, private and the third sector who engage with autistic people and their carers/families within a housing context, such as;

Source: Infographic adapted from 'The Good Practice Guide'

The good practice guide was co-produced with autistic people and support workers, in line with the Housing (Wales) Act 2014, and is intended to be used practically and easily, structured around the different themes and elements of the Act, highlighting the good practice developed by the housing and homelessness sector in this space.

At a UK level, and focusing predominantly on the 'sharp-end' of homelessness, and not age-specific, the below table highlights the much higher rates of neurodiversity in the rough sleeping and homelessness services accessing population than in the general population. Thus, despite the limited research, it can be inferred that the overrepresentation of individuals with neurodivergent traits in contact with the homelessness system is correct.

Type of neurodiversity	Estimated prevalence in the general UK population (%)	Reported prevalence in UK homeless populations (%)
Attention-Deficit/Hyperactivity Disorder	05-2.2[3-7]	3.3-7.1[8-10]
Autism Spectrum Disorder	0.6-3.5[3,11-15]	2.0-50.0[8-9,16-17]
Developmental Coordination Disorder	1.8-4.9[18]	Unknown
Developmental language Disorder	0.5-7.6[19-21]	Unknown
Dyscalculia	3.6[22]	Unknown
Dyslexia	2.3-6.2[22-24]	15.3[25-26]
Intellectual Disability	2.7-10.6 (moderate) 0.03 (severe)[23,27-30]	5.0-21.7[8-9,31-34]
Tic Disorders	0.8-1.8[35]	Unknown

Ref: **(Kirby, 2023)**

Below is a summary of different academics' work on the field of youth homelessness and neurodiversity:

A study in America by García Murillo et al. (2016) completed a 33-year follow up with children diagnosed with ADHD to examine if ADHD increased the likelihood of homelessness in later life. García Murillo et al. (2016) explain that other studies had recognised that ADHD in childhood predicts negative outcomes such as being involved in the criminal justice system and substance use, but they felt that there should be an examination of the relationship between ADHD and homelessness. Findings of the study include that adolescence is a particularly vulnerable developmental period for children with ADHD and ADHD places children at risk of negative outcomes (García Murillo et al. 2016). García Murillo et al. (2016) conclude that if we can identify early predictors of homelessness we can identify ways to prevent homelessness and in the case of childhood ADHD there may need to be continued support even if active symptoms are not evident.

Kirby et al. (2011) examined how DCD affected young people, finding that over half of the respondents experienced difficulties managing money, difficulties planning ahead, organising and finding things in their room. There are case studies online where people who have experienced homelessness talk about DCD and their homelessness. Adam's story on the Scottish Government (2019) website of his journey into homelessness mentions that an occupational therapist noted that he probably had DCD. A Crisis (2018) report shares Emma's story, a young woman with DCD who ended up sleeping in her car after dropping out of university. Payne (2015) suggests more research on DCD is needed because most research on DCD reflects the interests of professionals and parents rather than young people.

There is very limited research on homelessness and dyslexia and the existing literature acknowledges this. Macdonald and Deacon (2015) suggest over the last 30 years social and health services have been developed to meet the needs of people with mental health difficulties and intellectual disabilities. They continue this is not the case for people with dyslexia and there are no specific interventions aimed at reducing the risk of homelessness for dyslexic people (Macdonald and Deacon, 2015). Research by Macdonald et al. (2016) found dyslexic respondents experienced homelessness earlier, on average aged just 22, compared to an average of 30 years old for the general homeless population. Dyslexic respondents also revealed that they had been homeless more often, on average 11 times compared to 9 times for the general homeless population, which could indicate a more chaotic and less stable lifestyle (Macdonald et al, 2016). Again, looking at the 'sharp-end' of homelessness, dyslexic respondents reported sleeping rough for on average five years compared to three years for the general homeless population. The Macdonald et al (2016) study suggests dyslexic people are at a greater risk of homelessness and once homeless experience homelessness for longer.

Furthermore, a study by Macdonald and Deacon (2015) quantitatively analysed the association between dyslexia and the greater probability of a person becoming homeless. They found that although participants had more access to both social and health professionals this did not reduce pathways into homelessness (Macdonald and Deacon, 2015). Macdonald and Deacon (2015) suggest their data indicates a number of missed opportunities to address intersectional disparity for this group as well as a lack of professional understanding for this group and that with this over-representation of dyslexic people in the homeless population, there is significant potential for early intervention to occur to prevent homelessness occurring.

Intersectionality and Neurodiversity

To aid our understanding of neurodiversity and the impact that being neurodivergent has on an individual in a given social setting, it is useful to take into account how being neurodivergent interacts with other forms of marginalisation such as gender, sexual identity, race and socioeconomic status. However, limited research exists on intersectionality and neurodiversity.

Some research exists exploring intersectionality and specific conditions. Russell et al. (2016) found substantial evidence suggesting an association between ADHD and socioeconomic disadvantage both for individuals and families. Gilmore (2020) reports that adults with ADHD are more likely to have dropped out of college, have been fired from a job, have lower socioeconomic status, have fewer years in education and lower rates of professional employment than control groups.

Research on autism found disparities in diagnosis between genders, ethnicities, socioeconomic status and intellectual functioning, making it harder for certain groups, such as women and ethnic minorities, to receive a diagnosis (McDonald, 2020). With regards to economic status and employment, research found that in the UK only 32% of autistic adults are employed compared to 80% of the general population, and of these only 16% work full time (Farkas, 2020). When compared with adults without autism, autistic adults experience higher rates of mental health difficulties, more challenges achieving independent living, lower educational and occupational achievement, and a higher risk of isolation (Churchard et al, 2018).

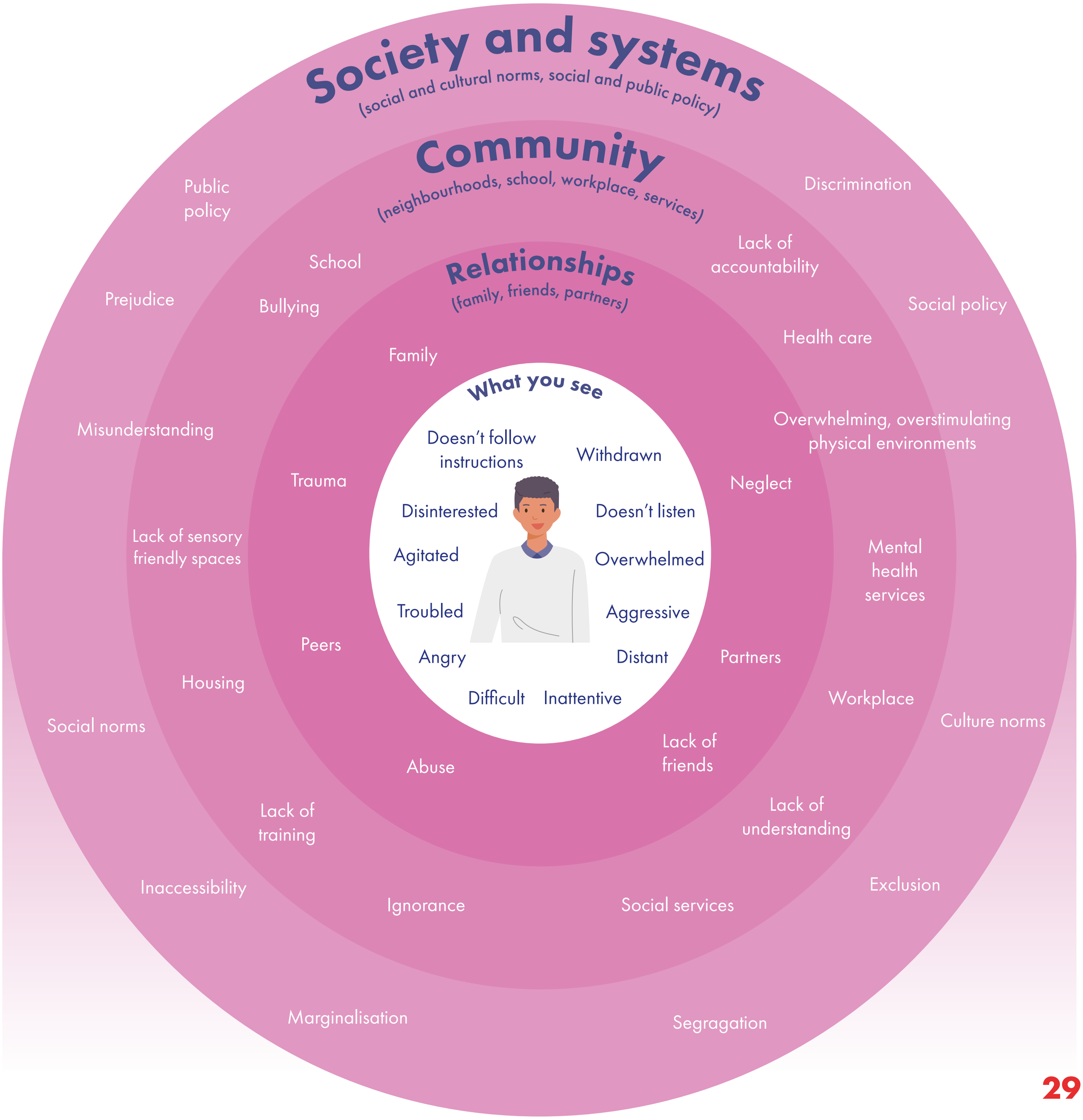
Literature reports that having dyspraxia has been shown to have academic, social, behavioural and emotional implications that can result in mental health problems such as anxiety, depression and obesity in adults (Tal Saban, 2014). Research on dyspraxic adults shows that they continue to experience significant difficulties in their daily life into adulthood (e.g. with handwriting, learning to drive and organisation skills) which can affect mental health and wellbeing, self-esteem, life satisfaction and possibly employment success (Kirby et al. 2013).

Macdonald et al. (2016) suggests that dyslexic people from a lower socioeconomic background experience higher level of social exclusion, increasing the probability of involvement in the criminal justice system, harmful substance use issues and homelessness.

Our literature review suggests that despite the research gaps with regards to neurodiversity and youth homelessness, it does hold true that there is an overrepresentation of neurodivergent individuals who are contact with the homelessness system. EYHC's research aims to address this gap by exploring the experiences of young people with a diverse range of neurotypes, their journeys into homelessness, their experiences of the system and their recommendations to improve their peer's experiences in the future.

Understanding the Experiences of Neurodivergent Young People

What is it like to navigate a neurotypical world as a neurodivergent young person?



Society and systems
(social and cultural norms, social and public policy)

Public policy
Discrimination
Prejudice
Social policy
Misunderstanding
Social norms
Culture norms
Inaccessibility
Exclusion
Marginalisation
Segragation

Community
(neighbourhoods, school, workplace, services)

School
Lack of accountability
Bullying
Health care
Overwhelming, overstimulating physical environments
Lack of sensory friendly spaces
Mental health services
Housing
Workplace
Lack of training
Lack of understanding
Ignorance
Social services

Relationships
(family, friends, partners)

Family
Trauma
Neglect
Peers
Partners
Lack of friends
Abuse

What you see

Doesn't follow instructions
Withdrawn
Disinterested
Doesn't listen
Agitated
Overwhelmed
Troubled
Aggressive
Angry
Distant
Difficult
Inattentive

The young people who took part in our interviews shared many difficulties they have encountered throughout their lives when navigating the wider familial, social and institutional systems, which failed to understand and account for their needs. They found many of the systems inaccessible and disabling which led to further isolation and marginalisation as well as negative life outcomes further down the line.

Neurodivergent young people are faced with a world which has been predominantly built by neurotypical adults with the neurotypical brain in mind. Our social norms and expectations, our systems, our social and public policy often fail to account for the diversity in neurotypes and the needs of neurodivergent young people, thus marginalising a vast proportion of people whose neurotypes do not fit into the societal norm.

The section below will discuss young people's every day experiences as they navigate personal challenges and various relationships, systems and institutions.

When reading the section below please bear in mind these reflective questions:

- What are the unmet needs of young people?
- What are the barriers to participation, accessibility and inclusion?
- What adjustments and changes can be made to increase participation, accessibility and inclusion?

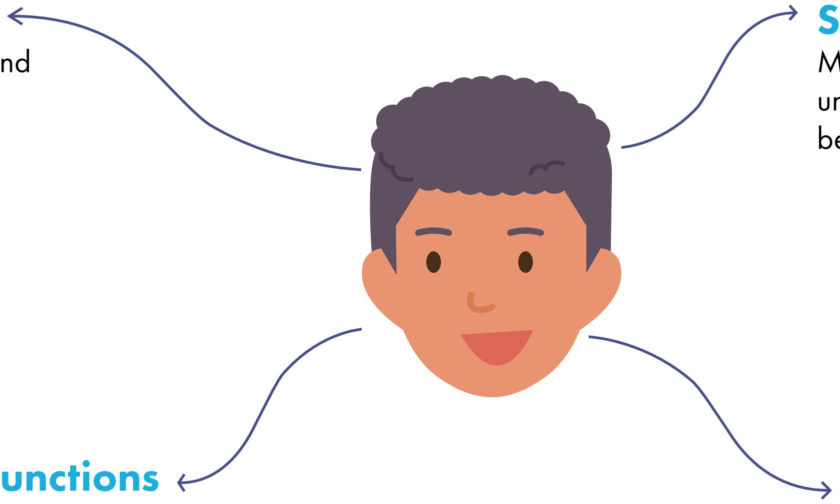
We would like to note that because of the nature of our research this report particularly focusses on challenges and barriers experienced by young people as we want to amplify the voices of those young people for whom the system particularly needs to change, however it is important to recognise that neurodivergent young people have many strengths and skills thanks to being neurodivergent and many can and do live thriving lives.

> “At the core of all anger is a need that is not being fulfilled.”
>
> **Marshall B. Rosenberg**

Daily Challenges

When asked about challenges experienced in their day-to-day lives, young people’s responses clustered around four main themes:

- **Emotions:** Understanding and managing them
- **Social interactions:** Maintaining eye contact, understanding conversations, participating in groups
- **Cognitive functions:** Executive dysfunction, problems with attention and focus, motivation, understanding and following instructions, prioritising tasks
- **Sensory issues:** With regards to sounds, lights, smells, food and textures



Emotions
Understanding and managing them

Social interactions
Maintaining eye contact, understanding conversations, being in groups

Cognitive functions
Executive dysfunction, problems with attention and focus, getting motivated, understanding and following instructions, prioritising

Sensory issues
Sounds, light textures, smells, food

Executive dysfunction
A set of symptoms associated with some neurodivergent conditions, particularly ADHD. It refers to the brain’s difficulty with carrying out functions related to decision making, problem solving, memory, motivation, planning and organising, starting and switching tasks.

Emotions

> *"So it's a struggle to understand my thoughts and emotions. There is a lot of paranoia. And it's tought because if I can't understand anything, like say if someone's talking to me, but I don't understand it, it can get really agitating. Becuase I want to be able live a somewhat normal life and be able to, like, I've got so many things I wanna do with my life and I don't want my medical conditions to hold me back. But it's mainly just scary cuz not everyone understands it."*

The young people we interviewed found it difficult to understand and manage their own emotions. This had an effect on several areas of their lives and some felt it was holding them back from living a life they wanted. It affected their relationships and interactions with other people, who often lacked understanding and made young people feel judged. As young people were often not able to identify how they felt, this had a negative effect on their ability to look after their mental health and wellbeing. Furthermore, some participants mentioned they struggled to take part in social activities, as this could make them feel overwhelmed and potentially trigger meltdowns.

> *"When I get overwhelmed, I actually have to stop activities. And if I don't, it just gets worse and worse to a point where I can't keep going anyway because I do shut down completely and go completely nonverbal. I will have a meltdown and it's not great for me or anyone else".*

> *"'Cause again, with the autism, I can't control my emotions or mood, so I can wake up one day and be over the moon. And then I could wake up the next day and be completely angry with the world and for no apparent reason. And for literally no reason at all, it's just within me".*

As a coping mechanism some young people mentioned the use of sensory items to calm themselves:

> *"So I'm looking more into like sensory things to help me with my emotions at the moment. 'Cos we sort of figured out that when I was at my ex foster carer's house, when I was struggling, we had a hammock downstairs and as dumb as this may sound, that was like the number one thing I'd do to calm myself down, like hammock for about three hours and rock. Bit of music, bit of like sensory lights".*

Social interactions

Young people also spoke about struggling in social situations. They were often unable to meet social expectations around interpersonal interactions, including maintaining eye contact, interacting in groups, comprehending and navigating conversations and understanding social norms.

> *"I struggle with eye contact, and struggle with knowing when to speak in a conversation. Generally never understanding like how conversations work when I try and sit and think about them, they don't make sense to me. And I tend to overthink a lot of things. I try and dissect how things work, things like attraction, conversation, gender norms and stuff. I will sit and just try and pick them all apart to try and figure out how they work. So I can't wrap my head around things that other people seem to be able to perfectly fine. And it's just, yeah, there's just a lot".*

Some young people shared that they would use extensive vocabulary to **mask** their difficulty to understand how conversations work:

> *"Well, like my use of vocabulary is quite helpful cause it helps me to mask things, but, I don't fully understand conversations when they're like, being said, unless it's something that I relate to. And then when I do relate to, I tend to talk about something in reference to me. So people often think that I'm ignoring them and their views, which is not the case. I'm trying to involve myself in a conversation.*
> *It generally doesn't go very well".*

Masking
Is a social survival mechanism of hiding or camouflaging one's neurodivergent traits in order to endure social situations without being alienated or cast out. It typically involves suppressing one's natural behaviour patterns and adopting more accepted mannerisms for the comfort and convenience of others. Masking is not always a conscious choice, and not everyone is able to mask.

Cognitive functions

Several challenges with regards to cognitive functions were mentioned during the interviews, which affected participants' everyday lives. Some young people mentioned having executive dysfunction which made it difficult for them to organise, manage their time, plan and prioritise tasks:

> *"Probably, difficulty with focusing and getting motivated, that I will get stuck in, what's it called... Executive dysfunction issues whereby I'll really wanna do something but I can't get myself to do it. Like, I'll just be sat there, scrolling on my phone, looking perfectly chill. But inside my brain is screaming at me. Get up, do something, get up, do something, like go tidy my room, go do the washing, write whatever it is you have to write. That can be a big struggle day to day. Cause it can be even little things. So I'll spend like a whole day just in my bedroom, not even able to get up and go down to eat something. So I have to keep food in my room to make it easier, but then I never take the rubbish out. So yeah, it's just everything feeds into everything else basically".*

The young people also mentioned difficulty with focusing and paying attention:

> *"I'm very easily distracted and I sort of sort of start doing something and then I'll get distracted. And then I won't come back to that one thing for like a week or another two weeks or something like that".*

As well as **hyperfocusing:**

> *"I tend to hyper focus a lot as well. I'm horrible for focusing and I either don't focus at all or hyper focus where I just do the thing for like 12 hours straight and do not even think about anything else".*

Hyperfocus
refers to a type of sustained concentration often associated with ADHD, whereby an individual exhibits intense focus on a task for a prolonged period of time. This is often something that is of interest to them, and can lead to the neglect or delay of other tasks and priorities.

Sensory issues

Another source of every day challenges for young people were sensory issues, caused by a range of stimuli: sounds, lights, smells, food, texture, which could trigger sensory overload and meltdowns. These were further exacerbated by the environments in which they were living which often were not sensory-friendly and did not account for their needs thus amplifying their challenges:

> *"Knocking I don't like, that's one thing. I've got a sign on my door saying please do not knock on my door. Cause when I hear it, it's like [overwhelming]. You know what I mean? [The support workers] have actually been really good with that. Like whenever someone used to knock on my door, I used to scream and be like, 'You've got me on Facebook. Why can't you call me or just message me'. And they didn't understand. And I think they just got tired of me kicking off and they just put a little sign on my door saying, please do not knock. That was one that I think they still don't understand. I think they just think I'm being difficult. I'm not, it really makes me upset when I hear a knock on my door".*

> *"We have a lockup time for the kitchens and downstairs. So after 11:30, you can't go downstairs... But I think that, especially with me, I struggle to eat as it is, 'cos of like sensory and then like eating issues. It's just like, it's a whole thing. And then if I'm doing something in the day and I'm busy, I genuinely just won't eat. And if I've come back late, I don't have a microwave or anything in my room. I can't make anything for myself. So when that kitchen is locked, there's just no option to eat. And like, there's just that fine balance between being able to keep myself healthy and like mentally being able to cope with things at the same time. Because like, if I'm having a bad sensory day I'm not gonna be eating during the day. 'Cos I can't often afford to have a meltdown when I have plans and I'd rather just deal with like hunger pains. But yeah, it's all just a bit complicated sometimes living [in supported accommodation], finding the balance".*

How are young people perceived?

AGGRESSIVE
INATENTIVE
TROUBLED
ANGRY
WITHDRAWN
DISINTERESTED
DIFFICULT
AGITATED
DOESN'T LISTEN
DISTANT
OVERWHELMED

"So because of like the way my head is and everything, a lot of the services, cause of being so angry at just the world, like housing, they see me as like a naughty boy. They were always liked scared. And they didn't give me that chance to prove myself or to listen to me."

The young people shared with us that because of the various challenges they experienced on every day basis, and the impact they were having on their emotions and behaviours, they were often misunderstood, judged and labelled by other people.

This had a negative effect on their interactions with their families, peers, teachers, doctors, employers and various support workers, as well as on their self-esteem.

However, throughout our conversations with young people it became apparent that the individual behaviours are just a very small part of a much bigger and a lot more complex picture.

> *"So it all basically started when I was in school, I didn't live at home. They tried to assess me [for ADHD], but my mum just said I was just* ***naughty****".*

> *"Well school was really hard. They always used to just say that I was really* ***naughty*** *and I didn't want to learn, but I've been telling people for years that there's something wrong and they all just thought I was not well. Yeah, they basically said I was making it up. I was just, they all just kept calling me the* ***troubled child****. I'm just a troubled child. I'm just, and that's all I've ever heard my whole life is 'She's just* ***different****. She's a troubled child, she needs help, She's this and blah, blah, blah. She's different".*

> *"And I'm seen as an* ***angry*** *and* ***aggressive*** *person, and I'm not. I'm not, I just get like that sometimes. And I've literally written letters to members of staff to apologise and saying, listen, it's not like that. I've just written apology letters to them because I feel so bad about that. And I feel guilty obviously, but I think yeah... just more understanding please".*

> *"I wasn't like officially diagnosed at all then so I was just seen as like this* ***troubled*** *teen who was just* ***acting out*** *and being* ***angry*** *at everyone and stuff like that when I was more angry at myself, you know... and people who I was around didn't understand that".*

Family and Trauma

> *"I was in and out of home. My mum wasn't very good. I don't have a relationship with my mum now, really. But like obviously as I said, I was living with my grandparents. Then both of them passed away, so then I had to go back into foster care. Then my dad passed away. Then my little boy passed away. Then my mom's dad passed away…".*

The majority of the young people we spoke to had experienced many forms of familial trauma, including neglect, abuse and bereavements.

Some of the participants had also been involved with social services throughout their childhoods, however, young people did not speak favourably of the support they received, or lack thereof:

> *"My dad hit me in front of my friends in the school ground. And, it was quite a lot of people. It was about 30 odd of my classmates and all of them went like rushing into the school to go and report it. And I'd spoken to like, the social services before and they'd come around to my house and did a home assessment. And they were like, 'oh, well, you know, your house is like, you know, a house and you've got clothes on and a TV in your room and food in your fridge. So you're obviously not that bad off', so yeah, after being refused mental health support and refused like support through social services, I kind of lost faith in them, these kinds of services, and like just sort gave up until my mum started pressuring them".*

> *"Like I've never had a home. I've never had a mum. I've never, like my dad was there, but he was in and out of prison. Like I used to go on contact with him at his house and social services knew my dad was on drugs, but I used to just sit there and watch him and his friends take loads of drugs and then social services would pick me back up and take me home and nine times out of ten, during that time of being with my dad, I'd end up going home and kicking off".*

One young lady told us about how she was unable to get help because her needs were so complex due to the enduring and multiple traumas she experienced growing up:

> *"I faced my story, my life has been so traumatising and horrible and [full of] crazy brain fucking situations, that even professionals who are counsellors and psychologists, they can't even cope with it. And they're like, 'We can't even do this'. But then I'm still sat there, 'Hi I need help'. And they're like, 'I can't help you'. And I think that's why I've had such a [hard] time with the system because I am so needy, if that makes sense. You know, I am. I do need*

> *a lot of help and I do need a lot of support, but nobody's trained enough to help with the things I've been through in a good enough time that I felt supported, if that.*
>
> *They've always, either moved me or someone is about to start again. Like I never actually, I don't think I've ever, ever in my life sat with one person and told them my whole life. And like they've got to a point where they can't take it anymore and then I've gotta start it again and I've gotta start it again. But I've just never found the person which actually can take everything in and actually sit there and help me with that.*
>
> *And that's why I've always had areas of my life that I've never had help with".*

The above quotes exemplify some of the traumatising experiences young people go through growing up, as well as the failure of various systems to safeguard them. It is unacceptable that we are permitting the children and young people of Wales to go through repeated traumatic experiences up to a point where professionals are not even able to deal with them. There is a need to evaluate the effectiveness of family and social services and put more robust measures in place so that children and young people are prevented from experiencing severe trauma which has a long-lasting impact on their lives and life outcomes.

Prevention is always more effective than having to deal with a multitude of individual problems which arise further down a young person's path as the psychological and biological impacts of trauma spill over into every sphere of their lives.

> *"I feel like it would have to be something in schools. Like, I don't know what exactly, but teachers, particularly in secondary school are able to notice a lot. Like there's a lot of potential there for them to see things and they just aren't able to act on it. Like this is only so much they can do. And like, I just wish they were able to, or almost forced to".*

Friends

> *"I didn't have many friends or anything like that [growing up]. I was always like the odd one out of the friendship groups, you know, I was always trying to fit in somewhere".*

Young people told us they 'struggled to make friends' and when they told their peers about being neurodivergent they would then be 'singled out' and 'pushed to one side'. They often felt 'left out' and were left 'wondering why everyone treated [them] differently'. Young people told us they found it difficult to understand and communicate with their neurotypical peers, and their neurotypical peers also struggled to understand and communicate with them. This is often described as the **double empathy problem.**

Double Empathy Problem
The Double Empathy Problem is a theory describing a breakdown in mutual understanding (Milton et al, 2022) which can cause difficulty with interaction and social communication between people, primarily between autistic and non-autistic people. Neurodivergent and neurotypical people often communicate and navigate social interactions differently which can lead to misunderstanding on both parts.

> *"Yeah. I think people think I'm being rude a lot of the time when I'm not... And like my main thing is try and make jokes. Like I do try and make people laugh or think something that's not funny is kind of, you know, humorous. But, when I do that, sometimes I do tend to offend people quite a lot. Like, I have a habit of completely saying the wrong thing, upsetting everyone. And then just... But I wasn't mad at you. Why do you think I was mad at you? It just doesn't end very well for me".*

> *"There's certain types of people that I can make friends with. And then there's a lot of people that I just cannot cause it just, they don't understand, it doesn't work. The way that I communicate like offends them".*

Young people's neurodivergence often co-occurred with mental health problems, such as depression and anxiety, which further exacerbated young people's challenges in making and maintaining friendships.

> *"I've got anxiety and depression on top of having the autism and ADHD. So me trying to socialize with people makes it 10 times as hard because I'm like, do they actually like me? Do they want to get to know me? So I'm questioning myself, like, should I attempt to make friends or should I just keep myself to myself? It's like, some people don't understand and then you get them other people that do understand. And it's like, you know, finding them people to understand who you are and what you mean. It's hard nowadays".*

For many homeless young people, their friends and friendships act as a safety net when they cannot rely on their families and relatives for support. The above examples point to additional vulnerabilities experienced by neurodivergent young people in the event of homelessness as they often lack a friendship network to fall back on, causing them to experience further disadvantage compared to their neurotypical peers.

> *"I started underage drinking in a pub and stuff. And that's how I made most of my friends. And then sort of, as a consequence of that, I started sleeping with men to have a place to stay if I didn't have like a friend available".*

School

> *"I mean, the box you get put into is very much dependent on how you are in school. If you are like an academic child who doesn't cause any fuss in the classroom, you're autistic. Like if you cry, you are autistic. If you get angry or if you can't really do the work, you get given ADHD".*

Majority of the young people we interviewed had very negative perceptions of school. They often struggled, felt failed, didn't want to be there, and told us they couldn't go into school anymore.

> *"All my life I've really struggled. I struggled in school. I struggled with mainstream. I was really naughty in school because I didn't wanna be there. I'd rather have got kicked out of my lesson and sat in the office for the day".*

Why do some neurodivergent young people experience such difficulties in school?

Physical environment and sensory overload: Schools often lack sensory accessibility. Bright lights, crowded spaces, noisy corridors, and cluttered classrooms all contribute to creating a negative learning environment where neurodivergent young people with sensory sensitivities become overwhelmed, are unable to focus and struggle to engage.

> *"And clocks ticking were another one for me as well. Like I always wondered why I was so stressed and why all I could focus on in school was the sound of the clock going tick, tick. And it's just, it's the worst".*

Teaching methods and cognitive differences: Many neurodivergent young people learn, think, and process information differently. Teaching methods in schools rarely account for these differences and thus fail to meet the learning needs of many neurodivergent students who often end up disengaged from the school system altogether.

> *"I wish I received more help with my exams and studying work because I wasn't into studying. So I couldn't just be left with like my revision book and then a pen and paper to note down things".*

Teachers and lack of understanding: Whilst young people recognised that many of the teaching staff are very supportive, they also noted that others have very little understanding of neurodiversity and the needs of neurodivergent young people, in turn often leading to conflict.

> *"From what I can remember, you had some really supportive teachers that understood, but then you get them other teachers that don't believe in disabilities or anything, which made it 10 times as hard to be able to concentrate".*

> *"Some of the teachers were really lovely, really patient and really understanding. But like others were just assholes, like you said boo, or if, even if you didn't do something, that they wanted you to do, especially up in [the special school] they'd restrain you. And when you've got people restraining you it makes you even more angry. Yeah. Cause like, you want to have that chance to like chill if you're angry".*

> *"So I do believe that teachers sometimes in my secondary school maybe have failed...I would go around and I'd tell teachers straight. With the autism I don't have that filter, so it just comes out. So I have said, you're winding me up. This is how you're winding me up. Can you please stop it? And then some of them will look at me and be like, well, how? How? That doesn't make sense?".*

Peers and bullying: Neurodivergent young people are often alienated in schools by their peers and become victims of bullying which amplifies their feelings of isolation, has detrimental effects on their mental health and self-esteem, and is an additional cause of emotional distress for young people.

> *"Quite a lot of people have took the mick out of me for having autism and ADHD. And it was mainly in school. I got bullied for it. And when I got bullied in the school, instead of telling the teacher, I would always fight. So, and I'd always struggle to control my aggression and temper towards these people. And I'd always get myself into trouble and that, but as I got older, I kind of learnt how to control my anger. There's been times where I've had outbursts, but I've managed to hold myself back, somehow managed to walk away without throwing anything or tension".*

> *"I've lost quite a lot of friends, from when I was in primary school. I'm ticking a lot, which could be ADHD tics. So like I'm getting looks at, so it's making me paranoid that people are looking at me tick while I'm ticking. I don't know if it's changed me in a way, like how can I put it now? I just feel segregated. I think that's the word, separated from everyone else. Cause I physically can't keep a friendship or any type of relationship".*

Difficulties at home: Furthermore, as explained in the previous chapter, many young people experience difficulties outside of the school environment, which has detrimental impact on their abilities to learn and participate in school life.

The example below shows the experience of one young person we spoke to, diagnosed with ADHD and autism, who experienced bullying in school and abuse at home, and was eventually kicked out from school:

> *"The bullying just followed me [to the new school]. Like people knew me from the other school and like, I just couldn't fit in. And even though I picked the GCSEs that I wanted to do, I was still struggling and was drinking. And then, I think the school spoke to my parents and they were like 'you either need to remove her or we're going to expel her because she is problematic.'*
>
> *And I'd only been in the school about a month. So, yeah, they were gonna help me with my dyslexia, but they didn't 'cos obviously I got kicked out. And they were quite concerned about the abuse [at home]. Cause one time I went in with a black eye and was like 'oh, you know, I fell on, I hurt myself' and was lying about it.*
>
> *And they were like, 'oh, are you sure?' ... But like at the end of it, they still kicked me out of the school, instead of being sympathetic to the fact that I was like, you know, having a lot of trouble at home".*

Her story mimics those of other young people we spoke to, who were unable to cope at school and without getting the right support ended up getting kicked out or leaving education without any qualifications, which subsequently had a detrimental impact on their abilities to gain employment and maintain an adequate standard of living. Education has the opportunity to be an equalising factor in society, yet in many instances it leads to the further perpetuation of various inequalities.

> *"So I got bullied in school for years and, as soon as I started fighting back, I got kicked out and then I spent a good two or three years out of education.*
>
> *I think that had I stayed in school, things would be a bit easier with me, especially when it comes to like having a structure. But obviously seeing as I had like a lot of issues in school, I needed quite a lot of support. Now I was at a mainstream school. And support is not offered in mainstream school".*

The difficult experiences of neurodivergent young people further shed light on the need to reform the educational system to become more inclusive and accessible.

There is a need to bring more neurodiversity awareness and understanding into schools to reduce the stigma and bullying experienced by many young people by their peers as well as lack of understanding by their teachers.

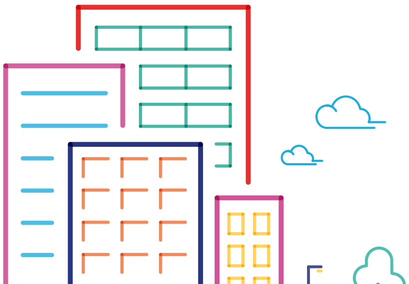
Teachers should be trained on neurodiversity, and additional resources need to be made available so that schools and teachers can make appropriate adjustments to both the learning environment and the teaching methods.

Otherwise, schools risk continuing to marginalise and exclude a vast number of young people whose neurotypes do not fit into the expectations made by the mainstream school system. Reforms must be made to ensure that every young person has an opportunity to learn and thrive.

The practitioners we spoke to also mentioned that school is often the matter that can first cause the tension between neurodivergent young people and their parents, contributing to family breakdown and subsequent homelessness.

School is often a source of significant distress for neurodivergent young people who understandably might be unwilling to attend it. In turn this can create conflict between parents who have a responsibility for their children's school attendance and their neurodivergent children for whom school is a distressing environment, particularly where there is little understanding and support from schools.

Furthermore, to cope with the school environment some neurodivergent young people mask in schools. The emotional toil of having to mask for several hours a day, can have a detrimental effect on the child's mental wellbeing and ability to manage their emotions at home, leading to further family conflict.



Employment

The young people spoke about the many barriers they experienced when trying to gain employment.

Many neurodivergent people process information differently. Recruitment processes which are designed by neurotypical people are thus often inaccessible to neuroatypical people, which can prevent many from searching and applying for jobs in the first place.

> *"Despite wanting a job, I struggle to like sit down and apply for them 'cos it's like, it's a process. And I tend to just sort of forget as well, like I'll go weeks forgetting that I'm supposed to be looking for a job and then like, oh shit. Oh shit. Oh no. And then I'll like, sit down, apply for 20 in a row. Not have a clue what I just applied for".*

Some neurodivergent people also find it difficult to meet new people and may experience sensory hypersensitivity in new environments, which can become a cause of overwhelm and anxiety.

> *"Finding jobs, 'cos it's meeting new people. It's a new environment, which I don't, I don't do well in new environments. I feel like I'm a bit lost or I can't, I don't know my way around, so I'd be a bit more anxious going there. Or even just the one to one sometimes depended on the atmosphere or the topic of conversation. I can excel so far that I'll chat to you for five hours or I can disengage and I can go right back in my seat. Which one? I never know".*

Similarly to the school environment, neurodivergent young people might also experience bullying at work. Employers should take necessary steps to become a neurodiversity-friendly workplace, including training for staff on neurodiversity.

> *"I worked in a factory making fire doors. That was fine. But I went to work at [a hotel, I was staying in staff accommodation and the staff, they were just assholes there. I got fired three months in because I threw a crate at the head chef's head, because of the way he was talking to me".*

Many jobs for young people are often customer facing and have certain expectations around customer service, catered to neurotypical social norms, such as eye contact or an open body language. To make customer service roles more inclusive of neuroatypical people, both employers and customers should be educated on neurodiversity and be made aware of different social preferences.

> *"When I've worked in the past, before being signed off due to mental health, I struggled a lot with time keeping and customer skills, because I was mainly in the hospitality side. So I worked at [a Cafe], and I couldn't speak to people by looking at them when I was talking to them, I was looking like at the table or at the floor, cause I can't make eye contact and I didn't keep, I can't keep a job long enough. And I don't know if, you know, if it's me being the way I am with having ADHD and autism and not being able to pick up the basic customer skills and positive body language. Back then, you know, I wasn't looking for work. You know, I was still in college or I was still in school at the time and I was pretty much forced to get a job, you know, I could never keep a job long enough. I think I only survived a couple of months in [the cafe] and then I'd lost the job and it's hard and I'm scared about my future employment as well. And what's gonna happen? Am I gonna be the same or am I gonna be able to keep a job by, you know, having the right body language and the right eye contact?".*

Another young person who had dyslexia spoke about losing her job in retail because she kept putting the wrong SKUs in (Stock-keeping unit – which is a unique code assigned to a stock item).

> *"Working, that's hard for me. Like, when I used to work in retail, I'd put the wrong SKUs in, 'cos I'd think that was the right SKU and then I'd get back and it would be completely wrong. It's like, my brain tells me that. That's what it says and then I think about what it said, and then it's not, it's completely different".*

What can employers do to make the recruitment process more accessible?
- Be proactive in offering adjustments to the recruitment process
- Offer a pre-interview visit or conversation to familiarise the young person with the environment and the interviewers
- Inform the young person of what is going to happen and what is expected of them prior to the interview
- Share interview questions in advance
- Minimise interruptions during the interview and waiting time
- Adapt the physical environment to make it sensory inclusive

Adapted from: What to do when interviewing an autistic person for a job (bath.ac.uk)

Once the young people become homeless, they are further disadvantaged by the way the benefit system is structured, meaning that when they live at supported accommodation projects they are often unable to work, even if they want to do so and are often stuck in a vicious cycle with no way out, as epitomised by this young person's experience living at a supported accommodation project:

> *"I want to work whilst living here... I can't work and I'm stuck in a catch twenty two. I can't work so I can't get a job so I can't save for a deposit on somewhere. So I haven't got a stable place and I'm stuck here. Yeah. And then I can't get a place 'cos I haven't got a job. So I'm just going in circles in here just cause I can't work. I just don't understand. But I just want to work... and it's like [the rent is] £400 and it's gone up now since I last spoke to you, it's like £400 and something a week to live here and I'm not paying that. I would be in more debt living here and working than what I was when I first came here. That's not worth it. Getting in more debt, just cause I want to work, isn't that just stupid? Cause I worked out, If I was to work part-time and live here, I'd only be up £15 pound off better off than if I was to stay on universal credit".*

Additional resource: How do earnings affect a young person's living in supported housing Universal Credit award? by Centrepoint

As outlined in this section, workplaces are often designed by neurotypical people for neurotypical needs and preferences, which end up marginalising a vast proportion of people who are neurodivergent. Employers should therefore endeavour to create a more inclusive and accessible working environment to support more neurodivergent young people into employment and enable them to thrive.

Healthcare

Young people also spoke about difficulties accessing the medical system. This included prejudice and lack of understanding from medical professionals...

> *"I was speaking to the dentist and he asked me what my medical history was. So I started going over my medical history. And then as soon as I mentioned the fact that I'm autistic, he stopped speaking to me and he just starts speaking to the person that I'm with. And like, she doesn't know anything about my medical history. I had to be like, you've just had the conversation with me and I've told you I'm autistic. And now, and now you're not talking to me, like this is discrimination. What makes you think that I'm not capable to hold this conversation with you when I've just had the conversation".*

> *"Doctors are mainly the worst for it though. You tell them that you're autistic and they look at you, like you got two heads and that you don't know how to look after yourself".*

The young people often spoke about their ill mental health:

> *"I was put in a psych ward... Yeah, it's not been plain sailing to say the least. I'm not very good at recognizing it, that I am like clinically depressed. I know that much. I'm not officially diagnosed with PTSD, but it's very apparent that I have like ninety percent symptoms of it, if not full a hundred. And I think we can both agree, there's probably enough trauma there to warrant PTSD".*

Yet there was very little support for them. One young person spoke about being rejected from receiving mental health support because of her autism:

> *"I keep being rejected for the referrals for the community mental health team, because of my autism. They said that they don't have the ability to treat my mental health with me being neurodivergent, because they're not clued up on it. So they referred me to an autistic charity, which very clearly specifies all over their website that they don't do crisis support and they don't do therapy and they don't do any of the things that I needed from them. They just did like meet-and-greets and like activities to get you out the house and like that sort of thing. And I was like, well, this is pretty pointless. Like this isn't what I needed".*

Other young people also told us, whilst they did receive some mental health support, the interventions used were not fit for neurodivergent people. For example, two of the participants spoke about CBT and DBT therapies not being effective for some autistic people because their cognitive processes do not fit into the assumptions made by the theories underlying those therapies:

> *"I'm doing both CBT and DBT as well as like general counselling".*
>
> **"Is that helping?".**
>
> *"The general counselling? Yes. CBT and DBT not so much, 'cos I don't exactly think like they'd expect me to think anyway. Yeah. So like you're putting on like these ideals and then like I already deal with things differently and then you're trying to change it and it's just like, maybe this wasn't the greatest idea".*

Young people were also often offered group therapies which due to their difficulties in being in groups ended up causing more distress:

> *"I was in CAMHS and then I left because my therapist left and then I wanted to come back. And the only thing they have available for me is group therapy. And I've tried group therapy and I don't like it. I don't like sitting in a room full of people. It is teaching me things, but it's just, can you not offer anything else? Besides medication and group therapies, is there nothing else you can offer me? It's just annoying. I've never heard a single person have a good thing to say about CAMHS".*

There is an argument that medical professionals need to be educated on neurodiversity beyond the medical model, and have a greater understanding of the Social model to reduce the prejudice and discrimination often experienced by the young people. Furthermore it should be ensured that health facilities are designed in ways which are sensory friendly and promote states of calmness and wellbeing, as opposed to being very clinical, which puts many young people in distress.

More funding needs to be allocated to provide mental health support to neurodivergent young people. Furthermore, there is a need to undertake an evaluation of the effectiveness of different interventions to ensure that young people receive the most suitable and appropriate method of support that fits their neurotype.

Young People's Experiences of the Homelessness System

Pathways into Youth Homelessness

Family breakdown

The majority of the young people in our interviews experienced homelessness as a result of family breakdown, resulting from persisting negative relationships with their parents or care givers, exposure to domestic violence, abuse and neglect.

> *"I had a really poor relationship with my mom and dad. I was going through the waves at the time, from about 14, till 16, I was in and out like sofa surfing and stuff. And I just didn't wanna be at home. I felt like it wasn't a safe place for me to be".*

> *"So my real dad was a bit of an asshole. When my stepdad came on the scene, he was trying to act like my dad. So me and him used to clash and kick the fuck out of each other. And a police officer one day turned around to me and said to me that they don't think I can go back to mum's. I was like, well, no shit. My stepdad's a prick. And it was actually a really lovely police officer that made my first referrals to [a third sector community mental health organisation]".*

> *"What kicked off is I was five minutes late from home and I texted [my stepdad]. I was like, listen, I'm gonna be five minutes late. I'm walking, I'm down the road now. I got back, the door was locked, so I rang the bell and then [my stepdad] was stood upstairs and he was just shouting at me. And then I had just lost it after a few drinks, you know, I just like started kicking off at him and then he'd come downstairs and he was trying to push me off the property, get me away from the door. And then that's when both of us just went full on fist on fist, like hitting each other. And then that night he declared like I was officially homeless".*

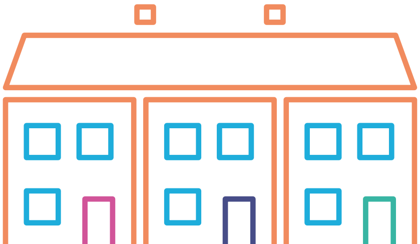
Whilst family breakdown is a key cause of homelessness for the general population of young people, the risk is further amplified for neurodivergent young people due to the following factors:
Family neurodivergence: Neurodivergent conditions can be genetically inherited which means that many neurodivergent young people have parents and/or siblings who are also neurodivergent. Where multiple family members are neurodivergent this can increase the support needs of the whole family unit, placing additional pressures on the family members.

If parents are neurodivergent themselves, they might be struggling to manage their own challenges and thus find it difficult to support their children. The increased stress combined with the many societal barriers neurodivergent people experience, amplifies the risk factor for various forms of disadvantage and ill health, such as unemployment, poverty, mental health problems, alcohol and drug use, domestic violence and incarceration. This can therefore increase the incidence of adverse childhood experiences for neurodivergent young people and lead to eventual family breakdown and homelessness.

> *"I spend a good chunk of mediation supporting parents and young people to understand how their differing needs are contributing to conflict, at times both parent and young people have neurodivergent traits for example a parent with ADHD, [exhibiting] difficulty controlling anger, loud shouting and frustration, and a young person with autism, who hates loud noises and withdraws, causing the parent more frustration etc. This can spiral so that the Young Person is at risk of emotional harm and homelessness through relationship breakdown".*

Family alienation: Particularly where young people grow up in neurotypical families who fail to understand them and their needs, they are at an increased risk of experiencing alienation and marginalisation within their own families leaving them vulnerable to experiencing emotional distress, trauma and eventual family breakdown.

> *"The problem with my stepdad was he was one of those people where he would keep pushing at you. He would find little things that would annoy you. And it is 'cos quite a lot of times like me and him had fights like physical, actual fights and that, and he had pinned me up into a corner and then my ADHD is telling me, right. Just, just push him out the way, everything, you know, get out the corner. So having like a temper as a child against the temper of a full grown man, you know, it doesn't help the situation. And he was always blaming me. Like I was the troubled one. I was always the naughty one because that's like how some people see it. If someone has ADHD and autism, they're the troubled child, they're always causing it".*



This issue is elaborated on by our peer researcher:

“Many neurodivergent people face ableist abuse and alienation within our families and beyond. Part of this is that we don’t conform to neurotypical standards, either because we are unable to do so, or because we reject the structures that place this expectation upon us. We are often subjected to mistreatment, overstimulation, and damage by parents/caregivers, whether this is out of malice, carelessness, or neglect. This can cause meltdowns which place us in a state of extreme dysregulation through an involuntary response to stressors and triggers. We are subsequently punished (physically, socially, or otherwise) for these unavoidable reactions to overwhelming input, even though they are traumatic experiences beyond our control. Repeatedly being pushed to a state beyond what we are capable of dealing with is incredibly harmful. It leads us to operate from a state of hypervigilance, which further increases tension and distrust within a family setting, and home situations can eventually escalate beyond the point of recovery. These experiences don’t exclusively happen at home - education, healthcare, and social settings can also have the same or similar impact - but when our homes aren’t safe places, we are more likely to be driven toward dangerous situations, including homelessness”.

Lack of support for parents: Furthermore from our conversations with practitioners, it became apparent that there are many well-meaning parents who without the right support struggle to manage their children's conditions, typically as they escalate into complex behaviours in their adolescence, such as drug and alcohol use and self-medication, offending and violence. This leaves many families in vulnerable positions, particularly if there are younger siblings who need to be safeguarded. Eventually parents may feel that they are left with no other choice than to ask their neurodivergent children to leave home.

> *"And then when you've got parents who just don't bloody care and you know you're gonna have that in amongst a group of people who become homeless on top of being autistic, they're gonna be in families that don't care. We know they're out there, but you will have families who have tried everything and it still won't work because they're not getting the right support". Parent of a neurodivergent child*

Best Practice – The Understanding Autism Program

The Understanding Autism program, run by Early Help hub teams in Swansea, as part of child and family services, aims to support families with a range of needs.

The program was developed to offer a different kind of intervention for families where Autism may be impacting upon their lives. Families are referred, although may self-refer, primarily through partnerships with schools, CAMHS, GP's and the police. The support is voluntary and designed around each individual family's needs. Often, parenting programs aren't able to give the in-depth information needed to understand different neurology and many do not have capacity to support the family to understand what that means for them and their child. The Understanding Autism program aims to do both. They offer a 6 week group session for parents exploring the different ways in which the world may be understood and experienced, which is delivered alongside six 1-1 sessions with the families to contextualise the group sessions for own child and families, and to explore their own skills and tools in managing diverse needs, with the focus being on individual needs and reflection to problem solve.

One of the biggest barriers for families of children with neurological differences is the understanding and acceptance of difference; within the wider family, professionals and society as a whole. Through the Understanding Autism Programme, the hope is that, some of these barriers can be broken down and there is an increased understanding around autism. The ultimate goal is to prevent families from reaching crises and avoiding children becoming vulnerable adults.

Relationship breakdown and abuse

Some of our interview participants at some points in their lives also became homeless as a result of relationship breakdown. One young person spoke about the vulnerable situation she was left in as her partner took advantage of her and exploited her financially:

> *"And I lived with [my boyfriend] for two years. And it was an absolute shambles. He took all my PIP money off me and spent it all on drugs. He applied as my carer officially, but then the house was full of waste and he wouldn't clean regularly and he wouldn't help me when I needed it".*

Foster placement breakdown

> *"Then I come out that foster home 'cos they couldn't cope with me, basically. They just weren't trained enough to help me".*

Some of the young people that we interviewed were care-experienced and became homeless as a result of their foster placements breaking down. The participants mentioned the frequent conflicts and tensions arising between them and their foster carers who lacked the understanding of neurodiversity and the right training and skills to support their needs.

> *"That's what happened a lot in like foster care as well, 'cos not only was my foster carer a narcissist and would not let me apply for an autism assessment. Cause she was like 'How, but you have emotions. You feel them way too strongly'... She would take like meltdowns the wrong way and she would punish me for coping strategies. And I think that it just makes everyone's life a bit too difficult in those instances".*

> *"I ended up in a psych board because I tried to kill myself. And after which she tried to tell me that like I'd made promises, and I've broken them and that I'd ruined her life".*

Additionally, the young people felt their foster carers did not actually want them to be there or to provide them with parental support, but instead treated being a foster carer like a job:

> *"In the foster homes... instead of them being just there because like they have to be, [they should be] there to teach us things and be our parents.*

> *Do you know what I'm saying? I've found a lot of my foster homes was like, their jobs. They were there as if it was their job, not because they wanted us there. I found like, they didn't actually want us there. It was more like, 'Oh, you're here cause I get paid for you', sort of thing".*

One participant was asked in the interview:

> ***Do you feel there's anything that could have stopped you from becoming homeless?***
>
> *"I mean, if there was more understanding, but I also don't think she was fit to do her job. So there should be better regulations in place for like foster carers and who gets to become foster carer; for making sure that the medical records of children are up to date who come into care, which is absolutely ridiculous. Cause like, through everything that's happened to me, they didn't even know about half of that. Let alone, you know, my medical history, it was actually ridiculous. It was very bad".*

Challenges with private housing and landlords

The practitioners we spoke to also told us about some of the more challenging situations they have dealt with in their practice, regarding young people's difficulty in maintaining a tenancy and living independently. Young people with very complex needs were living in independent accommodation without sufficient support and were unable to maintain them due to lack of independent living skills and executive dysfunction which made them unable to process instructions and understand their responsibilities and practicalities of maintaining a tenancy, such as paying bills, keeping the house in order and looking after themselves.

The practitioners gave an example of a neurodivergent young person who had severe executive function issues, and was not able to engage with services or keep her house in a suitable condition which in the end resulted in her losing her tenancy as well as having her baby removed.

> *"Her parents had kicked her out because they couldn't cope with her. You know, she was having a lot of meltdowns...I think she almost definitely had PDA (Pathological Demand Avoidance) and anytime anyone made any kind of request from her, she just completely couldn't manage. So that involved a lot of meltdowns in their home and their parents'. In the end, her parents almost split up and they ended up throwing her out. And then she presented to us as homeless. But yeah, the service just couldn't rally. We just couldn't do it, it wasn't possible... There's a lot of reasons why that didn't work, but I think there's a lot of people with ASD and ADHD that aren't diagnosed that we are probably treating in the wrong way as well. It's almost like* ***we were talking a completely different language with her****".*

When asked about potential solutions, one practitioner said:

> *"But almost like some kind of residential life skills coaching for some people would be really brilliant because it's like those things about the heating and it's like the things about the dog mess. When you're getting support from an organization and you're meeting up with people like for an hour a week or whatever it is, there's all those little details that you're not going to notice just in a support session, whereas if you're in some kind of residential kind of program, it doesn't even have to be like a, you know, a long time, but just to stay in a place where someone can explain this is how heating works. This is immersion heater. This is how you change a light bulb. It's all these little things I think really make people struggle. And like if your bill comes, this is how you file it. So you know where all your bills are, you know, it's all those little details actually add up to someone be able to manage their tenancy".*

The young people we spoke to also worried about their abilities to live independently:

> *"Being homeless and having ADHD and autism, it does put a lot of pressure on yourself because, I think to myself, am I actually going to be able to look after myself when I'm out of supported housing or am I going to end up, like I said before in debt, and just like mess my whole life up. Cause I can't look after myself and you know, it's honestly scary. I'm gonna be honest, like I'm not ready to be independent yet. And I think that's, you know, most of it, like my parents never taught me any independent skills, you know, they never told me what life would be like outside of the house".*

One participant also told us about how she was put into a flat after her residential house was closed down at the age of 17 without any support or independent living skills whilst also having ADHD, which was at the time undiagnosed. Her response exemplifies the vulnerability that many young people experience when placed in independent accommodation:

> *"Well the first time I went into a temporary accommodation was in 2017. So, in 2017 I came out of foster care and basically I had an issue at the foster home where the police had to get involved with the staff there. So all the children there that were in the foster home got moved and the court came, [the place] got closed down. So, basically then, because I was 17, they couldn't actually put me in a new foster home or they couldn't find one anyway, so they put me in my own independent flat. But it was just a... there was a paedophile living under me and a guy who was on heroin. So I was, yeah... So I was just basically dumped there with no knowledge of how to do anything because I'd grew up in foster care and didn't understand anything. That went completely wrong because I basically just kept my friends there every day and smoked loads of weed and didn't really do anything. And just completely ruined my life, basically".*

From our conversations it became very clear that the current system is failing many young people with higher levels of needs. It is unacceptable that vulnerable young people are unable to access the support and services they need to manage their conditions, leaving them in precarious situations, unable to manage everyday living. There is an urgent need to evaluate the efficacy and sufficiency of services, and design more appropriate support interventions for those young people who require a more intense level of support and care.

Accessing Homelessness Services and Support

The young people we spoke to experienced many barriers and confusion trying to navigate homelessness services and other forms of support.

Awareness of support

Starting at the very beginning, the young people were often not even aware of what support is available in their local community. As one young person said: ‘You don’t know the support is out there until you get support’.

> *“This is something I go through with my youth worker all the time.* ***You don’t know the support is out there until you get support****. Yeah. You don’t as a young person. And this is something that I have worked on with the local council and stuff to get information out there because I think that’s...That is something that needs to be done”.*

> *“I didn’t know where I could go for support or where I’d like, you know, whether I’d just turn up at the council offices... and be like, ‘I’m homeless. What do I do?”.*

There is clearly a need to reflect on how information about services is disseminated in our communities to ensure that young people are aware of where to go for support in case of need. Additionally, involving young people in the co-production and dissemination of marketing materials can help to ensure that the information is being shared in ways which are accessible and relevant to young people.

Physically accessing support

Some neurodivergent young people find independent travel difficult. They may experience issues such as finding it difficult to plan their journeys, getting lost due to a poor sense of direction, anxiety from having to navigate unexpected situations and sensory overload from loud or crowded public transport. Thus for some young people physically accessing support can become an unsurmountable task. These challenges are further amplified by other barriers, such as:

Living in rural areas: Some of the participants lived in rural areas where support was not available in their locality and they had to travel several miles to access support in other towns. Given how sparse the public transport system is in rural areas of Wales, accessing services is often an insurmountable task.

> *"in north Wales, especially rural north Wales. There are sort of specific difficulties, like, especially in terms of getting about public transport, dropping services, like actual provision. It's really lacking".*

Having limited mobility: One young woman we spoke with had limited mobility which meant it was very challenging for her to get to places and she had to rely on taxis or friends to offer her lifts:

> *"Cause obviously with my limited mobility, I struggle to get to and from places, unless I've got like reliable means of transport taxi, or like friends and cars".*

Cost of transportation: With the cost of living crisis and rising fuel costs, transportation, whether by car or public transport, has become unaffordable for many young people who were already struggling financially. It is often taken for granted that young people are able to afford bus fare in the first place to access support.

Traditionally, within services the assumption is made that the onus should be on the young person to come access support. Howeverww, clearly due to the vulnerability of many service users, there is a need to reflect on where and how our services are located and evaluate how accessible and reachable they are by the local community.

Physical spaces and face-to-face support

> *"I have witnessed young people coming into our very corporate, formal reception for appointments... pausing and walking back out". (Practitioner)*

The materiality of the support spaces has been mentioned by some young people who felt uneasy and overwhelmed by the corporate and unwelcoming feel of the local authority offices where they accessed support which caused them additional emotional distress. Practitioners further noted that the physical design of support spaces often placed a barrier for the young people who were unwilling to enter spaces which made them feel out of place.

> *"[The council building] is like a big glass building... And then everything's just like this big, massive open room and there's workers around, you know, in which I didn't expect to be put in that position".*

> ***"That was very scary going into the council building and declaring yourself homeless.*** *And then it was very emotional because they were asking, why are you homeless? And just all sorts of like personal questions that I didn't expect the council to ask. But they were such a big help and I have [a staff member] who was my housing officer and she's the one who found me this place and got me into this place as well, by pushing for it... But just admitting to the council, like everything that's happened and then having to prove that you're homeless. That was a stress. And then them telling me that I had to go set up the universal account and then it was very stressful. And having ADHD and autism and being stressed does not add up. Like I was losing my patience, you know, I was paranoid that I wasn't going to get anywhere. I was like, oh no, they won't give me universal credit. You know, like I was really thinking negative thoughts. But I was completely wrong".*

If we want young people to feel at ease when accessing support and improve their engagement with services, the support spaces need to be designed with the young person in mind, ideally in a co-productive manner with young people from the local community. We should endeavour to design support hubs which are sensory friendly and youth-centred, that create an environment in which young people can come for respite and that support the regulation of the young people's nervous systems rather than cause additional distress.

Phone support

Some neurodivergent people struggle with processing auditory information particularly in ways in which it is relayed by neurotypical people and might need additional visual cues to aid their comprehension. Accessing support by phone, can therefore be challenging and ineffective for some young people, particularly when we consider that additional stress that is caused by the crisis in which the young people are in at the point of contact, which was acknowledged by practitioners:

> *"I've been with somebody when they phoned up XXX County Council to make a homeless statement and they've been completely overwhelmed and bamboozled with what's going on... Like you're in crisis. Your support structures have gone, all of the kind of stuff that you've got, all the routine that you put in place to make you manage life has just being removed and then you've got to phone the Council and just taking in those information and give over lots of personal information and then be placed in an emergency, temporary accommodation. It's just there's an awful lot going on".*

> *"Like the onus on young people needing to phone services, sometimes it can be quite intimidating and young people are quite averse to actually doing phone calls these days".*

It was also recognised by practitioners that 'it depends on the person really' which way of accessing support, whether it is face to face, over the phone or online, is most suitable. Services should recognise that inclusivity will mean different things to different individuals and ultimately it is about choice, they should therefore endeavour to offer various forms of accessing their service to meet a wide range of needs.

In addition, there were other barriers the young people were faced with when phoning for support. One young person we spoke to, who was placed in a B&B in a rural area, was unable to access support services due to lack of phone signal. The young person was also a part-time wheelchair user and found it very difficult to travel:

> *"I didn't get no phone signal [in the B&B] whatsoever. No internet either. So I couldn't actually reach out for support when I needed it. I had to go outside and go and find phone signal, which happened to be not near the hotel at all. So I was constantly back and forth from [the nearest town] so that I could use the phone signal there to make my appointments and speak to people. And yeah, it was a bit chaotic".*

Another young person mentioned she was given phone numbers for support that did not even work:

> *"Everyone kept being like, 'oh, you know, contact this person so that you can try and get somewhere to stay'. It wasn't easy, I got given numbers that like didn't even work. It was madness".*

Best practice – Third Sector Advocates

Young people spoke highly of third sector organisation that helped them navigate the confusing system and advocate on their behalf to other services.

> *At the beginning, I didn't have any support, but as soon* ***as Team around the Tenancy were on board, I had the best support that I could ever imagine****. [The support worker], she did so much for me. She helped me get my PIP back. She put me in touch with benefits, people who helped me do my application. She chased the council left right and centre for me. She even made me doctor's appointments, bless her because I was struggling to make my own doctor's appointments. She helped me with my council tax, she was so amazing.*

Good support – Is person-centred, holistic and strength based. It helps young people navigate the system and advocates on their behalf to other services.

TGP Cymru's Team Around the Tenancy

TGP Cymru's Team Around the Tenancy service has been successful in expanding the service to cover all 6 counties in North Wales. The service continues to be funded by Welsh Government's youth homelessness Innovation Fund and has recently been awarded funding from St Martin in the Fields. This has allowed us to add capacity within the team, employ an in house advocate and develop volunteering opportunities for young people.

The Team Around the Tenancy work with young people aged 16 -25 across North Wales who are:

- Are at risk of homelessness
- Are homeless
- Are in a new tenancy
- Have recently lost a tenancy.

The team prioritise helping young people secure a home, recognising the importance of the stability that comes with steady accommodation to all other areas of a person's life. Working restoratively and focussing on young peoples' strengths, they seek to empower individuals to be involved in finding their own solutions to any challenges that they face, working with them, rather than doing to or for them, to ensure a sustainable outcome. They provide tailored advice for the individual and focus on coordinating the systems that young people are involved with. Small caseloads allow practitioners the time needed to help young people navigate these systems effectively.

Information and Communication

Participants mentioned that the information they were given was often inaccessible and difficult to understand. Young people often struggled to read and understand the long bureaucratic letters and documents they were given, as well as, they were often unable to understand the language and jargon spoken by practitioners. They often had to rely on friends, relatives and third-sector support workers to explain the information to them in more accessible ways. Where information was given in a written form, young people often did not read it at all, and they also often left meetings not understanding what was being said by professionals and what was expected of them. They also felt communication from services was inadequate and infrequent, which often left them feeling a lot of uncertainty and anxiety.

Written information

Young people were often given information in written form which was inaccessible for several reasons. One person we spoke to had dyslexia which meant they were unable to read the information and understand it:

> *"Most of it was verbal, but then they gave me, uh, what was it, a big leaflet? And I can't read things and then understand it. So I didn't really bother reading the things they gave me".*

Young people also spoke about being unable to comprehend the bureaucratic legislative language used in official correspondence:

> *"No, the council didn't explain things to me that well.* ***They sent me an email a few weeks ago, explaining that I was no longer under the duty of care or something, but it was just so confusing.*** *I had to screenshot it and send it straight away and be like, what does this mean to [the support worker]? Because like they just didn't explain it in a way that was easy to understand. And then when everyone kept being like, 'oh, you know, contact this person so that you can try and get somewhere to stay'. It wasn't easy, I got given numbers that like didn't even work. And like, it was madness".*

> *"But no, what did they send me? Um, a notification and part two of the Housing Wales Act 2014, section 68, duty to secure interim accommodation for homelessness application has ended in section 73 in duty to secure accommodation for a homeless applicant has ended. And I'm like, I can understand that to some, some extent, but then there are like all* ***these sections and duties and I'm like, I don't know none of this*** *like".*

Whilst we recognise that practitioners are obliged to send official correspondence and information about the various legislative duties, nonetheless, we should consider ways in which information can be made accessible within those constraints. For example, the Pembrokeshire Youth Service developed the QR Code Project, which aims to reduce information failure by enabling young people to access information and advice about various housing issues in an accessible format that is easy to understand. The QR codes are included on a range of materials sent out to young people, including local authority letters, information cards and infographic. For further information you can read our best practice guide here.

Verbal instructions and information

As previously mentioned some neurodivergent young people might struggle with processing information and understanding instructions, particularly given the jargon often used by services. When accessing support alone, the young people sometimes repeated word for word what was said by the practitioner to mask their difficulty in understanding. Where possible, participants relied on their friends, family members and other support workers to explain the information to them in more understandable ways:

> *"Some parts of the information were very confusing, but I had my mate support next to me. So she was making things less confusing for me. Because like my brain obviously processes things differently. And if I was down there on my own, I wouldn't have understood anything they would've said".*

Moreover, young people experienced additional anxiety due to poor communication between agencies and young people, who were left waiting for responses and were not given sufficient details outlining the support pathways and different options which were available to the young people. The participants felt their sense of agency was diminished, with one young person saying they felt 'a little bit like a puppet on a string, pulled along'.

> *"I never really knew what I was waiting for exactly. And I was always too nervous to ask. So if they'd been able to like write something down instead and give it to me so I could read it over and like decipher it however I needed to like that would've been way easier, but they didn't.* ***So I just felt a little bit like puppet on a string, pulled along*** *kind of thing".*

> *"They didn't really explain the process. What would happen after moving with [the provider]? What would happen from [then on]? Will it be long or short term? I didn't really know what path was going on,* ***[it was] like an unknown journey".***

> *"[Communication] was the worst. So they were like, we have a couple of options. We're going with plan A, but then wouldn't tell me what plan B, C, D E F G were. There was no other sort of explanation for me, which I understand is to make things a little bit easier for people, but honestly, I'm the sort of person who likes to plan ahead and just to know, and cause I didn't know, it made everything so much more hectic".*

What does good communication look like?

There's never like a wait in between things. Like for example, I will always know that I've got a point of contact during that service, and they will always keep me up to date. If [my support worker] is having a morning off to go for a hospital appointment, for example, he won't necessarily say 'I'm going to the hospital this morning', but he'll say, 'Hi, just to let you know, I won't be in work Wednesday until 12 o'clock, if you need anything ring the office'... They keep me very informed.

Bed & Breakfast

A number of the young people we spoke to were put in Bed and Breakfasts upon becoming homeless, which often lacked the facilities for them to take care of their health, wellbeing and personal hygiene:

> *"So from July to October, I was sofa surfing and then October to three months ago (6 months in total), I was living in the hotel. It was alright. Like I had a bed and I had a bathroom and I had a bath that I could use with like a shower overhead. And they'd given me a microwave and a kettle and a toaster and a fridge and a freezer. So I was living off like microwave meals. Which isn't the best for my dietary problems, 'cos I've got a lot of gastro issues and I've got a number of foods I can't eat, nine times out of 10 they're in microwave meals. So I was eating a lot of food that was making me really poorly and then I wasn't eating because it was making me poorly. I couldn't wash my clothes and the first night I was there, there was police there 'cos of some guy who had a weapon, who'd stabbed somebody and there was drugs being sold at the hotel. After about four months of me being there, the, the hotel staff had managed to get rid of most of the problematic people. Uh, there were this couple that were quite young. She was in her twenties and he was like 22. They started harassing me, phoning me every day, trying to get into my hotel room saying that I'd phoned the police on them when I hadn't. I was trying to keep to myself and, yeah, no, it wasn't the best. I didn't really feel that safe there".*

Supported Accommodation

When asked about living at supported accommodation projects, some of the participants spoke about their placements not being sensory friendly, which became a cause of distress:

> *"Well with the sensory stuff, like the house is never quiet... So I think that's an issue, especially when I'm struggling with sensory input. And you've got everyone screaming and blasting music upstairs. I feel like downstairs should be a quiet space or upstairs should be a quiet space. And they should have the option to have somewhere within the house that is actually like, it doesn't have to be dead silent, but at least quiet. Cause it's just not helpful for me in that sense, you know?".*

> *"Any amount of noise can be as loud as any other noise, which is really overwhelming. Especially like down in the kitchen, we have two fridges plus all the different lights. It can be so loud in there".*

Another young person mentioned how when she first moved in, she did not have basic items for her room:

> *"They told me I had to hoover when I first came here. I was pregnant as well at the time. There was no sheets on the bed. There was a single pillow. It just wasn't like a welcoming place after everything I've been through... And just for a young person, especially after everything that most of us have been through, it'd just be nice to have somewhere to call home, you know, and this wasn't home for a long time".*

One of the interviewees who had dyslexia also told us how she was made to sign a contract when she was unable to read what it said:

> *"When I moved here... there was a different member of staffing and she didn't read [the contract] to me and I just signed it".*

Good support

For the most part, young people really appreciated the support given to them whilst living in supported accommodation by support workers, who they felt became like their family:

> *"But this place has helped me a lot. Like* ***I've never felt anywhere safer than here. I've never been able to call anywhere home before this place.*** *And like I said, the staff here are lovely. They're supportive, you know, you can talk to them when you've got any problems, you know, that they will come with you to appointments and just help you. It's like another family that you've never had before. And it's honestly like so upsetting like when you move out and that you won't be able to see them again, but you know, if it, like, if it wasn't for this place, I wouldn't even be here now. I would've drank myself to the point where I just wouldn't be here, but no, thanks to these guys. They managed to help me come off the alcohol. Now I have had some flows of relapse over the last few weeks due to recent events, but you know, they're so supportive caring and kind, understanding. You know, it's honestly like I can't thank them enough for what they've done for me. Like for me, I just appreciate all of them".*

> *"I think it's just having the time to listen and to plan with me how to sort of help me when I need that help. So [the support worker] also like pays attention to my moods, which I'm not particularly good at doing. So that's brilliant 'cos like if I'm having a really bad day, she knows before me. So she's already there to step in when I need it. But like* ***just the fact that she is like spending that much time and effort and energy and just finding things to help me cope with stuff I think is pretty brilliant".***

Lack of consistency and high staff turnover

> *"We get passed around 'cos people come and go and there's not much consistency".*

However, the young people struggled with high staff turnover, which meant there was little consistency in the support they received. The constant change in their support network became a significant cause of distress.

> *"Honestly, like my support worker at the minute is really good. She's very good at getting stuff done. Unfortunately, she's no longer going to be my support worker as of September. So feel free to ask me again then".*

> *"And obviously there's some people who would understand me, but like, especially when it comes to staff members, that's a massive problem I have here, because I always get put with somebody new like a support worker and I've not had the same one since, and that's like one of the biggest struggles I've had since living here. You know, like when you tell your story over and over and over again, it's like, and I just want to tell my story once and, and that be it then".*

> *"And I feel like they don't seem to understand cause I know I'm not the only person here who finds it... not annoying, but just sort of infuriating. They don't seem to understand why we get upset about people coming and going in and out of our lives and stuff".*

Uncertainty

The young people also feared the uncertainty they experienced whilst living at supported accommodation projects. The participants felt, as the supported accommodation was their home, that they should be told about any visitors and staff rotas, which would help them settle where they lived and ease their anxiety.

> *"One of the things that I struggle with, especially living here, when you see people around here, I struggle with that. Like if you are in your own home, you don't see anyone that you don't know do you? So it's just like, it's nice having nobody around and stuff like that, but then you always hear like screaming and stuff and there's probably people going through a lot of stuff".*

> *"When our newest person moved in there was always someone here with her as well, like as a staff member, but just for her. And like, that really upset me just 'cos I wasn't expecting them. And they were always on the sofa. So I didn't feel able to go into the living room and use my living room. Like I don't watch TV anyway, but I at least like being able to go in there and sit down and chill, but I couldn't cause there was someone there. So like, I did not deal with it very well".*

> *"...and then also everyone's plans change from day to day within the house. Cause most of them are not in employment. They're not really doing anything with their lives other than just like, you know, what they want to on a daily basis. So one day like showering at 9:00 AM will be fine and that'll continue for a week. And then the next week you can't even get into*

> *the shower for 12 and like little things, very, very little things, they change very often and those are the things that I sort of, you know, depend on. It doesn't seem like that to most people, but I do have a lot of structure. It's chaotic structure, but it's structure".*

> *"I wish we could see the rota for staff, stuff like that, just 'cos it eases the anxiety a bit".*

Young People's Reflections

At the end of the interviews we asked young people about their final reflections on how support for neurodivergent young people can be improved. Below are some of their responses:

We're not shouting and screaming, cos we're horrible. We're doing it because you're not listening.

"Specifically from when you are 16 to 24, I feel like it's a prime time to fuck your life up... When you're 16 to 20, the world doesn't care about you and you don't care about the world. If there was... I don't know what there could be. Just something to stop so many young people from going off the rails, you know, or feeling like they have to resort to things that they don't want to have to do, but they feel like they have to, to just listen to us. We're not doing these things 'cos we're mean people, we're not shouting and screaming, cos we're horrible. We're doing it because you're not listening".

There needs to be a safe place

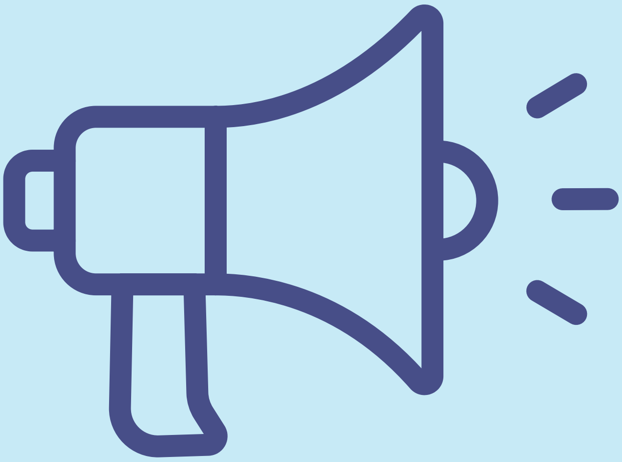
"There needs to be like a safe place. Maybe that could be open like at night or 24 hours. So if someone's struggling, they can just go in, they can sit down and they've got someone who's trained with housing, mental health, and a few other things that can actually just be there. Because some people, they don't have their family, like their families don't actually care about them. Their friends use them and fuck them off. Do you know what I mean? Maybe just like a small shop building with like chairs, people can come in and have coffee, maybe cameras to protect the staff and the young people there. But for the people to know that their information is safe. And like just quite therapeutic, neutral colours. You don't want someone who's like big and like really strong, greeting you at the door. Cause you got to think, oh fuck, am I at the right place? And it can make people uncomfortable. So like even just the way people speak and ideally it should be quite central to wherever".

The systems need changing badly

"I feel like it's a systematic issue. So the systems need changing badly. Mental health systems need changing. The school systems need changing. We need classes on what relationships are supposed to look like. We need classes on how a good friendship is supposed to be. We need more information about mental wellbeing and adversity and discrimination and all of this stuff that just needs more education on because, you know, I know so many girls who are, so many women who are like stuck with shitty partners that are like, 'you know, that's fine. He only hits me now and again' ... It's just so many problems. Like there's no mental health support. So the people that need the mental health support, aren't getting support. And then the people that come from troubled backgrounds, like, you know, people who haven't had the best upbringing from their families don't know that they've had that adverse childhood, growing up. And they don't realize that maybe their parents didn't love them in the way that they're supposed to be loved. And then they go out seeking it in relationships. And there just needs to be more information about life stuff and how to cope and how to not get yourself in these situations".

I want housing to understand that not every person's bad

"I want housing to understand that not every person is bad, not to judge a book by its cover, 'cos some people can come across as angry, but if you like, if they pull their fingers out and actually try to support them in the right way and make sure that there's enough support in place that they don't fall, then people can actually prove to be so amazing. Like they can't just stick a young person into a flat and then like leave them be, there needs to be a process leading up to before they get to flat where they talk about everything and they go actually in depth. And then even when they're put into a flat or a house, the services need to be making sure there's support for at least the first year, if possible, because it's the first year where things can go wrong, that majorly wrong. And basically to just keep an open mind, because like some people can come across as really naughty and a bit of an ass, but maybe they're the best people ever, and they've just got their own shit going on".



Practitioners' Experiences

It is important to acknowledge the lived experiences of practitioners providing support to young people across Wales and the barriers imposed by the system in which they work which place constraints on their practice and ability to support young people. To aid our understanding of those issues, in spring 2022 we carried out a focus group with a group of practitioners working within housing and youth services. Additionally, to complement our report we sent out a survey to charities and local authorities from across Wales which received 60 responses. The main findings from the survey can be read in the appendix.

The professionals we spoke to in our focus group identified that a significant proportion of young people who access their services are neurodivergent, and particularly there is a high number of autistic young people.

When asked about training, the practitioners told us that they had received some training around Autism and ADHD. Some of the practitioners in our focus group were neurodivergent themselves which allowed them to more easily identify young people who might also be neurodivergent and provide a more neurodiversity friendly support.

With regards to data collection, practitioners told us that information about young people's neurodivergence is sometimes included on their referral form which aids in the identification of the young person's needs.

The practitioners told us that they worked closely with the Integrated Autism Service to which they referred young people who they felt may need the support.

Due to the substantial number of autistic young people accessing their services, the practitioners were looking at doing a more specific piece of work around independent living skills for autistic people, taking into account any challenges and barriers they may be experiencing in maintaining their tenancies.

The practitioners recognised the shortcomings in the system and difficulties in getting a diagnosis which meant that many young people ended up slipping through the nets.
Below are some of the key themes that emerged from our data collection:

High Support Needs

> *"Some of our neurodivergent clients need things broken down for them and lots of help. Our resident with ADHD and autism is verging on needing care rather than support".*

The practitioners told us that many of the young people accessing their services had very high levels of needs which verged on them needing care rather than support. Without the right services in their communities, practitioners often had to take on responsibilities which were beyond the remits of their jobs as well as their expertise which left both the practitioners and the young people needing support in vulnerable positions.

From our findings it appears that there are very few placements across Wales for young people with more complex needs who additionally often struggle to be placed in mainstream accommodation, as the accommodation providers are concerned about the impact of their behaviours on other residents.

> *"And it just seems that anybody then with complex needs, they're so concerned that they're going to disrupt the other residents who might have been there for a while and might be doing really well, which, you know is obviously fantastic. And you wouldn't want to detract from that. But then that chaotic person isn't given the same opportunity that the other people were. So, you know, even where we have got placements and it does happen, whether it's in learning disability or mental health, you know, invariably if you've got more than one need, you're not getting in any way".*

Lack of capacity

Another cause of concern is the lack of capacity within the system to provide adequate support to young people that meets their needs. Practitioners were faced with large workloads and high caseloads and they had neither the time nor the capacity to provide the high level of support required by some of the young people. This was to the detriment of the young people's engagement with the service and frequently resulted in young people stopping to engage with the service altogether.

> *"It's not an excuse, but you know there's no point in sugar-coating it. I don't think that the individual caseworkers have got time to, you know, to spend the time that they need to spend with people and to make sure that they understand and to kind of keep on reminding them about what they need to do. There's just not the capacity to... Things like we've mentioned about needing to remind people about what we've asked them to do that week or, you know, what the next stage is, there just isn't the capacity to do that, especially in a manner that might be more understandable for people who are neurodivergent. So I think that's probably the biggest issue. And in terms of housing options at the moment anyway".*

Case Study: Housing Options

Local Authority Housing Officer

In terms of barriers to accessing services... I'm coming at it more from a housing perspective and the paperwork that we send out is really difficult for lots of people without any issues to understand.

So it's a difficult one to get a balance with because legally we've got to send notice as you know about which section and duty they are under. We've got to send personal housing plans, but I wonder how easily they can read them.

What we would usually do is refer for support, but lots of people don't want the support and so then they are left to it and I think there can be cases where especially if somebody is not diagnosed, because everything in housing options unfortunately is very much evidence based so where you've got people with an undiagnosed condition and then potentially you're not going to be treating them as having it maybe.

If somebody isn't carrying out their functions, that we've put on their personal housing plan, which typically it might be that you're going to look for properties yourself, if somebody isn't doing that, then you could potentially discharge your duty because they haven't followed it through, whereas actually how are they able to I think is something that maybe we need to question more.

And equally, especially when we're looking at young people, we've got people saying that they've got ADHD or they've got Autism and why this isn't diagnosed. If they're saying that they can't share, we're saying all you can afford is shared accommodation. And because that's all they can get if they're not working under the local housing allowance, but if they're saying that they can't share they probably can't share, but we're not kind of able to support that decision because then we'd be setting them up to fail if we gave them a one bedroom flat that they wouldn't then be able to afford unless, they can get the diagnosis, which as we all know, can take absolutely ages.

So we do sometimes see young people that are just closing down their housing application and say well if you're not able to give me what I need I carry on sofa surfing or just manage and that's how they remain homeless basically because we can't give them what they need.

Prison

During our focus group, participants brought to light cases of children and young people with more complex needs who were not picked up by services in time and subsequently in their youth and adulthood ended up in cycles of going in and out of prison. The practitioners were very concerned about the lack of resources in the community to support those young people and prevent them from reoffending.

> *"I don't see where we can go from here. He's got the integrated autism service already on board, but they're already saying they don't know what they can do with him because there can only be 10 sessions. I think they could probably extend it, but they don't have the resources either. So ultimately it is a resource issue. If you look at the wider context, there isn't much resource for people that have diagnosed ASD to access support workers in the whole of the county... He's one of the people that would probably benefit from like residential life skills, coaching type thing. And he's had a Social Services Well-Being Wales Act assessment from our resident social worker who has agreed yes he needs residential kind of coaching, life skills stuff, but we don't have that resource in [the county]... It's outrageous, really 'cause he really needs it. He's a really high risk of offending and really dangerous behaviour".*

One of the participants of our focus group spoke about a young man who actually started 'to enjoy prison' because of the wrap around, multi-agency support he receives in custody.

> *"And actually, I just think he should have been picked up younger. He wasn't. He really should have been diagnosed early, and he wasn't. He's now in this awful cycle where he's actually starting to enjoy prison".*

Whilst undoubtedly, in the current climate public funding for services is scarce, there is nonetheless a need to question the effectiveness of the current allocation of resources within public services. Practitioners pointed out that the resources that are currently being used in prisons to provide the wrap around support, could instead be allocated more upstream to provide preventative and non-punitive interventions in the community to stop young people from offending in the first place.

> *"We meet up with the police and all the different multi agencies and we look at people that are resource intensive across the board, all ages, and we all problem solve and get together about what we can do. Ultimately these groups are amazing, but we don't have the infrastructure that we need to actually make a difference... We need to have some kind of therapeutic setting... [so] we can replicate what they're getting in prison, but do it in a in a positive way. Like you know, the structure of prison is really. And if you go into prison and*

> *"You've got a really good mental health worker, resettlement worker, you can do amazing. You can make amazing progress. But surely there is some way that we can we can use what works for that person and just replicate it in a house in the community but use it for good and instead of spending that money on prison and on police time...Why can't we use that public money per positive? Like to work towards something positive rather than it being punitive overtime".*

Housing first: The Housing First approach, which encompasses a wrap-around multi agency support, can be particularly beneficial for neurodivergent young people with more complex needs. We spoke to one young man who had previously lived a very chaotic lifestyle and had been in and out of prisons and homelessness, however, receiving housing first support has enabled him to settle and end the cycle of going to prison.

It's mainly the fact that I've got support to go to like a flat viewing tomorrow. Um, and like just making sure I've got food, making sure I'm not going to be worrying about like getting a cooker, a bed fridge and making sure that like, they don't just stick me anywhere. Like they can't just stick me into a flat and like, or a house and like the neighbours be druggies or assholes because that affects my mental health. I won't think twice about clocking someone on the chin.

Whole System Approach and Multi-Agency Work

> *"The service is only as good as the weakest link in the chain".*

It was recognised that for services to work for neurodivergent young people, we need to take a whole system approach. Where one part of the system fails the young person, this has a detrimental effect on their engagement and progress across all other services.

> *"And if all of the services aren't on the same page in terms of neurodiversity, then we all fall down because we're so heavily reliant on the support from mental health team, the support and the substance misuse team".*

Yet, despite the importance of working collaboratively across the system to support young people and ensure positive outcomes, the practitioners told us that they experienced multiple barriers when trying to work with other agencies.

Many agencies in their community lacked a neurodiversity-aware approach and lacked the understanding of how to effectively support neurodivergent young people:

> *"It was just last week I had a discussion with one of our young people on Housing First because she just didn't remind him about his appointment. She told him a week in advance. And she didn't remind him, and he forgot and he didn't turn up... And actually, he always turned up his mental health appointments because the CPN (Community Psychiatric Nurse) understood that he had ADHD and he needed reminding constantly, but he still felt down because the substance misuse worker didn't appreciate that".*

Tensions often arose between different agencies, particularly as issues of funding were being discussed. It was difficult for practitioners to reach consensus on how the services should be funded which had clear impact on the implementation of a joined up, multi-agency approach:

> *"It's, you know, everyone saying this person should pay for it, housing should pay for it, but actually it needs to be an integrated approach because as housing ... they present to us and we have to house them somewhere but the housing that we're offering isn't appropriate, it isn't adequate and they're still going out and offending. They're still calling the crisis team, they're still using drugs because we haven't got it right and we just need a more joined up approach to working really and it's really basic but it isn't, it's an unbelievable amount of work to get social care to buy in, and the police, probation to buy in and mental health teams to buy in. It's just, it's just so hard. And I thought, you know, it's above my pay scale".*

The young people we spoke to shared the same frustrations with practitioners and wished the services worked more collaboratively to support them:

> *"For example, on Wednesday I went to an appointment with my mental health doctor, and he basically upped my medication and he spoke to me about loads of things, and I just sort of sat there and was just like, 'Yeah, yeah, yeah, yeah, yeah'. And then I was like, I don't have a clue what you just said to me. And then I come away from that and everyone's like, 'Well, what happened?'And I'm like, I have no idea. And they're like, 'But why, you were there?' And it's like, yeah, I was there, but I couldn't tell you what happened. And then they're very much like, 'What do you expect us to do?' sort of thing. And I'm like, well, I don't know. Like you guys should know this thing. Like, I shouldn't have to say... They should all be working together. They should already know. And like here, for example, I had a housing meeting and we all turned up at different times and... it's just like, well, do you guys not communicate?".*

Attitudes

When young people access services, they are often in crisis and experiencing significant distress and vulnerability as a result of becoming homeless. In addition, as explained by our peer researcher, many neurodivergent young people are already 'in a state of extreme dysregulation through an involuntary response to stressors and triggers' that they are exposed to on every day basis. Furthermore, the majority of the young people who become homeless have experienced multiple adverse childhood experiences and the long-lasting trauma affects their ability to regulate their nervous systems and manage their emotions.

Whilst the previous chapter explored the perspectives of young people, it is also important to bear in mind the impact on practitioners who are often left in vulnerable positions when supporting young people in crisis. The practitioners we spoke to were frequently met with many negative attitudes from young people towards their service, such as exhibiting 'a lot of suspicion' and had to deal with 'a lot of aggression and very like fight or flight response to situations' from the young people they supported.

If we want to reduce the vulnerability and stress experienced by both practitioners and young people, it is important to design our service in psychology informed ways which take into account the psychological wellbeing and emotional states of the young people accessing the services to ensure their effective engagement.

This is an area that we will continue to research in more detail, whilst reflecting on the question: *How do we design services in ways which induce states of calmness and wellbeing?*

Working with the young person

Practitioners spoke about struggling to effectively work with some neurodivergent young people who displayed executive dysfunction, symptoms of which include difficulties starting, organising, planning, prioritising or completing tasks, managing time, short-term memory issues, and difficulty processing information (Medical News Today, 2023). In practice, executive dysfunction may look like being late or missing appointments, struggling to pay attention and engage during meetings, failure to complete tasks and personal plans, forgetting to pay bills and difficulties with living independently and maintaining properties in good order, amongst other things. Practitioners need to be mindful of the needs of the young person and provide or refer for additional support where appropriate.

> *"Paying bills or remembering to meet with us so we can help them understand their bills and go through their bills is something that is really tricky... You're trying to get hold of them and you're not able to do that, so obviously issues can arise".*

> *"Keeping to appointments can be quite difficult...Now, I've literally messaged the day before, organized it the week before, message the day before, message an hour before I left and I still was not able to actually see them. So it's yeah, sometimes it's that kind of remembering, I suppose, and almost when there is an issue as well, remembering to discuss it".*

> *"But if it's too overwhelming for the young person if they've got loads of things to go away with and they don't remember them, then they're not gonna get them done".*

Communication

Communication between practitioners and young people was identified as another barrier. Sometimes practitioners felt as if they were 'speaking a different language' to the young people. It was also pointed out that many neurodivergent young people have excellent vocabulary and verbal abilities, which they will often use to mask difficulties in comprehension. Others will repeat sentences back word for word as a coping mechanism.

To aid in communication, practitioners discussed the following solutions:

> *"Like a piece of paper that says today we discussed this and we agreed that [the young person will do X and the workers will do Y]. So essentially three boxes. So it's kind of clear who will do what. And we discussed kind of leaving that with young people and maybe like, you know, if they have a folder or a photo of it, whichever way they would prefer to have that information. Because yeah, obviously as soon as you kind of l*

> *eave the session, sometimes it can be like, oh, what did we talk about? What was I supposed to do? that type of thing. So that was something that we've we thought would be really useful following up on the ADHD training".*

> *"Maybe make it a few notes for the young person at the end of the session of key things they need to remember and go home with. Because forgetfulness can sometimes be mixed with, like a lack of motivation".*

Below is some further advice for practitioners extracted from Homeless Link's
Autism and Homelessness: Briefing for frontline staff:

- Allow time for the individual to process what you are asking or telling them
- Ask one very clear and direct question at a time then just stop talking
- Reduce the amount of choice you are offering
- Provide images to illustrate what you are telling them (e.g. a picture and description of you, pictures of a hostel)
- Give very clear, minimal rules (visually if possible)

It is important to remember that every individual's needs will be different and practitioners should work collaboratively with the young person to find a mode of communication which works best for the young person involved.

Neurodiversity and System Change

As shown in this report, in order to help young people, we need to shift our focus from the individual towards the larger socioecological system in which they are situated. We need to look beyond the individual behaviours and see the bigger picture; as often when system design fails to account for neurodivergent brains that is when barriers arise.

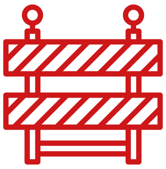
And so, rather than asking *'what is wrong with the individual'* we need to shift our focus towards the systems in which we work and ask '*what are the barriers to participation, accessibility and inclusion*'? Only then we will be able to transform our services, systems and society to enable all young people to thrive.

Shifting our focus from the individual towards the sytem

What is wrong with the

individual

→



What are the

social and systemic barriers

to participation, accessibility and inclusion?

Conclusion

At the core of neurodiversity is the understanding that not one person is the same. There are endless variations in our brains’ functioning that influence how we perceive, interact with and navigate the world, all of which are an inherent part of the richness of human diversity.

However, when society and our systems fail to account for this diversity; when we apply a one-size-fits-all approach to our services; when we take for granted that everyone else thinks the way we do – that is when problems arise.

Not one young person that we spoke to was the same. They all had a variety of diagnoses, backgrounds and life experiences. But they all wanted the same things.

To be understood and seen for who they truly are.

To be given the right support that meets their individual needs and plays to their unique strengths.

And, to have the opportunities to live fulfilling, happy and meaningful lives and pursue their dreams.

This is the bare minimum that every young person in Wales deserves. Yet, the young people we spoke to were instead faced with a system which placed constant barriers in their way and continuously stifled both their potential and wellbeing.

Every time the system fails, there is a young person full of potential, dreams and aspirations that gets knocked back and robbed of their future.

We have to do better. And we can do better.

It is both our individual and collective responsibility to build a Wales which not only understands, but also celebrates neurodiversity and enables every young person to thrive.

Recommendations

1. **Local authorities should consider creating sensory-friendly and young person centred spaces in their local area.** Depending on the resources available, this could either be a designated area in their offices or a separate hub in their community, co-designed with young people.

2. **Local authorities should improve the accessibility of the information shared with young people.** The information should be made available in multiple formats and use youth-friendly language. Young people should be involved in the review of the information to ensure the language used is easily understandable by a young person. Easy read versions should be provided alongside official correspondence.

3. **Local authorities and third sector organisations should ensure all staff undertake neurodiversity training, including senior and middle management.** The training should be co-produced with people with lived experience of homelessness and afford space for reflection.

4. **Local authorities should collate information about the diagnosis process, support pathways and support services for neurodivergent young people available in their area.** This information should be easily available and accessible to practitioners who might potentially work with neurodivergent young people to tackle information failure and ensure practitioners are equipped with the knowledge to best support neurodivergent young people.

5. **Where waiting lists for diagnosis are long, Welsh Government should provide additional funding for local authorities to fund private assessments for young people,** where having a diagnosis would be of benefit to the young person.

6. **Local authorities should work more closely with schools to ensure that teachers are trained and resources made readily available to support neurodivergent students and ensure that the teaching environment and learning materials are inclusive.**

7. **Local authorities should work with partners to ensure that parents of neurodivergent young people have a strong support network around them made up of schools, youth workers and neurodivergent-specific organisations to work collectively together to prevent youth homelessness caused by family breakdown,** as highlighted by The Understanding Autism Program in Swansea.

8. **Housing staff should try to ensure that accommodation provided to young people is sensory friendly to be accommodating of the young person's needs.**

9. **Local authorities should work with and support local neurodiversity specific organisations and consult them on the matters concerning Local Authority services and their accessibility for neurodivergent individuals.** Funding should be made available to those organisations to provide support and outreach to neurodivergent young people.

10. **Local Authorities should work with Youth Services and grassroots organisations to create neurodiversity friendly youth clubs, community groups and hubs.** As the poor wellbeing neurodivergent young people experience is commonly due to a lack of support networks and community around them, both youth services and third sector organisations need to be supported to provide community building activities and run sensory-friendly community spaces.

11. **Local authorities should promote multi-agency meetings where best practice can be shared and issues can be identified with regards to supporting neurodivergent young people.**

12. **Local authorities should promote youth friendly and person centred practice, drawing on youth work methods and working to a strengths based approach for each individual young person.**

Additional resources
Autism Wales Elearning
Autism Wales: Autism: A Guide for Practitioners within Housing and Homelessness Services
Autism Wales: CAMHS Resource Toolkit
Review of Neurodevelopmental Services in Wales
Homeless Link: Autism and Homelessness Toolkit

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Appendix Survey findings

As part of the research project we have sent out a survey to practitioners across Wales to gather their views and experiences around providing support to neurodivergent young people in their service.

Responses received: 60

Area of service

- Housing – 58.3%
- Youth service – 18.3%
- Social services – 6.67%
- Mental Health Service – 3.33%
- Other education services – 1.67%
- Other third sector support service – 8.33%
- Other – 3.3%

Challenges:

Practitioners were asked to select from a list any challenges that they noticed the young people accessing their service to have:

- Managing, understanding and regulating emotions - 96.7%
- Attending appointments – 96.7%
- Arriving to appointments on time – 85%
- Memory issues (seems to forget things you've told them before) – 76.7%
- Keeping things organised (e.g. paperwork or personal belongings) – 88.3%
- Processing letters, leaflets and other written information – 83.3%
- Understanding how tenancies and benefits work – 91.7%
- Writing and spelling – 80%
- Budgeting and understanding numbers 93.3%
- Keeping still – 70%
- Loud noises – 45%
- Bright lights – 33.3%
- Crowds – 68.3%
- Expressing their needs – 78.3%
- Listening – 80%
- Social situations – 85%

- Communicating or keeping eye contact 78.3%
- Other (please specify) – 6.7%

Whilst not all of the challenges can be attributed to neurodivergence, the results show the sheer scope of needs that young people present with.

Data collection: Diagnosis

I complete pathway plans for each individual and record on our systems for future involvements

When asked about data collection, over 90% of practitioners stated they record young people's diagnosis.

Key points

- Diagnosis is recorded only when disclosed, information is then added to the young person's file
- Young people often mention they are neurodivergent but do not have an official diagnosis
- A diagnosis is often recorded under the disability section in the referral forms
- Whilst there is more awareness, there are little services to support young people regardless of their diagnosis status

Data recording: Challenges

Yes if it's relevant to the difficulties in the relationship and risk of homelessness, which it usually is as the parent will probably be finding these things difficult to navigate.

When asked whether practitioners record if young people present with any challenges, over 88% of respondents answered yes.

Key points:

- This forms part of the needs assessment
- The information might be added to notes but it is not reported on
- The additional challenges might come out over time when the practitioner develops more of a relationship with the young person

Training:

There is a certain amount of online training given that covers the different issues mentioned but I do find completing this training online difficult due to other work-related commitments.

- Over 50% of the respondents reported that their organisation offers training related to neurodiversity.
- 60% of respondents replied that they have had training in the past, 36% no and 3.5% were not sure

- Respondents have undertaken a variety of trainings, including on specific conditions such as Autism, ADHD, dyspraxia, etc.
- Aside from general training on the different conditions, practitioners stated that they would like more training in:
    - Communication strategies
    - How to encourage motivation, engagement and interest in the things (budgeting, cleaning, putting out the rubbish and healthy eating for eg) that hold no interest for many of these individuals.
    - The pathways you follow to ensure young people receive support.

Providing support:

When asked about their confidence in providing support to neurodivergent young people, the practitioners replied:

- Very confident – 15.3%
- Somewhat confident – 76.3%
- Not very confident – 5.1%
- Not confident at all – 3.4%

Key points:

- Some respondents were neurodivergent themselves or had family members who were which aided their understanding
- Overall practitioners felt confident but also stated that additional training would be beneficial; it was also recognised that every young person is different and has individual needs so a person can never be completely confident in getting it right

> *Always requiring top up of knowledge and each individual is different so it is difficult to capture what every individual is like with certain conditions, often with co-morbidities.*
>
> *Would ideally like some more training so that i can understand the conditions more and provide the best form of support within my means.*

- Many practitioner replied there wasn't anything additional they needed to provide support
- Others pointed to welcoming more training as well as access to information on what tools and services are available for neurodivergent young people in their local area
- Other ideas included:
    - Case examples of how clients were specifically supported with particular behaviours - do's and dont's
    - One page profile on the individual- knowledge of traits and triggers. Understanding required

> *I am keen to learn how to support young people and parents in how to navigate when a young person has lost control of their actions and becomes aggressive and violent. It appears to me some ND traits make it much harder for young people to recognise their triggers, emotions, to notice when these are escalating and to catch the ability to act on them in a helpful way before things are out of control. many parents feel at risk and unable to manage this type of behaviour and I would like to feel confident I'm giving the right advice when suggesting safety plans and how to deescalate and keep everyone safe.*

Service referral:

- About 44% of respondents knew which specific services to refer neurodivergent young people to.
- Practitioners were often not sure where to refer the young person to and even if they were aware of the services, they were often overstretched and unable to provide support with long waiting lists
- Practitioners said they would refer to the GP initially

There are services but the bar seems to be set high and often the people I work with don't have access to services as it is difficult to get a diagnosis, some are frightened of a diagnosis, so I often feel I am filling in gaps as do my colleagues.

Adjustments:

Practitioners were asked to select from a list any adjustments they provider for neurodivergent young people, below are their responses:

- One-to-one support 94.6%
- Quiet, private and sensory-friendly (e.g. gentle lights and colours, no overstimulating decor etc.) space 33.9%
- Easy access to information (including accessible written material and in an audio/video format) 33.9%
- Sensory adjustments 23.2%
- Other (please specify) 16.1%
    - I try to find out what each individuals challenges are and meet those needs by offering shorter sessions, different venues, texts, whats app, phone, video or in person contact in person, outdoors, cafe, home, office etc.
    - I will usually get a handover from a range of different people i.e. detached youth, housing colleagues, CMHT and will tailor my support around their known preferences etc.

Barriers:

Respondents were asked to identify from a list any barriers experienced by the young people accessing their service:

- Lack of training for staff e.g. to bring staff up to a sufficient awareness level of neurodivergent conditions and needs 68%
- Lack of staff awareness/knowledge of neurodivergent conditions and needs 60%
- Time and workload pressure on staff 60%
- Lack of easy access to information for service users (e.g. accessible written information, audio/video formats) 56%
- Lack of specific organisational policies to support neurodivergent needs 46%
- Lack of quiet and private spaces 40%
- Other (please specify) 12%

I feel many other services do not appear to be able to manage certain young peoples' needs so as a service we often feel we are doing our best to fill gaps and going outside of our role, I feel lack of diagnosis leaves young people and parents feeling desperate and feeling they have nowhere to turn to. It would be good if all services are aware of ND needs and work with how an individual is presenting rather than need a diagnosis. Many people have mixed needs and may not tick boxes but those needs are meaning they are at high risk of homelessness. Parents often say they have been trying for years to get the young person help, they then come to us when the relationship has broken down and they can no longer cope, want them out etc. We feel we are trying to patch together years of challenges and early intervention may have prevented a lot of emotional damage, ability to remain in education etc.

Lack of knowledge, interest and willingness to get involved by top decision makers.

Difficulties in recruiting for new suitable staff have arisen during and after Covid lock downs, so we have been short staffed for a while, also staff sickness due to stress is up since Covid.

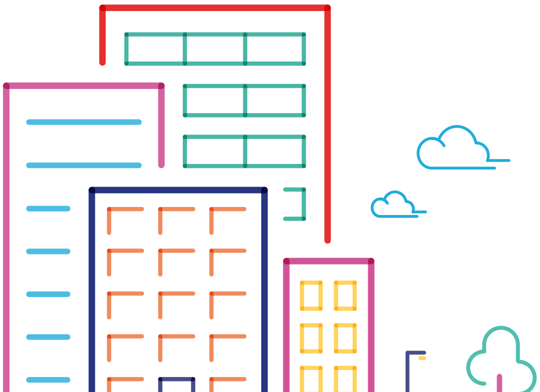
Due to other workloads commitments, I do find it difficult to take part in any online training

Some of our neurodivergent clients need things broken down for them and lots of help.
Our resident with ADHD and autism is verging on needing care rather than support.

Solutions:

Respondents were asked to identify any solutions to improving services.

- Some of the solutions practitioners mentioned included: sensory friendly spaces, specific supported accommodation, more time to spend with YP, whole-LA understanding and training for all colleagues, awareness of services available, a young person-centred area in all corporate offices. Evidence based practice, understanding the pathway, senior and middle management training
- Only things that aren't currently possible or available such as specific homeless accommodation and move on accommodation for ND young people. At present they need to have very high needs to be accommodated appropriately and our service is fantastic at trying to recognise ND needs but they may be placed with Young People with other challenging behaviour which impacts negatively on their needs and in shared projects its hard to meet the specific needs of ND young people, although I suspect a high proportion of our young people have some undiagnosed ND needs. Training to support parents to meet the needs of their children would be helpful for my service to prevent relationship breakdown and homelessness .Particularly where there is aggression and violence I suspect some of these cases are experiencing extra challenges due to undiagnosed ND young people who are overwhelmed and not getting their needs met as well as they could be.
- Realistic ways in how and when to train staff. Time is the issue when asked to complete any online training sessions due to other work commitments.
- More awareness of services available. People from these services attending team meetings to share information and referral process
- Create a young person centred area in all corporate offices. A specific person to assist young people to pursue diagnoses and to liaise with other professionals such as housing.
- Senior and middle management training



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