

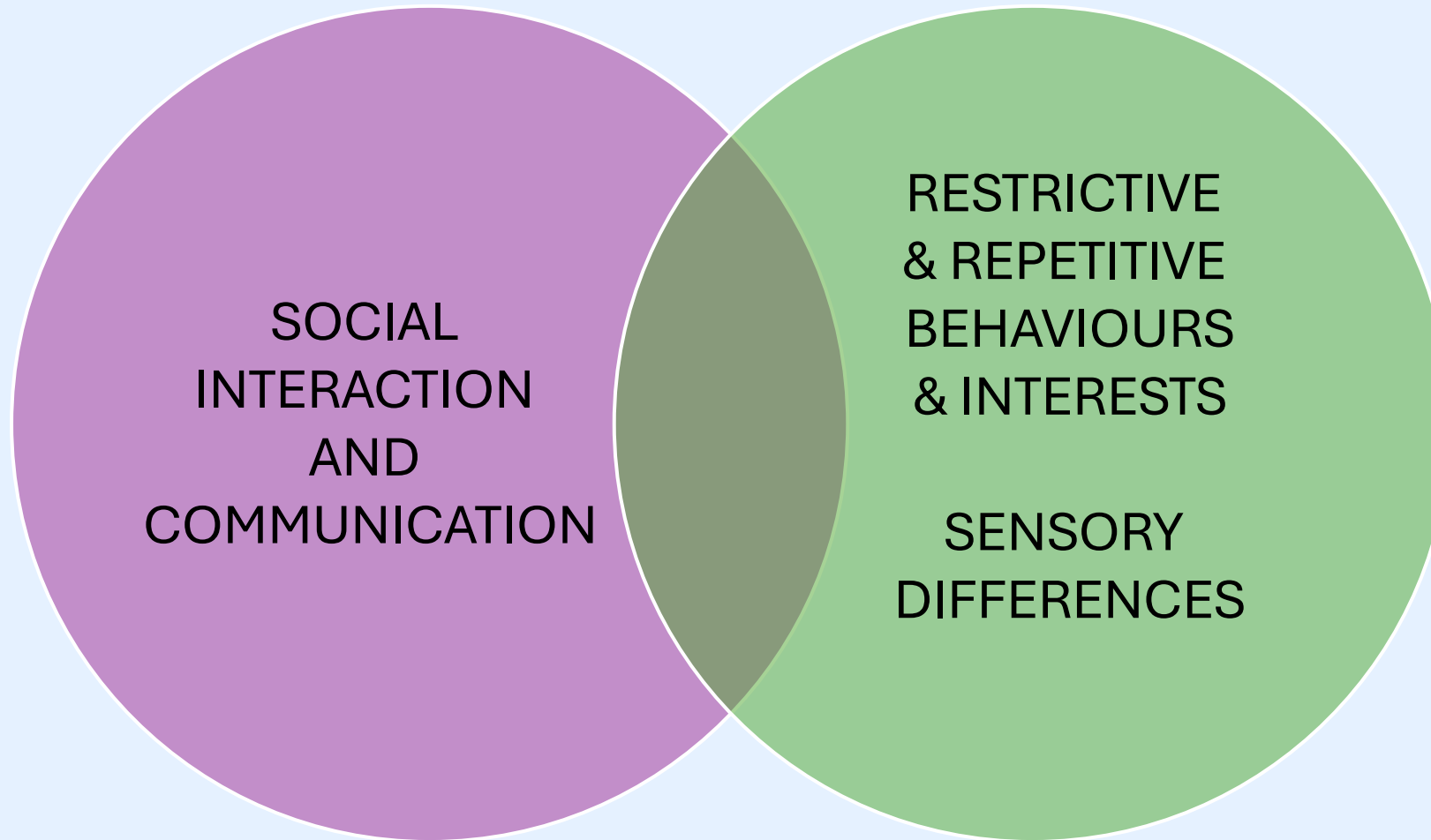
Recognition of autism in homelessness services and related adaptations to support

Dr Victoria Milner

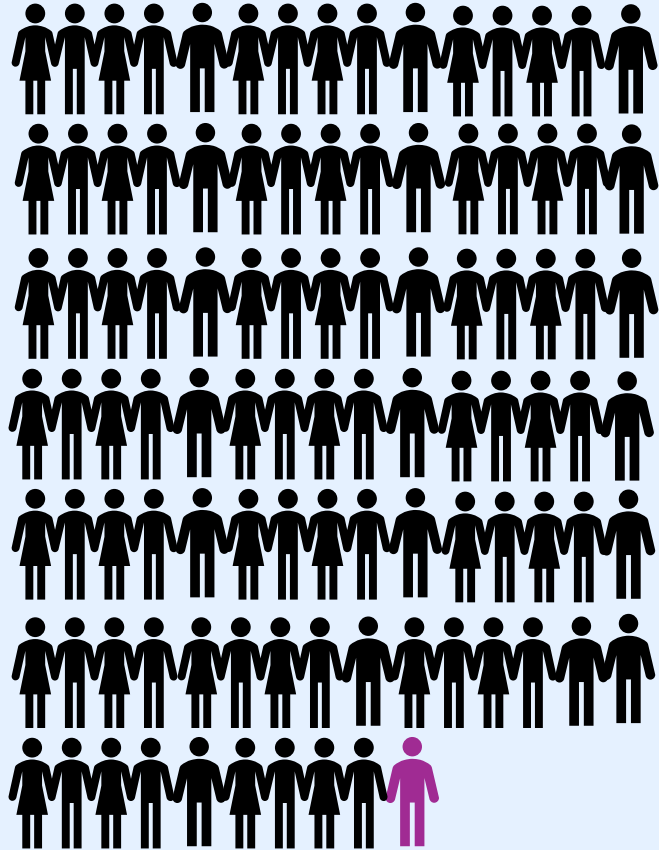
Trainee Clinical Psychologist

Oxford Institute of Clinical Psychology Training and Research

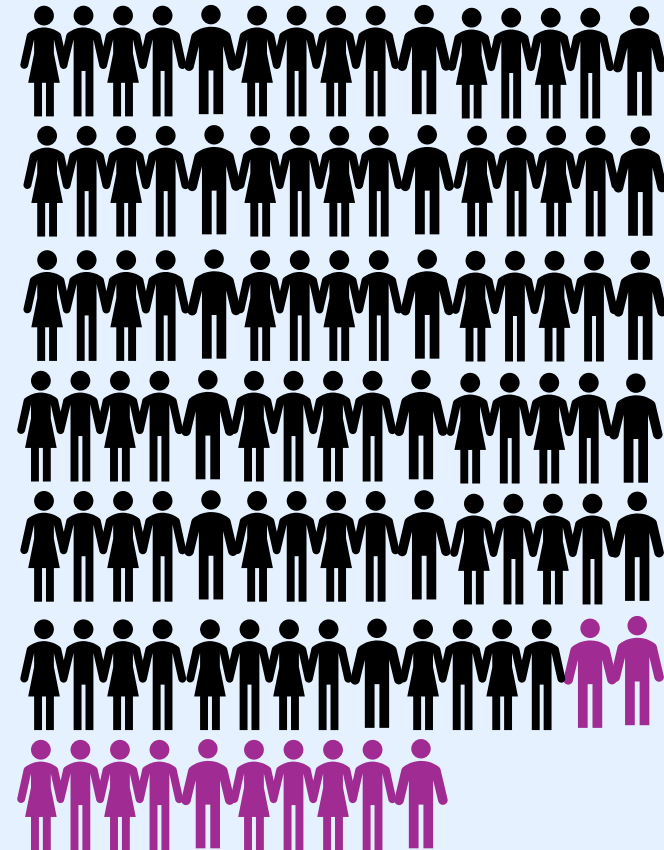
What is autism?



Prevalence of autism



General Population
(Zeidan et al., 2022)



Homeless Population
Churchard et al. (2019)

Factors contributing to elevated risk of homelessness

Autistic Traits

Less Flexible Thinking Styles

Executive Functioning

Preference for sameness

Sensory Differences

Social differences

Maintaining relationships

Systemic Factors

Lack of understanding

Stigma and discrimination

Unsuitable housing

No reasonable adjustments

Under-employment

Barriers to Healthcare

Why is staff recognition of autism important?

Early appropriate support predicts positive outcomes

Reduce bias & misinterpretations

Reduce overshadowing of other diagnoses

Advocacy

Government priority to improve access to care for autistic people

Study Aims

To explore the extent to which staff working in homelessness services **identify** autism in service users, and whether staff consider making **adaptations** to service users support.

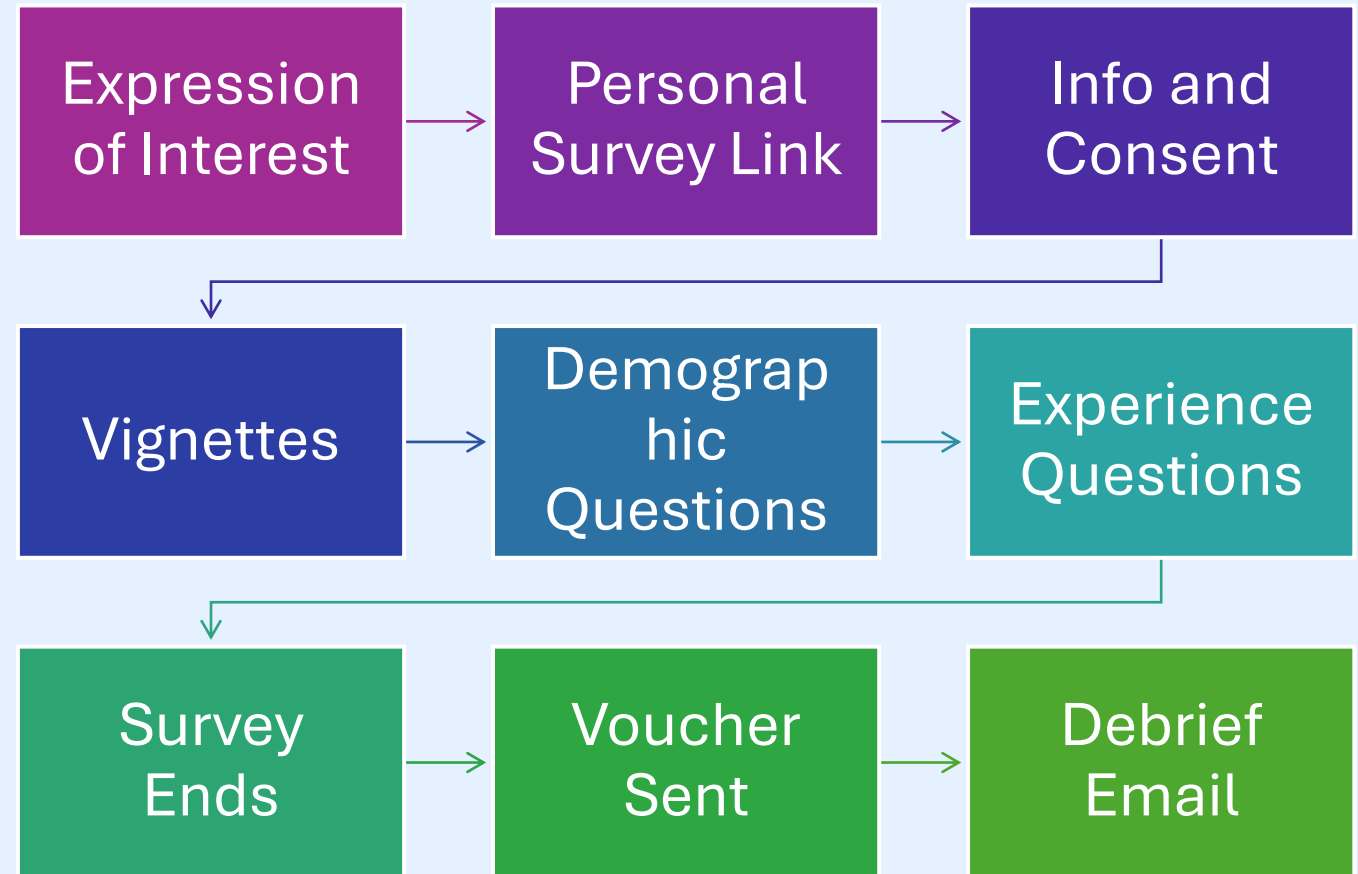
Hypotheses

1. Staff working in homelessness services will **identify autism** in service user vignettes **less accurately** than other diagnoses .
2. The accurate identification of autism will be **predicted by prior experience**
3. Prior experience predicts the presence of **adaptations** to support for autistic service users.

Methods

Process

- Online survey
- Vignettes – descriptions of hypothetical service users
- Data collected between Jan – October 2024



Vignette Development

Traditional
autism

Nuanced
autism

Psychosis

Emotionally
Unstable PD

Control

Co-developed Vignettes

1. The problem(s) with temporary accommodation

2. The key event first leading to homelessness.

3. The first contact with homelessness services from the perspective of the service user.

4. The first contact with the homelessness service from the perspective of “your” (the reader’s) colleague.

5. The perspective of the current contact from the person reading the vignette.

Vignette Example – “Traditional” Autism

You are working with Rayaana who is in their 30s and currently experiencing homelessness. You have received a referral from the local authority as their temporary accommodation arrangement has broken down and they are at risk of rough sleeping. Rayaana does not want to live in a group environment and is looking for self-contained accommodation. Rayaana became unemployed after making multiple complaints about co-workers not meeting Rayaana's expectations about reasonable behaviour (e.g., excessive noise, being late, not following workplace rules). This resulted in Rayaana not being able to afford their rent, and subsequent eviction. At their first appointment with the homelessness service, Rayaana stated a preference to have appointments at the same time and place each week. Your colleague commented that they noticed Rayaana rarely made eye contact and appeared anxious. Rayaana repeatedly shared their experience in rented accommodation. You have noticed that Rayaana is more animated when discussing their favourite sports team but otherwise seems quite reserved and difficult to engage.

Validation phase

Please state the diagnosis (if any) you think this service user may have. Please only enter one diagnostic label, if you do not know or are not sure please state "not sure". If you think the service user has no psychological diagnosis, then please put "none".

- 56 clinical psychologists
- The EUPD vignette was adapted after 16 participants
- 65% + agreement

Main Survey: Vignette Questions

1. Please state the diagnosis (if any) you think this service user may have. Please only enter one diagnostic label, if you do not know or are not sure please state "not sure". If you think the service user has no psychological diagnosis, then please put "none".

2. Based on the information in the vignette, how likely is it that this service user meets criteria for the following diagnoses [0 (%) = the least likely, 100(%) = the most likely to meet criteria]:

- *Autism*
- *Depression*
- *Generalised Anxiety Disorder*
- *Personality Disorder*
- *Psychosis*
- *Substance Misuse*

Main Survey: Vignette Questions

- *Would you adapt the support you provide this service user based on the needs related to this psychiatric diagnosis?
[YES/NO/UNSURE]*
 - *if yes/unsure: Please describe the adaptations you would make for this service user based on their needs. (OPEN TEXT)*

Main Survey: Demographic and Experience Questions

Demographics -> Gender, age, ethnicity, job title, type of service, UK Country

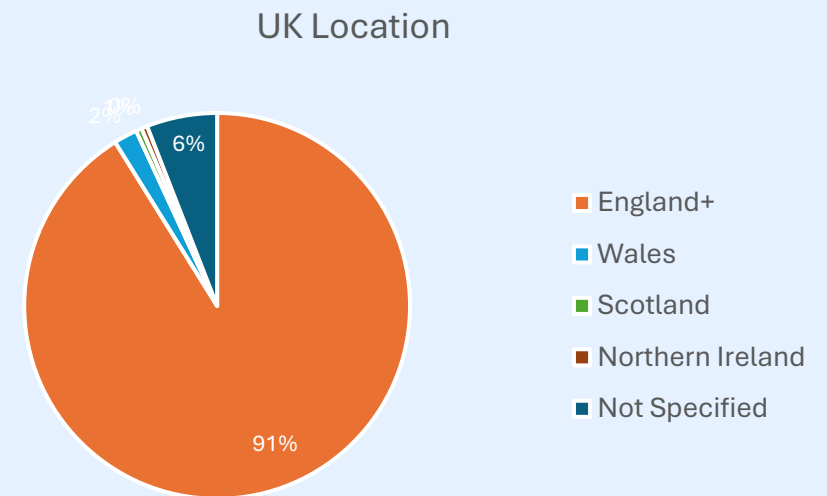
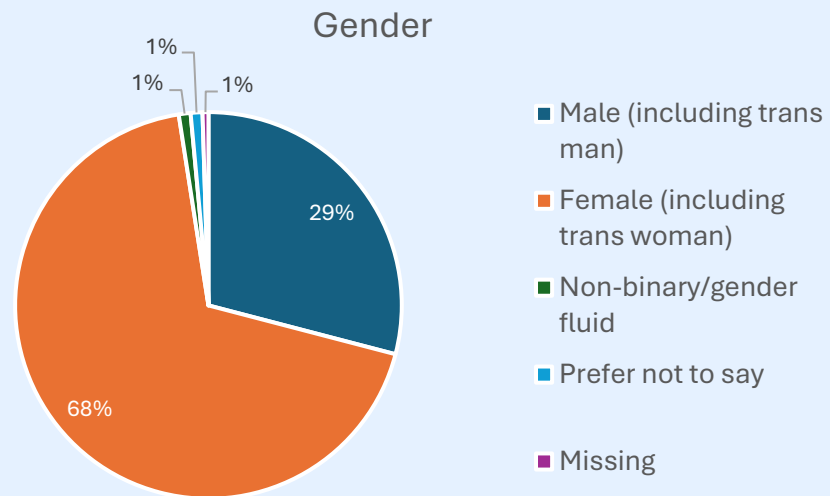
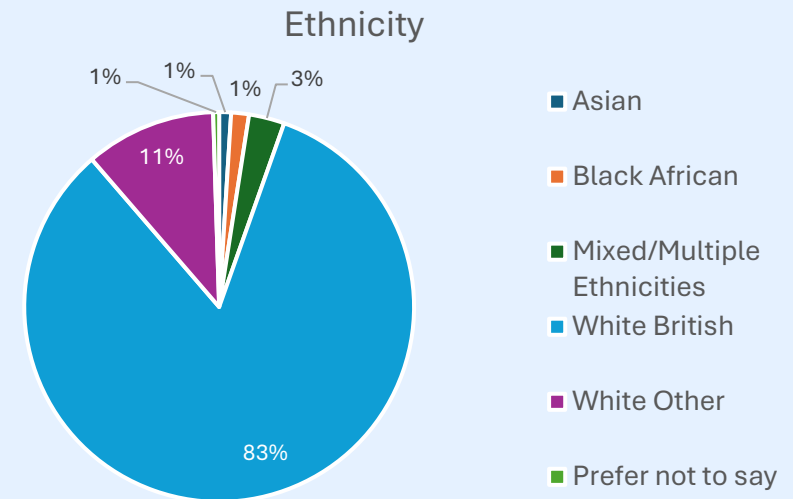
Experience

- Personal (e.g. Do you know anyone with an autism diagnosis in your personal life?)
- Professional (e.g. training, number of service users)

Results

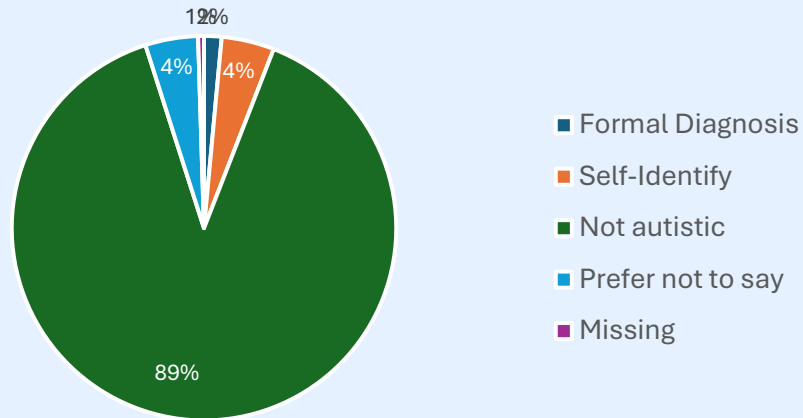
Demographics

- 203 participants
- Aged 20-69 years (average 41.5 years)

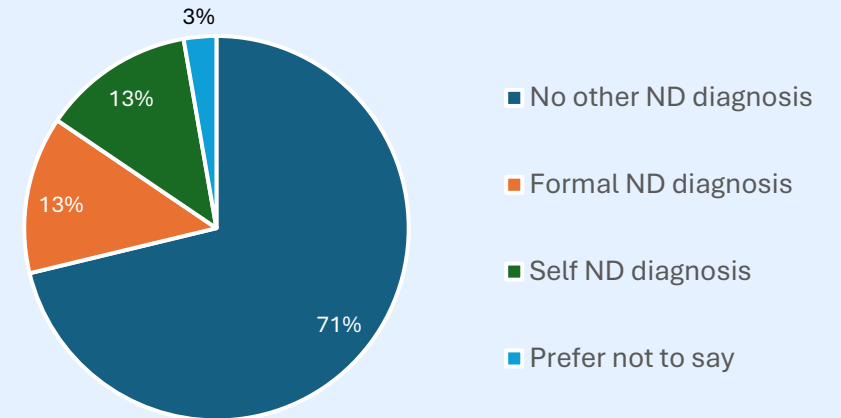


Personal Experience

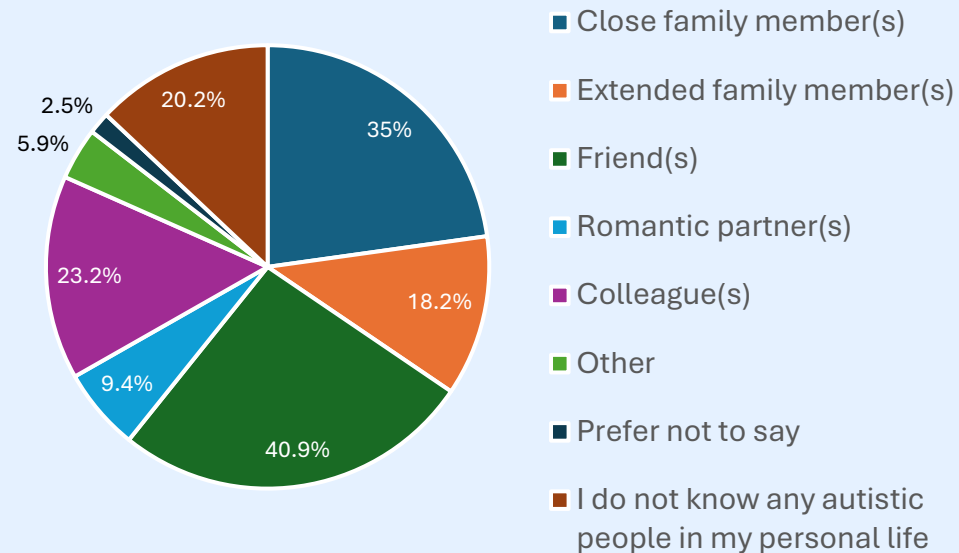
Autism Diagnosis



Other Neurodivergence (ND)

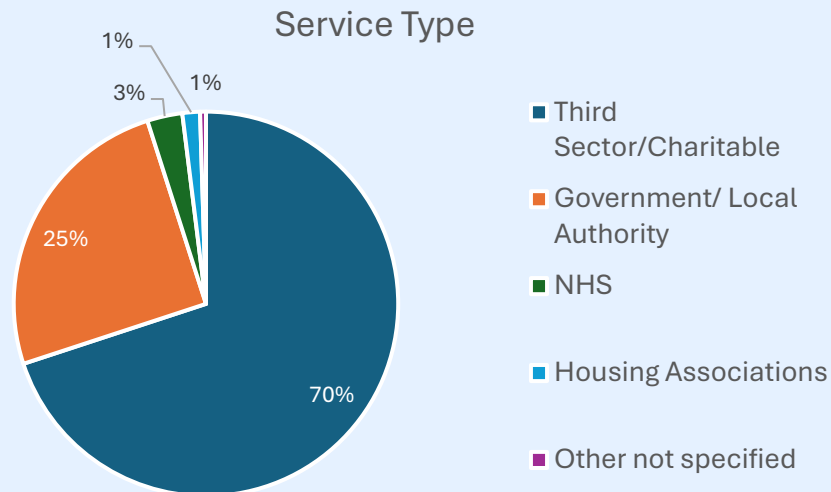


Known Autistic Person

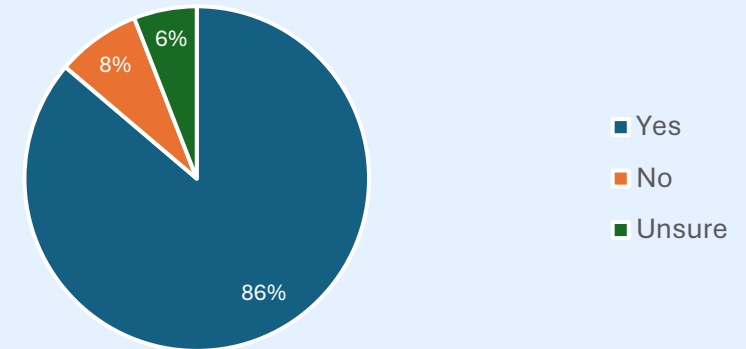


Service/Professional Experience

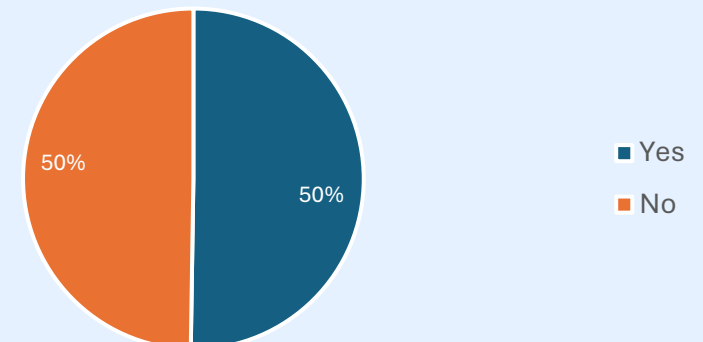
- Average years of experience = 7.12 years (range 05 – 30)
- Average no. of autistic Sus = 29 (range 0 – 1000)



Experience working with an autistic service user



Autism Specific Training



Staff working in homelessness services will **identify autism** in service user vignettes **less accurately** than other diagnoses .


- “Accuracy” scores were calculated for each vignette based on the visual analogue scale: 100 – participant score
- Lower scores = greater accuracy

Based on the information in the vignette, how likely is it that this service user meets criteria for the following diagnoses [0 (%) = the least likely, 100(%) = the most likely to meet criteria]:

least likely most likely

0 10 20 30 40 50 60 70 80 90 100

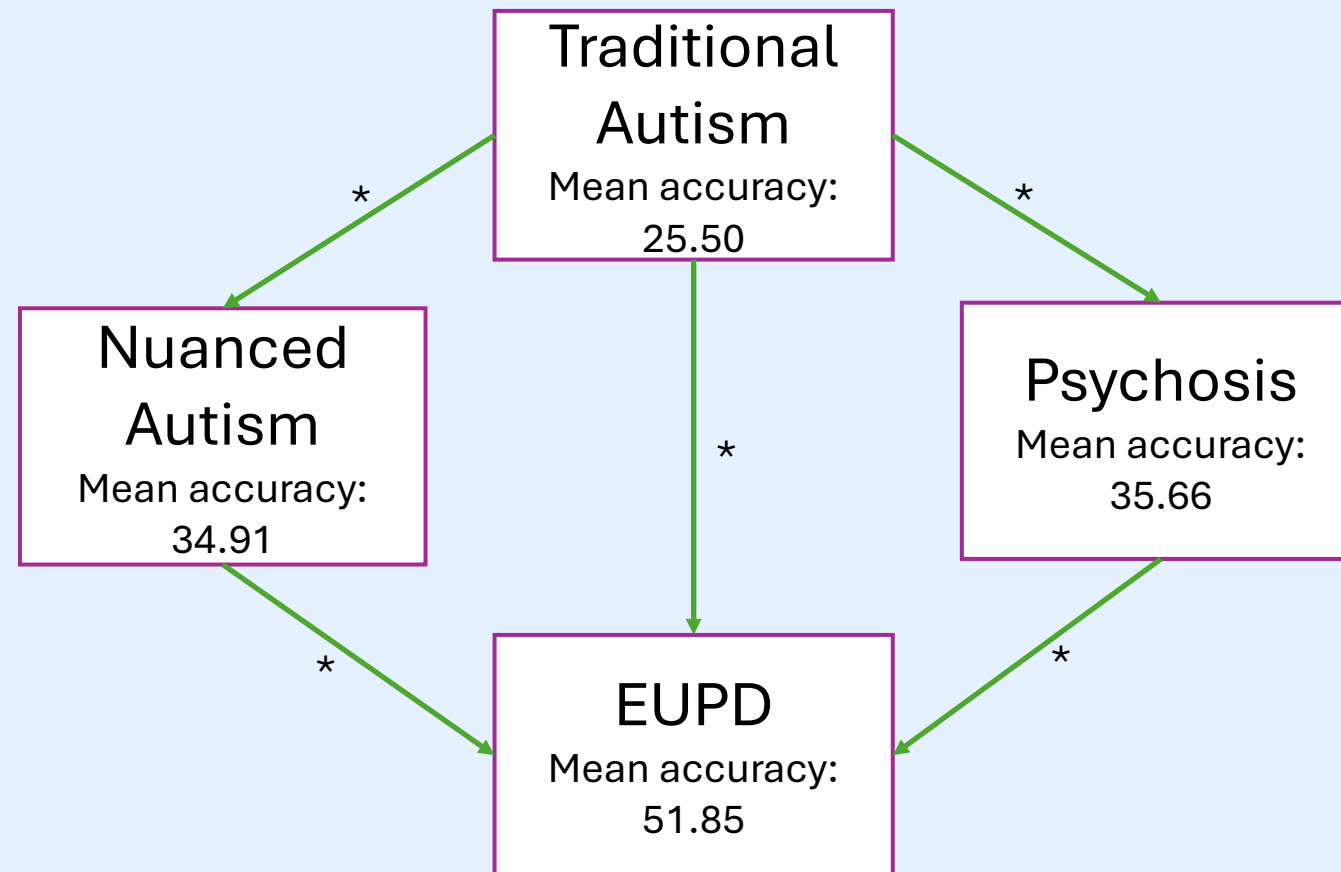
Autism



Hypothesis 1: Staff working in homelessness services will **identify autism** in service user vignettes **less accurately** than other diagnoses .

- Participants were significantly more accurate at identifying traditional autism than all other conditions
- Participants were significantly less accurate at nuanced autism compared to traditional
- EUPD was the least accurately identified

Hypothesis 1: Staff working in homelessness services will **identify autism** in service user vignettes **less accurately** than other diagnoses .

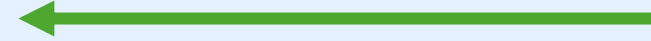
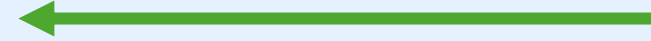
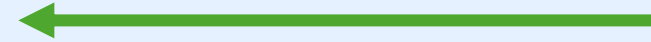


Lower scores = greater accuracy

$*p < .001$
 $F(2.91, 587.61) = 36.24, p < .001, \text{partial } \eta^2 = .152.$

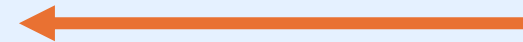
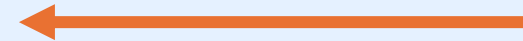
Vignette One (Traditional Autism)

Addiction	1 (0.5%)
ADHD	3 (1.5%)
Autism	161 (79.3%)
Anxiety	18 (8.9%)
Depression	3 (1.5%)
Developmental Disorder	2 (1%)
Dyslexia	1 (0.5%)
Neurodivergent	6 (3%)
None	1 (0.5%)
Not Sure	16 (7.9%)
Personality Disorder	1 (0.5%)
Social and Emotional Challenges	1 (0.5%)
Trauma	2 (1%)
Mean discrepancy score	= 25.50 (SD= 26.16)



Vignette Two (Nuanced Autism)

Addiction	1 (0.5%)
ADHD	8 (3.9%)
Anxiety	13 (6.4%)
Autism	127 (62.6%)
Bipolar	2 (1%)
Depression	2 (1%)
Developmental Disorder	1 (0.5%)
Dyslexia	1 (0.5%)
Learning difficulty	1 (0.5%)
Learning disability	1 (0.5%)
Neurodivergent	5 (2.5%)
None	3 (1.5%)
Not Sure	30 (14.8%)
Personality Disorder	16 (7.9%)
Psychosis	4 (2%)
Trauma	2 (1%)
Mean discrepancy score	= 34.91 (SD= 30.41)

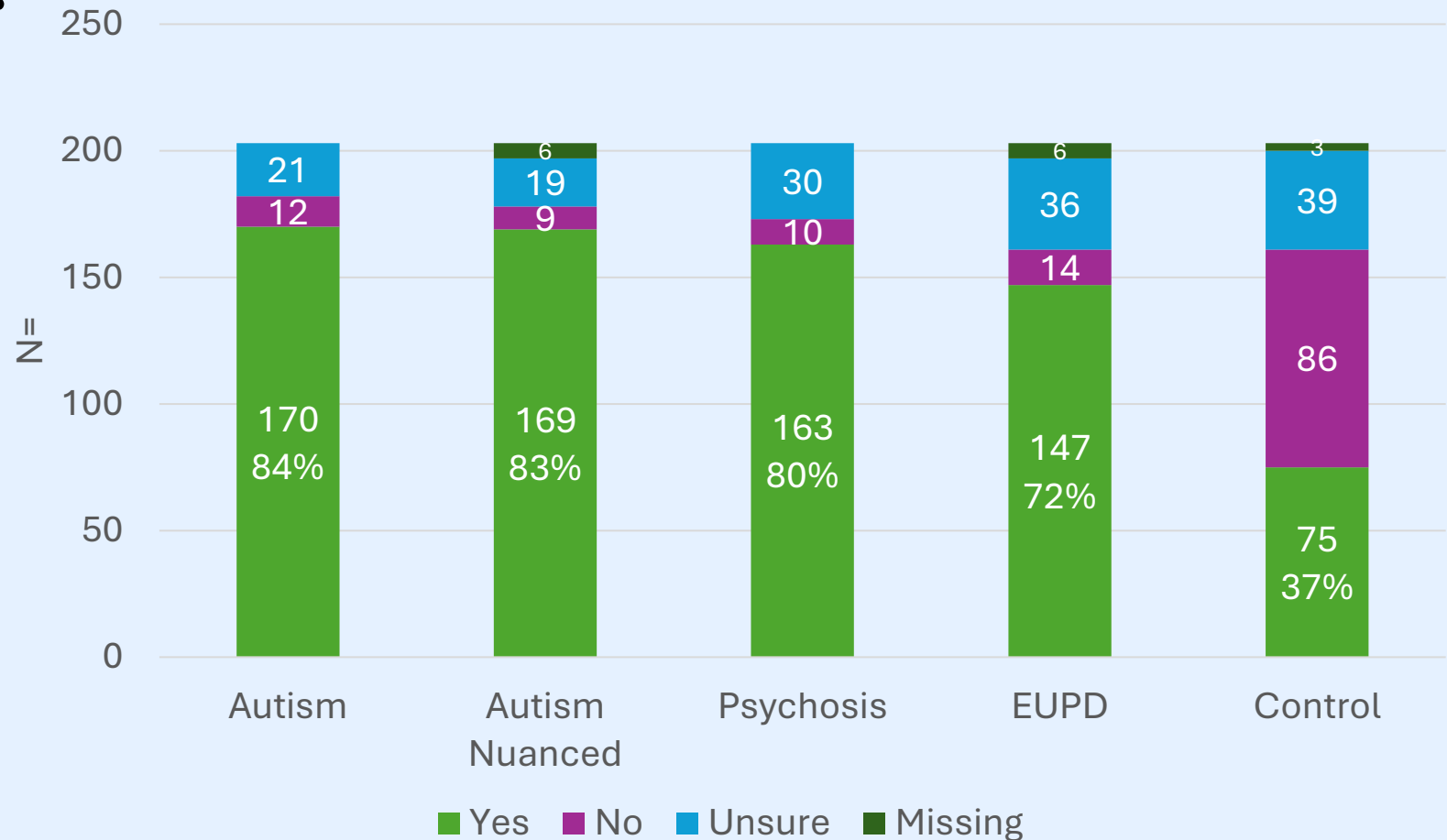


Hypothesis 2: The accurate identification of autism will be predicted by prior experience

Accuracy was not significantly predicted by personal or professional experience

Hypothesis 3: Prior experience predicts the presence of **adaptations** to support for autistic service users.

“Would you make adaptations to the support provision you provide this service user”

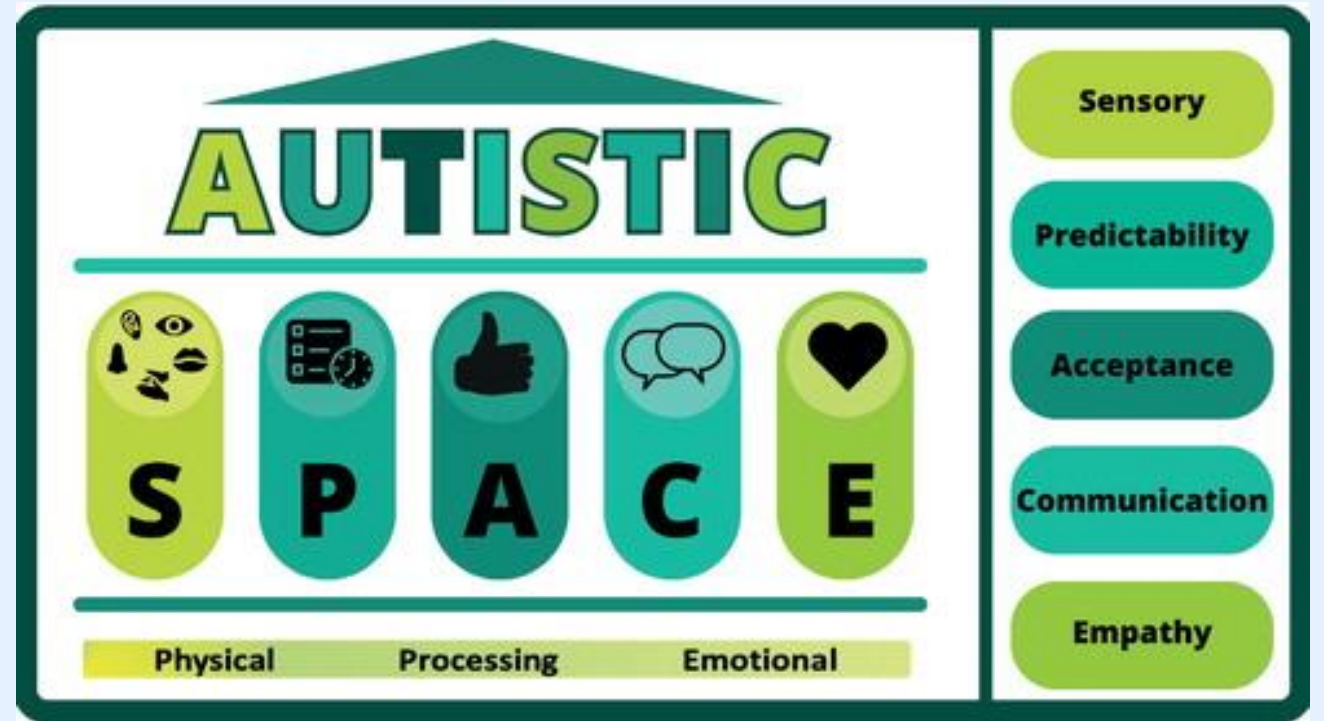


Hypothesis 3: Prior experience predicts the presence of **adaptations** to support for autistic service users.

Adaptations were not significantly predicted by personal or professional experience

Types of support

- Vignette 1 (**Traditional autism**) – predominantly predictability
- In the process of analysing nuanced autism adaptations
- Other adaptations = onward referral & multiagency working



O'Doherty et al., 2023

Headlines

Most accurate at labelling traditional autism compared to nuanced autism, psychosis and EUPD.

Least accurate at labelling EUPD

Accuracy & adaptations not predicted by prior experience or training

The majority of staff would make adaptations to support

What explains our findings? Hypothesis 1

Increased discussion of autism nationally and in homelessness contexts

Nuanced presentations less well understood

Debate around EUPD as a label

What explains our findings? Hypotheses 2&3

Methodological issues?

Quality of experience vs quantity of experience?

Future Research



What adaptations are *actually* implemented?



How are adaptations received? Are they appropriate and/or effective?



Pre- post- training measures of knowledge, attitudes & behaviours

Limitations

Limited ecological validity

Response bias

Large proportion had a connection with autism – not representative?

No objective measure of autism knowledge

Key takeaways

Staff working in homelessness services are adept at recognising “traditional” presentations of autism

Staff working in homelessness services are **likely** to offer adaptations to support for service users with additional needs

Thank you

The experts by experience who helped me develop the vignettes

The psychologists who supported the validation phase of the study

The study participants

My supervisors - Dr Alasdair Churchard and Dr Georgia Lockwood Estrin

Tara Chapple (Lived Experience expert)

You for listening!

Thank you for listening!

Victoria.milner@hmc.ox.ac.uk