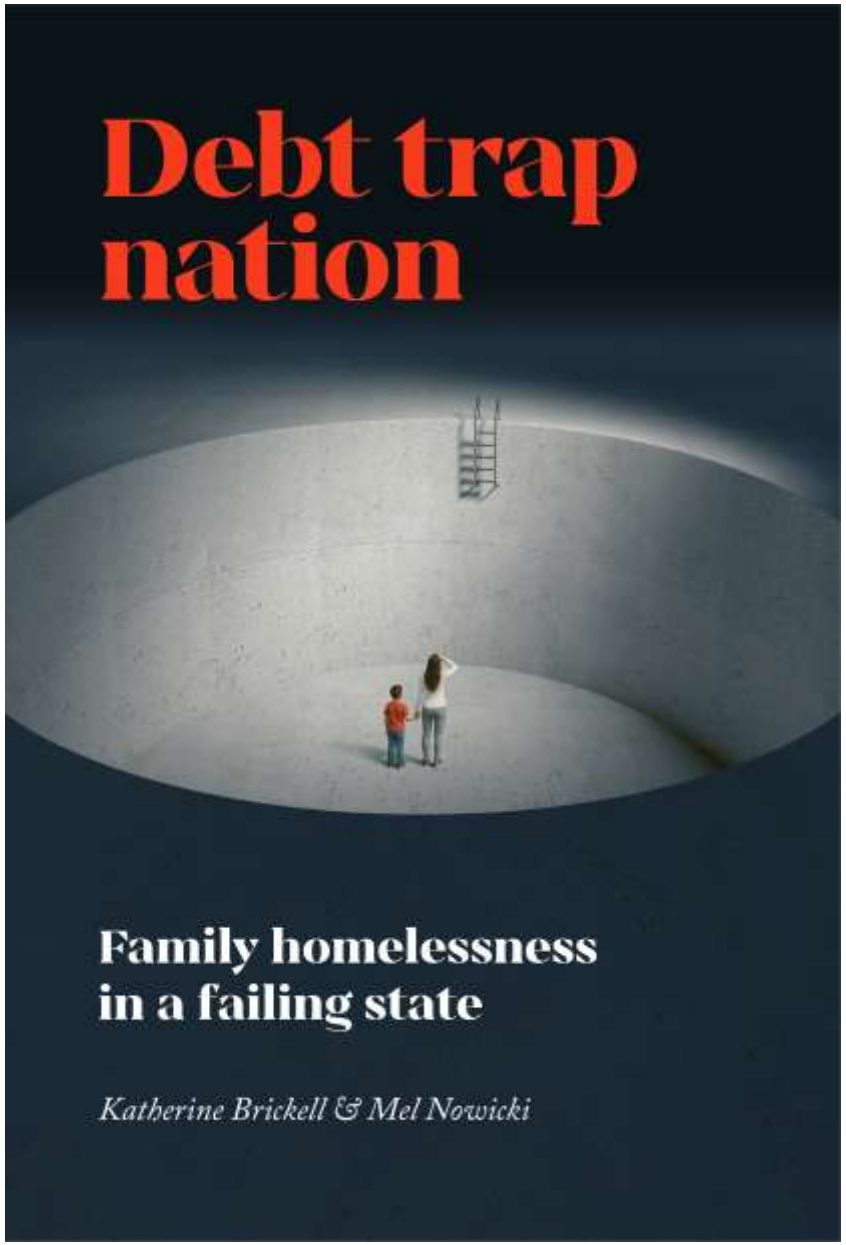
SENSORY LIVES

Neurodiverse children and families in temporary accommodation

Katherine Brickell & Rosalie Warnock

LEVERHULME TRUST
KING'S College LONDON
Shared Health Foundation.



Out 10 October 2025 with Agenda

Child and family homelessness in England

- 165,000+ children in England who are homeless and living in temporary accommodation (MHCLG 2024)
- They would fill the O2 arena 8 times over
- 1 in 23 children in London is homeless
- Estimated population of 400,000 children in temporary accommodation by 2030 (Justlife 2024)



Temporary accommodation (1)

- Local authority-provided TA = Hotels, B&Bs, private hostels, short-stay Houses of Multiple Occupation (HMO), and other emerging forms of provision such as modular developments, shipping containers, and converted office blocks
- 80,532 households with dependent children living in TA = 64% of all households in TA (MHCLG 2024)
- Latest figures show 3,470 families in England surpassed the statutory 6-week limit in Bed and Breakfast (B&B) hotels (MHCLG 2024)
- Children in TA months, years and sometimes their entire childhood



IKEA/Shelter ‘Real Roomset’, 2023

Temporary accommodation (2)

- Families confined to small spaces without access fridges, microwaves, or kitchens
- Forced to make multiple moves between TA, at speed, locally, across administrative boundaries, or across the country
- Children moved far away from their schools and lifeworlds as local authorities, particularly in London, try to source cheaper accommodation elsewhere
- Angela Rayner, Deputy Prime Minister and Housing Secretary: children in TA is ‘a national scandal’ & ‘the most acute housing crisis in living memory’



The Magpie Project campaign postcard, 2024

The impacts of temporary accommodation on children

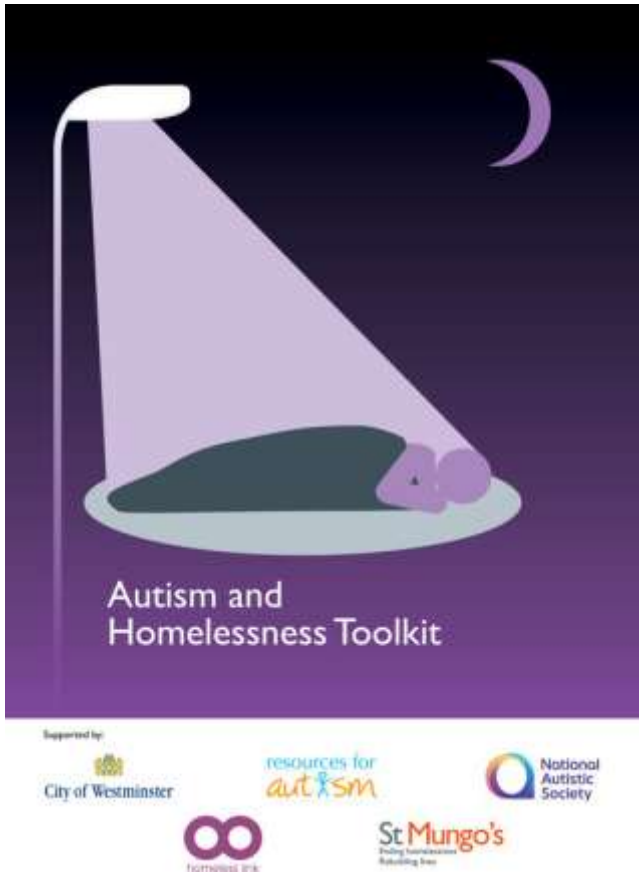
- Children with unstable housing who move multiple times in their childhood are less likely to achieve five GCSEs (Children's Commissioner, 2025)
- Local authorities often do not inspect the conditions of the TA they use = the quality of the accommodation can be completely unsuitable for the needs of children (MHCLG, 2025).
- 80 children died in TA in the last year (APPG for Households in Temporary Accommodation, 2025)



APPG for Households in Temporary Accommodation campaign, 2024

The impacts of temporary accommodation on neurodivergent children (1)

- Statistics often combine different forms of disability and do not refer specifically to the children in homeless households = there is a lack of robust data about the numbers of neurodiverse children living in TA
- How neurodiversity intersects with homelessness is still a relatively unexplored area
- Studies mostly focus on adults (Blood et al, 2023; Kirby, 2023; Wright and Bryceland, 2024; Campbell and Win, 2015)
- Aimed for awareness and practice improvements via *Autism and Homelessness Toolkit* (Groundswell 2020) & *Autism: A Guide for Practitioners within Housing and Homelessness Services* (Neurodivergence Wales, 2019)



The impacts of temporary accommodation on neurodivergent children (2)

- Worsening of hyperactivity or lack of attention (Garvie et al, 2023)
- Challenge of sensory-processing needs being met in the TA environment which is often poor quality, small, and where modifications aren't permissible (Corr, Holland and McKinstry, 2023)
- Challenge to keep neurodivergent children safe in TA given hazards in their surroundings that parents have little control over (Shelter Scotland, 2025).
- Recommendations have been made that the housing selection and allocation schemes should take neurodiversity into account (Shelter Scotland, 2025; Corr, Holland and McKinstry, 2023)
- Neurodivergent children should have reasonable adjustments made in TA to accommodate their needs and safety (Shelter Scotland, 2025).

SHELTER
SCOTLAND

The Sensory Lives Project: Research with families in Greater Manchester

- Jan 2025 – Dec 2026
- Small-scale research project, ultimately about developing inclusive, child-friendly methods
- Project Partner: Shared Health Foundation, Greater Manchester
- Three stages to the research:
  - Interview with parents
  - Sensory research with neurodivergent children
  - Co-designed children's mobile playhouse tent that mimics sensory experiences of TA (UK tour 2026)
- Plus a National Call for Evidence...

The Sensory Lives Project: Neuro-inclusive, child-led research

- Does "inclusive research" (Holt et al., 2019) go far enough?
  - Move towards "empowering research" (Holt, 2024, p.24)
  - 'Children with SEND are five times more likely to be excluded from school' (Children's Society, 2022)
- UN Convention on the Rights of the Child (1990)
  - Article 12: CYP should have a say in the decisions made about them (to express their views freely) and that this should be given due weight (according to age/maturity)
  - Article 13: CYP have the right to impart information 'either orally, in writing or print, in the form of art, or through any other media of the child's choice'
  - Lundy (2007) 'voice is not enough': children need the right to 1 – Space; 2 – Voice; 3 – Audience; 4 – Influence (p.933)
- Neuro-inclusive research (Dark, 2024)
  - 1 – Respect; 2 – Representation; 3 – Learn and Experiment; 4 – Remove Barriers; 5 – Inclusion of Participants; 6 – Actionable Outcomes; 7 – Language Choices; 8 - Dissemination



The Sensory Lives Project: Sensory Research Methods

- Neuro-inclusive recruitment
  - In conversation with our advisory board
  - Careful, staged process
  - Child-friendly, visual, information and assent documents
  - Participant compensation



- Methods
  - Talking Mats
  - Photo voice
  - Arts & crafts





The Sensory Lives Project: National Call for Evidence

- In partnership with the APPG for Households in Temporary Accommodation, Autistica and the Shared Health Foundation
- The first UK-wide national call for evidence into the experiences of homeless families with neurodivergent children living in TA
  - Inclusive design (focus groups with parents and practitioners to shape the Qs)
  - Capture diverse experiences from across the UK
  - Deeper evidence base to effect policy and practice change
- Call now open until 20 June
- https://www.sensorylivesproject.org/national-call-for-evidence
- Findings to be launched in Westminster via APPG HTA in late 2025 / early 2026

appg Households in Temporary Accommodation

Shf. Shared Health Foundation.

autistica



SENSORY LIVES

King's College London

UKRI Research England

Leverhulme Trust

appg Households in Temporary Accommodation

Shared Health Foundation

autistica

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Rosalie Warnock
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Project website
sensorylivesproject.org



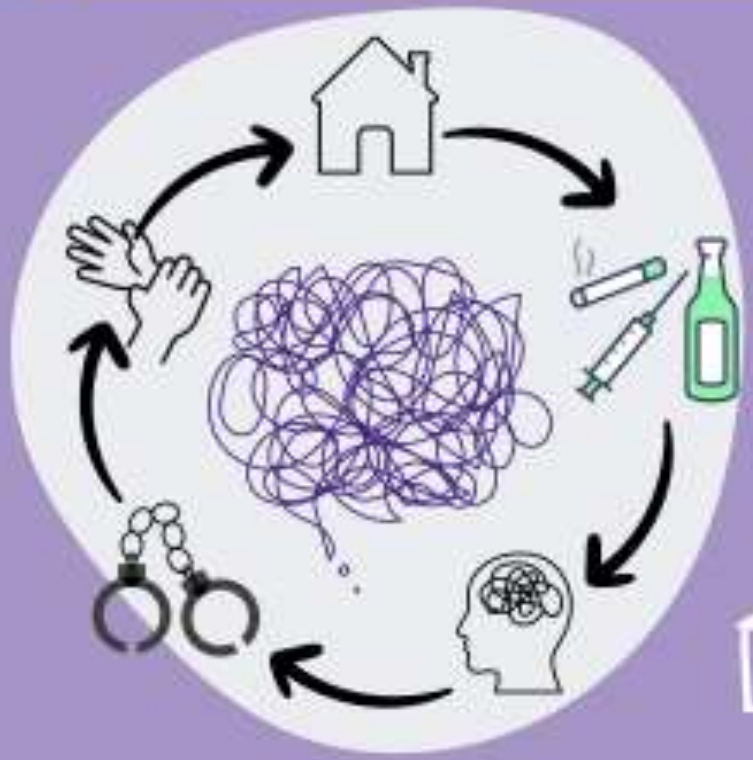
Working towards Neurodivergence-affirmative services for people experiencing homelessness in Nottingham



Dr Amelia Draper
Changing Futures Nottingham
Amelia.Draper@frameworkha.org

What is Severe and Multiple Disadvantage?

Severe and Multiple disadvantage (SMD) refers to people who experience a combination of 3 or more of the following issues:



- **Homelessness**
- **Poor Mental Health**
- **Substance use/ Addiction**
- **Contact with the Criminal Justice System**
- **Domestic and sexual violence and abuse**

People may also face other sources of disadvantage, such as **health inequalities, poverty** and community **isolation**

The compounding effects of the above, and the stigma associated with them, make it very challenging to access and engage with support. Learn more here: [Practice Development Unit | nottinghamcvs.co.uk]

What is Neurodiversity?

A term to recognise and celebrate that every person's brain is different and that there is not one "right" or "best" way for a human brain to work



What is Neurotypical?

A person who's brain functions in a way that is close to the average brain.



What is Neurodivergent?

A person whose brain functions significantly different to the average brain. This means they have different strengths and challenges from people whose brains don't have similar differences.

1 in 7 (14%) people in the UK are neurodivergent, although this is likely to be an underestimate.

Examples of Neurodivergence

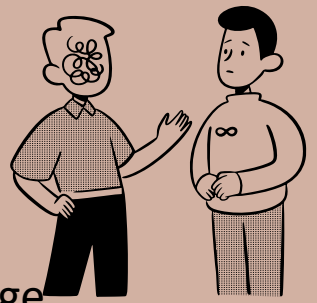


- Developmental – ADHD, Autism, Dyslexia, Dyspraxia, Tourette's Syndrome
- Acquired Brain Injury – trauma induced, alcohol induced, stroke, tumour
- Chromosomal – Down's Syndrome, William's Syndrome
- Psychiatric – Schizophrenia, Bi-polar, OCD

Common Neurodivergent Traits

Communication Differences

- Eye contact
- Body Language
- Missing social cues
- Facial expressions
- Literal interpretation of language
- Speech



Sensory Differences

- Movement
- Light
- Sounds
- Texture / feel of objects
- Taste
- Smell
- Space
- Temperature
- Can be over or under sensitive





Executive Functioning Differences

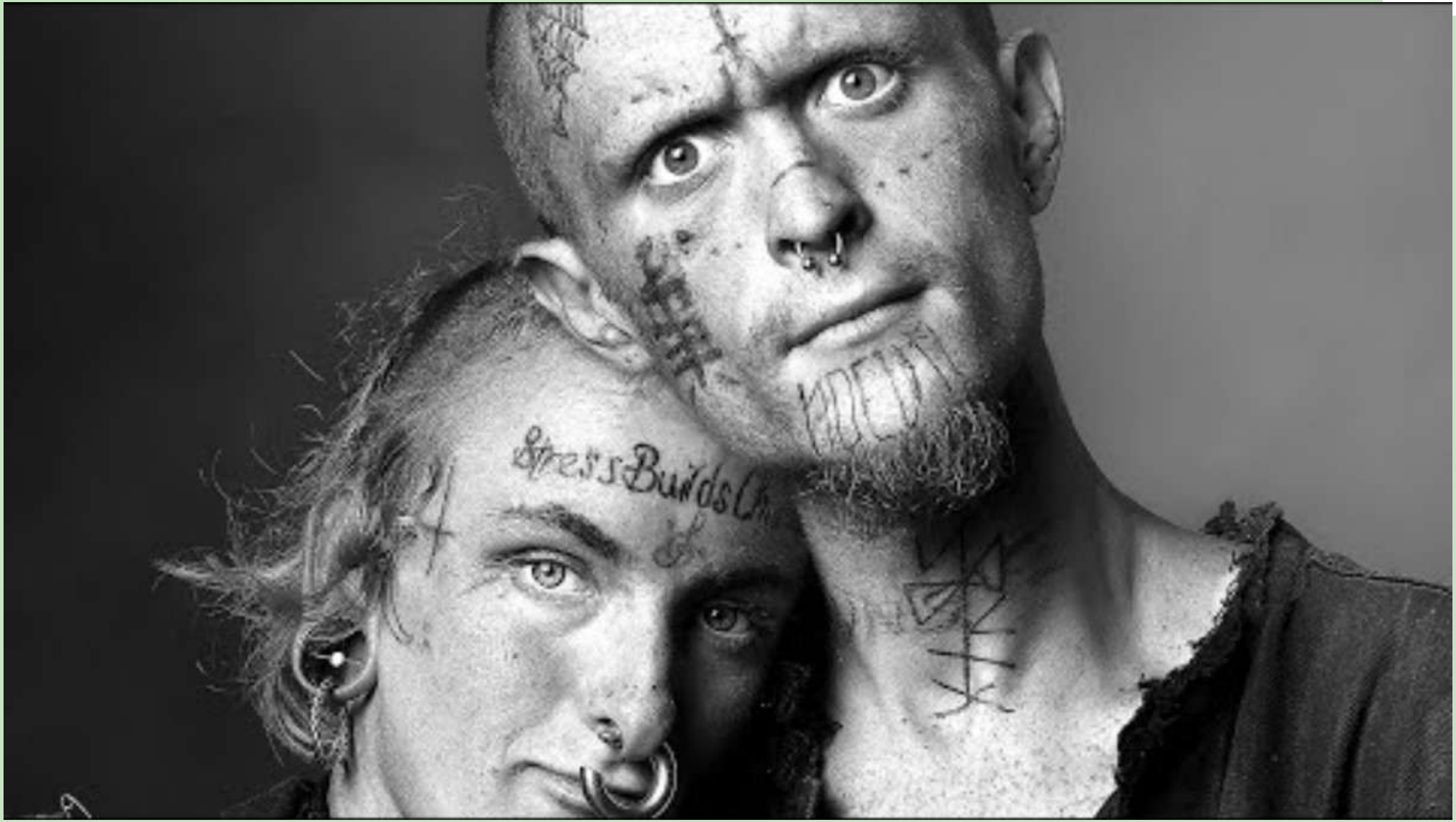
- Motivation
- Organisation
- Working Memory
- Emotional control
- Impulse control
- Prioritizing
- Self-monitoring
- Flexible thinking





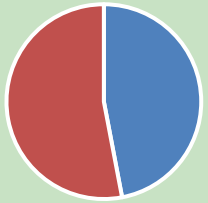
Sid and Max:

changing FUTURES
Believing in people. Inspiring change.



Why it's important to think about neurodivergence in homelessness services

TBI homeless population





48% of the homeless participants reported a history of traumatic brain injury

90% indicated that they had sustained their first traumatic brain injury before they became homeless (Oddey et al., 2012).

TBI general population



ADHD homeless population

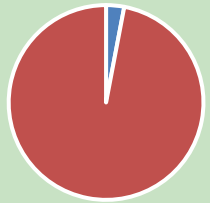




64% homeless samples reporting ADHD (Gallagher, 2023)

People with ADHD experiencing homelessness had more diagnoses of major depression, bipolar, antisocial personality disorders, substance use, anxiety disorders and conduct disorder, than people without ADHD experiencing homelessness.

ADHD general population



Autism homeless population





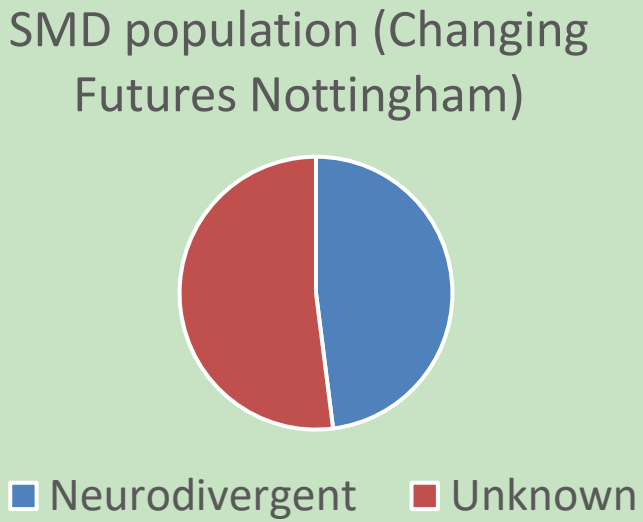
19% homeless samples reporting Autism (Gallagher, 2023)

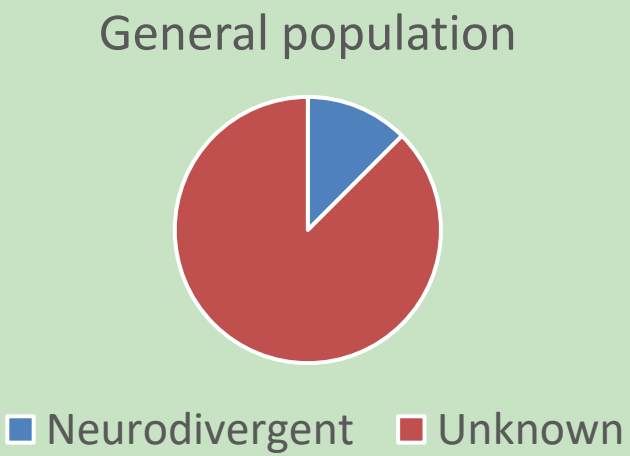
Autistic people are more likely to rough sleep due to finding hostel environments challenging. They are also more likely to be homeless for longer, to be isolated from friends and family, face more barriers when using homelessness services, have low employment rates and are more likely to be a victim of financial exploitation or sexual abuse than neurotypical people experiencing homelessness.

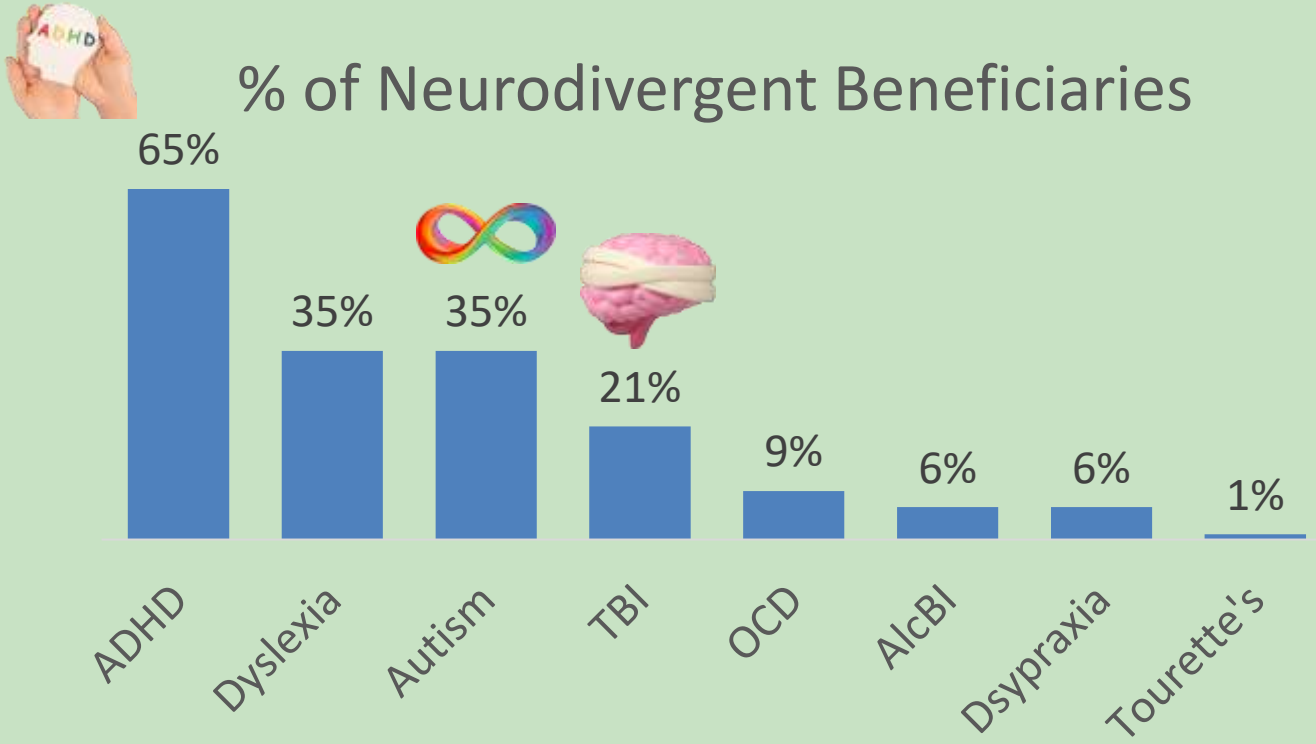
Autism general population



Neurodivergence in people experiencing SMD: Changing Futures Nottingham Beneficiaries







Reasons why neurodivergence in people experiencing homelessness and multiple disadvantage often goes undiagnosed and unsupported



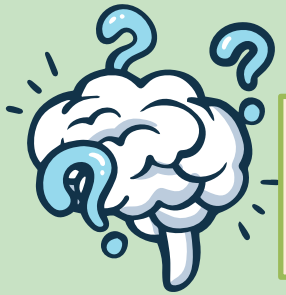
Adverse childhood experiences and disrupted education



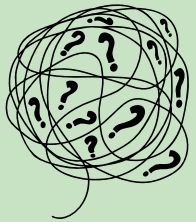


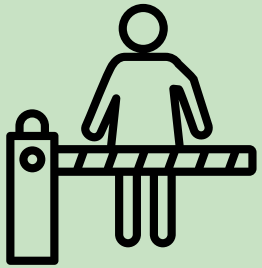
Neurodevelopmental neurodivergence was less likely to be identified, diagnosed or supported in education, particularly in girls





Trauma responses, co-occuring substance use and mental health conditions, means that neurodivergent diagnosis are missed in adults





Long waiting lists for autism and ADHD assessments, the need for an education or family perspective as part of the assessment, and the refusal to assess with current substance use are all barriers to diagnosis in adults



Neurodivergence & SMD Workstream

The Neurodivergence and SMD workstream is a partnership of local organisations, support by the Nottingham City SMD partnership, which is part of Nottingham's Place-Based Partnership.

Our aim is to make lasting changes across the whole system. Services collaborating on this work include: homelessness charities, substance use support services, SMD support services, domestic abuse charities, sex worker outreach services, primary care, probation, police, HM prison service, local mental health teams, public health representatives, SMD lived experience group, neuro developmental assessment services, specialist speech and language therapists in acute mental health, and more.

Neurodivergence & SMD Workstream

The workstream members have identified three key goals to work towards:

1. Training so that services are more aware of neurodivergence and SMD
2. Services that work in a neurodivergence affirmative way
3. Map out local neurodivergence support for people experiencing SMD

Audio clips from members of the workstream are included throughout this presentation, to give you a sense of our collaborative learning approach.



PDU
Practice Development Unit

Training so that services are more aware of neurodivergence and Severe and Multiple Disadvantage

Neurodivergence and SMD learning series You Tube playlist

YouTube

465 people have registered for at least one event in the series.



Learning Series webpage

Neurodivergence and SMD learning serties You Tube playlist

1



Understanding neurodivergence in the context of multiple disadvantage

Led by Caitlin Brooks, Senior Social Worker within Framework's Street Outreach Service

2



How to support the speech, language and communication needs of neurodivergent adults through reasonable adjustments

Led by Kavita Bhikha and Jess Renton, Clinical Lead Speech & Language Therapists in Nottinghamshire Healthcare NHS

3



Developing supportive pathways for neurodivergent adults in prison settings

Led by Allison Woodhead, Neurodiversity Clinical Lead - Offender Health at Nottinghamshire Healthcare NHS Foundation Trust

.

4



ADHD in focus: from diagnosis to daily life

Led by Dr Blandine French, FHEA, Senior research fellow, School of Psychology Institute of Mental Health, University of Nottingham.

5



Psychotherapeutic assessment approaches in the diagnostic assessment of ADHD for adults with severe and multiple disadvantage (SMD)

Led by Lisa Murphy, Chartered Forensic Psychologist and Emma Telling, Assistant Psychologist from Change Grow Live (CGL).

6



The Learning Disabilities and Homelessness Toolkit

Led by Anna Tickle, Consultant Clinical Psychologist from Nottingham Recovery Network.

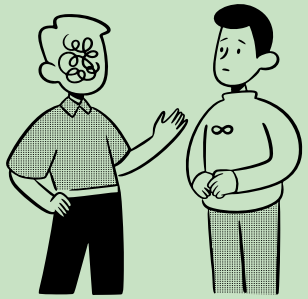
7



Neurodivergence and Homelessness

Led by Nada Kankova, Social Worker from Street Outreach Team within Framework

Services that work in a neurodivergence affirmative way



Communication needs : communication support tool being piloted at city hostels, substance use service, SMD support service and in police custody suites.



Sensory needs: calm spaces at hostels have had positive impact on residents.



Executive Function needs: in person training delivered to frontline staff in homelessness and SMD services, giving them clear tips and advice on how to better support executive function, including meeting sensory needs.







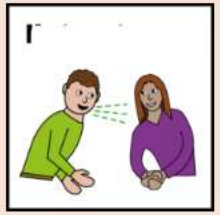
Dorota Stanik: Service Manager, London Road Hostel

Communication support tool



changing FUTURES
Believing in people. Inspiring change.

Good ways to communicate with me



Good Conversations

- Say my name when you talk to me.
  (this helps get my attention)
- Face me when you speak
  (this lets me know you are talking to me)
- Eye contact is hard for me
- ***(It can make me feel uncomfortable, but I am still listening)***
- I need to be told it is my turn to talk
  (prompting can help me know it is my turn)
- Someone I trust can help you get to know me.
- I need to move around when we talk, or use sensory objects to fiddle with.
- Tell me if it is OK to ask for things I need.
  (toilet breaks, changes to the environment)
- I need time to get to know new people.
- I find it hard to ask for help
  (I may not have understood, but will not always let you know)
- It will help me if you write things down
  (appointments, or what we have talked about)
- It is normal for me to swear when I talk
  (It is part of my normal vocabulary)
- I like to know how long a meeting will take



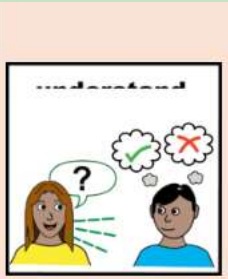
The environment

- I like it to be quiet when we talk
- I do not like bright lights
- I do not like it when it is too hot or too cold
- I like a private place to talk



To help me to talk (express my ideas, thoughts and feelings)

- You can ask me how I am feeling
  (my body language may not always tell you)
- You might need to ask questions in another way to help me answer
  (if I give an unusual answer, reword the question)
- I need you to tell me that it is OK to say what I think
  (I might give answers that I think people want to hear)
- It can help me if you give me choices
  (did you feel excited or scared)
- Pictures and symbols can help me
  (this helps me share information better)
- Talk about one thing at a time
  (this helps me stay on topic)
- Ask me to repeat myself if you have not understood
- I need help to give you more information
  (give me prompts, e.g. 'tell me more about that')



To help my understanding

- Be clear and direct with me
  (say what you mean)
- Use short simple sentences
  (avoid jargon)
- I need more difficult words explaining to me
  (explain words outside of my usual vocabulary)
- Ask me one question at a time
  (this helps me keep track of what we are talking about)
- I sometimes need more time to answer
  (I need time to process what you have said)
- Talk about things in the order they happened or will happen
  (this stops me from getting confused)
- Drawing or writing things can help me understand
  (giving me info I can take away means I can look at it after)
- Tell me how you are feeling or what you are thinking.
  (I cannot always read others emotions)
- Show me how to do things
  (this could be how to contact a service)
- Remind me at the end of our meeting what we have talked about.
  (I find it hard to retain information)
- Ask me to tell you what we have talked about
  (this will help you know I have understood)

Nottingham Recovery Network

Nottinghamshire Healthcare NHS
NHS Foundation Trust

Framework
For your future

Case Study: Communication support card

Hello



My name is Sarah and I am autistic and have ADHD.

I can find talking to people tricky, especially if I do not know them.

I swear a lot if I get stressed or overwhelmed, I often do not realise I am doing this. Please do not take it personally or as me being rude.

I also struggle a lot in social situations with lots of people, and will probably have my hood up while in appointments.

I will also listen to music or play on my phone while we are speaking, this is to help me concentrate on what you and others are saying. Please do not make me take my ear phones out.

Things you can do to help me:

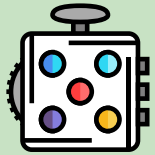
- Do not ask me lots of questions or give me lots of information or choices all at once. Break these down into small chunks I can process and then answer if needed.
- Give me extra time to respond to you and let there be silence while I process what you have said.
- Help me to problem solve and talk through my issues with me.

Autistic people sometimes:

- Struggle with change, new situations and talking to new people
- get very anxious in social situations
- feel overwhelmed by lights, noise and too much information
- need extra time to process information, like questions or instructions.
- have meltdowns or go into shut down if it is all too much.

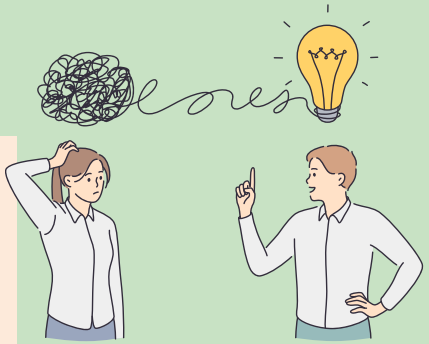
expresses herself.

Drop Curb Adjustments





You don't need to know someone is neurodivergent to make changes to how you work to benefit everyone, including:



Communication support (ask and understand preferences, use direct & plain language, check understanding, be clear what you expect of someone, give more time to respond, reduce environmental distractions, active listening)



Calm spaces (soft lighting, comfortable seating, bean bags, quiet)



Trauma informed care

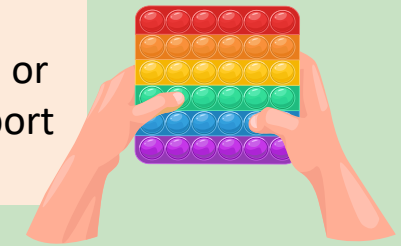


Task initiation and memory support (prompts, reminders, visual aids, break tasks down, repeat instructions)





Incorporate movement (fidget toys, movement breaks, ask if someone would prefer to pace or sit or go for a walk during support sessions)



Avoid black on white text (print on coloured paper, change backgrounds on digital media)

