
HOUSING BLUEPRINT

An Integrated guide to house autistic adults



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DEFINITIONS AND NOTES

We understand that Canadians on the Autism Spectrum have diverse opinions on language and how they wish to be referenced. We want to be respectful of everyone's unique preferences and are following the recommendations of the advocate advisors for this Solutions Lab and will use identity-first “**autistic adults**” in our communication. All terms with an asterisk * have been included in the Glossary on page 8.

This Blueprint was prepared by the **Housing through an Autism Lens Solutions Lab**, an 18-month project funded by the CMHC and the Sinneave Family Foundation. It was the culmination of our journey to better understand the housing experience for autistic adults and how to make change.

THANK YOU TO ALL WHO CONTRIBUTED THEIR STORIES AND EXPERTISE IN THE HOUSING THROUGH AN AUTISM LENS SOLUTIONS LAB AND TO THE LAB PARTICIPANTS WHO CO-CREATED THE HOUSING BLUEPRINT. WE HOPE THAT IT CAPTURES YOUR EXPERTISE AND GUIDE FUTURE HOUSING DECISIONS TO CREATE BETTER, MORE EQUITABLE AND EMPOWERING HOUSING EXPERIENCES FOR AUTISTIC ADULTS.

BLUEPRINT DESCRIPTION

A blueprint is a guide for making something — it's a design or pattern that can be followed. This blueprint is a guide to positive outcomes in housing for an autistic person no matter where they are in their adult life course or whatever their needs. The blueprint ascertains that housing cannot be perceived as only bricks and mortar and that solutions must be integrated and involve all players in the system. It fosters a common language around the key elements and requirements to be considered in making housing decisions, designing, or retrofitting spaces, and establishing safe and supportive housing environments.

It works to change the assumption that housing decisions should be “done for” or “done onto” autistic adults. Instead, through focusing on self-determination, it urges individuals and families, organizations, policy makers, planners, and designers to think holistically about housing solutions and develop individualized solutions, based on what the system has collectively voiced.

USING THE BLUEPRINT

The blueprint could be used by autistic adults, their supporters, and all players of the housing system to navigate making housing decisions and finding housing solutions for autistic adults. The blueprint can be used as an ongoing tool not only to make initial housing decisions; however, to revisit and evaluate how housing contexts are changing as autistic adults progress through life.

For all users, it is essential to keep the autistic perspective at the centre of change to honour “nothing about us without us.” This means that there is a constant stream of input and discussion and feedback as changes are implemented.

INDIVIDUALS AND FAMILIES

The blueprint can be used to assist and advise individuals on key elements to consider when making housing decisions. The elements and their requirements should be used as a tool for individuals and families to evaluate and contemplate to guide housing solutions.

Whether an autistic individual and their supporters are planning for a new housing situation or a move, or they are trying to maximise their existing housing setting, the blueprint poses essential elements and requirements to examine. Each person will then be able to interpret each requirement based on their situation and ideate possible outcomes based on their needs, accessible resources, support etc.

ORGANISATIONS

The lab emphasized that housing is a determinant of overall wellbeing and intersects with many social services and organisations working to improve the lives and outcomes for autistics and their families. Organisations working with and for autistics should consult the blueprint to support housing security amongst their clients and to inform their work in areas such as support and care provision, skills development, mental health, food security, and education. Organisations can also use the blueprint to act as systems navigators for their clients that are making housing decisions and transitions to ensure that the autistic adult is on the right track.

POLICY MAKERS

The blueprint can also be used as a guide for developing inclusive and robust policies, public priorities, and practices. Policy makers, city planners, and thought leaders can consult the blueprint to determine how to design housing policy that enables autistic adults to thrive. It highlights the different lenses and intersectionality to consider when thinking about “housing” including mental health, supports and services, safety, and agency.

DESIGNERS

The blueprint can also be used as a guide for designers when considering developing or renovating new housing. Builders can consult the blueprint to determine how to design spaces that enable autistic adults to thrive. It highlights the different lenses and intersectionality to consider when thinking about “housing” including mental health, supports and services, safety, and agency.

HOUSING PROVIDERS

This is a broad category to capture all people working within housing – landlords, real estate agents, property managers, community housing organisations, condo associations etc. Being autism-informed* in their work is essential for autistic adults to achieve housing security and to ensure that their needs are understood and met by the housing system. Housing providers can use the blueprint to inform how they work with autistic clients, present information, make accommodations, and design spaces that are empowering for autistics.

BLUEPRINT ELEMENTS

Each element contains a list of requirements and subsequent questions to secure suitable housing for autistic adults. The requirements describe the key aspects, factors, or conditions of the element to be successful. They were derived from the entire Housing through an Autism Lens Solutions lab and represent what the system, beyond housing, has told us about what makes a safe, secure, and empowering housing experience for autistics.

SELF DETERMINATION*

Requirements

- The autistic adult has made their own decisions or been supported to make decisions about their housing using communication tools and methods that enable them to make decisions
- There is an intrinsic motivation for the autistic adult to find a suitable housing situation that matches their desired level of independence
- There is access to skills training and support with essential activities of daily living (budgeting, cooking, etc.) for the autistic adult to thrive in their desired housing situation.
- There is access to skills training and support to navigate their environment (e.g. can use the bus system or O-train) for the autistic adult to thrive in their desired housing situation

Questions to consider

- Has this process been accessible and understandable?

MEDICAL AND MENTAL HEALTH SUPPORT

Requirements

- There is primary care* (e.g. hospital, medical clinic, emergency services etc.) available nearby.
- There is access to medical care from autism-informed professionals.
- There is access to mental care from autism-informed professionals.
- There is access to affordable and suitable food that meets requirements.
- There are opportunities to access physical activity.

Questions to consider

- Is there potential to have coordinated care?

COMMUNITY CARE, POSITIVE RELATIONSHIPS, AND SOCIAL CONNECTION

Requirements

- There are opportunities for positive interactions and social connections with those nearby.
- There is access to a community connector.
- The housing situation enables and maintains healthy relationships
- There is a way to have a pet, if desired.

Questions to consider

- Are there opportunities to get involved in the community? (e.g. taking care of garden)

FINANCIAL AND ECONOMIC STABILITY

Requirements

- There is a reasonable plan to afford monthly rent and utilities.
- There is a way to afford additional personal expenses (e.g. food, clothing, cell phone, entertainment, transportation).
- There is a reasonable plan to pay for the necessary support to thrive in their desired housing situation.
- There is a plan to administer and manage finances*.
- The housing situation enables employment if desired and available.

Questions to consider

- Is the autistic adult financially literate or do they have support around financial literacy?
- Is there a plan for ongoing financial expectations, expenses, or possible fluctuation in income?
- Is there a way to access information about subsidies and new benefits?

HOUSING INFRASTRUCTURE AND SUITABILITY

Requirements

- The built environment (e.g. the structures and surroundings) is a good fit (e.g. condo high-rise/detached home, urban/rural or alone/with others) and meets any requirements.
- The built environment meets [sensory requirements and sensitivities](#)*
- There is access to key spaces (e.g. food, employment, recreation, green spaces) by foot, bike, car, or public transportation.
- There is a way to have a pet, if desired.
- Housing tenancy is reasonably secure (e.g. low risk of tenancy changes)
- There is an accessible tool for the autistic adult to use that helps clarify rules, expectations, and directives.
- There is a plan to maintain the unit, including cleaning.

Considerations

- Does the style of setting (unit size, stairs, elevators, 1 level) match the autistic adults' desired outcomes?
- Are the lease implications and requirements understood?
- Is this a new building?
- Can the autistic adult complete a sensory assessment? What are their strategies?

PHYSICAL, EMOTIONAL, AND SOCIAL SAFETY

Requirements

- The autistic adult feels safe in this housing situation.
- There is a culture of bystander intervention (e.g. will intervene when something is not right).
- There is a low risk of being exposed to abuse (e.g. physical, emotional, or financial) in the housing situation.
- There are diversity, inclusivity and anti-abuse policies and practices for the housing situation (including an accountability mechanism).
- There is a crime prevention strategy for the housing situation.

Considerations

- Is the landlord autism informed?
- What is the history of violence in or around the dwelling?
- Is there an opportunity to informally speak to 2 or 3 people about the dwelling and neighbourhood?

SUPPORT SYSTEMS, INCLUDING NATURAL AND PAID SUPPORT

Requirements

- There is access to choices for supported living.
- Support provided is person-centred.
- Support services are coordinated among service providers and the broader web of support systems.
- Supports are flexible and can meet changing needs throughout the adult life-course.

Questions to consider

- Can one's existing support integrate into this housing setting?
- Are the support opportunities and barriers in the housing situation well understood?

TECHNOLOGICAL SUPPORT AND OTHER TOOLS

Requirements

- There is an Internet connection.
- Technological supports are accessible in the housing situation, including communication tools.
- There is access to skills training and support with increasing technological capacity for the autistic adult to thrive in their desired housing situation.

FOUNDATIONAL ENABLING FACTORS OF POSITIVE HOUSING OUTCOMES

Throughout the lab, enabling factors of housing solutions emerged as catalyses of housing solutions. These are presented below with questions that encourage systems-level change to support and enable autistic adults to thrive. Again, we have no specific prototype ideas nor solutions in each but rather, broader questions that must be addressed to advance housing outcomes for autistics.

EDUCATION AND PUBLIC AWARENESS

Education and public awareness describe the collective narrative about autism and how people, organisations, institutions, and policy is or is now autism-informed* centred around the following questions.

- What does the public know about autism?
- How are families supported to learn more about autism and how to support an autistic family member?
- How are autistics stigmatised in society and how does this connect to housing insecurity?

EQUITABLE AND INCLUSIVE POLICY AND PLANNING

For any solution to be sustainable and supported by society, there needs to be equitable and inclusive policy and planning to include autistic voice and self-determination* centred around the following questions.

- What is the public narrative about autism and how does this influence policy-making and public planning?
- Is there a political champion at the upper level and around the council table who can forward our interests?
- How can we leverage municipalities to connect advocacy groups in search of housing solutions with developers and property managers?
- How can we support new housing development for autistic adults?
- What government subsidies need to change to enable autistic adults to access and maintain safe and secure housing?
- How can we encourage and expect more inter-ministerial collaboration for autism issues?

SYSTEMS NAVIGATOR

The Lab participants described the importance of having support centred around systems navigation – someone to facilitate among complicated and interrelated systems. Systems navigators can act as the primary source of communication between the interdisciplinary team and individuals, acting as an advocate to guide and support autistics to make decisions and through transition throughout the life course. This could be a family member, peer, support worker, or organisation; however, consistency and dependability within this role are essential.

UNIVERSAL DESIGN PRINCIPLES

Universal Design is the design and composition of an environment so that it can be accessed, understood, and used to the greatest extent possible by all people regardless of their age, size, ability, or disability. Typically, it contains 7 principles, ideated by a working group of architects, product designers, engineers, and environmental design researchers, at North Carolina State University.

- Principle 1: Equitable Use
- Principle 2: Flexibility in Use
- Principle 3: Simple and Intuitive Use
- Principle 4: Perceptible Information
- Principle 5: Tolerance for Error
- Principle 6: Low Physical Effort
- Principle 7: Size and Space for Approach and Use

GLOSSARY

ASD

ASD is the acronym used for “Autism Spectrum Disorder”. It is often shortened to Autism.

Autism

The clinical model defines Autism, or Autism Spectrum Disorder as a lifelong neurodevelopmental disorder that affects the way a person communicates and relates to people and the world around them. It can affect body language and posture, social interactions, and relationships, how you engage with your interests, and sensory processing capacities.

Autism exists in all cultures, ethnicities, races, and gender identities.

While the Public Health Agency of Canada references the Diagnostic and Statistical Manual of Mental Disorders (DSM5) in classifying autism as a disorder, many autistic people prefer the terms, neurological “difference” or “condition,” which remove the negative associations with the word, “disorder.” Being autistic means that your brain may process information differently than non-autistic, or neurotypical, people.

Autism exists on a spectrum, which means that while all people on the spectrum will experience some of the differences mentioned above, the degree to which each autistic person experiences them and the amount of support they need, will vary. This is sometimes influenced by whether the person on the autism spectrum has any co-occurring health conditions. It is also influenced by the accessibility and relative safety of the environment and society autistic people inhabit; a society that we all contribute to and live in.

Autism-informed

Knowledge empowers. Autism-informed means gaining awareness about ASD and its prevalence, implications, and how to support individuals and their families. We see that this extends from holding knowledge to acting differently in ways that encourage autistic self-determination and being open to change.

Built Environment

The term, built environment, refers to the human-made surroundings that provide the setting for human activity, ranging in scale from buildings and parks or green space to neighbourhoods and cities that can often include their supporting infrastructures, such as water supply or energy networks.

Self- determination

Acting as the primary causal agent in one’s life and making choices and decisions regarding one’s quality of life free from undue external influence or interference.

Sensory sensitivities

All individuals have varying degrees of sensitivity and have varying ways of outwardly responding and expressing their awareness of these sensitivities. These include:

- Sights
- Sounds
- Smells
- Tastes
- Touch
- Balance
- Awareness of body position and movement
- Awareness of internal body cues and sensations

For more specific design considerations, please visit the SHEDD tool: <https://toolshedd.ca/>

Administer and manage finances

Administering and managing finances done by a not-for-profit broker (e.g. Durham Association for Family Resources and Support, Windsor Essex Brokerage for Personal Supports) that:

- Administers Individualized Funding Contracts (includes SSAH, Passports)– broker or hold funds in trust.
- Administer payroll for support workers including setting up a payroll account with CRA, coordinating receipt of invoices, processing payroll, preparing government remittances and filings.
- Administer payment to self-employed support workers on behalf of families.
- Assist families with general accounting guidelines and basic requirements.
- Provide information related to employee issues, Employment Standards Act and Labour Laws.
- Income tax preparation service provided at a not-for-profit rate – this is provided for anyone interested in the service.

Primary Care

In Canada, Primary health care serves a dual function in the health care system:

- Direct provision of first-contact services (by providers such as family physicians, nurse practitioners, pharmacists, and telephone advice lines); and
- A coordination function to ensure continuity and ease of movement across the system, so that care remains integrated when Canadians require more specialized services (with specialists or in hospitals, for example).

Primary health care services often include:

- Prevention and treatment of common diseases and injuries
- Basic emergency services
- Referrals to/coordination with other levels of care (such as hospitals and specialist care)
- Primary mental health care
- Palliative and end-of-life care
- Health promotion
- Healthy child development
- Primary maternity care
- Rehabilitation services

Universal design

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