



Safe and Sound:

TIPS TO CONSIDER WHEN LOOKING FOR COMPATIBLE HOUSEMATES

When moving to a new living situation with others, a person with Intellectual or Development Disability may need support in thinking through important issues that could affect their happiness and safety. It is important for support teams to come together to think and talk about how two or more individuals living together might impact each other's physical and mental/emotional health. Everyone must truly be safe and feel safe together.

Remembering that "past behavior often predicts future behavior" can help team members objectively assess a proposed housemate situation. Considering how each individual may view the situation can also help ensure that proposed housemates are compatible and safe living together.

Consider compatibility and safety early. The best time to consider these matters is soon after the Provider is selected. Early assessment of safety and compatibility prevents interpersonal friction which can ultimately cause the living arrangement to fail. This also can prevent a situation where the team feels "locked in" to a situation that has progressed too quickly. As part of this process, the teams for all individuals involved need to share and discuss relevant information.

The following tips can help teams consider some issues affecting housemate compatibility and safety:

DOES ANYONE IN THE PROPOSED LIVING SITUATION HAVE FRAGILE HEALTH?

- Are there behaviors that significantly increase the chance of injury for those with fragile health?
- Will others' behaviors take away too much staff time away from the person(s) who have fragile health?
- Does some major life support or medical treatment occur in the home that could be interrupted or impaired by others' behavior? (Examples: Dialysis, Ventilator, Oxygen use/fire risk, risks to delicate and expensive medical equipment that may be hard to replace.)
- Does some major life support or medical treatment occur in the home that could be interrupted or impaired by others' medical condition? (For example: communicable disease?)
- Does anyone have water toxicity? Will others interfere with preventing their ingestion of too much fluid?
- Does anyone have immune deficiency? If so, avoid living situations that increase the risk of infection: smearing feces, others who are excessively messy or who don't keep areas clean, others who have communicable diseases.

DOES ANYONE IN THE PROPOSED SITUATION HAVE PICA?

- Will others present a risk to the person who has PICA by tending to leave swallowable non-edible items around the environment?
- Are there going to need to be a lot of small medical supplies around the environment? How will this increase the risk of PICA for the person?

DOES ANYONE IN THE PROPOSED SITUATION SELF-ADMINISTER MEDICATIONS?

- Would others' behavior interfere with a person who self-administers meds?

DOES ANYONE IN THE PROPOSED SITUATION HAVE SIGNIFICANT MOBILITY/PERCEPTUAL LIMITATIONS?

- People who are not ambulatory or who use wheelchairs often cannot defend themselves from people who engage in physical aggression. Likewise, people who have serious perception deficits may not be able to adequately see or hear the risky behaviors of others. These individuals cannot escape situations easily and are vulnerable to others who are larger, faster, or stronger.
- When does such a situation become unsafe? How frequent and serious would the risk be?





DO ANY OF THE INDIVIDUALS REACT STRONGLY TO STRESS? IF SO, IT MAY BE OVERLY STRESSFUL IF A HOUSEMATE:

- Has frequent unplanned hospitalizations/ER visits causing stress/disruption of supports.
- Tends to have frequent aspiration/severe asthma.
- Frequently experiences uncontrolled or chronic pain.
- Frequently has a severe seizure.
- Tends to frequent elopement (this can frighten others and disrupt supports).
- Has a terminal condition.
- Has a serious communicable disease.
- Smears feces.
- Engages in drug or alcohol abuse.
- Engages in self-abusive behavior (examples: cutting, head banging).
- Causes Law Enforcement to come to the home frequently.
- Tends to be an extreme and frequent fall risk.
- Has very invasive or “scary-looking” medical equipment or treatments in the home.
- Experiences water toxicity frequently.
- Experiences delusional or paranoid behavior frequently.
- Makes false allegations.
- Dominates or controls others.
- Sets fires.
- Engages in physical aggression against items which causes collateral damage to others.
- Tends to disrupt the home environment frequently.
- Must live in an environment where many items are locked up.
- Steals money or other precious items.
- Has friend, family member, or romantic relationships with people whose social behavior creates major conflicts.
- Tends to destroy others’ possessions.
- Makes verbal threats (whether or not they are carried out).
- Scams housemates/roommates.
- Has views that are greatly divergent from the other housemates.

DOES ANYONE IN THE PROPOSED SITUATION HAVE NO OR VERY LITTLE AWARENESS OF DANGERS?

- If so, they should not live with others who tend to create dangerous situations for them.

IS A PROPOSED HOUSEMATE A SEXUAL OFFENDER OR DO THEY ENGAGE IN SEXUALLY ABERRANT BEHAVIOR?

- Is there a risk to others? How realistic is it that risk to others can be adequately mitigated by staff action?
- Would others want to live with them?
- Sexual aggression can be a significant danger for someone who can’t give consent.

DOES A PROPOSED HOUSEMATE ANTAGONIZE NEIGHBORS OR OTHERS OUTSIDE THE HOME? (includes misuse of social media)

- Does this increase the risk of someone from outside the home creating problems for the housemates?

ARE THERE LIKELY TO BE SEVERE COMMUNICATION ISSUES?

- Can the proposed housemates communicate with/understand each other? Consider whether limited communication among housemates would be a major source of stress/friction in the home.

