LEARNING DISABILITIES AND HOMELESSNESS

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LEARNING DISABILITIES AND HOMELESSNESS

(Created April 2022)

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Language used in this toolkit

The terms 'learning disabilities' and 'intellectual disabilities' mean the same thing. Use of 'intellectual disabilities' reflects international changes in diagnostic categories, research and clinical practice. It aims to avoid confusion, as 'learning disabilities' is sometimes wrongly assumed to refer to 'specific learning difficulties', such as dyslexia. The term 'intellectual disability' is considered problematic by those supporting people with a learning disability[1] and people with a learning disability themselves[2,3]. This toolkit uses the term learning disabilities, but with the recognition that commissioners and service providers may use 'intellectual disabilities'.

Introduction

'Learning disbilities' refers to significant life-long impairments in brain development, which can impact somebody's ability to learn or understand and use complex information. This significantly impairs daily activities or the ability to cope independently, which increases the likelihood of homelessness. A group at particular risk is those with 'mild' learning disabilities: their difficulties may not be obvious and so other people may not provide necessary support.

This toolkit is designed for organisations in England who support people experiencing homelessness and severe multiple disadvantage (SMD), which refers to experiencing some combination of homelessness, mental health problems, substance misuse, offending, and domestic and sexual violence and abuse. Some of the contents may be helpful to those outside England, but information on support services is limited to England.

Staff and managers in services supporting individuals facing SMD can use it to identify when learning disability might be a relevant issue for somebody they support. They can use it to help them make appropriate reasonable adjustments, which might include assisted communication, support with activities of daily living, or support to develop social or practical skills. This toolkit offers a starting point in working towards good practice in supporting people with a learning disability, and signposts to further information and resources. Service managers may also use the toolkit to increase awareness of learning disability generally and inform service processes.

There are lots of resources available towards the end of the toolkit that can further support staff and managers to provide appropriate support for people who may have learning disabilities.

What is a learning disability?

Learning disability refers to lifelong limitations. There are similar diagnostic criteria in both of the major psychiatric diagnostic systems[4,5]. To be diagnosed with a learning disability, somebody must have all of the following:

1. Significant limitations in intellectual functioning (thinking skills).
2. Significant limitations in adaptive behaviour functioning (daily living skills).
3. The onset of the difficulties must have been in childhood.

What do these criteria actually mean?

Significant limitations in 'intellectual functioning' (thinking skills):	Difficulties relating to: • understanding information • reasoning skills • working memory • needing more time to process information. Usually measured by psychologists with a test of 'IQ' (intelligent quotient). An IQ score of 70 or under usually indicates a learning disability, if the person also meets the other criteria.
Significant limitations in 'adaptive behaviour functioning' (daily living skills):	Difficulties relating to skills in: • communication • accessing and using the community • day-to-day math and literacy • home living • health and safety • leisure • self-care • self-direction • social relationships • school or work Adaptive behaviour can be assessed by psychologists and occupational therapists.
Onset in childhood:	Learning disabilities are known as 'developmental disabilities'– they reflect impairments in brain development from early childhood. Limitations in intellectual functioning or adaptive behaviour that develop in later childhood or adulthood (e.g. as a result of brain injury, substance misuse, or neurological conditions) are not considered learning disabilities.

If somebody who has known the person since childhood cannot provide information, there are some things that could indicate onset in childhood, e.g. attendance at special school; needing additional support at school; not completing school or getting any qualifications; or significant behavioural difficulties in childhood. These alone are not definite indicators of learning disability though, as they may relate to other factors, such as adverse childhood experiences.

Severity of learning disability

Learning disability is classified as 'mild', 'moderate', 'severe' or profound', according to IQ score or adaptive functioning. Those with moderate to profound learning disabilities are unlikely to be in contact with homelessness services. Those with what are considered 'mild' learning disabilities are more likely to have their needs missed by others and to have a level of independence that means they are at higher risk of homelessness. It is important to remember that even those with 'mild' learning disabilities may have more difficulty with some skills than 99% of peers of the same age.

What is the social model of disability?

Although learning disabilities refers to impaired brain development, it is important to be aware of what is called the 'social model of disability'. This model understands that people are 'disabled' not by their condition but by the attitudes and structures of society, e.g. as a result of prejudice, ignorance, lack of financial independence, or a lack of adapted and accessible information[6]. If given the right support by those around them, individuals with learning disabilities can develop skills and work towards increased independence, although many will need some ongoing support in place.

Staff working in services can overestimate how capable somebody with learning disability is[7]. This can further 'disable' somebody by setting expectations that the person cannot meet, which may lead to them feeling they have 'failed' and impact their self-esteem. Because of the ways in which learning disabilities affect people, there is a need to adapt services.

If you are supporting somebody with learning disabilities, a helpful starting point is to ask:
"What can I do differently to help meet their needs?"

How do learning disabilities affect people?

Communication

Communication requires a range of cognitive abilities including memory, planning, sequencing, mental flexibility, and generalisation. The Royal College of Speech and Language Therapists reports that up to 90% of people with a learning disability have communication needs[8]. People with a learning disability are more likely than the general population to experience hearing and visual difficulties which are both important in communication. About 10% of people with a Learning Disability are also autistic[9]. A diagnostic criteria for autism is the presence of social communication difficulties.

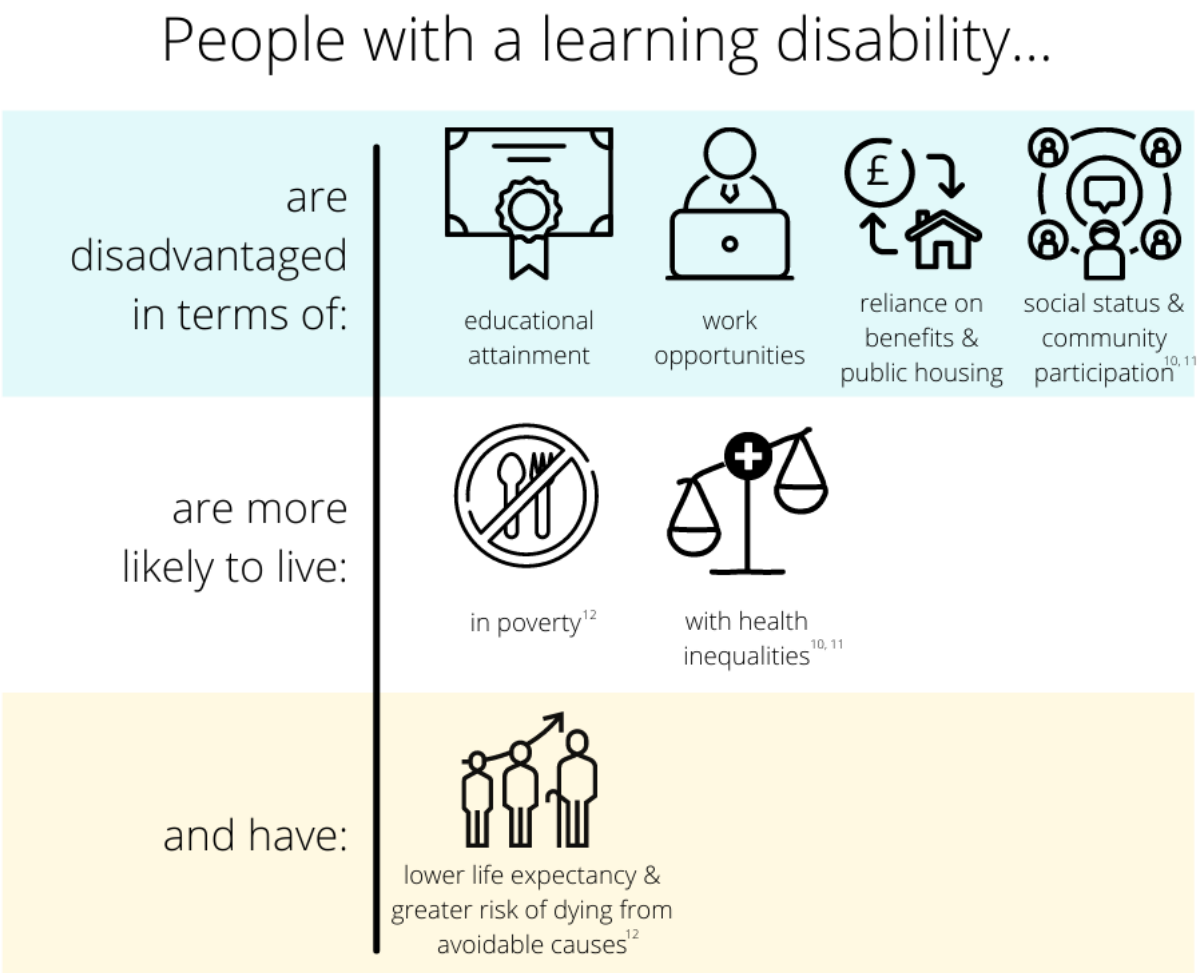
People with a learning disability experience inequalities which in turn can make communication more difficult e.g. being excluded from community participation may lead to a loss of confidence which in turn can lead people to withdraw from communication. Good quality communication can support people to enjoy relationships, pursue their interests, participate in society, and access services they require.

A person with a learning disability may experience difficulties in a range of communication areas such as:

- Maintaining and redirecting attention
- Hearing speech clearly
- Remembering what has been said
- Recognising and interpreting social cues
- Taking longer to learn new and use words
- Understanding written language and symbols
- Being able to quickly evaluate multiple sources of information
- Expressing a range of emotional states, wishes and needs

Inequalities[10, 11, 12]

Under the Equality Act 2010, there is a duty for services to make reasonable adjustments for a person with a learning disability.



Social vulnerability

People with a learning disability are likely to be more vulnerable in relationships, facing greater potential for neglect and financial, sexual and emotional abuse[7].

Although there is no legal definition, 'mate crime' describes the everyday abuses that people with a learning disability can face by people who befriend them for the purposes of exploiting them, including being:

- defrauded
- cuckooed (having your home taken over)
- used to commit crimes for other people
- sexually exploited

Mate crime is a form of learning disability hate crime. It impacts people's physical and mental wellbeing, as well as contributing to homelessness and contact with the criminal justice system[13].

Behaviour

The term 'challenging behaviour' is often used in the field of learning disabilities, reflecting that individuals can behave in ways that cause themselves or others harm and that families or support services can find difficult to manage. This can include repetitive behaviours, self-injury, or aggressive, disruptive or destructive behaviour[14]. However, such behavior usually reflects multiple factors, including an individual's difficulties communicating their frustration or distress in other ways and / or their needs not being met by their environment and those around them.

Over time, somebody may learn that behaving in relatively extreme ways leads to their needs being met. For example people might give them what they want or let them avoid situations they do not want to be in. This reinforces the behaviour, rather than teaching more helpful alternatives to communicate needs. It is important that behavior is understood to function as communication and that supporters focus on meeting the person's needs to reduce the behaviour, rather than punishment, which may increase challenging behaviour, as well as being unethical.

Homelessness

Given socio-economic inequalities and the challenges people with a learning disability are likely to experience in navigating complex housing and benefits systems, people experiencing homelessness are more likely to have learning disabilities than the general population[10]. People with a learning disability can be 'effectively invisible' in homelessness statistics[15] as learning disabilities can be masked by other difficulties or misclassified[16]. There is some evidence that the people with a learning disability become homeless for different reasons to people in the general population. Family relationship breakdown related to the death of a family member or main carer is a risk factor for people with a learning disability becoming homeless[11].

The use of Housing First approaches for people with a learning disability is being explored: findings are that it can be effective for some but that others need more intensive medical, behavioral and addiction support, as well as support for limited adaptive living skills[7].

How can I recognise if a person might have a learning disability?

It is often not possible to tell that somebody has a learning disability. Everybody with a learning disability is unique and will have strengths and abilities, as well as needs. Homeless people with a learning disability have been described as having unique issues because they have a 'cloak of competence', masking poor judgement and decision making abilities[17]. The following are not diagnostic and could result from difficulties relating to mental or physical health or long-term substance use. However, they may indicate that a person has a learning disability:

Personal History	**Cognitive skills**
• Had special schooling or personal support at mainstream school. • Achieved no or very limited qualifications. • Had previous contact with Learning Disability Services. • Has not started or stayed in a job / vocational course. • Has had significant difficulty in living independently.	• Difficulty paying attention. • Needs people to repeat information over and over again. • Seems to have difficulty remembering, processing and using information, even within a short space of time (indicates difficulties with working memory). • Has trouble solving day-to-day problems.
Communication	**Functional Academics**
• Problems with understanding words or speaking complex sentences – may have limited verbal communication or say the same things repeatedly. • Struggles to listen to others or does not seem to make sense of what is being said. • Is very slow to respond in conversation or responds in ways that do not seem to fit with what has gone before. • Limited or excessive non-verbal skills. • Appears easily frustrated in interactions.	• Very limited ability to read or write (except own name, address). • Difficulties completing forms / dealing with letters. • Difficulties telling the time or having a realistic sense of time. • Difficulties budgeting or using money day-to-day, e.g. cannot check change, does not understand value of items. • Difficulties planning shopping and buying appropriate items.
Activities of Daily Living	**Social Relationships**
• Difficulties in staying on task or following directions. • Difficulties in basic living skills. • Personal care/presentation may be poor. • Has limited leisure or social skills / activities or networks. • Limited awareness of danger, difficulty following rules or showing appropriate caution.	• May either avoid asking for help or seem to ask excessively. • Difficulties engaging with support offered, or may seem to struggle with appropriate boundaries around support. • Difficulties in finding the right way to say something. • Is socially vulnerable to exploitation.

Using screening questionnaires

It is also possible to use a screening questionnaire to help identify whether someone is likely to have a learning disability or not. One such tool is the Learning Disability Screening Questionnaire (LDSQ). There is also an equivalent tool for children and adolescents – the Child and Adolescent Intellectual Disability Screening Questionnaire (CAIDS-Q). Both of these tools have a strong evidence-base, are quick and easy to use (taking about 5 minutes or less to complete) and accurate[18]. For example, the LDSQ correctly identifies between 82-92% of those with a learning disability and 84-92% of those without, depending on the setting it is used in. The screening tools can be completed with the person or by someone who knows them well and do not require the person using it to have any particular professional background or training. The use of the screening tools have been found to have a number of benefits for individuals and services, including helping the person to get additional support and improving the accessibility of services[18].

The LDSQ has been used in services for homeless people. The associated research found that staff and service users considered that it would be beneficial as a quick, easy and evidence-based way helping identify people who were likely to have a learning disability; as a way of giving weight and credibility to the requests from homeless to other agencies for extra support for a particular individual and as a means of obtaining information about the prevalence and needs of people with a learning disability, in order to inform the strategy of the service in terms of policy, service development, and delivery.

Recommendations were also made by the stakeholders about the best way to introduce the LDSQ to maximise benefit and reduce any feelings of embarrassment or stigma. These included the LDSQ being introduced by someone the person trusted as a way of potentially helping them[19, 20].

Free online versions of the screening tool are available at:
https://learningdisabilitymatters.co.uk/tools/

How does somebody get an assessment and diagnosis?

Local NHS Learning Disability services (see below) can assess somebody to decide if they have a learning disability. An assessment usually takes at least two appointments.

Be prepared that it can be difficult to diagnose learning disability in individuals who are homeless, as thinking skills and living skills can also be caused by severe mental health difficulties, acquired brain injury and substance use. It can be hard to get information about developmental history (e.g. from parents). The individual's current circumstances, including mistrust of services, substance use and controlling relationships may limit engagement with assessment. However, it is important to support somebody to ask for an assessment if they might have a learning disability and want to find out. It should be professionals who decide if it is too difficult to assess, rather than staff in homelessness services.

If you want to support somebody to get an assessment:

- Make sure they are spoken to about this by somebody they trust.
- Be clear about why you or others are wondering about a learning disability.
- Use a screening tool first if they are willing.
- Make no suggestions or promises about what the outcome will be.
- Make no promises about what support a diagnosis will lead to.
- Give the person time to think about it.
- Be respectful of the person's choice.
- Give them practical support, e.g. to access the GP to ask for a referral to local learning disability services and then later to get to appointments.
- Give them emotional support, e.g. they may be anxious as an appointment approaches or while they await results and so need more support.

How to support people with learning disabilities: Reasonable adjustments

Whether somebody has a diagnosis or not, there are things all staff can do to support people they think might have a learning disability. These things are good practice and unlikely to cause harm, so it does not matter if it turns out the person does not have a learning disability.

Communication

Many homelessness settings are challenging communication environments. They can be noisy and busy. Some buildings are very old or large with confusing layouts. People present may be distressed. A great deal of communication will be in the form of spoken language; people are often under time pressures and so provide a lot of information in one go. Much of the paperwork used in the sector contains legal terms and jargon that are not in everyday use. The good news is there are lots of things that can be done to support communication!

Can be done immediately and costs no money

- Use quieter spaces to speak with the person.
- Turn radios, TVs, staff radios and mobiles off / to silent if safe to do so.
- Use everyday words that are familar to the person.
- Try to avoid asking 'Why / how?'; instead focus on what, where, when, who as these can be easier to respond to.
- Give the person time and silence to think about what you have said and plan their answer. Count to 10 if it helps you maintain silence!
- Pay attention to the person's body language and non-verbal clues of distress, thinking, wanting to speak etc.
- Offer breaks to avoid fatigue and loss of concentration.
- Try not to ask 'Do you understand?' Somebody may say 'yes' even if they do not. Instead try 'Tell me what we have talked about. Remind me what you / I am going to do.'
- People using homelessness services may be anxious about meeting staff. Say that you know this can happen and reassure them.
- If meeting, use a short agenda so you and the person know what will be talked about.
- Do not talk over others in the meeting as far as possible.

Take a bit of preparation and does not cost much

- Walk up to and around your building as though you have never been there before and ask yourself is it clear where the bell is, which door opens, where reception is? Then clearly sign these things!
- Put pictures of staff with their name in reception or other public areas.
- Using pictures and drawing when communicating can help people remember what is being discussed and support their understanding of an issue.
- Keep meetings short – more meetings may be needed.
- Do not assume that because you have told somebody something they will 'know it'. It may need to be repeated and communicated in different ways.
- Break down activities into step-by-step tasks.
- Show the person how to do something, rather than just tell them.
- Give regular specific praise and keep it short e.g. Thank you for asking me that question. That's great we both understand now!

Takes a bit of time and may need multi-person involvement / authorisation from the organisation

- Review your key client paperwork e.g. leaflets, letters, assessments etc. and consider making 'easy read' versions of these documents.
- Review the Accessible Information Standard and consider how you can use / meet the requirements to support service users.
- Ask people about their communication needs and support them to tell other key services how best to communicate with them. For example, do they need things to be written down as well as said to them?
- Train staff in Communication Awareness, there are free courses! https://communication-access.co.uk/

Case Study: Dylan

Dylan was living in homelessness services when he was identified as possibly having a learning disability. This led to him having an assessment and being diagnosed. Dylan was then able to access appropriate supported housing in which his needs could be met.

Dylan has some suggestions about what he needs workers to do, which are likely to be helpful for other people with a learning disability:

Promoting safety

Dylan often doesn't feel safe. He feels really vulnerable, like people know he's an easy target to exploit for money etc. Workers helping him feel safe and attending to this helps.
You can help somebody by looking out for signs that they are vulnerable to exploitation or abuse. Talk to them about your concerns and support them to understand how people should and should not treat them. You might share information on 'mate crime'. Give the person as much choice and control as possible in deciding what action to take to stay as safe as possible.

Showing you really care

Dylan often worries if people are going to be kind. Dylan's speech takes getting used to and people are often impatient and don't take time to understand. He feels worried about being treated like this, so people quickly establishing that they do care and will take time and listen is so important. It feels awful when people nod along but don't understand. Reflecting back what he has said and what they have understood helps. You can also show you care by following up on anything you have said you will do.

Soothing

Like lots of people with learning disabilities, Dylan can have strong worries and other feelings. It is common for people with learning disabilities to feel a sense of shame and fear in social situations. He needs help and reminders about calming down and soothing.

You can help people with learning disabilities to manage their emotions by helping them to name the emotion they are feeling if they struggle to do that themselves, e.g. by saying "It sounds as though you're feeling sad / angry / worried etc." Never tell somebody to "calm down" – that can have the opposite effect. You can support people to learn to soothe themselves and manage their emotions by using 'grounding techniques'. See the resources section for more information.

Help getting involved in activities

Dylan knows getting out and doing things is important and being helped to try things and get there is really helpful. Activities help provide structure, lift mood, improve sleep, and support social connections. You can support people to think about what sort of activities they might like by thinking through what is important to them (e.g. social connection or quiet time alone; being challenged or relaxing, etc.). You can support somebody to find local activities and work with them to problem solve any practical issues or worries they might have about trying new things.

People understanding special needs helps

Dylan says it helps when people understand special educational needs (learning disabilities) more. You can show your understanding to people by acknowledging what they struggle with and need support with. Showing patience and a willingness to keep offering support is a good way of showing understanding of struggles. You can follow the guidance in this toolkit to adapt your communication and the way you give support.

The move to online services is hard

Dylan finds doing case conferences and appointments online really hard. Face-to-face is better for people to understand him. He finds it much harder to get his point across online.
If support needs to be given online, ask the person what support they might need to help this work as best as possible. Book appointments for longer, to give time to check communication and understanding, and also to have a break. If you are supporting somebody to an appointment being run by somebody else, make sure the person running the appointment knows what adjustments are needed in advance. Make time before the appointment to support the person to problem solve any practical issues or worries they have about it.

Helping people with a learning disability get the support they need

What can the National Health Service (NHS) do?

It is usually an NHS Learning Disability service that assesses and diagnoses Learning Disability. These are usually Community Learning Disability Teams (CLDTs). Referrals can be made to the local service via a person's GP.

CLDTs usually have different professionals, including nurses, clinical psychologists, occupational therapists, speech and language therapists and psychiatrists. As well as assessment and diagnosis, they usually support people with a learning disability who are having mental health problems and / or behaving in ways that cause themselves or others harm. These teams often work closely with Social Care teams or have social workers in the team. CLDT staff often liaise with other services to make sure that a person's needs are understood and met as best as possible. They can also support assessment of mental capacity if the person has to make significant decisions.

If somebody is diagnosed with a Learning disability, GPs usually offer them an 'annual health check'. More information about this can be found here: https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/. If you are supporting somebody who has a learning disability but has not been offered an annual health check, support them to ask the GP about this.

If you are supporting somebody with a learning disability to access hospital, check if the hospital has a 'Learning Disability Liaison Nurse'. These are specialist nurses who help people to get the care they need while in hospital. More information about this can be found here: https://www.nhs.uk/conditions/learning-disabilities/going-into-hospital/

What can the Local Authority do?

N*eeds Assessments under The Care Act 2014*

Under the Care Act (2014), local authorities have a duty to provide or arrange care and support for people in the local area to improve independence and wellbeing. Support services can include practical home help such as cleaning and shopping.

It is possible that people with a learning disability can be at risk of homelessness if an informal carer cannot meet their needs. The Care Act gives local authorities responsibiity to assess a carer's support needs and work to agree a support plan to meet those needs. In some cases, this may support a person with a learning disability who is at risk of homelessness to remain housed.
If somebody you are supporting appears to have care needs and you are not sure how to arrange a needs assessment by Social Services, you can find your local services here: https://www.gov.uk/apply-needs-assessment-social-services. The HHCP social services toolkit is available for anyone who would like guidance on how to make a referral to Westminster Social Services.

Housing:

Under the Housing Act (1996), a person has a priority housing need if they are vulnerable due to mental illness, learning disability or physical disability. The final decision on the question of vulnerability rests with the housing authority. If you are supporting somebody with a learning disability to find housing, it may be useful to read guidance about housing and disabilities (see resources section).

Safeguarding:

Under the Care Act (2014), local Authorities also have a duty to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. This is done through safeguarding procedures. Safeguarding is considered 'everybody's business'. This means that if you have concerns that a vulnerable adult is at risk from abuse or neglect, you must take all reasonable steps to assess and respond to the situation. Your organisation will almost certainly have safeguarding policies and procedures in place that include making referrals to the Local Authority and you must follow these.

The NHS has also produced clear guidance on Safeguarding Adults, which provides helpful information for anybody raising a safeguarding concern, including sharing information with others. See the resources section.

Mental capacity

The Mental Capacity Act (MCA) (2005) is designed to protect people over 16 years of age who might lack capacity to make decisions, including about day-to-day support and bigger decisions, such as housing. To explain the MCA in detail is beyond the scope of this toolkit, so there is more information in the resources section. However, for the purposes of this toolkit, it is important to make clear that:

- somebody would not be deemed to lack capacity to make decisions just because they have a learning disability.
- it must be assumed that somebody has capacity to make any specific decision unless there is good reason to believe otherwise.
- people should be supported to make their own decisions wherever possible (even if those decisions seem 'unwise' to others).
- you must not make any decisions for somebody in their 'best interests' unless it has been clearly shown, following guidance from the MCA, that the person lacks capacity to make those specific decisions.

Your organisation is likely to have policies and procedures relating to the Mental Capacity Act and it is important you follow these.

Support services for learning disabilities

Organisation	Information
HFT is a national charity providing services for people with learning disabilities. Their website has a range of resources and guidance	https://www.hft.org.uk/resources-and-guidance/
Foundation for People with Learning Disabilities provides forums to get advice. They also have Easy Read leaflets about health conditions.	https://www.learningdisabilities.org.uk/learning-disabilities https://www.learningdisabilities.org.uk/learning-disabilities/our-work/health-well-being/easy-read
The Learning Disability Matters website provides screening tools, advice and information on the GP Learning Disability Register.	https://learningdisabilitymatters.co.uk/
Mencap is a national charity providing services and advice for people with learning disabilities.	https://www.mencap.org.uk/advice-and-support Mencap Learning Disability Helpline can offer advice and information about learning disability and help you find the right support and services locally: Telephone: 0808 808 1111 or email helpline@mencap.org.uk

Information on the Social Model of disability

Inclusion London (2015). *Factsheet: The Social Model of Disability*: https://www.inclusionlondon.org.uk/wp-content/uploads/2015/05/FactSheets_TheSocialModel_Sept2015.doc

Information to support communication:

Communication Awareness free courses: https://communication-access.co.uk/
https://www.mencap.org.uk/learning-disability-explained/communicating-people-learning-disability

https://www.learningdisabilities.org.uk/learning-disabilities/a-to-z/c/communicating-people-learning-disabilities

NHS. *Accessible Information Standard: Making health and social care information accessible*: https://www.england.nhs.uk/ourwork/accessibleinfo/

Sense. *Accessible Informtion Standard*: https://www.sense.org.uk/get-support/information-and-advice/accessible-information-standard/

Information on the Care Act 2014 and needs assessments:

Carers UK (2014): *Assessments and the Care Act. Getting help in England from April 2015*: http://www.carersuk.org/files/section/4630/factsheet-e1029--assessments-and-the-care-act-after-april-2015.pdf

HFT *Care Act*: https://www.hft.org.uk/resources-and-guidance/disability-rights-and-legal/care-act/

Gallagher-Willis, P. & Jones, K. (2018). *How to get the right support from your local authority:* https://www.hft.org.uk/wp-content/uploads/2018/11/Hft-Care-act_artwork_17.pdf?utm_source=website&utm_medium=resourcesandguidance&utm_campaign=careact

UK Government factsheets about the Care Act: https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets

NHS information: https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/getting-a-needs-assessment/

Information on housing and disabilities:

From Shelter: https://england.shelter.org.uk/professional_resources/legal/homelessness_applications/priority_need_in_homeless_applications/priority_need_of_people_with_disabilities

From Mencap: https://www.mencap.org.uk/sites/default/files/2017-02/Housing%20Law%20and%20the%20rights%20of%20disabled%20tenants%20Tool%20Kit%20%28Main%29.pdf

Information on safeguarding and mate crime:

NHS England (2017) *Safeguarding Adults*: https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

The Ann Craft Trust works with staff to protect people with a learning disability who may be at risk from abuse: https://www.anncrafttrust.org/

https://arcuk.org.uk/safetynet/files/2012/08/Friend-or-Fake-Booklet.pdf

https://arcuk.org.uk/realchangechallenges/files/2013/09/RCC-Mate-Crime-SCP.pdf

https://www.bild.org.uk/how-does-hate-and-mate-crime-have-a-big-impact-on-the-lives-of-people-with-learning-disabilities-and-autistic-people/

Cooper, A. & Preston-Shoot, M. (2022). *Adult safeguarding and homelessness: Understanding good practice.* Jessica Kingsley Publishers

Mental Capacity Act:

NHS. *Mental Capacity Act*: https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/

Social Care Institute for Excellence (2009). *Mental Capacity Act 2005 at a glance*: https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance

Techniques to soothe emotions:

Ways to manage anxiety for adults with learning disabilities and autism: https://www.ecl.org/about/latest-news/blog/ways-to-manage-anxiety-for-adults-with-learning-disabilities

Therapist Aid (2018). *Grounding techniques*: https://www.therapistaid.com/worksheets/grounding-techniques.pdf

Information on 'Severe and Multiple Disadvantage' (SMD):

The Fulfilling Lives programme, funded by the National Lottery Community Fund, has worked over 8 years to develop support for those facing SMD: https://www.tnlcommunityfund.org.uk/funding/strategic-investments/multiple-needs#section-1

Opportunity Nottingham is one of 12 Fulfilling Lives projects: http://www.opportunitynottingham.co.uk/

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