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Citation: McKenzie, Karen, Murray, George, Wilson, Helen and Delahunty, Lauren (2019) Homelessness - 'It will crumble men': the views of staff and service users about facilitating the identification and support of people with an intellectual disability in homeless services. *Health & Social Care in the Community*, 27 (4). e514-e521. ISSN 0966-0410

Published by: Wiley-Blackwell

URL: <https://doi.org/10.1111/hsc.12750> <<https://doi.org/10.1111/hsc.12750>>

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**Homelessness - 'It will crumble men': the views of staff and service users about facilitating the identification and support of people with an intellectual disability in homeless services**

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**Funding:** The project was funded by Edinburgh and Lothian Health Foundation Trust and NHS Lothian

**Acknowledgements:** The authors would like to thank all of the participants, the participating homeless services and Amanda Michie, Adam Burley and Rona Laskowski for their support of the project.

## **Abstract**

People with an intellectual disability (ID) face significant health inequalities and barriers to accessing appropriate support, which are made worse if the person is also homeless. An important barrier is that services may not recognise that the person has ID. This qualitative study explored the views of staff and service users about the identification and support needs of homeless people with ID and the role of an ID screening questionnaire as a way to help improve service provision. Semi-structured interviews were conducted with 16 staff members and 8 service users from homeless services in the South East of Scotland between March 2017 and 2018. Thematic analysis identified four themes: ‘not diagnosed or declared,’ which explored the barriers to support due to the person’s ID not being identified by others or disclosed by the person; ‘It will crumble men,’ which reported on the additional challenges faced by homeless people with ID; ‘disabling environment’ which identified the ways in which organisations can make support difficult for people with ID to access; and ‘It’s not against them, it’s to help them’ which explored the benefits and issues associated with screening for ID in homeless services. The results identified the complex support needs likely to be experienced by many homeless people with ID and suggested a number of implications for practice. First, the screening tool was seen as having a number of benefits, if used where there is a process to provide the person with further specialist assessment and support. Second, staff identified a need for training in relation to identifying and supporting this group of people. Third, the screening tool was seen as a way to help provide information about the prevalence and needs of people with ID, in order to inform and shape policy, service development and delivery.

**Keywords:** intellectual disability; homeless; learning disability screening questionnaire; qualitative

*What is known about this topic?*

- Research suggests that people with an intellectual disability (ID) are more likely to experience homelessness and the associated negative consequences than those without ID,
- A significant barrier to support is that their ID is not recognised
- The Learning Disability Screening Questionnaire (LDSQ) can help identify people who are likely to have ID, but little is known about how those in homeless services view its use.

*What this paper adds*

- Staff and service users in homeless services identified a range of complex needs of people with ID and many barriers to their support
- It was felt the LDSQ could help address some of these issues
- Issues to consider when using the LDSQ were the screening context, wider service provision and staff training needs

People with an intellectual disability (PWID) have significant and global difficulties with their intellectual and adaptive functioning which have been present since childhood (American Psychiatric Association [APA], 2013). They experience significant health inequalities, including lower life expectancy (Emerson, Baines Allerton, & Welch, 2012) increased risk of dying from an avoidable cause (Heslop et al., 2013) and of mental health problems (Buckles, Luckasson, & Keefe, 2013).

Research suggests that PWID are also more likely to be homeless than those without ID (Beer et al., 2012; Oakes & Davies, 2008; Van Straaten et al., 2017). As well as the everyday stress of homelessness itself, people who are homeless face increased mortality, poor physical and mental health; substance misuse; increased risk of physical and sexual assault and of coming in contact with the criminal justice system (Kushel, Evans, Perry, Robertson, & Moss, 2003; Polcin, 2016), with the risk of financial, sexual and emotional abuse being greater still for homeless PWID (Lougheed & Farrell, 2013).

A significant barrier that prevents many PWID receiving the support they need is that their ID has not been recognised (Beer et al., 2012; Emerson, Hatton, Baines, & Robertson, 2016). This may be because of limited staff knowledge about what ID is; the specialised and time-consuming nature of diagnostic assessment or confusion arising from the differing terms used to describe people with ID e.g. 'learning disability' and 'learning difficulty' in the UK (see McKenzie, Michie, Murray, & Hales, 2012).

Screening questionnaires have been used to indicate those who are likely to have ID in homeless services (e.g. Van Straaten et al., 2017). One such questionnaire that has been used in a range of service settings to help facilitate the identification and support of PWID is the Learning Disability Screening Questionnaire (LDSQ: e.g. McKenzie et al., 2012; McKenzie, Sharples, & Murray, 2015). The LDSQ has seven items that are answered

dichotomously and was designed to be quick and easy to use, taking approximately five minutes to complete, either directly with the individual being screened or by someone who knows the person well. It does not require any specialist training or qualification. It has been shown to have strong psychometric properties and has sensitivity and specificity of 91.5% and 91.7% respectively (McKenzie et al., 2015). The views of those working in, and using, homeless services about the use of such questionnaires have not, however, been explored. The aim of the present study was, therefore, to explore the views of staff and service users about the identification and support needs of PWID who are homeless and the role of the LDSQ as a means of improving service provision to this group.

### **Method**

Approval for the study was provided by first author's university ethics committee. The study used a qualitative, contextualist approach in order to situate the participants' perspectives within the context that influenced them. Data were analysed using thematic analysis because it does not assume a particular theoretical or epistemological position (Braun & Clarke, 2006).

### **Participants**

Purposive sampling was used to recruit staff and service user participants from homeless services in the South East of Scotland. The homeless services comprise a drop-in service where individuals can receive advice and support from staff, use laundry and washing facilities and access health professionals; out-reach services; and accommodation services. The participants (staff and service users) were recruited from the drop-in service. Staff participants were included if they were adults who provided written consent to take part and had worked as support staff in the drop-in centre for a minimum of six months. Service users who were under the influence of alcohol or drugs, who were aggressive or experiencing

severe mental health problems at the point of interview were excluded. Participants were 16 staff (3 males, 13 females; aged 23-53 years), who had worked in the services between seven months and eight years, and eight service users (7 males and 1 female; aged 28-52 years). Three of the service users had attended specialist schooling and one self-identified as having ID. Five had mental health difficulties/challenging behaviour and one reported physical health problems; four had been offenders and two reported issues with substance misuse. Staff participants are designated by S1-S16, service user participants are designated SU2-SU9. All participants had the opportunity to use/complete the LDSQ.

## **Procedure**

Information about the study was provided to the services. Service staff identified service users who met the inclusion criteria. Once written consent was received, private, semi-structured, individual interviews, lasting on average 45 minutes, were conducted with participants within the service premises. An interview schedule was used which covered the topics of: participant understanding of ID, how PWID are identified and supported in homeless services, the difficulties faced by PWID in this context and barriers to support, participants' views on the use of the LDSQ to identify people who were likely to have ID and issues to consider in relation to this.

## **Analysis**

The interviews were audio recorded, transcribed and data were analysed using the procedure recommended by Braun and Clarke (2006). The transcriptions were initially read individually to provide an overall sense of the material, followed by a second reading to develop initial coding of data extracts and the subsequent combining of codes across all interviews to develop coherent themes and associated subthemes. The analysis was conducted

by the first author. The researchers who conducted the interviews had no involvement with the development of the LDSQ, although one of the aims of the research project was to explore its use in this setting. The first author had involvement with the development of the LDSQ and was mindful that this may have influenced the interpretation. To protect against this, the final themes were shared with all authors and as many participants as possible via the participating services. No changes were requested and the co-authors and homeless service agreed with the themes and interpretations.

## **Findings**

Four main themes and associated subthemes were identified (see Table 1). The participants also use the terms ‘learning difficulties’ and ‘learning disability’ to refer to ID.

Insert table 1 here

### **Theme 1: ‘Not diagnosed or declared’**

This theme addresses the challenge of identifying PWID in homeless services which is captured by the subthemes ‘I didn’t even know I had learning difficulties!’ and ‘Not knowing or admitting’

#### **‘I didn’t even know I had learning difficulties!’**

Participants expressed some difficulty identifying those who have ID. For many staff, this was due to limitations in their personal knowledge about ID: ‘I’m not actually very good at defining which person has a learning disability and which hasn’t.’ (S1). This was particularly problematic if the person’s ID did not have associated physical characteristics: ‘If it’s something like, you know like Down Syndrome or Autism. You can sometimes spot that a bit clearer.’ (S2). Several service users also had difficulty recognising ID: ‘...so, it’s quite difficult to tell if those that are homeless have a learning disability.’ (SU3) or thought that

other service users were unaware of their ID: ‘...because most of the people I know have no such thing or they didn’t know.’ (SU3). One participant noted that he had only received a diagnosis in late childhood: ‘I didn’t even know I had learning difficulties! I didn’t even know until I was at a special school, many years ago.’ (SU2). Receiving a diagnosis helped him to access support: ‘...that is when you get to know and when you get help.’ (SU2).

Many staff felt that it was likely that there were many people using homeless services who had an undiagnosed ID, ‘...some people's learning disability may not have been diagnosed yet or picked up in the past.’ (S12) and that having ID was a significant contributor to homelessness, ‘I think that if they didn’t have the learning disability, they wouldn’t be so many people on the streets’ (SU4).

Participants noted that when they were made aware that the person had ID, they would re-appraise the person’s behaviour and their own approach in this light: ‘So say somebody...is quite demanding and you just think like this is personality when actually they have a learning disability.’ (S7) and ‘A lot of them are misunderstood or a lot of people act out because they have them and don’t appreciate that they’ve got them.’ (SU7)

The lack of a formal diagnosis of ID was seen as a significant barrier to people receiving appropriate support when they were homeless: ‘If it’s not diagnosed or declared or if somebody doesn’t know, people are just going to be on their own.’ (S15). Many of the staff expressed frustration at this: ‘And because we couldn’t say look this is a really vulnerable guy who has this identified... it didn’t open doors for him. (S8). Staff acknowledged the need for, and value of, increased knowledge about ID: ‘I need to learn more about them...So I can work with them better.’ (S6) and that this was often a neglected area of training: ‘It seems to be one of the ones that’s almost forgotten about.’ (S5)

**‘Not knowing or admitting’**

This subtheme explores the issues of individuals trying to hide their ID and cover up their associated difficulties, largely due to a sense of shame and stigma: ‘An issue to learning disability...is shame. You don’t want to talk about it in a way.’ (SU9). Staff also recognised that openly acknowledging having ID was likely to add to the stigma that was already associated with homelessness, ‘They don’t want to have that kind of extra stigma of they are homeless, and they also have a learning disability’ (S10), but that an unrecognised ID was a barrier to the person receiving support, ‘if they don’t label themselves, they kind of reject the term learning disability as well to access support’ (S15). The staff felt a responsibility to try and reduce this sense of stigma: ‘...making people more comfortable asking for help and mention do they have a learning disability’ (S9), but recognised a reluctance on the part of staff to address the topic of ID: ‘I don’t think we’re as good at speaking to people about whether or not they have a learning disability.’ (S8)

## **Theme 2: ‘It will crumble men’**

This theme explores the particular difficulties faced by PWID who are homeless, through the sub-themes ‘with a learning disability it's really difficult,’ ‘not understanding’ ‘vulnerability,’ and ‘co-morbidity.’

### **‘with a learning disability it’s really difficult’**

This sub-theme reflected the perception of staff and service users that homelessness is difficult for anyone, but more so for people with ID: ‘the system is not a great system for kind of the typical person, never mind someone who struggles to communicate or struggles with everyday tasks.’ (S11) and ‘so, it would be difficult even without a learning disability, with a learning disability it's really difficult.’ (S12).

One service user articulated homelessness as being a force that could crush even the strongest person, never mind those who had the additional challenges associated with ID:

‘You could take a normal man, even like myself or whatever and stuff who is quite strong and that now even when it comes to homelessness and it will crumble men.’ (SU6)

The particular difficulties of PWID were seen to be caused mainly by the complexities of the processes that people who are homeless must engage with and the reduced ability of people with ID to understand and navigate these.

I think it must be terrifying and frightening if you have a learning disability, to be homeless. Because, I suppose if you’re homeless, first of all you know where to access help, you know the organisations you’ll have to go to...you know what way to act in order to get money or housing or whatever. People with learning disabilities don’t know, they don’t have those skills, those street-wise skills. (S7).

PWID were also seen as being less likely to challenge situations and decisions because of a lack of awareness that they could or that there were alternatives: ‘...they might not really grasp what’s... what the systems are. So...they’re more likely to just accept what they’re told.’ (S8).

The participants suggested ways support for people with ID could be adapted to help tackle these issues, by giving more individualised and consistent support, ‘...more kind of 1:1, like having your own worker, and that worker takes you through the whole process’ (S8); not assuming the person had literacy skills, ‘...they should try to explain ...and read through it with them and then they’ll understand it.’ (SU5); and providing them with accommodation where they are less likely to be exploited by others, ‘find other places...where it’s not so big circles of drug users...’(SU4).

### **Not understanding**

The majority of participants felt that difficulties with understanding information made homelessness much more difficult for PWID. This was evident to staff in the way that some

service users had difficulty processing: ‘when you say something to them, and there is a blankness.’ (S7) and remembering information: ‘and every time you tell them, they seem like it’s completely new information to them.’ (S9). These difficulties were also apparent to other service users: ‘...you see an adult struggle with that. Not understanding, you know.’ (SU9) and were seen as affecting all areas of life including the ability to complete forms: ‘One of them asked me before what a surname and a forename is like if they can’t understand that.’ (SU5). The intellectual difficulty of PWID was also seen as a weakness that could be exploited by others: ‘If somebody knows that you’ve got this weakness...yeah absolutely...they’ll exploit it...when you’re out on the streets it’s what happens.’(SU7).

### **Vulnerability**

The potential vulnerability of homeless PWID was raised by most participants. They were often described as being at risk from other homeless people: ‘I think he’d get picked on, taking advantage of... Bullying, people taking their money off them, people making them beg, steal or whatever.’ (S6). PWID were perceived as being particularly vulnerable because they may not have the social awareness to realise that their relationships with others were not friendships, but instead exploitative:

If you’re too trusting of other people, you can definitely be quite prone to exploitation and if you don’t have a good sense of when people might be taking advantage of you, that can be really difficult. (S4)

Women with ID were seen as being particularly vulnerable to exploitation: ‘Use her to beg for money for drugs or use her to beg for money for em gambling.’ (S14), including sexual abuse: ‘...especially women who are homeless...they’re vulnerable to predators, sexual predators if they’re living out on the street.’ (SU6).

### **Co-morbidity**

PWID were seen as experiencing a range of co-morbid conditions that made the identification of their ID and providing appropriate support more difficult. The staff found it difficult to judge whether problems with cognitive and adaptive functioning were due to ID or another cause such as mental health problems or substance misuse: 'We're kind of going, is that a learning disability? Is that more to do with their mental health? Is that to do with their addictions?' (S8). The challenge of disentangling the cause of the difficulty was also seen as a barrier to providing and accessing support for the person, often because of the way that services were organised.

There are services that say we deal with people with mental health issues and then another service that deals with people with addiction, and so trying to work out where people fits in to that can be quite tricky for us. (S8)

Mental health difficulties, substance abuse and ID were often seen as closely interlinked, with some participants seeing causal relationships between ID and addiction: '... they have been self-medicating all of the feelings of struggling through to be part of...people are isolated...' (S12) and 'You're going to take drugs or whatever try to try to block the thinking, 'I kinda useless I don't know how to learn I don't know how to read I don't know how to do anything.' (SU4)

### **Theme 3: Disabling environment**

This theme explores the ways in which services which are ostensibly there to support PWID, in fact often make it more difficult for them to access support. This is explored through the sub-themes of 'they're trained to put people off,' 'accessibility,' 'expressing need' and 'trodden down.'

#### **'They're trained to put people off'**

The participants described many ways in which the procedures of their own service, but particularly those of external services presented significant barriers to PWID receiving support. This included the complex processes required to apply for financial and other support: ‘The need to fill in forms, deal with call centres...to remember security questions to get a service... the need to apply online for things, ehmm... lots of things.’ (S1), which often demanded good literacy and memory skills: ‘...but a lot of the people will just look at it [forms] and not have a clue where the address is and say oh that’s just confusing me.’ (SU5).

Some of the service users who had experienced these systems felt they did not take account of the needs of PWID, ‘if they struggle to read or write they could get letters off and not understand them because some of the terminology that is used by the council.’ (SU5). Others felt that the systems were deliberately designed to prevent people accessing support: ‘When you go to the council, they’re trained to put people off and if you’ve not got support or whatever and stuff they’ll just leave you.’(SU6).

### **Accessibility**

As well as being disabling because of their complexity or requirement for certain skills, services were also seen as being inaccessible at times because of their limited remit and time available to listen to the person and help them to express their needs. Due to the inaccessibility of some statutory services, the homeless services dealt with range of issues presented by people who were homeless, even when the issue was not technically within their remit: ‘So, in theory, it is not our function to help people find employment, ehh, but in practice we often find ourselves trying to, just because it can get them out of the whole homelessness situation.’ (S1).

Service users expressed frustration that there was often limited time to listen to and fully understand the needs of the person, ‘People actually taking the time to think “well, why

is this person behaving the way this person is behaving?”(SU7). This frustration was shared by staff and was attributed to limited resources: ‘We’ve got limited numbers of people and limited amount of time.’(S1). This was perceived as a particular issue for people with ID because of their difficulty in acknowledging and expressing their needs, ‘I think you would just need to have much more patience with them.’ (S6) and created barriers to support, ‘If the person can’t divulge or talk about issues, we might struggle to move that person on.’ (S3).

### **‘Trodden down’**

Participants highlighted the importance of building trusting relationships with people at an early stage, to enable them to access and accept support, ‘We try build a relationship...before we can even get them through the door.’ (S10). This was particularly the case for PWID because of difficulties making and maintaining friendships, ‘I did use to have a couple of friends...didn’t really work out. Then after that I’ve just been on my own.’ (SU2). This was attributed to poorer social skills: ‘...don't have the skills necessary for engaging other people’ (S12) and the recognition that many PWID were likely to have had experiences which would damage trust and self-esteem: ‘I should imagine they would be sort of trodden down and made to feel less of a person anyway.’ (SU7).

Some service users also commented on the value of building relationships, particularly as a way of highlighting that PWID were not alone in having difficulty understanding certain things: ‘...they might think, “oh it’s just me that doesn’t know this I’m not going to ask for help,” whereas if it’s a group they might think “oh well, it’s not just me who has got this problem.”’ (SU5). It was also suggested that people who were homeless may be more accepting and likely to communicate in ways that were easier for PWID to understand:

Unlike the government, unlike businesses, generally speaking, the people on the street will use plain English. I think often the folks on the street are... often fully accepting, emm... in a way that not all society are. (S1)

#### **Theme 4: 'It's not against them, it's to help them'**

The final theme explores the views of participants about using a screening questionnaire (the LDSQ) to help identify people who are homeless who are also likely to have ID. This has three sub-themes 'an end to the game' which addresses the role of screening in helping to identify and promote understanding of PWID and their associated needs, 'a clear highway' which explores ways in which screening can help facilitate support for the person with ID, and 'opening pandora's box' which outlines issues to consider when screening for ID.

##### **'An end to the game'**

The participants highlighted the fundamental role of screening as providing a way to identify those people who are likely to have ID, not as an end in itself: 'it's a tool to serve something but there has to be an end to that game.' (SU7), but as a way to promote understanding of their needs: 'Saying that somebody has a learning difficulties will help them because they will have a reason for whatever issue they have.' (SU7), and help them access support: 'If the person doesn't qualify for assistance they won't get it. I mean, so, they kind of need that label. Labels can be positive at times.' (S1)

Many participants felt that screening would help improve their understanding of the person and indicate areas where they could change their own approach: 'helping us identify the people that might need extra support a bit quicker, so we could get them in to services so they're not ehh, missed and hidden anymore.' (S5) and 'This is where we need to make some allowances ...and be extra aware of their needs or of their vulnerabilities.' (S4)

### **‘A clear highway’**

As well as changing their own practice, many of the participants felt that having the outcome from an evidence-based screening tool would help make the options for support clearer: ‘...you’ve got a clear highway to where you can put a person.’ (S3) and would strengthen their case when trying to access such support from external agencies:

If I could identify them as a potential social work client, and a learning disability will generally push them towards that category, then there’s a greater chance that we could get that person into accommodation. (S1)

Maybe when people are applying for benefits...I think that might give it a final push, you know what I mean? That might actually help them to actually start receiving. (S16)

The service users also identified several ways in which being identified as likely to have ID would help the individual, including identifying their difficulties more quickly, help them receive practical help, and ultimately help them gain a secure home, ‘Well it’ll give a help to basically get off the streets...’ (SU8).

Information from screening was also seen as useful at a strategic level in terms of planning and developing services for PWID:

‘it would be really useful ... knowing how many people have learning disabilities in our service, because then we could create services that are specifically aimed at helping them.’ (S9).

### **‘Opening Pandora’s box’**

The participants identified several issues that needed to be taken into account when considering screening for ID: the time required; potential stigma; recognition that screening is

not a substitute for diagnostic assessment; and ensuring that screening is not carried out as an end in itself.

There was some concern that those undergoing screening may feel stigmatised and suggestions were made about how this might be alleviated by providing clear explanations about the purpose of the screening and doing it in the context of an existing relationship: 'I think it's all about the relationship with the service user as well, so that they don't think that we're judging them...that it's not against them, it's to help them.' (S5)

Participants highlighted that the purpose of screening was as a means of facilitating the identification of PWID, rather than a replacement for proper diagnostic assessment, 'it's a way of highlighting someone and that's a first step, it doesn't take place of...a formal assessment.'(S4). It was also stressed that it should only be carried when the outcome was likely to be meaningful and of benefit to the person: 'You're prepared to stand with that person and deal with what that issue is... it is pandora's box - you open it up and you've got to deal with what's inside.' (SU7).

Overall, participants – and particularly service users- viewed screening for ID as a positive thing for homeless services: 'Aye it's sort of brilliant, absolutely brilliant if [homeless service] could [screen for ID], that would be brilliant.' (SU6) and something they would want for themselves if they had an unidentified ID: 'I would say it would be better to find out if you had that, so you could address it. But had I...maybe a learning difficulties I would want that diagnosis.' (SU6).

## **Discussion**

The study explored the views of staff and service users about the identification and support of homeless PWID, and how the use of the LDSQ, might impact on this. The results must be considered in the context of the strengths and weaknesses of the study. In terms of

strengths, the study obtained the perspectives of both staff and service users of homeless services, including participants with ID. All had some experience of using the LDSQ, although only over a few months and not always directly with service users to screen for ID. Further research into the longer-term impact of using the LDSQ on the health of those identified as likely to have ID is required. The results indicated many points where opportunities to identify and provide appropriate support to PWID were being missed.

In common with other service settings (see McKenzie et al., 2012), and consistent with previous research in homeless services (Beer et al., 2012) the staff participants in our study expressed difficulty in identifying PWID and many felt they lacked the knowledge and experience to provide appropriate support. This was exacerbated because individuals with ID were often reluctant to disclose their diagnosis or were unaware that they had ID. As a result, they are likely to miss out on, or experience significant delays in receiving, additional or more specialist support that they are entitled to (Beer et al., 2012).

Potential reasons identified for the reluctance to disclose included embarrassment, stigma, distrust of others and fear of showing weaknesses that would be exploited by others. These are realistic fears, with both the participants in our study and previous research showing that PWID commonly experience stigma and are at an increased risk of abuse and exploitation compared to homeless people without ID (Lougheed & Farrell, 2013; Paterson, McKenzie & Lindsay, 2011)

Homelessness is affecting an increasing number of people in the UK, including PWID. Contributing factors have been identified as the rising cost of private housing and reduced availability of social housing; reduced funding for homeless and related support services as a result of austerity policies; and welfare changes, such as the introduction of Universal Credit, reducing the availability and relative value of housing benefit (see

Fransham & Dorling, 2018). While many homeless people are likely to difficulty accessing services in this context, PWID were perceived as being more vulnerable and likely to experience much greater difficulty dealing with being homeless than those without ID. This was felt to be due to several factors. First, the significant difficulties with intellectual and adaptive functioning that, by definition, PWID have (APA, 2013) meant that they may lack the skills and understanding to successfully navigate, and, if necessary, challenge the complex processes and bureaucracy required to receive support.

Second, co-morbid conditions, such as mental health problems (Matson & Cervantes, 2013) were perceived as making it even more difficult for PWID to cope with the daily challenges of homelessness. Research suggests that many people who are homeless rely on informal support from friends and family and that this can act as a protective factor (Beer et al., 2012). PWID were thought to have fewer supportive social networks and worse, they were likely to be exploited and abused by people they had believed to be friends.

Third, the nature of the services that were ostensibly there to provide support often had constraints that were further disabling for all homeless people, but particularly for those with ID. The complex processes and associated paperwork, restricted remit and inaccessibility of many services and the limited time that staff had to properly listen to and understand the needs of PWID all acted as barriers to support. It was also felt that, without an indication that the person had ID, services external to the homeless services may not prioritise or accept their request for support.

Importantly, the participants felt that the screening questionnaire, as an evidence-based tool (e.g. McKenzie et al., 2012; 2015) would provide extra weight and credibility to their requests for support, resources or additional assessment from external services for the person who was indicated as likely to have ID. They also perceived it as a source of useful

information about the potential needs of the person; as a way of increasing their understanding of the person and offering alternative explanations for his/her behaviour which might previously have been interpreted as the person being difficult or immature (Lougheed and Farrell,2013). Research in social care settings has shown knowledge and attributions about the reasons for the challenging behaviour of a person with ID, such as aggression are associated with helping behaviour, with knowledge being a significant predictor (Wishart, McKenzie, Newman, & McKenzie, 2013).

## **Conclusion**

The study confirmed the complexity of support needs that PWID who are homeless are likely to have and the need for a quick, easy and robust means of identifying those who are likely to have ID. The results highlighted the importance of using the LDSQ in the context of a positive relationship with the person being screened and that it should not be used in the absence of a process to provide the person with further assessment and support. As the homeless service both provided direct support and was linked with specialist health, statutory and non-statutory services, the participants felt that the LDSQ could be used successfully in this context.

This model is consistent other research, which has found that over half of the requests for support in relation to PWID are not met directly by homeless services (Beer et al., 2012). In addition, as PWID are likely to have ongoing health care and other needs, even after finding a secure home (Van Straaten et al., 2017), an extended support package may be needed to help PWID transition successfully from homelessness.

The study also identified a workforce development need. Consistent with other research in homeless services (e.g. Beer et al., 2012) the staff participants confirmed a need for further training about identifying and supporting PWID. Finally, limited accurate

information exists about the prevalence and needs of PWID in homeless services, without which it is difficult to make strategic decisions about policy, service development and provision (Mercier & Picard, 2011). The use of screening questionnaires, such as the LDSQ, also offers a starting point for addressing this difficulty.

## References

- Beer, A., Baker, E., Mallett, S., Batterham, D., Pate, A., & Lester, L. (2012). *Addressing homelessness amongst persons with a disability: Identifying and enacting best practice*. Adelaide: National Homelessness Research Projects
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Buckles, J., Luckasson, R., & Keefe, E. (2013). A systematic review of the prevalence of psychiatric disorders in adults with intellectual disability, 2003–2010. *Journal of Mental Health Research in Intellectual Disabilities, 6*, 181-207.  
<https://doi.org/10.1080/19315864.2011.651682>
- Cooper, S.-A., Smiley, E., Morrison, J., Williamson, A., & Allan, L. (2007). Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. *The British Journal of Psychiatry, 190*(1), 27-35. doi: 10.1192/bjp.bp.106.022483
- Emerson, E., Baines S., Allerton, L., & Welch, V. (2012). *Health Inequalities and People with Learning Disabilities in the UK*. Durham: Learning Disabilities Observatory.
- Emerson, E., Hatton, C., Baines, S., & Robertson, J. (2016). The physical health of British adults with intellectual disability: cross sectional study. *International Journal for Equity in Health, 15*, 11-18. doi: 10.1186/s12939-016-0296-x
- Fransham, M. & Dorling, D. (2018). Homelessness and public health. *The British Medical Journal, 360*, 214. doi: 10.1136/bmj.k214
- Heslop, P., Blair, P., Fleming, P., Hoghton, M., Marriott, A., & Russ, L. (2013). *Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD)*. Bristol: Norah Fry

- Kushel, M. B., Evans, J. L., Perry, S., Robertson, M. J., & Moss, A. R. (2003). No door to lock: victimization among homeless and marginally housed persons. *Archives of Internal Medicine*, *163*(20), 2492-2499. doi: 10.1001/archinte.163.20.2492
- Lougheed, D. C., & Farrell, S. (2013). The challenge of a “Triple Diagnosis”: Identifying and serving homeless Canadian adults with a dual diagnosis. *Journal of Policy and Practice in Intellectual Disabilities*, *10*, 230-235. <https://doi.org/10.1111/jppi.12041>
- McKenzie, K., Michie, A., Murray, A.L. & Hales, C. (2012) Screening for offenders with an intellectual disability: the validity of the Learning Disability Screening Questionnaire. *Research in Developmental Disabilities*, *33*, 791-795.  
<https://doi.org/10.1016/j.ridd.2011.12.006>
- McKenzie, K., Sharples, P., & Murray, A.L. (2015). Validating the Learning Disability Screening Questionnaire against the WAIS IV. *Intellectual and Developmental Disabilities*, *53*(4), 301-307. doi: 10.1352/1934-9556-53.4.301
- Matson, J.L., & Cervantes, E. (2013). Comorbidity among persons with intellectual disabilities. *Research in Autism Spectrum Disorders*, *7*, 1318-1322.  
<https://doi.org/10.1016/j.rasd.2013.07.018>
- Mercier, C., & Picard, S. (2011). Intellectual disability and homelessness. *Journal of Intellectual Disability Research*, *55*, 441-449. doi: 10.1111/j.1365-2788.2010.01366.x
- Oakes, P. M., & Davies, R. C. (2008). Intellectual disability in homeless adults: a prevalence study. *Journal of Intellectual Disabilities*, *12*, 325-334. doi:  
10.1177/1744629508100496

- Paterson, L., McKenzie, K., & Lindsay, W.R. (2011). Stigma, Social Comparison and Self-Esteem in Adults with an Intellectual Disability. *Journal of Applied Research in Intellectual Disabilities*, 25, 166–176. doi: 10.1111/j.1468-3148.2011.00651.x
- Polcin, D. L. (2016). Co-occurring substance abuse and mental health problems among homeless persons: Suggestions for research and practice. *Journal of Social Distress and the Homeless*, 25, 1-10. doi: 10.1179/1573658X15Y.0000000004
- Van Straaten, B., Rodenburg, G., Van der Laan, J., Boersma, S.N., Wolf, J.R.L.M. & Van de Mheen, D. (2017). Self-reported care needs of Dutch homeless people with and without a suspected intellectual disability: a 1.5-year follow-up study. *Health and Social Care in the Community*, 25, 123-136. doi: 10.1111/hsc.12287.
- Wishart, J., McKenzie, K., Newman, E., & McKenzie, A. (2013). Staff Responses to behaviour that challenges: The role of knowledge, attributions and emotion regulation style. *Journal of Intellectual and Developmental Disabilities*, 38, 205-14. doi: 10.3109/13668250.2013.787589.

**Table 1**

**Themes and associated subthemes**

<b>Theme</b>	<b>Associated Subtheme</b>
'Not diagnosed or declared'	'I didn't even know I had learning difficulties!'
	'Not knowing or admitting'
'It will crumble men'	'With a learning disability it's really difficult'
	'Not understanding'
	'Vulnerability'
	'Co-morbidity'
Disabling environment	'They're trained to put people off'
	'Accessibility'
	'Expressing need'
	'Trodden down.'
'It's not against them, it's to help them'	'An end to the game'
	'A clear highway'
	'Opening pandora's box'