



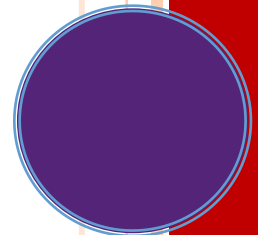
UNIVERSITY OF CALGARY
FACULTY OF SOCIAL WORK

PROMISING PRACTICE IN DELIVERING HOUSING AND SUPPORT INTERVENTIONS TO CHRONICALLY AND EPISODICALLY HOMELESS PERSONS WITH FASD (2015) CALGARY, ALBERTA, CANADA

Fetal Alcohol Spectrum Disorder (FASD) and Homelessness



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PROJECT DESCRIPTION

This project explored the support needs of adults with Fetal Alcohol Spectrum Disorder (FASD) within the episodically and chronically homeless population and the impact of FASD on service utilization, program compliance, and housing outcomes within the Calgary System of Care. This research was conducted in partnership by the Calgary Homeless Foundation and the Faculty of Social Work, University of Calgary. This mixed methods study conducted qualitative interviews with adults with FASD ($N=16$) and service providers ($N=19$) comprised of front line staff/policy makers/experts in housing and FASD sectors, and quantitative analysis of the Homeless Management Information System (HMIS) data specific to FASD ($N=2437$).

RESULTS

In the HMIS database at initial intake 3% self-reported suspected and 1% self-reported diagnosed FASD and 9% did not know their FASD status. Of 113 individuals with diagnosed or suspected FASD, 33% were Caucasian and 59% Aboriginal. The average age of individual interview participants with diagnosed or suspected FASD was 41 years; 93% reported addiction issues; 50% reported having a physical disability; 68% involvement in the criminal justice system; 63% reported mental health issues; and 50% had past child welfare involvement. The length of homelessness among participants ranged from 1 to 24 years with a median of 13 years. Women reported being involved in sex trade work

A critical concern raised was for youth transitioning to adulthood:

There's a gap between the ages of 14 and 19, where services are starting to dwindle for these individuals. Families are starting to get exhausted. There's often breakdown...They want to be adults but their mind just doesn't allow for that, so there's a real dichotomy with making decisions and problem solving and all kinds of issues flare up."

(Key Informant-Service Provider)

and severe experiences of trauma including sexual abuse and other forms of interpersonal violence. Service providers identified significant challenges in meeting the housing and associated support needs for this population. Service providers who participated in qualitative interviews expressed concerns for individuals with FASD in relation to vulnerability to negative influences, risks of alcohol use, individuals using all their money quickly and often being taken advantage of by others. They also indicated concerns that many programs did not work well for persons with FASD who experience homelessness.

In the voice of one participant:

No I wasn't housed because...of my drug addiction and my alcoholism - it took me to places where I didn't want to be... I would stay here, couch surfing whatever, I would you know, I would stay somewhere, someone would help me out and I would just kind of burn my bridges there. I'd get kicked out or I'd steal you know...

MAIN MESSAGES EMERGING FROM THE FASD AND HOMELESSNESS RESEARCH (2015)

- Individuals with FASD are vulnerable to being taken advantage of - many reported being engaged with a *negative social network*. Many reported their life focus as "survival", characterized by trauma and moving for one crisis to the next.
- Enhanced screening for FASD in adults is necessary. Despite the perceived stress associated with the diagnostic process, individuals benefited from having a formal diagnosis. As one participant explained: *I felt nervous about myself... [but] I found out why I am the way I am... You tell yourself, maybe there's other people out there that are like you...*
- Challenges in screening for FASD were noted by a service provider: *It has to be handled really respectfully... It's not that something is wrong with you; it's that something is different about you... So you have some answers rather than some labels.*
- It is critical to provide training on FASD to those working in the sector in order to recognize and support affected individuals from a disability informed lens. FASD screening needs to be integrated into frontline practice in order to account for the disability in service provision. In the voice of a service provider: *People are very different and some folks maybe need day-to-day support in every area.*
- Key housing supports for individuals with FASD include: flexibility in rules, financial management/trusteeship to ensure rent is paid, harm reduction approaches to substance use, harm reduction in relation to becoming victimized, guest management, life skills intervention, developing positive social networks and providing daily support.
- Housing is important but can also contribute to a sense of isolation and loneliness, which, in turn, increases the risk of vulnerability for this population. In the voice of a service provider: *We had...clients that were blowing through all of the housing programs and there's nothing that works... So we're hoping that with the information we get... will help to build a model that will actually support them...it seems like more and more to me that they need wrap around supports.*
- Women with diagnosed or suspected FASD were at heightened risk (engaged in the sex trade, exposed to sexual abuse and domestic violence). To mitigate this risk trauma informed training and trauma informed practice protocols are needed.
- Addiction to alcohol is a serious problem among this population. Access to drug and alcohol treatment is necessary. While in addictions treatment, service providers noted that it was important to maintain housing so that individuals are not discharged into homelessness.
- Conducting this research with adult participants was labour intensive and qualitative interviews were often missed and rescheduled. There were 16 individuals interviewed

with an average age of 40. There were 9 male and 7 female participants of which 11 were parents.

- Individuals with an FASD diagnosis had a much shorter stay in supportive housing than those suspected or not diagnosed.
- Cultural and spiritual supports are beneficial and healing for Aboriginal clients.

SUMMARY

The portrait of individuals with FASD who experience homelessness is one of risk and vulnerability, necessitating stable, secure and flexible housing models. The quote above highlights the challenges and vulnerabilities associated with addiction, homelessness and involvement with the law. At the time of our interviews, 13 individuals had a current housing situation and 3 were homeless. The risk of homelessness remains an ongoing challenge for individuals with FASD given their average length of stay in supportive housing is at least 3 months shorter than individuals without FASD. Many individuals remain vulnerable to becoming homeless again. Beyond housing, ongoing case management is necessary for this population. Individuals with FASD who participated in the project provided deep insight into their struggles through in-depth interviews.

These are ongoing challenges for individuals and about half of the participants had past child welfare involvement. The need for continued support, care, advocacy, funds management, harm reduction and in general, vigilance for vulnerabilities, is required in order to support and promote stability for individuals with FASD who live on the margins of society. These challenges are life long and a lifespan approach to supportive housing and care is critical. Those service providers working with individuals with FASD repeatedly shared their knowledge of and concern about the vulnerability of their clients. Additionally, service providers recognized that the consequences of poor decision were due to neurocognitive challenges that were difficult to overcome when facing adverse life circumstances. Service providers and other professionals may not realize that an individual with FASD has a disability because the individual may seem to understand and comprehend what is being requested. The individual may also not think to tell service providers about their diagnosis or needs, which may further complicate providing support. Overall, the topic of FASD and homelessness is complex and there is not a defined system of care that exists in case management and support for this population. While many working in the sector have had some training on FASD through the Alberta FASD Service Networks or the Calgary Homeless Foundation training program, there remains a major gap in education and case management for adults with FASD. This is an area requiring further exploration and an interdisciplinary framework of practice across health, social services and the Calgary System of Care.

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