FASD and Homelessness in Calgary, Alberta in 2015

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INSPIRING CONNECTIONS: A RESEARCH AND PRACTICE SHOWCASE
POLICY WISE FOR CHILDREN & FAMILIES, NOVEMBER 29, 2016
EDMONTON, ALBERTA

Invisible: Individuals with FASD who experience homelessness

In Calgary, homelessness grew by 800% between 1992 and 2008 and declined by about 2% by 2014.

Calgary Homeless Foundation’s (CHF) most recent point-in-time count estimates (October 2014) over 3500 people experience homelessness on any given night in Calgary.
Homelessness in Calgary: 2014 Point in Time Count Calgary Homeless Foundation

- Almost 1900 in emergency shelters
- Over 1200 in short term supported housing arrangements
- Over 200 in “systems”
- 215 individuals “rough sleeping” (38% ages 25-44 with 18-24 year olds over-represented)
- Over 850 women included in the count and 209 families [78 families in emergency shelters] (slight increase from 2012)

Project Description - ADVOCACY RESEARCH

**BACKGROUND**
- Exploratory research - limited research in this area - focus on identification of population and service needs
- A collaborative project with the CHF and the University of Calgary

**METHOD**
- Environmental scan and literature review to examine existing studies and housing models for individuals with FASD experiencing homelessness
- Quantitative - exploration of the Homeless Management Information System
- Qualitative
  - Interviews with 16 individuals with a diagnosis (12) or suspected (4) FASD
  - Interviews with 19 service providers in the sector
Why conduct this research in the homeless serving sector?

- There is limited research on this population
- Lack of knowledge on FASD in service provision
- A lack of understanding of the needs of individuals with FASD
- The need to engage in effective interventions and case management to promote success
- Need to create awareness of FASD in the sector due to distinct service needs
- When FASD is not well understood, services are less than optimal
- Individuals with FASD are among the most vulnerable on the streets
- "FASD-informed practice means we have to believe that there is a disability. We’re finding that a lot of people don’t." (Key Informant-Service Provider).
What has informed this research?

- Phone call received from a shelter worker in Edmonton, Fall, 2016
- I’m working with a young guy, about 24. He’s been in a shelter and has FASD. He grew up in care and has a really tough time making connections. I know he’s been victimized just about every way possible. Every time I feel like I’ve made a connection and am getting closer to making progress, he disappears. This pattern keeps happening and I don’t know what to do. What do you think is going on?
- Trauma history – attachment issues – fear (among many other issues)
- I am able to help him with what he needs in the moment but I can’t get beyond that
Scope of the Concern in Child Welfare Care – out of home placement

- About 67,000 children in care, an increase from 5.7 in 1992 to 9.2 of 1,000 in 2007 (Mulcahy & Trocmé, 2010)
- Alcohol-exposed pregnancies remain a substantial concern in Canada (Tough, 2009)
- Approximately 16.9% (169 out of 1,000) had a condition in the FASD spectrum (Lange, Shield, Rehm, & Popova, 2013)
- FASD results in a range of social, health and economic costs (Popova, Lange, Burd, & Rehm, 2014)
Child Welfare Research & FASD

- FASD Prevalence

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<td>Prevalence rates as high as 16.9% in child care settings (inclusive of CW placement) (Lange et al. 2013)</td>
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<td>As these youth age out of care what are the implications?</td>
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FASD status is recorded on intake (n=113)

- 3% self-reported suspected FASD
- 1% reported diagnosed FASD
- 9% did not know their FASD status

Of those with diagnosed or suspected FASD:
- 33% were Caucasian
- 59% Aboriginal

Table 1: Age distribution of individuals identifying as diagnosed or suspected FASD at Intake
Brownstone (2005) identified housing as a “critical area of focus” for individuals with FASD since 80% have difficulty sustaining independent living and most will require “interventions and support throughout their lifetimes” (p. 2).

Individuals with FASD are particularly vulnerable to becoming homeless when aging out of services, such as foster care or school programs, or when their parents die, especially without strong social support or established housing placements (Backer & Howard, 2007).

Adults with FASD may be characterized as ‘difficult to house’ as they do not follow rules; this may be because they do not understand the rules or understand that the rules are meant for them or because they cannot remember the rules or apply them (Jonsson, Dennett, & Littlejohn, 2009).
Demographic Profile (n=16) ©

- 9 men & 7 women
- Average age - 41 years
- Average Length of Homelessness 12.5 years (Range 1-24 years)
- Average length of homelessness for those under 35 years (n=5) - 5.9 years
- Average length of homelessness for those over 35 years (n=11) - 13.9 years
- 93% reported addiction issues
- 50% reported having a physical disability
- 68% involvement in the criminal justice system
- 63% reported mental health issues
- 50% had past child welfare involvement
- 81.2% receiving social assistance
The LHS was utilized in this research

Screens clients for adverse life-course outcomes typically found in FASD

Designed to guide follow-up assessments and treatment planning

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<td>Education</td>
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<td>Criminal History</td>
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<td>Employment &amp; Income</td>
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<td>Living Situations</td>
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<td>Mental Health</td>
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<td>Day-to-day Behaviours</td>
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Why placements break down so much is that people, like parents if you look at … parents or families or services and everybody says, “Well if he [individual with FASD] really wanted this, if you really loved us, if you really liked our placement, if you really wanted our program, he would come. He would follow through.” They are counting on their relationship [with the individual], to [gain] compliance. Then I have to come in and burst their bubble and say, “You’ve got to give him a good day or he’s not coming back, right?”

So that’s why words like motivation and manipulation and all of those very strongly ordered words that we use in human service delivery are just not fair for the person [individual living with FASD]… you have to have very good higher order brain function to be motivated [and to] manipulate.
Qualitative Interviews – Participant Voices

- Women with FASD reported experiences of sexual assault, victimization, and sex trade work while homeless.
  - They sexually abused me… I’m lucky I just made it through everything. I wish things would have been different.”
  - Then I ended up in prostitution... made money to survive basically.
  - I was in a super abusive relationship... and I got away and I drank.

- Participants who were Aboriginal also talked about the removal from their biological families as a removal from their culture.
  - It creates a whole identity crisis, with no roots or family or people to identify with culturally.
  - Moving from home to home and experiencing trauma in the child welfare system led several individuals to run away and stay in shelters instead.
  - Running away and living on the streets... I guess it was my choice but it wasn’t my choice. Because I didn’t know where else to go...
FASD and Homelessness

What we know about persons with FASD?
- Individuals are vulnerable
- Individuals are victimized in homelessness
- Individuals have challenges managing money
- Individuals are taken advantage of
- Gender based violence a concern

What we don’t know
- How many individuals have FASD in the sector
- What specific services are offered to this population
- How often individuals qualify for disability supports
- Effective case management
Recommendations

1. Increase awareness of FASD in the sector
2. Training and Education in FASD-Informed Practice
3. Screening for FASD- Screening is necessary to determine the need for referral for assessment and possible diagnosis. (Life History Screen)
4. Practice approaches must include: Complex Case Management - Assertive Outreach - Systems Navigation - Advocacy Support
5. Supports for Prevention- If appropriate, women should be referred to Parent-Child Assistance Programs (PCAP) for mentorship and intensive support
6. Gender Based Supports for Women’s Health- Women with FASD are at high risk for victimization
7. Enhance Cultural Supports- Access to cultural supports is critical for Indigenous persons if so desired
8. FASD-specific Housing
Questions

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Selected References


