

A Place to Call Home: Addressing Housing Needs for Individuals with Fetal Alcohol Spectrum Disorder

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KEY MESSAGES

Stable housing is foundational for all people and can enable success in many areas of life. However, individuals with FASD may face challenges accessing and maintaining stable housing. There is growing evidence that housing supports cannot exist in isolation, and that person-centred and integrated system approaches are needed to address the complex needs of individuals with FASD to ensure safe, sustainable, and stable housing solutions. Housing interventions should also recognize the impacts of social and structural inequities, including those experienced by Indigenous Peoples, and prioritize culturally safe, responsive, and community-informed approaches to support housing stability.

Issue:

Access to adequate housing has been recognized by the United Nations and the Government of Canada as a basic need and a fundamental human right [1, 2]. It has been well documented that housing is an important social and structural determinant of health, and housing instability leads to challenges with meeting other needs such as maintaining relationships, employment, or achieving personal goals [3, 4]. In Canada, the issue of housing insecurity is amplified by a housing crisis that disproportionately affects equity-deserving groups, including those with fetal alcohol spectrum disorder (FASD) and other disabilities [2, 5, 6]. Housing inequities are further shaped by intersecting experiences of marginalization, including Indigeneity, disability, racialization, and gender and sexual diversity [7]. Indigenous Peoples, in particular, continue to experience significant housing inequities related to the ongoing impacts of colonialism, intergenerational trauma, and systemic disadvantage [8]. The intersection of FASD with other factors, such as physical and mental health concerns, substance use, histories of trauma, and experiences of marginalization, further compounds this issue [9-11].

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The purpose of this issue paper is to provide a review of the existing literature on housing for people with FASD, while considering how broader social and structural determinants of health, including the ongoing impacts of colonialism and housing inequities experienced by Indigenous Peoples, shape housing experiences and support needs. This paper also offers recommendations for policymakers and service providers for implementing FASD-informed and culturally responsive approaches to effectively address housing needs.

Background:

1. The Landscape of FASD and Housing

FASD is a neurodevelopmental disability that affects at least 4% of the Canadian population, with emerging evidence suggesting that prevalence estimates may range from approximately 4% to 8% [12]. Individuals with FASD often have cognitive, social-emotional, and adaptive difficulties that can make independent living difficult [3, 13, 14]. Researchers have previously demonstrated that many adults with FASD live in institutional or other supported living situations [5, 13, 15-18], with many adults with FASD having also been unhoused at some point in their lifetime [13, 19, 20]. While there is limited research on the number of individuals with FASD who are unhoused, frontline experts agree that many unhoused individuals likely have undiagnosed or unrecognized FASD [6, 21]. The unique needs of people with FASD are often overlooked within broader housing policies and programs, resulting in increased vulnerability to housing instability and homelessness [5, 9, 13, 19].

Intersections of FASD with mental health, trauma, substance use, and addiction mean that housing is often one of several presenting needs at any given time [9, 14, 22]. Existing housing policies and programs tend to lack the flexibility and resources needed to accommodate these intersecting challenges, resulting in a fragmented approach to service delivery [20]. When housing needs are addressed separately from other areas of support, individuals with FASD may be required to navigate multiple systems and services that are not well coordinated or responsive to their needs [23]. Addressing housing instability therefore requires consideration of the broader circumstances and systems that shape an individual's ability to access and maintain stable housing [24].

Stigma and limited understanding of FASD within housing systems creates further barriers to accessing and maintaining stable housing [25]. Individuals with FASD may not display obvious signs of a disability, leading to misunderstanding and misinterpretation of their conduct in housing programs [24-26]. Difficulties in judgement may result in inadvertent violations of housing policies, such as having unauthorized visitors [22, 24]. When interpersonal conflicts or challenges with rules or expectations arise, individuals with FASD may be labelled as "non-compliant" or difficult instead of being recognized as individuals with memory, executive functioning, or perspective-taking difficulties [22]. If an FASD diagnosis is disclosed, service providers may make assumptions based on stereotypes or misinformation, perpetuating stigma and creating an environment where failure is expected [27]. Substance use can further exacerbate these challenges, increasing the risk of eviction or displacement [22, 28]. These compounding factors may contribute to a cycle of instability, making it difficult to maintain long-term housing [28]. Together, these challenges reinforce the importance of coordination between housing, mental health, and other support services to address the complex needs of individuals with FASD [13, 20, 28].

2. Indigenous Housing Experiences and FASD

Indigenous Peoples in Canada experience disproportionate rates of housing insecurity because of the ongoing impacts of colonialism, intergenerational trauma, and systemic inequities. Despite representing only 5% of the Canadian population, Indigenous Peoples account for approximately 35% of individuals experiencing homelessness in Canada, although this percentage is likely underestimated [29]. Housing inequities may be particularly pronounced in rural, remote, and/or northern communities, where housing shortages and limited access to health and social services create additional barriers to stability and support [30, 31]. For Indigenous individuals with FASD, these broader inequities may intersect with disability-related support needs, creating distinct challenges in accessing and maintaining safe and stable housing.

Unstable housing experiences may also be underestimated because of how homelessness is conventionally defined and measured. In rural and remote communities, housing insecurity frequently takes the form of hidden homelessness, including couch surfing, overcrowded households, and unsafe or substandard housing conditions [32, 33]. These experiences are shaped by broader structural conditions, including limited housing and social service infrastructure, inadequate funding, transportation barriers, and a lack of culturally safe and appropriate services [32, 33]. Addressing these barriers therefore requires more than increasing the availability of housing. Housing policies and supports should also build on community strengths, support self-determination, and promote Indigenous leadership in the design and delivery of culturally responsive services [32, 34, 35]. Government policy and funding arrangements represent another important component of these broader structural conditions. For First Nations communities, the availability and condition of on-reserve housing are influenced by federal housing programs and funding arrangements, including programs administered through Indigenous Services Canada and the Canada Mortgage and Housing Corporation [36, 37]. Despite these investments, approximately 80% of identified housing needs in First Nations communities remained unmet as of 2023 [38]. Provincial and territorial governments also play important roles in housing and service provision, particularly for Indigenous Peoples living off reserve [36]. Persistent gaps in housing availability and infrastructure point to the need for sustained investment and coordination across federal, provincial and territorial, and Indigenous governments [36, 39].

Differences in housing and service availability are also important when considering mobility between reserve, rural, remote, and urban communities. Indigenous Peoples may relocate to urban centres to access education, employment, health care, or other services [40, 41]. However, gaps in culturally appropriate housing and services may create barriers for Indigenous Peoples transitioning to urban settings [40, 42]. For Indigenous individuals with FASD, accessible and coordinated supports during these transitions may be particularly important to reducing barriers to housing and other essential services [5, 20, 23].

Despite the importance of these intersecting factors, a significant gap remains in the literature. To our knowledge, no studies have specifically examined the intersection of housing, FASD, and Indigenous communities. Existing research has largely explored FASD and housing instability [9, 19, 25] and Indigenous housing inequities [30, 44-45] as separate areas of study. Considering these bodies of literature together points to the need for housing approaches that account for both the support needs associated with FASD and the broader structural, cultural, and community contexts in which housing is experienced.

3. Person-Centred and Integrated Systems Approaches to Housing Stability

Understanding the challenges faced by individuals with FASD in securing stable housing also requires recognition of the strengths and resilience demonstrated by many within this population. Recent research efforts have highlighted the importance of moving away from a deficit-focused narrative of FASD and adopting strengths-based perspectives that recognize qualities such as self-awareness, receptiveness to support, capacity for human connection, perseverance through challenges, and hope for the future [3, 46, 47]. When these strengths are acknowledged and nurtured, it can promote optimism and enhance the effectiveness of support services. Additionally, leveraging the strengths and successes of people with FASD can be critically important in securing and maintaining safe, stable, and supported housing [24].

Researchers have consistently recommended person-centred and integrative systems approaches to promote housing stability [3, 5, 13, 15, 20, 28, 48-51]. A person-centred approach acknowledges the unique needs of individuals with FASD while leveraging their strengths, values, and preferences to tailor supports and accommodations rather than adopting a one-size-fits-all approach [5, 24]. This approach also requires considerations of the cultural, community, and historical contexts that shape individuals' experiences of disability, housing, and support [46]. Including people with FASD in the decision-making and goal-planning process recognizes and promotes individual agency and self-determination, leading to increased engagement and improved outcomes [5, 52-54]. A person-centred approach to housing acknowledges that independent living may not be appropriate for everyone with FASD; instead, the goal may be to promote *interdependence*, where the intensity of support necessary to maintain stability is provided, while recognizing that individual needs and strengths can change over time [5, 13, 15].

An integrative systems approach builds on the person-centred model by emphasizing consistency, collaboration, responsiveness, and proactivity as guiding principles [20]. Consistency ensures shared understanding and common goals across various systems supporting people with FASD, such as housing, health care, education, employment, justice, and community services. Integrative approaches should also acknowledge the importance of culturally safe partnerships with Indigenous organizations and communities to ensure that supports reflect local priorities and contexts [55]. Collaboration facilitates effective communication between agencies and service providers for coordinated access and care. Responsiveness enables support to be flexible and adaptive, while proactivity anticipates challenges and promotes success-focused planning. By using these principles to integrate the delivery of housing, health care, education, employment, justice, and community services, individuals with FASD can receive comprehensive and coordinated support across all life domains [3].

These guiding philosophies and principles are important given that, with appropriate support and accommodations, people with FASD can thrive in their living environments and contribute positively to their communities [5, 35]. For example, stable and supported housing plays a critical role in enabling individuals with FASD to successfully complete treatment programs [48, 51], maintain custody of their children [49], reduce involvement with the criminal legal system [15], and navigate services effectively [28]. Adopting person-centred and integrative systems approaches can create a supportive environment that can empower individuals with FASD to reach their full potential.

4. Leveraging Relational Support Networks to Increase Housing Stability

The housing needs of individuals with FASD are often intertwined with the impacts of adverse childhood experiences, trauma, mental health comorbidities, substance use, and experiences of child welfare involvement; as such, housing interventions are most successful when personalized and flexible

supports are embedded within the program design [20]. This design may include individual life skills coaching, assistance with structuring daily activities, aid in conflict or crisis situations, and integrated or facilitated access to addiction and mental health services [15]. When appropriate, promoting the involvement of other members of the individual's support network, such as parents, caregivers, or other trusted adults, can enhance the effectiveness of housing interventions by strengthening the support system [24, 28]. These family and social supports often possess intimate knowledge of the strengths, challenges, and needs of the individual with FASD and can provide valuable insights into their history, preferences, and goals. Additionally, they can serve as advocates and provide ongoing support, facilitating access to resources. For Indigenous Peoples and families, meaningful support networks may also include connections to Elders, cultural teachings, community organizations, and other traditional sources of strength and belonging [53].

Positive relationships with service providers in community and housing support programs also play an important role in supporting individuals with FASD [13 19]. When service providers are educated about potential challenges, such as difficulties with impulse control, memory differences, and challenges in understanding abstract concepts, it results in more compassion and less frustration when individuals with FASD struggle to follow through or complete tasks [5, 28]. Equally important is for service providers to recognize and nurture the specific strengths of the individuals with FASD in their programs. Recognizing that traditional approaches to housing support may not be effective, service providers should be prepared to adapt their strategies to meet the unique needs of each individual. These adaptations may involve providing additional structure and supervision for individuals who struggle with organization and planning, facilitating engagement with other service providers, using visual aids and reminders to assist with memory, or offering alternative forms of communication to support language difficulties [15]. Additionally, this approach may include recognizing how cultural identity, community context, and experiences of systemic inequities influence an individual's interactions with housing and support systems [56]. Ongoing training and support for service providers can ensure that they have the necessary knowledge, skills, and self-efficacy to build strong, genuine, and positive relationships that effectively support individuals with FASD to acquire and maintain safe and stable housing [3, 20, 57].

Implications for Research, Policy, and Practice:

Drawing from existing evidence and successful practices, the following recommendations provide actionable, FASD-informed strategies to guide service providers and policymakers in prioritizing the well-being and housing stability of individuals with FASD. The successful implementation of these recommendations depends on an FASD-informed workforce, with the knowledge, awareness, and training needed to recognize and respond appropriately to the needs and strengths of individuals with FASD.

- **Increase available housing options for people with FASD along the entire continuum of housing.** Recognizing the diverse needs of individuals with FASD, a flexible, low-barrier approach to a continuum of housing interventions is essential [12, 14]. For example, housing needs may include emergency shelter programs, second-stage housing, transitional housing, and/or interdependent or independent living. Emergency shelter programs provide stabilization by offering immediate assistance during times of crisis. Second-stage housing, including group homes or specialized halfway facilities for individuals newly released from incarceration, provide opportunities to learn and practice life skills while having access to 24-hour support. Transitional housing options offer longer-term stability and more independence, with access to support on a consistent and predictable schedule. Interdependent living, with support to manage specific areas of need such as financial planning and service navigation, provides the opportunity for individuals with FASD to live

- more autonomously while still receiving the assistance they require. Recognizing that the needs of individuals with FASD will change over time, ongoing assessment of the level of support required for success is necessary to support long-term, rather than just short-term, solutions. Considerations should be made to support all life stages and transitions, including transitioning into adulthood, raising children, and aging.
- **Leverage and integrate existing social and community programs into housing interventions.** While it is important to ensure that there is an adequate and available supply of suitable housing options for people with FASD, it is not enough to ensure successful housing tenure. Supporting the housing success of individuals with FASD also requires doing things differently, including building on, and integrating, housing programs within other existing programs and structures. Housing interventions should be sustainable, interdisciplinary, flexible, evidence-based, and responsive to the unique needs and contexts of the communities they service, including those in rural, remote, and/or northern settings [58]. For existing housing interventions, FASD should not be an exclusion criterion. FASD-specific housing programs can be effective, but they cannot be the only answer or option for people with FASD given the diverse housing needs of people with FASD.
 - **Adopt person-centred and integrative systems approaches to housing.** Given that individuals with FASD often receive support from the housing system in conjunction with other systems such as health care, employment, and community services, policies that promote active collaboration between these systems can result in a more cohesive and cost-effective blanket of support. This collaboration should allow for flexible and responsive interventions, adapting priorities to meet the needs of the individual with FASD at a given time. Where appropriate, integrative approaches should also foster partnerships with Indigenous communities and organizations to ensure that housing supports are culturally safe, relationship-centred, and reflective of local contexts and priorities. Ongoing communication between service providers can reduce duplication of services and ensure that everyone is working together to meet the specific goals of the individual with FASD.
 - **Promote Indigenous-led, culturally grounded, and strengths-based housing approaches.** Housing initiatives should support Indigenous self-determination by being developed in partnership with Indigenous communities and reflecting local priorities, knowledge, strengths, and understandings of wellness. Rather than focusing primarily on individual deficits or challenges, strengths-based approaches should recognize Indigenous knowledge, culture, identity, relationships, and community connections as important sources of strength and support [34, 35]. In practice, this may include partnerships with Elders, Indigenous organizations, and community leaders, as well as opportunities for ceremony, cultural reconnection, and other culturally meaningful supports. Housing strategies should also recognize the diverse experiences of housing insecurity, including hidden homelessness and the challenges associated with transitioning between rural, remote, reserve, and urban communities. Emerging Indigenous housing models, such as the Endaayaang Indigenous Housing First for Youth program in Hamilton, Ontario, demonstrate the value of culturally grounded approaches that integrate Indigenous knowledge, relationships, and cultural practices alongside housing supports [44].
 - **Nurture and incorporate meaningful relational connections to increase housing tenure.** Individuals with FASD possess a profound capacity for human connection and thrive within extensive relational networks that celebrate strengths and accommodate needs. Fostering positive relationships with parents, caregivers, and/or trusted adults establishes an enduring support system that extends beyond participation in formal housing programs. Service

providers also play a pivotal role when they engage authentically with individuals and demonstrate genuine care beyond professional obligations. This approach involves getting to know individuals with FASD beyond their challenges, showing interest in their unique strengths and interests, facilitating smooth transitions between services, regularly checking in on progress, and dedicating ample time to ensure comprehension of individual goals, plans, and next steps.

- **Provide ongoing education for service providers, both for those who work directly with people with FASD and for those who work in the housing sector more broadly.** Given that many individuals accessing housing supports may have undiagnosed or unrecognized FASD, it is essential to integrate FASD-specific training into staff development for all service providers. Increased knowledge of FASD allows service providers to understand and address housing needs within a broader context, builds capacity to identify individuals with possible FASD, and increases confidence in their ability to appropriately support people with FASD within existing programs. Access to ongoing FASD training, resources, and support networks ensures that service providers are equipped with the necessary knowledge to effectively support the housing needs of individuals with FASD. Training initiatives should also promote cultural humility and awareness of the broader social and structural determinants of health that shape housing experiences and service access.

Conclusion:

Because of the complexity of FASD and its intersections with mental health, trauma, substance use, and addiction, individuals with FASD may face challenges with accessing and maintaining stable housing. However, housing stability is more than an outcome in itself; it provides a foundation from which people with FASD can pursue relationships, community participation, and other meaningful life goals. While research on the housing experiences of those with FASD remains limited, there is growing evidence that effective housing tenure does not occur in isolation and is shaped by the broader systems, relationships, and supports surrounding an individual. Importantly, successful housing for individuals with FASD extends beyond simply obtaining or maintaining a place to live. Success may look different for each person and includes housing that is safe, stable, and appropriate, reflects individual needs, strengths, preferences, and circumstances, and provides access to flexible supports that can adapt over time. Practical examples of such approaches emphasize choice in where and with whom individuals live, access to individualized supports, and interdependence rather than utilizing independence as the sole measure of housing success [5, 59]. Housing experiences are also shaped by broader social, cultural, and structural conditions, including the ongoing impacts of colonialism and systemic inequities experienced by Indigenous Peoples. Taken together, successful housing for individuals with FASD is not defined solely by housing tenure or independence, but by whether housing provides the stability, choice, support, and connection needed for individuals to pursue their own goals and thrive within their communities.

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