

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

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KEY MESSAGES

Individuals with FASD face challenges with accessing and maintaining stable housing, and many people with FASD have experienced being unhoused. However, housing stability supports individuals with FASD to achieve success in multiple other domains of life. There is growing evidence that housing supports cannot exist in isolation and person-centred and integrated systems approaches are needed to address the complex needs of individuals with FASD to ensure safe, sustainable, and stable housing solutions.

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 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-seeking groups, including those with Fetal Alcohol Spectrum Disorder (FASD) and other disabilities [2, 5, 6]. The intersection of FASD with other factors, such as physical and mental health concerns, substance use, and histories of trauma, further compounds this issue [7-9]. Within this context, people with FASD face unique challenges in securing and maintaining stable housing.

The purpose of this paper is to provide a review of the existing literature on housing for people with FASD and recommendations for policymakers and service providers for implementing FASD-informed approaches to effectively address housing needs.

Background:

1. The Landscape of FASD and Housing

FASD is a developmental disability that affects an estimated 4% of the Canadian population [10]. Individuals with FASD often have cognitive, social-emotional, and adaptive difficulties that can make independent living difficult [3, 11, 12]. Researchers have previously demonstrated that most adults with FASD live in institutional or other supported living situations [5, 11, 13-16]. Researchers have also suggested that many adults with FASD have been unhoused at some point in their lifetime [11, 17, 18].

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While there is limited research on the number of unhoused individuals with FASD, frontline experts agree that many unhoused individuals likely have undiagnosed or unrecognized FASD [6, 19]. 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, 7, 11, 17].

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 [7, 12, 20]. Existing housing policies and programs tend to lack the flexibility and resources to accommodate these intersecting challenges, resulting in a fragmented approach to service delivery [18]. Individuals with FASD may not display obvious signs of a disability, leading to misunderstanding and misinterpretation of their conduct in housing programs. Difficulties in judgement may result in inadvertent violations of housing policies, such as having unauthorized visitors [20]. 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 [20]. 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 [21]. Substance use can exacerbate these challenges, increasing the risk of eviction or displacement [20, 22]. These compounding factors may contribute to a cycle of instability, making it difficult to maintain long-term housing [22]. The lack of coordination between mental health and housing services presents additional barriers, highlighting the need for integrated approaches to address the complex needs of individuals with FASD [11, 18, 22].

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

Despite the challenges faced by individuals with FASD in securing stable housing, it is essential to recognize 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, 23, 24]. 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.

Researchers have consistently recommended person-centred and integrative systems approaches to promote housing stability [3, 5, 11, 13, 18, 20, 25-28]. 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]. 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]. A person-centred approach to housing acknowledges that independent living may not be appropriate for everyone with FASD; instead, the goal is 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, 11, 13].

An integrative systems approach builds on the person-centred model by emphasizing consistency, collaboration, responsiveness, and proactivity as guiding principles [18]. 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. 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.

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, 24]. For example, stable and supported housing plays a critical role in enabling individuals with FASD to successfully complete treatment programs [25, 28], maintain custody of their children [26], reduce involvement with the justice system [13], and navigate services effectively [22]. Adopting person-centred and integrative systems approaches creates a supportive environment that can empower individuals with FASD to reach their full potential.

3. 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, and substance use; 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 [13]. 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 [20]. 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.

Positive relationships with the service providers in community and housing support programs also play an important role in supporting individuals with FASD [11, 17]. When service providers are educated about potential challenges, such as difficulties with impulse control, memory deficits, 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, 20]. 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 [13]. 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, 18, 24].

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 policy makers in prioritizing the well-being and housing stability 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 [10, 12]. 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, and evidence-based [29]. 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. Ongoing communication between service providers reduces duplication of services and ensures that everyone is working together to meet the specific goals of the individual with FASD.
- **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 an 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.

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. Housing stability is a critical factor that enables people with FASD to achieve success in various areas of life. 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. Successful housing tenure requires a collaborative, person-centred, and integrated system of care that recognizes the unique needs of people with FASD across all life domains. Adopting a person-centred approach to housing stability, incorporating the preferences and goals of individuals with FASD into the planning process, and leveraging relational support networks significantly increases the likelihood of success. Understanding these complexities is essential for policy makers and service providers to develop targeted interventions that address the specific housing needs of individuals with FASD and enable them to thrive in their communities.

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