

Report on

Supported Residential Services For Adults with Fetal Alcohol Spectrum Disorder

For Northeast Persons with Developmental Disabilities



By Coleen Burns
March 31, 2008

Executive Summary

Discussion around housing options for homeless adults in Canada are often at the forefront among caregivers, government agencies, including provincial, federal and local, and non-profit agencies. The provision of housing for adults who may be affected by the lifelong consequences of Fetal Alcohol Spectrum Disorder (FASD) is addressed and supported by many agencies across the country, however the extent of resources developed is not meeting the overwhelming need of this population. Adults with FASD or a high likelihood of the disability pose unique housing challenges. Due to many secondary disabilities that often accompany this disability (criminal justice involvement, addiction issues, high risk of victimization, loneliness and unemployment) many of these adults need much more than just a roof over their heads.

Agencies that provide models of interdependent or supportive housing recognize that by acknowledging the strengths and skills of these adults, in the context of a supportive and secure environment, many are able to stabilize and participate in the housing process and access other services. For many adolescents with FASD, the transition to adulthood does not hold the positive outcomes that come with expectations of independence, finding and keeping housing and all of the responsibilities that go along with this. Some of the models explored in this paper look at interdependent and collaborative family care homes, 24-7 care, residential homes for offenders, and affordable housing models with supports housed within the buildings and communities. The road to successful housing for those with FASD is riddled with challenges, including sustainable funding, well-trained support staff and adequate infrastructure to provide optimal physical environments for tenants. Policies that dictate criterion for supports for those with a disability often miss the mark for adults with FASD and an IQ of over 70. Housing needs vary along the spectrum as much as the disability reflects the degrees of strengths and needs of each individual. Program development must reflect the lifelong challenges of these individuals and to develop partnerships with agencies which currently provide services to this population. Adults with FASD have skill sets and strengths that can be achieved when optimum supports are in place, including appropriate housing.

Supported Residential Service for Adults with Fetal Alcohol Spectrum Disorder

Background

The intent of this paper is to review models of supported residential housing services in Canada for adults diagnosed with or those with a high likelihood of FASD. This paper also highlights the challenges and obstacles frequently encountered by individuals, groups or agencies (for the most part, non-profit groups) who develop or provide these services, and discusses implications of service delivery within the north-east region of Alberta. The resources listed are by no means an exhaustive search of supportive housing for adults, however for the purpose of this paper, the overview highlights services that predominately serve the population of adults with an FASD. It is not surprising that the focus of these initiatives tend to be non-profit based and for the most part are driven by individuals and grass-roots organizations who recognize the necessity of supported housing as a foundation to other functions in the lives of those affected by FASD. Without adequate supportive housing, countless anecdotal stories are told of adults living on the streets, unable to carry out basic daily living skills, victimized by others and living in revolving justice and addiction cycles. In many cases, social service and justice agencies are left to deal with these adults as last resort agencies and act as defacto mental health workers.

These adults are often described as “high maintenance”, with life-long struggles, often compounded by secondary disabilities. Secondary disabilities are described as, “those that a (person) is not born with, and that could presumably be ameliorated through better understanding and appropriate intervention” (Streissguth et al, 1996). Streissguth, a leader in research and study of those with FASD, also states:

“The permanent, organic brain damage of people with FAS/FAE is often “hidden” because it does not conform to current system guidelines for providing services, such as a low IQ score, a debilitating physical disability, serious mental illness, or even a characteristic FAS face. By understanding the devastating secondary disabilities that

characterize most individuals with FAS/FAE and by understanding the intrinsic and extrinsic risk and protective factors that exacerbate or ameliorate these disabilities, we should be able to improve the quality of life for people with FAS/FAE and their families ...” (Streissguth, 1997)

As with anyone in society, those living with FASD certainly have the most basic of needs including adequate, appropriate housing. However, just a roof overhead does not always provide the direction, supervision, mentoring, trusted relationships and other myriad of support that many adults affected with FASD require. The following resources are attempting to bridge the gap.

Resources

***Whitecrow Village Society**, Nanaimo, BC Contact: Kee Warner
Interdependent Living Program.

The underlying premise of this program is team competency and that no one person is required or expected to have all of the answers all of the time. As part of an interdependent team, adults with FASD can and do make healthy and appropriate decisions. Whitecrow Village Interdependent Living Initiative is the research and design of self-directed (within the context of a trusted group-home environment) home ownership (or long-term occupation), looking at implications of pensions, health, employment, family and personal stability, home equity and other quality of life issues. At present, the society has a “seed” of this initiative in a duplex with eight residents. This initiative has grown from their experiences with a team of adults with FASD who work at the LIFE (Live-In FASD Education) sessions, affectionately know as “camp”. The goal is to establish a permanent homebase where adults with FASD can live and work at LIFE sessions or other outside or self-employment.

Some of these residents will be permanent, while others will move on to satellite housing options or back to their home communities. Home community members will be able to participate in programs in order to duplicate those elements, which will engender success in their communities. The seed duplex is providing the social architecture required for this to succeed. The eventual home base will include at least one property that will continue to provide the essential experiential training and learning for professionals, families and caretakers that Whitecrow Villages uniquely provides.

**West Coast Genesis Society, New Westminster, BC Contact: Robert Chesterman
Residential Program for Male offenders, Community Support Group Volunteer
Program**

This Society has a unique resource that provides the 1st specialized program for male offenders with FASD. It includes 2 residential housing projects with support programs. The second project is a larger residential housing program, not yet opened.

This project has been operational since 2001 and the other is currently being developed. Both residences are targeted for male offenders who are on conditional releases. The length of placements can be as short as 1 day or as long as over 1 year. This Correctional Services Canada funded residence is a 24-bed facility, with 6 beds designated for those offenders with a high likelihood of FASD. The other residents also have high needs, with most having substance abuse and mental health issues, little family or community supports and find it challenging to live independently. This residential housing is only for those who are under conditional releases. When the warrant expires, so does the residency (see further description of post release program.)

The residence is located in a large, older mansion in a residential area of New Westminster, BC. The Society and residents have developed good working relationships and rapport within the area by maintaining their residential property and offering assistance to neighbouring properties by helping the elderly do their yard -work, painting etc.

Throughout their conditional orders, some of the 6 clients with FASD are part of a supported employment program, staffed by two coordinators. The staff connects offenders with community employers who provide structure, links and support. Their role is to be involved with clients and employers to provide feedback and support, as well as education and awareness about the disability. The involvement of the coordinators continues after the residents are released from the home. Another aspect of the residence is the Community Support Group (CSG) Volunteer Program, under the direction of a full time coordinator. Using a screening process and after passing certain criteria, volunteers are matched with the 6 adults in the program. Most of the volunteers have breadth of life experience, come from different backgrounds and are willing to commit to a trusting relationship with the adult over a long period of time. Each client is

matched with 2-3 different volunteers, to not burn out or overload any one volunteer. Support is given in a variety of ways, from accompanied shopping trips, budgeting, emotional support along with an acceptance of their limitations. It is hoped that these relationships will provide support past their release.

As with any residential programs that offers services to adults with FASD, it is recognized that the individual's need for structured, consistent and supported housing outlasts the capacity of many programs to continue the designated housing for the client, as is the case with this resource.

The need for a post-release, after care program for offenders was identified, as most of the men would not be able to sustain stability without continued support. It is particularly important for offenders, as they have developed relationships with mentors and require some degree of advocacy on their behalf after their release. This transitional supportive housing at Maria Keary Cottages, New Westminster is geared for those who are homeless. Society director, Robert Chesterman explains, "We have guys who live in the rough and could not manage on their own. We can't just look after them for 6 months or a year."

A new residential program is under development for a 35 -bed facility, with 15 beds designated for those with conditional releases and 20 beds for those who are defined as "homeless". It will be a common residential facility, with varying levels of support.

Gitxsan Child and Family Services Society (GCFSS) and University of Northern BC (UNBC), Hazelton, BC Contact: Dr. Cindy Hardy, UNBC and Brian Williams, GCFSS

Ayookhll ga nitx'iitszwim ahl haa'nakthl gabiswit

The Victoria Foundation's FASD Action Fund demonstration project has provided partial funding for community based housing services for families affected by FASD. This house will be built in Hazelton, a community in northwest BC. The house will be staffed with local caregivers and will be rooted in Gitxsan cultural traditions. "The Gitxsan have a unique societal structure whose main feature is intricate kinship networks and support systems that develop and groom leadership, assert responsibility and provide protection, teaching and caregiving to its citizens." (The Link, Vol. 3: 2, Jan. 2008)

The joint venture will focus on providing supportive housing for parents affected by FASD, with the intent of keeping the family together, with resident caregivers providing the needed support. Inherent in its success will be the Gitksan matrilineal clan system, where there are obligations and responsibilities within this system.

The 3-year demonstration project will see a re-awakening of the Gitksan culture, develop connections within their communities and develop a concrete plan for housing. It is at a planning stage over the next year.

Prostitutes Empowerment Education Resource Society (PEERS), Victoria, BC

Contact: Tracey Paulson

FASD Collaborative Family Care Program

After receiving funding through the Victoria Foundation for a 3 -year pilot program. PEERS is in the first operational year of the FASD Collaborative Family Care Program. These family-care homes support mothers with FASD, who have been in the sex-trade and/or have been sexually exploited, and assist them with making the transition to mainstream lifestyle with their children. The premise of the placements is to provide opportunities for the moms to participate in home-based Infant Development Programs and to assist them with parenting skills that will utilize their strengths and capacities. The participation is voluntary, unless the moms are under a supervision order with the Ministry of Children and Family Development.

The coordinator of this PEERS program is responsible for the home studies of prospective care homes, providing special training to assist them with supporting parents with FASD and offering post-placement support, including evaluations.

The homes are geared for those women who are at a high risk of having their children apprehended and placed in care of the Ministry of Children and Families. A non-profit group, the Victoria FASD Community Circle also has supportive programs that will work with these moms.

Presently, there are 5 care homes that offer young mothers and their children supportive relationships and provide a model of building life-skills, with the goal of keeping the moms and children together.

Nelson Community Services-Cicada Place, Nelson, BC Contact: Joyce Dahms
Independence for Youth Program, Cicada Place

Located in Nelson, BC, Cicada Place is a 10 unit residential building built by Nelson Community Services nine years ago. The supported transitional residential program serves 16-22 year olds, referred mainly by Ministry of Children and Family Development (MCFD), Mental Health, schools, income assistance workers and by word-of-mouth. There are seven one-bedroom units as well as three 2-bedroom units that are intended for single parents. A resident caretaker is on site 24-7, with fully staffed offices on the main floor of the building from Monday-Friday, 9:00a.m.to 5:00 p.m. The Independence for Youth Programming, which is mandatory for each resident, provides direction and support for daily living skills, such as shopping, budgeting, employment/school support and home support skills. There is a common kitchen-meeting area where the residents cook a meal as a group once a week. The criterion for attending the program is to be attending school, to be working or to be actively looking for work.

Although the program is set up to be transitional, there are some circumstances where the stay can be extended for longer than two years. This resource is not specifically for youth with FASD however there are residents who have a formal diagnosis. The supports given to the residents are dependent on what each individual needs and the skill sets that each one brings.

Soaring Eagles Support Services, Whitecourt, AB Contact: Shelagh Watson

This is a Person's with Developmental Disabilities (PDD) funded group home. It is located in western central Alberta and began as a support group home for one adult. It has developed into a rural residential resource for three adult males, two of whom have an FASD diagnosis. Shelagh Watson and her husband recognized that many youth with FASD have received some measure of support from various agencies up until age 18. When they reach adulthood, there is very little support to make the transition and the difficulties that come with societies' expectations of independence.

The residence is located around 4 km. from Whitecourt, AB, a geographic location Shelagh says is instrumental to the program's success. Since November 2007 this resource provides the three males with their own 3-bedroom basement suite, with

common kitchen and living areas. Shelagh and her husband live upstairs in the house and are available for support during the day, with informal support during the evenings and weekends. Each resident has their own tailored rules worked into rental agreements, which include a drug and alcohol free stipulation, curfews, quiet times, and individual's responsibilities for home chores.

Presently, two of the clients are mandated to this residence through a court-ordered house arrest. Positive relationships between the court system, local RCMP, the neighbours and community agencies have made the placements easier to monitor and support. The clients, who each have different abilities, are referred through PDD. The males "buy into the fact that this is their home. They do not like the home referred to as a group-home because of their affiliations with previous group homes during their youth placements."(Shelagh Watson, personal conversation, Feb. 08)

With the support of the caregivers, A "Leader-in -Training" position is given to one of the residents with the capacity to take on this mentoring role. Another important aspect for transitioning new clients to the home is the value given to input from the current residents regarding any new prospective roommate. They are given a chance to meet and interact with any prospective resident and must be in agreement regarding the placement.

Important to this supportive program is the structure, supervision and involvement by residents in everyday tasks of keeping a household such as shopping, cleaning, recreation, work or volunteer programs.

Bosco Homes, Edmonton, AB Contact: Bruce Armson, Director, Group Care Services
Bosco Homes in Edmonton is in negotiating stages with Edmonton Housing Authority to build a 48 unit low-income housing project, located directly behind their current administrative building in Edmonton. Although this project is not solely for the purpose of providing housing for adults with FASD, it will certainly provide an alternative for youth they are currently working with requiring supports when they reach adulthood. Bosco Homes provides youth residential resources and a mentorship program. When this new residence is completed, they are looking at housing the mentorship program within the building. Wetaskawin, AB is another alternative site that is being

looked at for a similar housing project. Presently, Bosco Homes has youth and mental health programming in Wetaskawin.

Aboriginal Family Services Mentorship Program for Adults with an FASD

Supported Housing Project, Regina, SK. Contact: Dave Bird

Aboriginal Family Services has developed a mentoring project for adults with FASD and assists individuals in finding housing in Regina, which is no easy task, given the almost non-existent vacancy rate. A feasibility study on housing needs for adults living with FASD (Lisa Brownstone, March 2005) provided valued information regarding the need of supported housing for adults in Saskatchewan. The project is currently assisting 27 individuals, meeting them at whatever housing scenarios they find themselves in. This in itself is very challenging, given the transient and unstable life patterns of many of their clients. By providing assistance with daily living routines and with workers acting as a “second brain”, this program provides some support to these adults. The Waterston-Salvation Army Hostel is one of the available resources that offer emergency shelter for men with no other residency options. It provides very limited support and is not seen as a long-term solution. A longer-term project is looking at a 12-unit residential building.

Life’s Journey Inc. Winnipeg, MB Contact: Brenda Bennett

Directed Services Model of Resources for Youth and Adults

Life’s Journey Inc. has the following resources that provide supportive housing for adults with FASD:

*Cluster housing model of resources for youth and adults. This is an interdependent model, with supports and working relationships developed with various housing authorities. Four suites are in a residential building, three of which are supported by the Supportive Living Program (parallel to PDD). One suite is for staff that provides on-site support to the clients. The suites are on different floors of the building, which provides integration for the adults, without the stigma often attached to the disability. The staff provides supports around social, financial, emotional and other daily living functions.

*Fully staffed, 24-7, three bed residential housing, located 25 minutes outside of Winnipeg. This location, in a rural setting, is instrumental to success as it provides housing for high-risk male offenders. The residents must qualify under the provincial special needs program (IQ of 70 or less) and have a plan that is presented and approved by the court. The staff is well trained and well paid which encourages less attrition and burnout.

*Most recent project, hopefully launched in spring 2008, is Spectrum Connections for 15-18 year olds, most of whom have been referred by Child Welfare and Family Services agencies. This transition program has criteria that the youth cannot be eligible for either of the two Manitoba provincial programs for those with disabilities. Life's Journey Inc. has adequate funding to provide care for those requiring this transition to adult services.

Options for Independence Program, Whitehorse, YK Contact: Elaine Seier

Options for Independence, a Whitehorse non-profit Society, provide 1-bedroom apartments for adults with FASD. The six-unit building is owned by Yukon Housing, but managed by the Society. Five of the units are for client housing, with one unit used as an office. Whitehorse, like many remote cities, has a very low vacancy rate and few supportive housing models. Turnover rate in the building is very low, due to residents' financial limitations and the skills needed to secure other housing. Over recent years, onsite staffing has increased from one 7.5 hour shift (5:30 p.m.- 1:00 a.m.) to a 15 hour shift, with one staff member onsite from 10:00 a.m. – 1:00 a.m. Studies completed by Yukon Territory Government-Health and Social Services found that when staff were on site clients were safer and experienced lower rates of victimization. The clients all have support from FASSY (Fetal Alcohol Syndrome Society of the Yukon) workers, with some clients also having involvement with a Supported Independent Living Worker. This team approach provides advocacy, connections to other community resources and allows for individualized approaches, depending on each person's unique needs. Certain security features in place at the residence provide a measure of safety for the residents, such as security cameras on both entrances, a privately hired security

company that does checks during the hours when no staff is present onsite and alarms on the ground level floor windows.

The Society was also able to establish the housing as a residence, rather than rental housing, thus allowing for residential agreements between the Society and the residents. This is different from a landlord-tenant agreement or a group home contract and allows the staff to enter any suite without the 24-hour notice. This has assisted in reducing victimization of the residents and allowing the RCMP to remove individuals whom might be detrimental to the residents' well being. The success of this program has encouraged the sustainability of this project and it is hopeful to see expansion in the future.

Good Shepherd Homes, Hamilton, Ont. Contact: Lorraine Chapman

H.O.M.E.S (Housing with Outreach, Mobile and Engagement Services)

In 1998, Good Shepherd Homes developed a concept of housing models in the Hamilton area. The program would provide housing choices for those with mental illnesses and a history of homelessness and offer privacy, safety, personal choice and support to achieve personal goals.

In 2000, the first residents were housed in their own apartments. The housing program has expanded to include a range of living supports in four separate buildings, with 129 additional suites throughout the city. McGinty House is a 10-unit building for men only. Supports include life-skill training through interactive house chores, meal preparation and hands-on planning. 24-hour support is on site. Other H.O.M.E.S. have mobile support and after hours, on-call support. All of the units are subsidized to reflect residents' income levels.

H.O.M.E.S. programs go beyond just providing income based housing. Housing support workers, who are part of a multi-disciplinary team model, work together in providing the residents services they might require.

Support for daily life aspects include advocacy, crisis intervention and problem solving. All tenants have access to a holistic nutritionist and an R.N., vocational support workers and, in two of the residences, a therapeutic recreational support worker.

A team philosophy that includes building a culture of openness and belonging provide a safe environment that encourages improvement and self-choice for residents.

Challenges Along the Way: Finding Common Ground

This overview of housing models for adults with FASD highlights the spectrum of services offered in numerous communities across Canada. With each success story, there is also an awareness of the gaps providing supportive housing for adults with FASD and common challenges faced by service agencies. Many issues faced by current service providers are highlighted by their comments below. Some of the challenges faced by agencies are commonplace and can divert needed energy and work required for operational duties, rather than trying to stay afloat and find funding for one more year.

Sustainable funding for programs

“Often adults with an FASD do not fit the profile of consumers of Provincial programs for adults with disabilities or do not fit the model that is directed with those with a genetic disability. Adults with FASD often come with secondary disabilities that pose a whole new set of issues and necessities for supports.”

“When youth reach adulthood, there are very few systems ready to offer the support they had available as youths.”

For the most part, services that are recognized within current provincial bodies for adults with a disability do not include adults with FASD unless they fit the criteria of having an IQ under a certain level. As the disability is a spectrum disorder, there are many levels of abilities and disabilities and many levels of services needed to support these individuals. Current eligibility for some of the provincially funded supports poses a dilemma for adults with an FASD, many whom do not fit these IQ levels, but certainly are faced with secondary disabilities which severely compromise their safety and quality of life. The majority of the programs listed in this paper are operated from a non-profit society platform. Some have managed to secure, consistent funding, while others deal

with an ethical question of providing services one year, with little guarantee of continuing services the next year. One agency stated a moral dilemma of “kick-starting programs with seed-money, provide hope and security for clients, only to discover lack of continued funding is forcing them to always be tenuous in looking ahead at further program development.”

Staffing and Retention

“Staff who have a values-model and who can transition to a different model of care than what they are accustomed to are difficult to find and retain.”

“Staff burn-out and finding workers who are adequately trained to work with those with FASD are tough to find and harder to keep. It is an area that needs the funding to develop programs for new staff and to provide ongoing support and training to current staff. The staff are the back-bone of any good program.”

“By starting our program on a smaller scale, it was manageable and we could offer the necessary supports. Having a resident caretaker and installing security cameras at the entrances made a big difference in keeping the youth residents safe.”

Inherent in any program’s success is the ability to provide ongoing staff development and adequate training and development. In many of the models, a 24-7 staffing arrangement is necessary. All of the programs agree that the rate of pay for employees needs to be concurrent with the high degree of responsibility and commitment needed to work with this challenging group. Knowledge of the disability, the ability to build trusting relationships and a paradigm shift regarding service provision to adults with a disability is instrumental to programs’ successes. Providing adequate respite for staff and having solid community relationships are good investments for programs. Many programs attribute positive outcomes of programs to the strong connections with their neighbours and communities.

Building Community Connections

“Sometimes it is really a good thing to be further than walking distance to the downtown core.”

“With some of our clients who pose a risk to community or are at risk of being exploited by others, being in a rural area is essential.”

“We have a good relationship with the local RCMP, court system and our neighbours. The local RCMP know our men and if they have broken a curfew, they will often pick them up and bring them home.”

“It is important to provide a safe-haven and a supportive environment.”

“There is a lot of sub-standard housing out there, places that no one should be subjected to living. For many of our adults, they are easy to exploit in a rental situation and easier to evict.”

Building strong community connections is cited as being instrumental in providing supportive housing for adults. Many of the agencies are working with housing authorities and are successful in developing housing models that are integrated with current residential neighbourhoods. Developing good rapport with community, justice system providers and other agencies encourages positive awareness of needed supports.

Some of the programs that provide housing for male offenders also provide community volunteer mentoring and supported work environments, as well as post-release services. These links with other community agencies are vital to any continuum of care services.

Implications of Findings for North East Alberta Service area

The Lakeland Centre for FASD (LCFASD) is an organization that developed from the Lakeland FAS Regional Committee in 1994. The group has continued to learn about FASD, develop awareness and prevention campaigns, facilitate training presentations, provide resources, diagnostic clinics, involved in research and host conferences. In 2000 the committee sent a team to University of Washington to observe the DPN model of diagnosis of FAS and eventually developed a unique mode of service delivery to meet the needs of a rural service area. All levels of government have recognized the model as a best practice model. The LCFASD also offers one of very few adult diagnostic clinics and sees first hand the implications of adults with FASD faced with homelessness or lack of adequate supportive housing.

As of 2008, Lakeland Centre for FASD has the following numbers that are tracked from its regional diagnostic services for children and adults:

*Adults diagnosed to date, with an IQ of 70 or less	11
*Children diagnosed, now 18 years or older, with IQ 70 or less	38
*Children diagnosed, under 18 to date, with IQ of 70 or less	50

These statistics pose implications for those already in adult systems, as well as for those youth transitioning in the future. The above numbers reflect only those who have received a diagnosis. It is the tip of the iceberg for adults who are dealing with secondary disabilities associated with FASD, yet have no formal diagnosis to access supportive housing, let alone other services for the disabled. For many of these individuals, supports within education, health, justice and other community networks may have been in place prior to adulthood. Adults affected by FASD need to be assured of continuity of funded services, including those that would offer supportive housing. The availability of these supports should not be contingent on an IQ level, as this is not an adequate measure of the spectrum of their needs.

Society has expectations that those with visible or genetic disorders will be supported and have their unique housing needs met as they transition to adulthood,

however there appears to be a struggle when adults with an FASD also require similar supports.

The Cold Lake Affordable Housing Network has done extensive work in the Cold Lake area by generating awareness about lack of affordable and supportive housing for those with disabilities. For some communities, there are apprehensions that housing for developmentally delayed adults can impact the safety of neighbourhoods or the property values.

The affordable housing network has determined that, “studies have demonstrated that the creation of well-integrated, affordable housing does not have such adverse affects.” (The Cold Lake Sun, Jan. 2006)

The City of Cold Lake’s Affordable Housing Report (2006), states, “Affordable housing has been identified for those with disabilities, particularly supportive housing.” Different local agencies were queried as to their clients’ rate of homelessness. The responses varied from 15%-20% to up to 50% of clientele who were living without affordable housing. Agencies working with these adults often experience frustration and lack of continuity in advocacy, continuum of care and support if available supported housing is absent.

For any adult with an FASD, stabilization is fundamental to improve quality of life and to increase the ability for family, agencies or others to offer continuous support, at whatever level is needed at any particular life stage. For adults with FASD, supportive housing is foundational to decrease the cycles of daily, weekly or monthly moves from one living situation to another, often interrupted with justice, mental and physical health, relationship and financial issues. Long term planning and advocacy is difficult when appropriate housing is always a burden. As described by Rutman et al. in *Adults Living with FAS/E: Experiences and Support Issues in BC* (2002):

“...professional discourse speaks of “independent living” in describing this move to living on one’s own. Yet increasingly, there seems to be appreciation that the notion of “independence” and independent living for young adults with FAS/E...is inaccurate, undesirable and unattainable.”

“Independence” implies disconnectedness with those around us, and does not take into consideration the ways in which family, friends, neighbours, helpers and others in community interact to assist and support one another.”

Research, literature reviews and other sources of information that describe models of intervention, support and services for adults with FASD is useful in any program development. For the purpose of this brief paper, findings of these studies is not a focus, however it is imperative for any service provider to be aware of the secondary disabilities of youth and adults affected, their lifelong challenges and sources of information available about adults with FASD.

Adults with FASD can make important contributions to their families and communities. With appropriate supports, connections, advocacy and service delivery models that are suitable to each one’s capabilities and strengths, these individuals are entitled to reach their potential. An interdependent, sustainable supportive housing model, at whatever level needed, is often the missing link to achieve this level of success.

References Cited

Brownstone, Lisa. March 2005 Final Report- Feasibility Study Into Housing for People with FASD. Saskatoon, Sask.

City of Cold Lake Economic Development Advisory Committee. Opportunity Identification Group. Affordable Housing Report. 2006. Cold Lake, AB

Rutman, Deborah; LaBerge, Corey; Wheway Donna. 2002. Adults Living with FAS/E: Experiences and Support Issues in British Columbia. Gabriola Island, BC: Carol Ramsay Desktop Publishing.

Streissguth, Ann. 1997. Fetal Alcohol Syndrome-A Guide for Families and Communities. Baltimore: Paul H. Brookes Publishing.

Streissguth, A.P.; Barr, H.M.; Kogan, J: and Bookstein, F.L. 1996. "Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome(FAS) and Fetal Alcohol Effects (FAE)," Final Report to the Centers for Disease Control and Prevention. Seattle: University of Washington, Fetal Alcohol & Drug Unit.

The Link, Vol. 3:2, January 2008.

Lakeland Fetal Alcohol Spectrum Disorder Society
Box 479
Cold Lake, AB T9M 1P3

P 780.594.9905

F 780.594.9907

www.lcfasd.com

Executive Director: Audrey McFarlane