

# A Mosaic of Options: A Housing Continuum for People with FASD

March 3 & 4, 2020  
Kwanlin Dün Cultural Centre  
Whitehorse, Yukon



Symposium Report  
Prepared by: Shannon Ryan  
RYAN Policy Research Consulting for Yukon Government

# What does home mean?

“Home is where I belong in the world.  
Home is a place where everyone  
is welcome.

Home is full of joy. Home is where I shine  
under the light. It’s where I can sleep peacefully  
under my roof.”

Grade 4 student from Watson Lake, Yukon, Habitat for Humanity Canada, Meaning of Home contest  
2020

“It can include people, space, a place to lay  
your head”

Elizabeth Carlson, Creating Intersections presentation

“Home is where we want to be”

Seana from film Voices

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## Acknowledgements:

It is important to acknowledge that this symposium was held on the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council in the beautiful Kwanlin Dün Cultural Centre Longhouse along the banks of the Yukon River. This is an inspiring location in which to share stories of the hard work that is happening across Canada to support individuals living with FASD in their housing needs. This was an opportunity to share, collaborate, brainstorm and guide the next steps to improve what is already being done and add to those multiple efforts to continue to improve the lives of people in our communities.

Several officials from Yukon Government were present for parts of the symposium namely the Minister of Health and Social Services (HSS), the Honorable Pauline Frost, the Deputy Minister of HSS, Stephen Samis, the Assistant Deputy Minister of Social Services, Shehnaz Ali, the President of the Yukon Housing Corporation, Pamela Hine, numerous employees from different Yukon Government departments, numerous executive directors and staff from Yukon's non-profit organisations helping to support individuals with disabilities, citizens from several different Yukon communities, individuals living with FASD, their caregivers, family members and support workers and last but not least, guests from across the country.

Acknowledgements go out to Jerry Sultani, Kwanlin Dun First Nation Elder for her opening prayer, meal blessings and closing prayer as well as the support she provided to participants throughout the symposium. Acknowledgements also go to Elders Luoanna Kotelko, Julien Richard, Mary Decker and Gertie Tom for their support.

Thanks to the Masters of ceremony: Joanne Lewis, Director of the Northern Institute of Social Justice and Hailey Hechtman, Executive Director of Teegatha'Oh Zehh for ensuring the two days ran smoothly and on time. Thanks also go to Candice Burnett, HSS FASD coordinator, for her tireless hours organizing this event as well as everyone else in the community who contributed to making the symposium happen and run smoothly. This was truly a community effort.

## Overview:

The following report will summarise each presentation and bring out the key themes that were present throughout the two day FASD & Housing Symposium: "A Mosaic of Options: A Housing Continuum for People with FASD" held in Whitehorse, Yukon on March 3-4<sup>th</sup>, 2020. Further information relating to the symposium can be found in the Appendices.

The purpose of this two-day symposium was to share current research and community knowledge, with the goal of better-understanding how to support the housing needs of people with FASD.

### **Symposium Objectives:**

- Inspiring governments, community partners, families and individuals to:
  - Increase involvement in, and advocacy for, appropriate and accessible housing options and supports for individuals with FASD.
  - Better understand how supports can address system gaps and barriers.
  - Enhance collaboration between partners to increase the effectiveness of supports.
  - Ensure the voices of people with lived experience are heard in a meaningful, empowering way.

### **Background:**

The Housing symposium was organized by members of the Yukon Chapter of the Canada Northwest FASD Partnership as well as members of the Yukon FASD Interagency Committee (FASD IAC).

The Partnership is an alliance of seven jurisdictions (Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Saskatchewan and Yukon) that works towards the development and promotion of an interprovincial/territorial approach to prevention, intervention, care and support of individuals affected by Fetal Alcohol Spectrum Disorder.

The FASD IAC was first convened in the fall of 2016 and includes members from different Yukon Government departments and Corporations, Non-governmental organisations serving people with disabilities as well as family members of individuals with FASD and people with FASD as well. All Yukon First Nations were invited to join the FASD IAC and several people representing different First Nations or the Council of Yukon First Nations have been at the table at various times. Reaching out to First Nations Governments and Yukon Communities and working with them on this important work continues to be a priority for the FASD IAC. Shonagh McCrindle, Executive Director of Inclusion Yukon and Shenaz Ali, ADM of HSS provided some information on the FASD IAC and Yukon's FASD Action Plan.

The Yukon FASD Action Plan was published by the FASD IAC on International FASD Awareness Day, on September 9<sup>th</sup> of 2019. The Action Plan was based on discussions and workshops held in nine Yukon communities which yielded the "What We Heard" document as well as numerous rich and fulsome FASD IAC meetings and discussions. Along with the FASD Action Plan is an Implementation Plan for the territory, which outlines the work of the seven working groups of the FASD IAC.

The FASD IAC priority areas and Working Groups are the following:

- Supports to Individuals with FASD
- Supports to Families and Caregivers
- Awareness
- Prevention
- FASD Assessment and Diagnosis
- Knowledge Exchange and Mentoring
- Information Gathering and Evaluation

The Canada Northwest FASD Partnership holds an event such as this symposium on a yearly basis. Yukon was chairing the partnership in 2019-2020 and planned the “A Mosaic of Options: A Housing Continuum for People with FASD” this year. Saskatchewan will be chairing the Partnership and hosting the next event in 2020-2021.

## Themes heard throughout the symposium

### Guiding principles:

This is a list of principles that surfaced again and again in the presentations throughout the two days. They are not attributed to any specific presentation here because they were all common throughout the discussions. Most are also found in the Yukon FASD Action Plan. One is not more important than another but each is important for the success of any work done with individuals who are living with FASD.

- strengths-based**
- individualized**
- useful**
- person-centered / family-centered**
- responsive**
- flexible**
- adaptable**
- culturally responsive**
- trauma-informed**
- non-stigmatizing**
- FASD-informed**
- evidence informed**
- community informed**
- importance of language (unhoused vs homeless)**
- systems-informed**
- across the lifespan**
- harm reduction**
- accountable**

Harm reduction was a challenge to address in several of the programs that were discussed at the symposium. Often residents didn't feel safe when others were using substances on-site. The open and consistent dialogue that happened with participants and staff and partners were key to working through how they could support this tenet yet keep everyone in an environment where they feel safe.

### Involve everyone in the discussions

Good solutions are created by having everyone at the table. If you are talking about a housing program, then bring all levels of government (federal, provincial, territorial, municipal, First Nations) NGOs serving people with disabilities, landlords, people with FASD and their supports, families, community members, etc. together. They will come up with the best solutions because everyone impacted is present, can speak to the piece they know best, and be heard by all.

### Case Management is key

Effective communication is necessary between service providers to properly support an individual. This includes communication between professionals, NGO staff, family, government services, etc. We need clear information sharing processes in place. When effective communication doesn't happen, things break down, gaps open up and people fall through them. Privacy is important but has become a barrier to effective communication and effective support. Privacy challenges are different in small communities where everyone knows everyone else.

When an individual gets an assessment, their challenges and strengths are identified, this becomes an essential tool to support them, it often gets lost however and this becomes a barrier. The assessment report is a communication tool that has many resources put into it; we need to use it effectively.

Individuals with a disability don't want to have to tell their story over and over again, they want their support team to understand them and they want good strategies on how to support them shared between their support people.

## Data collection is essential

Program evaluation is integral to celebrating program successes and supporting improvements. (Pei et al 2018)

Jacque Pei "We need to track successful models and share their outcomes to learn from each other."

The importance of evaluation and data collection for housing programs, for support services and models of care was brought up time and time again throughout the presentations and the World Café discussions. The data generated by evaluation will allow all of us to better understand programs and services, make improvements and better serve clients thus improving their outcomes.

## Key take away messages

- One size does not fit all
- Barriers to open conversations: Privacy/ Time/ Knowledge differences/ Us vs them (people in power vs community members / those people dealing with alcohol issues vs me)
- Normalize the feelings of discomfort, acknowledge them, they are there
- Adverse childhood experiences Survey (ACES), ACES influence outcomes in a big way
- Protective childhood experiences also influence outcomes: focus on these!
- Act like a duck (don't take behaviors personally)
- Trauma is a big part of why we have the outcomes we have. Not everyone understands what trauma-informed practice is. Kindness and respect are key.
- Behaviour is communication
- Need to engage people with living experience to find solutions that work for them.
- How are our bodies reacting? Client and Support person?
- Brain based differences: more vulnerable to other impacts such as trauma and stress
- Political piece/human rights piece/ how everyone gets to their goal looks different
- Transition plans are necessary (justice system to community, hospital to home, adolescence to adulthood, education system to other supports, big city to home community, etc)
- Foster choice and awareness
- Focus on the needs not on the diagnosis

- In level III FASD prevention projects for women who are pregnant and using substances: Peer support is key to women's success.
- Evaluation is key to learning if things are working and making them better

### Themes from the World Café:

These are themes that emerged from the World Café discussions. A full transcript of the notes taken from each table can be found in Appendix 4 at the end of this document.

#### **Capacity in small communities is an issue**

Locals need to have on the ground in-person training (on FASD, trauma-informed practice, working with people with disabilities, etc.) with follow-up sessions to support the training provided and knowledge acquisition. Professionals need to have sustainable ways to live in communities or travel regularly to communities so they can have time to create relationships and build trust with support workers and clients in those communities. Compassion fatigue and burnout are a real issue in communities for family supports, NGO staff and professionals. Housing in small communities is an issue for individuals from these communities and for professionals moving to and working in those communities.

#### **Work with strengths**

It is important to work with people's strengths but also a community's strengths. Communities can be nimble and adapt faster than a large government. Start with a community's input and existing strengths (people, services, and infrastructure) and build on these to create local meaningful programming, and supports.

#### **Support in times of transition is key**

Transitions related to age: preschool to school age, from youth to adulthood, becoming a senior citizen; transitions between systems: justice system to community, education system to adulthood, hospital to community, urban to rural community, etc.

#### **Prevention as opposed to reaction**

To identify an individual's needs early on and provide support will cost our systems much less.

#### **Think outside the box**

There are many different models to fund supports for people with FASD, one size does not fit all for housing needs nor for funding needs (micro-boards, paid caregiver program, Social assistance, etc.).

#### **Need for data to influence policy**

We need to track programs and successes to learn from them but we also need to track the gaps to understand them and fill them.

### Feedback from the elder support and clinical support providers

Jerry Soltani, elder, and Hannah Zimmering, Creative Works Psychological Services, provided a recap from their perspective of the National FASD Housing Symposium in Whitehorse March 3 and 4.

"We were asked to provide elder and clinical support for attendees at the symposium.

Each day we experienced a high volume of individuals coming into the lounge. Some were just happy to sit with us in a quiet environment. Some wanted to take a walk. We were able to ensure a safe and

secure place to come in and have supportive conversation or obtain specific clinical counselling they may have needed. Coffee, tea and homemade traditional food was available to everyone. Elders were beading and working with hide and fur which provided a good grounding space for those that came in to visit.

Together we were able to support the discussion with individuals testifying with lived experience on the second day of the symposium. It was crucial to provide them with a warm and comforting atmosphere, without fear, where they could express themselves meaningfully at the round table discussion. [This was the World Café adapted to individuals with FASD]

In keeping with the Calls for Justice, we recommend that elder and clinical support continue to be offered at any future gatherings.”

## Housing symposium: DAY 1

This is a summary of each presentation on Day 1 (March 3<sup>rd</sup>) of the FASD Housing Symposium

The symposium was opened by Elder Jerry Soltani with a prayer and a blessing.

The Honorable Minister of HSS Pauline Frost then had a shared some words with the gathering: “I want to welcome everyone and thank you for coming and sharing your wisdom, knowledge and experience. I am pleased to note that the work you are doing aligns well with Yukon Government’s Safe at Home Action Plan and the Housing Action Plan for Yukon.

Our response must respect and dignify those living with FASD, and their families and communities, while supporting women and their families to have healthy pregnancies. We hope that this event will inform and inspire all of you, and that you will leave us with a better understanding of how we can work together to address the barriers faced by people with FASD.

I would like to once again thank the FASD Interagency Advisory Committee for their dedication and commitment to the action plan and to planning this symposium. Most of all, I want to thank the Yukoners with lived experience and their families for the guidance in this process; they are the true experts on this complex subject.”

## Living Experience

The organisers of the symposium made a concerted effort to include people with living experience; individuals living with FASD, their parents and their caregivers in all aspects of the two-day event. Several individuals living with FASD were present and attending different parts of the symposium, many had a support worker or family member attend with them. The World Café that was held in the afternoon of day 2 was a busy, fast-paced facilitated discussion with six different housing related topics covered by 12 different groups. It was recognized by organisers that a World Café is not an FASD-friendly environment and an alternative room was provided for those with FASD to effectively engage in this discussion and share their thoughts. This discussion was facilitated by Hailey Hechtman, Executive Director of Teegatha'Oh Zheh, an FASD-informed individual.

People with living experience contributed in many ways to the symposium. Chris Hagen, an OFI client provided live guitar music and vocals during a networking break on day one and Wade Kaye, also an OFI client, on fiddle was accompanied by his uncle Ben Charlie on guitar on day two. Brian Fidler, Artistic

Director at the Guild Society, was assisted by Rachel and Jessica to give a primer on the improvisation workshops that are held regularly in Whitehorse. They entertained participants, made them laugh and got them moving during two different movement breaks and also during the hour between the symposium and the dinner held on the first day. Improvisation takes courage, creativity, impulsivity and spontaneity, all strengths that many individuals living with FASD have, hence the name of their program "Playing to our Strengths".

Four different Yukoners living with FASD were profiled in the short film "Voices" on day one and on day two, three local parents/caregivers shared their perspectives in the short film "Caregiver Voices".

## Sharing

At one of the breaks, an individual living with FASD who was participating in the symposium requested to share some words with attendees. This is an excerpt from what he had to share:

**Jack Bogart:** "I have a disability, thank you for all of your great work. I can carry a message to those who are houseless. I want to share something with you today: when we work together, we need to come from our hearts. We need to speak these words all the time. Government works slow, but we depend on them and their policies. We need to be patient and strong so that it comforts us to work better with the people who are at hand.

I want to pass a feather around, that I carved this December. I want you all to touch this and to share it and know that that's how important your work is. In sharing that we are each able to thank one another for everything that you are doing. I am grateful to be present on this day with you. Thank you for all your hard work, please take 5 min to be kind to yourself. Let's move forward together.

We talk a lot about trauma and history and how I became where I am. My life started and I was taken off reserve and put on a bus, I didn't have a name, I had a number, its still implanted in my head. I was adopted when I was 6, they put me into a school and they failed me at grade 1. "He doesn't get along with people. There is something wrong with him. He doesn't know his ABCs. He doesn't know anything." For 6 years I was sexually abused, not to learn about love how to give it and how to receive it. It's important that we share, to know where we are going. I have lost 3 children. Two girls, one drug overdose, one hung herself, my son and his grandfather were killed by a drunk driver.

We need to find the will to move forward. We have to put the chaos aside and move forward with strength. I see here that that strength is growing stronger and stronger. It's important for me to carry these words forward."

Thank you Jack for having the courage to stand up in front of the entire delegation and share your words.

## Short Films

Created by Brendan Preston Productions for the FASD Housing symposium.

Film on day 1: **Voices:** People with FASD talking about their housing experience in Yukon. A number of different models of housing are introduced in the film. The following are excerpts from each individual profiled:

**BRADY:** “It’s like having dementia, one sip from the bottle and your sucked into it. Drinking kills the pain. I got into a lot of trouble after coming to Whitehorse. It was hard. I was confused, not easy to get back on your feet. FASSY, it started from there, help make me a better person. OFI [Option for Independence, a supported residential housing program for adults with FASD] I just showered and slept when I first moved in. Lots of help and support workers, lots of people looking out for you, like to crack jokes. You have to be strong and enjoy life.”

**SEANA:** “A lot of people frown on people with FASD. I’m always half way out the door in case I’m going to get kicked out. I’ve been kicked out around five times. When I get kicked out, I just snap and then shit gets worse, either by drinking or being reckless or a danger to myself. I know what a home looks like, home is where we want to be, it can always be taken away. My support worker is persistent that I need housing. There should be more people out there who are support workers because everybody needs support.”

**JESSICA:** “What does it mean to have FASD? That is a big private question. Looking like an adult but needing the guidance or support like a teenager. My husband and I live independently with help from FASSY and a cleaning service. We rent from my parents. I have had supports throughout my life, always had good housing. I could not live without the supports that I have. It’s important for landlords to understand what FASD is all about, added supports are needed even for the little things. There needs to be a plan in place so that people don’t get evicted. Without supports there is a higher chance of failure and without supports people will end up on the streets. With supports they are happier, healthier, they can keep their homes longer. I feel humble and happy to know that I have the supports that I have.”

**JASON:** “It’s like having a minor to major concussion and your brain never functions the way a normal person does. FASD doesn’t define me. I’m a normal person. I’m a kitchen manager in a cafeteria. I was 22 years old when I was diagnosed. My dad always suspected. Getting a diagnosis gave me lots of answers. My challenges are upkeeping my house, budgeting is now easier, cleaning and organizing: I work with my supports on these things. I was evicted because of the lack of cleanliness of my house, then cut off from SA. This was the toughest time in my life, not sure where to set up my tent each night. I worked my 7 hour shift and then had to find a new place to put my tent. I didn’t know when or where I would get my next meal. My goal is to buy the house I’m living in. Owning my own house will give me the security I need. Going from a tent to on the path to owning my own house, it’s happiness and excitement. If I saw someone homeless I would tell them that I know it’s tough but it will get better.”

The vignettes in the film Voices show the challenges these individuals have faced and the current successes they have been able to achieve with the right supports in their lives.

Film on day 2: **Caregiver Voices:** This video features the voices of parents or caregivers who have supported their children who have FASD, who have experienced a number of challenges, including housing. It shows the fundamental importance of including parents and caregivers in the decisions affecting the lives of their children, no matter the child's age.

In their own words and voices, three parents or caregivers share their ideas about some of the things that would make a difference, or would have made a difference, in their child's life, had they been seriously considered. They spoke of the need for lifetime support, and creative approaches to day-to-day challenges their children encounter throughout their lives.

We applaud the courage it took for each of the seven individuals profiled in these short films to share their stories and to be in the videos. We thank them for sharing their knowledge and ideas with the rest of the world to help create a better understanding of what it means to live with FASD and to support someone living with FASD.

**Keynote Address:** Given by: Dr. Jacqueline Pei and Elizabeth Carlson

Biographies:

*Jacqueline Pei (R. Psych., PhD) is a Professor in the Department of Educational Psychology and Assistant Clinical Professor in the Department of Pediatrics at the University of Alberta, and a cofounder of the Alberta Clinical and Community-based Evaluation Research Team (ACCERT). Also a practicing Registered Psychologist, she teaches, supervises graduate students, and conducts research on interventions for individuals with FASD. Dr Pei is currently the Senior Research Lead for the Canada FASD Research Network.*

*Elizabeth Carlson (MA) is a doctoral student in the School and Clinical Child Psychology Program at the University of Alberta and a member of the ACCERT lab. Elizabeth takes a collaborative, holistic, and strengths-based approach to working with children, adolescents, and emerging adults who have complex needs, such as youth with FASD.*

**Creating Intersections: A systematic and Person-Centered Harmonising framework for Housing Individuals with FASD** (Pei et al, 2018). This is a CanFASD funded project with lots of community experts involved. It is an evolving framework the writers of which welcome comments and feedback.

People w FASD are overrepresented in the unhoused population yet we do not know the prevalence rate. Many may not respond the way we would expect them to.

There is FASD specific housing, different programs exist but we don't know how they are working. The process used to create this framework involved the following steps:

- 1- Empirical literature review in 2017 on housing and complex populations. Lots of research existed but none that brought both "housing" and "FASD" together.
- 2- Housing initiatives meetings: Collaborative meeting of researchers and experts in FASD and in housing. This was a great opportunity to learn from each other and have many difficult conversations which yielded the conclusion that "Housing first wasn't meeting the needs of

individuals with FASD”. They went so far as to ask the question: “Is housing First even ethical for people with FASD?”

- 3- Networking & synergies: 2018: The previous meetings set off a cascade of connection making between stakeholders including: Housing at the Government of Alberta, Hope Terrace project, other housing programs, community experts, architects, researchers, etc.
- 4- Making sense of it all: 2018: Heard the complexities, analysed all the info gathered through the process (program evaluation was key). There are so many successes but what are they? This was a coming together of many great ideas and synthesizing them into a usable tool: This framework for Housing Individuals with FASD.

### **Themes from their work:**

-Putting People First: Looking at their Basic Needs, their Psychological Needs, their Self-Fulfillment Needs and how they intersect

- Keys for success driving this framework: Listen / Engage / Relationship

### **Four components of the model**

-Who? → Understanding the individual and their unique needs

-Where? → Placement within the Continuum of Housing

-How? → Individualised care within the housing model

-What happens? → Importance of evaluating process outcomes.

The Deb Ruttman and Nancy Poole evaluation model is used in this project. (<http://www.fasd-evaluation.ca/home/>) Dr. Pei encouraged people to take pieces from their framework and adapt and use for their FASD program evaluations if it fits their projects. The following diagram is a representation of their evaluation model with the person with FASD in the middle and their needs wrapped around them in layers.



Tables (Pei et al 2018). The Navigational Tables are meant, 1) to guide individuals with FASD and their supporters towards meeting individualized goals, and 2) guide programs towards meaningful evaluation of program outcomes. The Navigational Tables are focused on what the individual with FASD needs, the reasons underlying those needs, the actions that the individual with FASD and programs can take, and the indicators available to housing staff to identify meaningful program outcomes. These can all be found in the Framework document (Pei et al, 2018).

## Yukon Panel of local successful housing options:

### Safe at Home's Plan in Action:

Panel and topic introduced by Kate Mechan, Safe at Home Implementation Manager and Christina Sim, KDFN Director Health & Wellness

- Goal of Safe at Home: Ending and preventing homelessness across the Yukon.
- It is a community based plan, not a political plan and can be found at the following website: <https://yukon.ca/sites/yukon.ca/files/yhc/yhc-safe-at-home-end-homelessness-report.pdf>
- It is based on systems change and coordinated access to housing.
- They use a "By name list" which is a **real-time** list of **all** people experiencing homelessness in Whitehorse. There are currently 107 people on the list: 78 are unhoused/32 have been housed. This real-time By-name-list supports triage to services, system performance evaluation and advocacy (for the policies and resources necessary to end homelessness).

Panel speakers and subjects included:

- Wenda Bradley, Executive Director, Fetal Alcohol Spectrum Society Yukon (FASSY) and Emily Jones, Executive Director, Blood Ties Four Directions introduced the LWEH program
  - **Landlords Working to End Homelessness (LWEH)**
    - LWEH works from the three principles of: care, support and respect
    - With this program the agency (FASSY or Blood Ties) is the tenant and pays the rent (everyone feels safe and comfortable moving forward).
    - The agency provides mediation between the landlord and tenant.
    - FASSY and Blood Ties share an after hours phone line which is used as a tool for eviction prevention.
    - LWEH provides consistent support over time and is respectful of differences
- Simukai Mutiwekuziwa, Executive Director
  - **Options for Independence (OFI):**
    - Supported housing program, founded in 1999 by volunteers, admitted first resident in 2001
    - Now 17 residents (6 women, 8 men in main OFI building, 3 women in another location)
    - Belonging: Clients need to feel accepted, in an organisation that gives them dignity like human beings and assures stable placements.
    - The first client admitted in 2001 is still there!

- 9/17 clients are employed, speaks to collaboration between all the NGOs who serve people with disability
  - Goals for clients: Purpose/Mastery: work, participating in Special Olympics (sports, social inclusion, art)
  - Access to healthcare is key: FASD and aging is a big issue, (having support worker at appointments is important)
  - OFI clients have less involvement with the criminal justice system
  - Guest management is key
  - Housing first paradigm (alcohol and other drugs can be problematic)
  - Kudos to the staff who adjust to different challenges on a daily basis
- Wendy McIntire-Cowx, Manager HSS, & Ross Nesbitt, Supervisor HSS,
    - **Max' Place** is a collaboration between Yukon Health and Social Services, Disability Services, Challenge Disability Resource Group, FASSY, Employment Training Services and Community members
      - Max's Place uses a blend of several theories of care:
        - Low-barrier
        - Harm reduction
        - Housing First
        - Person Centered
        - 24hrs supports
      - Opened within the last year
      - It houses three men, marginalised, involved with the Criminal justice system
      - Boundaries/Collaboration are key to successes
      - Rules established with the men:
        - No alcohol in the house.
        - Quiet hours of 7am to 11am and 11pm to 7am
        - No guests past 11pm
        - Chores are shared by everyone
      - Initial goal: men spent 75% of their nights at the home, they have already reached 80%

## National Perspectives Panel of successful housing programs

Panel speakers and subjects included:

- Korry Garvey and Keaton Roberts, NWT Foster Family Coalition/4Y (NWT)
  - **FASD and housing in Yellowknife**
    - The goal of this project was to determine the current perception of housing expectations and needs for people who have FASD in Yellowknife. Through interviews with various community members, the project gauges:
      - 1) the understanding of FASD in Yellowknife
      - 2) the perception of housing needs in Yellowknife, and
      - 3) the current standards in place in the community to ensure safe and adequate housing for people in Yellowknife who have FASD.

- We hope for this project to be just the first step in a larger plan to do further research, and eventually implement adequate supportive living for those with FASD in Yellowknife.
    - Research showed several barriers:
      - Past arrears
      - Substance use disorders
      - High cost of building
      - The Northview monopoly
      - Little knowledge of FASD
      - Lack of FASD-informed landlords and service providers
      - Low vacancy, wait lists
    - What could be done better:
      - More supportive housing
      - More addictions services that are culturally relevant
      - Rezone city to provide opportunity for more housing units
      - provide income assistance yearly instead of monthly to reduce administrative burden
      - Create multi-generational housing communities
- Ashley Baxter, Director
  - **Hope Terrace FASD Permanent Supportive Housing program (Alberta)**
    - Since 2016, started housing individuals with FASD
    - Based on PCAP relationship based housing model
    - 23 resident building, gap that they filled was for youth aging out of the education system,
    - Resident statistics: Median age was 27.4 years, 77% had been in foster care, 12% graduated from high school
    - 8 two bedroom units, this isn't always good. Much more success with the single bedroom units.
    - Went from single staff model to double staff model lead to less staff turnover and staff feeling safer.
    - Onsite supports: Safe injection site, guest management, sensory room
    - Incentive program created with clients called Awesome Sauce. They earn points by achieving goals (ex: shower every third day) They can turn their points in for services like laundry.
    - Evaluation using SPDAT (tool used by housing first initiative for evaluation) helps them see how they are doing with the program.
- Graham Wyllie, Executive Director
  - **Life's Journey Inc. (Manitoba)**
    - Not-for-profit Agency that has been operating in Manitoba since 2002.
    - ~85% of their clients have FASD, other conditions supported are Autism Spectrum Disorder among others.

- Service is made up of a blend of social work practice, wellness programming, clinical, and cultural services
- They are a \$30 million agency that employs over 600 staff and provides service to approximately 500 participants
- Programming options include Home Share placements (foster), cluster housing, shift staffed (Licensed), and support to people in independent living settings as well as collaborate with other housing resources in the community
- Support teams are made up of frontline staff (Support Mentors), Coordinators and Assistant Coordinators, Clinical Case Managers, and Case Workers
- Clinical teams are made up of Elder, Psychologists, Psychiatrists, Occupational Therapists, Nurse Practitioners, and Clinical Case Managers
- Inservice, mentorship and training focused on training staff to build relationships with landlords and property managers. This is perceived as a substantial area of focus in finding housing and supporting participants to maintain housing
- According to government of Manitoba, participants who access our general services have been described as top 1% most difficult to support
- A file review of 38 files with known criminal legal involvement showed trend of decreased involvement with only 10% observed to maintain involvement
- Evaluation supports trends to more stable basic needs, productive role and employment, less volatile access to healthcare, and more stable housing
- From the FASD perspective supports costs between approximately \$4000-\$8000 per year per person whereas costs in the justice system are \$114,587 per year for someone to be incarcerated, not including cost of court or probation (Office of the Parliamentary Budget Officer, 2018)
- They are in rural areas but not remote or in First Nations communities, though have done some consultations with First Nations on their programming

## DAY 2

This is a summary of each presentation on Day 2 (March 4th) of the FASD Housing Symposium

**Caregiver Voices:** this short film shows three different women who care for people with FASD talking about their hopes for different housing models that they would like to see available. See “Short Films on day 1 for a longer description.

### Housing First and FASD: Compatibility and Practice

A presentation by **Wally Czech** and **Kimber Norbury**

## Biographies:

**Wally Czech, MA, C Psych, CCC:** *Wally is the Director of Training with the Canadian Alliance to End Homeless Training and Technical Assistance program. He is considered a Canadian expert in the area of Housing First and has been conducting trainings and providing support to organizations and communities across Canada in relation to Housing First, Coordinated Access, Intake and Assessment, and multiple other areas. As the Director of Training Wally also has a training staff and a contracted faculty of trainers from across the country with expertise in various aspects of homelessness services and practice that he assigns to various training engagements through the TTA's training consultancy. Wally has also developed programs, training curriculum, and systemic evaluation processes. In addition Wally has developed a Youth Specific homeless related assessment tool called the YAP which is becoming more and more widely used. Wally has a Master's degree in Counselling Psychology and has a small private practice where he lives in Lethbridge, AB where he and his wife have raised three boys and own and operate a bouncy castle rental business.*

**Kimber Norbury-** *Kimber works for Alberta Health Services in Addiction and Mental Health. She holds an Educational Psychology Bachelor of Community Rehabilitation Degree, from the University of Calgary. (1995). She worked with students and Faculty for 10 years at Lethbridge College, with the Disability and Community Rehabilitation and Fetal Alcohol Spectrum Disorder Education Programs. Her life experience, working with people and families, whose lives have been impacted by someone living with prenatal alcohol exposure, and her connection to the South Alberta FASD Service Network, has given her continuous personal and professional training. She has raised two geeky hippie daughters, is a ski instructor with the Alberta Disabled Skiers Association and is a professional birth assistant (Doula). Kimberly is passionate about raising FASD awareness and supporting the development of healthy communities and enjoys every opportunity to deliver knowledge, training and FASD information.*

## **The Canadian Alliance to End Homelessness (CAEH)**

**Housing First** involves moving people experiencing homelessness —particularly people experiencing chronic homelessness—rapidly from the street or emergency shelters into stable and long-term housing, with supports. Stable housing provides a platform to deliver services to address issues frequently faced among the chronically and episodically homeless. The goal is to encourage housing stability and improved quality of life for persons served by Housing First and, to the extent possible, foster self-sufficiency. (Source: Canada.ca website)

**Built for Zero Canada** is an ambitious national change effort helping a core group of leading communities end chronic homelessness and veteran homelessness - a first step on the path to eliminating all homelessness in Canada.

- CAEH Mission: Helping communities and organizations end homelessness with expert training and technical assistance.
- Housing First: is not a housing program, is a recovery program
- Tree analogy: Root causes of Homelessness
  - Above ground: Poor choices, addiction, public perception, mental illness

- Below the ground: education, health, employment, child protection, justice, housing, trauma, poverty, Adverse Childhood Experiences (ACEs)
- Dr. Dan Siegal’s hand model of the brain: people with FASD are often caught/stuck in their emotional brain with difficulty accessing their executive functioning brain or cerebral cortex
- 83% of individuals with FASD struggle with housing
- Keys to successful housing initiatives according to the CAEH:
  - Choice: housing & services (Structure your choices)
  - Separation: housing & services (housing & supports are not contingent upon the other)
  - Service array: community integration: availability of different types of services, no one size fits all
  - Recovery orientation: Program philosophy (all people, regardless of their circumstances, with proper supports, can improve their life)
  - Value of collective wisdom / Case conferencing

**“Once they grow to understand the neurological impairment and its effects on behaviours, professionals and caregivers experience a significant shift in the way they perceive individuals affected by FASD. Feelings of frustration and anger evolve into understanding, increased patience and acceptance”. (Malbin, 2002).**

- CAEH provides training that is designed to teach Housing First practitioners and those supporting people with FASD in housing about appropriate interventions.
  - Kimber Norbury presented a review of what it is like to have FASD and how to support individuals with FASD.
  - Relationship between FASD & Homelessness: What the primary organic disability is/Prolonged stressors/Lack of supports/Addiction and mental health issues/Social interpersonal and environmental stressors ...lead to homelessness.
  - Be a duck, don’t take it personally

## Break-Out Sessions:

### 1) Supportive Housing for Healthy Pregnancies

**A) Dr. Deborah Rutman and Marilyn Van Bibber – An overview of Level 3 FASD Prevention programs across Canada.**

**Project Leads: Deb Rutman, Carol Hubberstey & Marilyn Van Bibber** (Nota Bene Consulting Group)  
**Nancy Poole** (Centre of Excellence for Women’s Health)

**Funded by:** FASD National Strategic Projects Fund Public Health Agency of Canada

The Co-Creating Evidence presentation shared interim findings arising from the Co-Creating Evidence project, a first-of-its kind-in-Canada national evaluation involving eight holistic, ‘one-stop’ programs across Canada serving women at highest risk of having an infant with FASD – i.e., women affected by substance use, trauma, mental health, and other complex social determinants of health issues. The presentation focused on describing programs’ array of services and the key partnerships and collaborations that enable them to provide wrap-around supports, focusing on programs that have on-site housing. They also highlighted programs’ core philosophical/approaches,

as well as how programs put these philosophical tenets into daily practice. Lastly, they reported on the range of inter-connected outcomes that the programs are having for women and their children.

**Marilyn Van Bibber** is a member of the Selkirk First Nation and was born and brought up in Mayo, Yukon. Her work has focused on community-based health research, treaty negotiations, ethics, FASD, and cultural safety. She is a consultant at Nota Bene Consulting Group.

**Deborah** Ruttman is an Adjunct professor with the School of Social Work and the Faculty of Human and Social Development at the University of Victoria since 1991. She is also from the Nota Bene Consulting Group.

**Co-Creating Evidence Project goals:**

- Bring together many of Canada's holistic prevention programs to share promising approaches and practices;
- Evaluate the effectiveness of multi-service programs for women with substance use and complex issues;
- Identify characteristics that make these programs successful.

Each of these eight programs are grounded in philosophical/theoretical approaches based on being:

- **Non-judgemental, caring, safe**
- **Women-centred**
- **Harm reduction**
- **Trauma informed**
- **Culturally grounded**
- **Inter-disciplinary; developmental lens**
- **Kindness; compassion**
- **Relationship-based**

Each project that we evaluated is different. Each is locally relevant, and culturally appropriate which reflects the local collaborations and partnerships that allow them to be successful and enduring.

Both the Victoria and Nova Scotia programs have partnered with local farmers and women in the programs can access fresh produce when it is available. These programs meet through videoconference and can share their practices and learn from each other.

**Top themes that women were hoping to get by being involved in their program:**

- Support for their problematic substance use and/or trauma
- Support and information re: pregnancy
- Help in accessing health or prenatal care
- Help getting stable housing
- Healthy peer connections or support

### **Women's 'Most Significant Change' since participating in their program – Top themes**

- Quit, reduced or safer substance use
- Increased support
- Safer, improved housing
- Increased connection to community, family, peers, culture

### **Co-Creating Evidence Project - Programs' strengths**

- Well conceptualized, evidence-based theoretical foundation
- Multiple services in one location/wrap around model
- Program staff and their expertise
- Strong relationships with partners
- Sense of community/peer support
- Strong outcomes for women and their children

Only program in their project that is housing based is Raising Hope in Regina. It is for women who are pregnant and using substances and their children up to age 12. Women can stay until they are 18 months post-partum. It serves about 25 clients at a time, likely many of whom have FASD yet are undiagnosed. They have 24/7 housing support, child care, Psychologist, Cultural Liaison, Physician, Art Therapist, Healing and re-evaluating ways of thinking; Life Skills & One-to-one worker, Addictions Counsellor/Addictions Support Groups, Wellness & Parenting groups, Child Protection Social Worker.

#### **Peer support is key to women's success.**

Quotes from program participants and staff:

*"The people here are supportive and understanding. All the staff genuinely care about you. You matter."*

*"If I hadn't been at this program, it would have been harder to stay sober, and my baby would have gone to live with my mom. Being here, there's programming and a lot of stuff that helps me cope with things, so I don't use."*

*"Providing a safe environment where women are in a non-judgemental place where they can get the help they need or want. It's like a one-stop shop."*

*"Having the doctor on-site is very helpful, as it enables women to address longstanding physical health and cognitive issues."*

Supporting women when they leave is a challenge. Many of the programs struggle with this.

#### **Preliminary Conclusions**

- Substance use, mental health, trauma, violence, child welfare involvement and inadequate housing are co-occurring issues
- Attending to social determinants of health and use of non-judgemental, relationship-based approaches are paramount

- Wrap-around services help women access a wide range of needed primary, perinatal and mental health and social care
- Programs' support in relation to child welfare promotes collaboration and helps to prevent infant/child removals
- Cultural programming promotes women's (re)connection to traditional teachings and to holistic and land-based healing practices

**B) Dr. Christine Looke: First-hand experience from YWCA Crabtree Corner Housing, Vancouver**

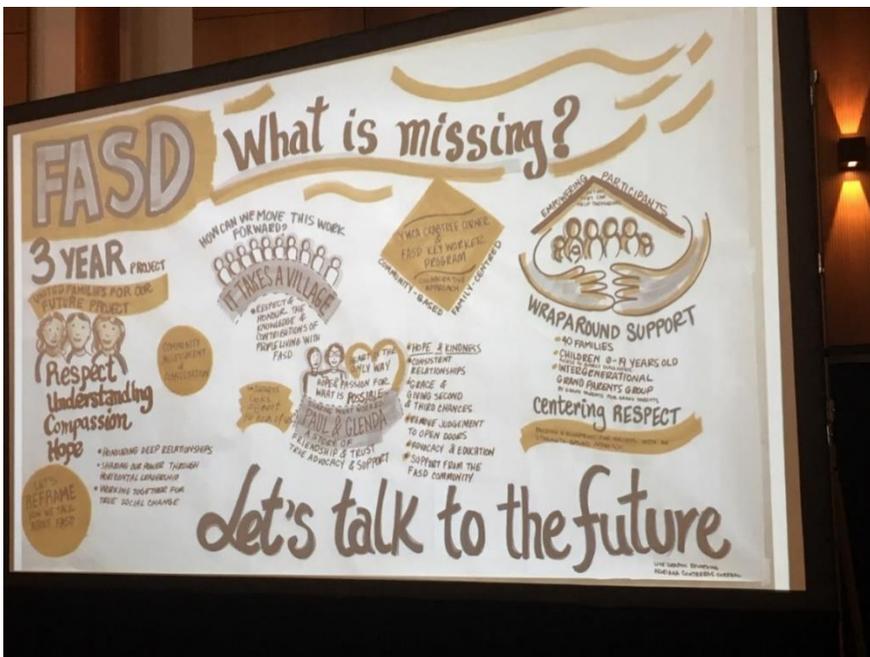
YWCA CRABTREE CORNER houses a range of programs and services under one roof to help women and families in Vancouver's Downtown Eastside with issues from transitional housing for expecting and new mothers with substance use issues to child care, parenting programs, a community kitchen, violence prevention and supporting families who may have FASD.

FASD: Could be described as “Family Adversity Stress Disorder”

Crabtree meets women and families where they're at, providing them with the support to move forward in life.

Collocation with your services or close to your services is key. They have on-site housing and many other housing options available to women in their program. Started with Sheway program for pregnant women, then added services for kids up to age 5. They offer a kindergarden screening program for FASD and other genetic conditions, providing access to health care. They now have a My Tween & Me program to address low graduation rates. Their services have adapted to the needs of their clients over time.

Look to the elements that you already have and work with them to provide those wrap-around services to your Moms in need. Hope is real, working together is key, leadership from the rear is necessary to bring everyone along.



This picture is the result of working together to meet the ongoing needs of clients. It represents a way forward...

## 2) Working with Parents/Caregivers of individuals with FASD

Dr. Dorothy Badry, CanFASD Research Network

### Key messages from Dorothy's presentation:

- Understanding FASD as a disability is about learning and developing supports and accommodations to support the individual at home, school and in the community
- Lifecourse approach: prenatal experiences impact adult experiences;
- Support and intervention across the ages and stages of life is about creating security and stability
- The decisions made for children in child protection need to be deeply reflected upon – a decision made for a child has a lifelong impact
- Look at creating infrastructure for people for FASD (family, community, systems, supports), same as we would create a business plan
- “Imagine going through your whole life being misunderstood”
- Strengths-based approach, recognize trauma and colonial legacy, see children with FASD as hurt not bad. Everything good happens in a circle, importance of creating wrap-around services
- Care for the caregiver is also an essential ingredient over the long term – over a life course
- What good are recommendations if they are not acted upon?

## World Café

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The **World Café** is built on the assumption that ... People already have within them the wisdom and creativity to confront even the most difficult challenges; that the answers we need are available to us; and that we are **Wiser Together** than we are alone. [www.theworldcafe.com](http://www.theworldcafe.com)

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World Café is an easy-to-use method for creating a living network of collaborative dialogue around questions that matter in service to real work. World Café conversations are based on the principles and format developed by the World Café, a global movement to support conversations that matter in corporate, government, and community settings around the world. [www.theworldcafe.com](http://www.theworldcafe.com)

In the FASD Housing Symposium's World Café, 12 groups of between four and ten people spent 20 minutes at each of six tables discussing topics relating to housing and FASD. These topics are described below with questions that participants were asked to address at each of the tables. A transcript of ideas generated through these discussions is presented below. These ideas are meant to feed continued discussion in your jurisdiction on how to address housing issues relating to clients and family members with FASD in a constructive and creative way. Please keep the conversations going.

A separate but similar discussion was facilitated in the Elder's lounge of the Kwanlin Dun Cultural Centre with individuals with FASD. It was felt that this more intimate and quiet environment would be more conducive to elucidating ideas from this group without the complexity created by requiring

participant to move every twenty minutes. These ideas can be found in the section immediately following the ideas from the group topics and is numbered Table 7.

This picture was taken during the FASD Housing symposium World Café event.



**Tables 1A:** Working together to support successful housing for individuals with FASD

- What are the current barriers to working with one another?
- What steps can we take to ensure that all ‘intersections’ are working collaboratively for individuals with FASD to achieve their housing pursuits?

**Tables 2A & 2B:** Housing in rural, remote and northern communities

- What are the current barriers to housing individuals with FASD in rural, remote and northern communities?
- What steps can we take to help build housing capacity within rural, remote northern communities? What are some innovative approaches?

**Tables 3A & 3B:** Supporting individuals in housing throughout the lifespan (children – youth – adults – Elders/ seniors)

- What are the current barriers to supporting individuals in their housing pursuits throughout the lifespan?
- What steps can we take to support individuals into appropriate housing as they age throughout the lifespan?

**Tables 4A & 4B:** Supporting healthy pregnancies and accessing safe housing for families

- What are the current barriers in supporting people and their families who are pregnant?

- What steps can we take to support pregnant people and their families to ensure they have the supports and services to have healthy pregnancies and healthy families?

**Tables 5:** Supporting parents/caregivers in their families housing pursuits

- What are the current barriers for parents and caregivers to meet their family’s housing pursuits throughout the lifespan?
- What steps can we take to support parents/caregivers and their families to gain and maintain successful housing?

**Tables 6A & 6B:** Supporting individuals with transitions (justice system, hospitals, or treatment centres) into appropriate housing

- What are the current barriers for individuals as they transition out of institutions such as jail, hospitals or treatment centres into appropriate housing?
- What steps can we take to support these individuals during their transitions in their housing pursuits?

**Table 7:** A compilation of ideas from the 6 topics above from people with FASD.

## References

Pei, J., Carlson, E., Poth, C., Joly, V, Patricny, N., & Mattson, D. (2018). Creating Intersections: A Systematic and Person-Centred Harmonizing Framework for Housing Individuals with Fetal Alcohol Spectrum Disorder. Canada FASD Research Network in collaboration with the University of Alberta. [https://canfasd.ca/wp-content/uploads/2019/03/FASD-X-Housing-Pei-2018\\_Amended-March-04-2019.pdf](https://canfasd.ca/wp-content/uploads/2019/03/FASD-X-Housing-Pei-2018_Amended-March-04-2019.pdf)

Deborah Rutman, Carol Hubberstey, Nancy Poole, Sharon Hume and Marilyn Van Bibber, 2012. Evaluation of FASD Prevention and FASD Support Programs <http://www.fasd-evaluation.ca/home/>

Safe at Home (2017), A Community-Based Action Plan to End and Prevent Homelessness In Whitehorse, Yukon. <https://yukon.ca/sites/yukon.ca/files/yhc/yhc-safe-at-home-end-homelessness-report.pdf>

## Appendices:

The symposium had several oral presentation that attendees could listen to but also had other opportunities for people to share with each other. These are outlined in the Appendices:

### Appendix 1: Booths & Posters

The Kwanlin Dun Cultural Centre multipurpose room contained displays on day 1 of the symposium. A description of each of the seven Yukon FASD Interagency Committee working groups was presented in posters which described their membership, their mandate and the outcomes they are each striving for.

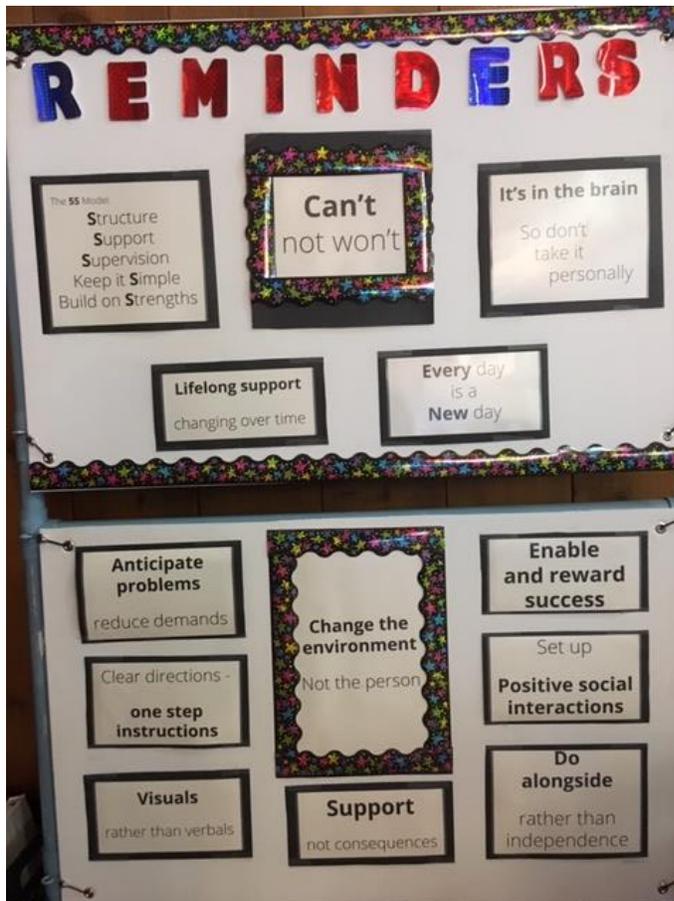
This room was also set up for local agencies to have a table at which they had staff available during breaks to describe their services and share resources. These booths promoted the multitude of services available in the Yukon to help support individuals with FASD and their families and caregivers.

**Agencies with booths** were the following:

- Options for Independence (OFI) and women's house
- Safe at home
- Challenge and men's house (YG)
- Landlords Working to End Homelessness (LWEH)
- Fetal Alcohol Syndrome Society Yukon (FASSY)
- Youth emergency shelter
- Victoria Faulkner Women's Centre (VFWC)
- Grey Mountain Housing Society
- Housing and Community Outreach Services (HCOS)/housing first (YG)
- Caregivers/parents
- Yukon Anti-Poverty Coalition (YAPC)
- Yukon FASD Interagency Committee (FASD IAC) action plan booth (YG)
- Canada Revenue Agency (CRA)
- CanFASD
- My home My community
- Voices influencing Change

## Appendix 2: Reminders:

These are useful messages that organisers wanted to share with participants.



**Can't not won't**

The **SS Model**: **Structure / Support/ Supervision / Keep it Simple/ Build on Strengths**

**It's in the brain**: So don't take it personally

Lifelong support: changing over time

**Every day is a New day**

**Anticipate problems**: reduce demands

Clear directions: **one-step instructions**

**Visuals**: rather than verbals

**Change the environment**: not the person

**Support**: not consequences

**Enable and reward success**

Set up **Positive social interactions**

**Do alongside** rather than independence

### Appendix 3: Housing our Thoughts

All participants were invited to write down their thoughts that they hoped would be considered as we continue to address issues around FASD and housing moving forward. These are those thoughts:



- More money in Communities
- Funding?
- Hold all governments accountable. They have \$\$
- Housing is a huge issue in all communities
- Stay in your community = support with family
- 24/7 support services "AA" – "NAA"
- That video was very powerful!
- A changed heart = housing
- So excited to hear all your thoughts!
- DBT trained OT!! Great idea!!
- Thanks to those who shared their stories
- New worker, new info! Loved it!
- \*18\* Age as a functioning adult
- Housing with support is security and safety!!
- We can do so much to have change happen
- All are welcome!

- Understanding how the brain works
- Person-centered needs being the outcome
- Challenge of maintaining housing
- Our Mission: "make sure all people have the basic needs to survive"
- Better systems in place to protect women in rural communities
- If we are really, truly person-centered, people should be transitioned when they are ready vs age.
- It is fiscally irresponsible to pay 20 times the amount for jail as would be needed for appropriate housing supports which would increase the quality of life of the disabled individual.

- Choice  
Safety

- Change only requires determination and action, and everyone to get on board to realize that change
- Thank you for the video, very powerful to hear peoples' lived experiences!
- How can communities access funds for FASD/other housing?
- The impacts of unstable housing situations may have effects on all areas of one's wellness

## Appendix 4: Transcripts from World Café

### 1A. Working Together to Support Successful Housing for Individuals with FASD

1. Shared Consent/Confidentiality issues
  - Possible (Shared Form) MCFD—BC (Jacklyn Bates)
  - Partners can have it signed
    - Team based transitions with Ministry of Housing
    - Collective Impact framework
      - Who's the backbone support
      - Shared Vision: Housing Priority
  - Horizontal Structure
  - Leveling the playing ground
2. Collaborative Services Delivery Meetings.
  - Definition of roles and responsibility
  - Proactive Planning
  - Common Vision –Transparency and accountability
  - Challenges
    - Time/getting everyone at the table
    - Youth—Overwhelming
    - What do you need? Before Meeting
    - Youth—Lead and Person-Centered
  - Staff Turnover
3. Collaborative Case Plans
  - Consideration of roles—Mandate alignment
4. Eligibility and Access
  - Portable for Everyone?
5. Knowledge of Community Resources
  - Accessible
  - Living Documents?
  - Access services after hours
  - FN Government Services and Supports
  - Directory of Services
6. Knowing/ Training/Support for collaborative practice
  - Across Government and NGO'S and Community Organisations
  - Individuals with FASD

- Being Supported at the table
  - Engage/understand collaborative process
  - Caregivers (part of team)
  - Ability to withdraw consent?
7. Peer-Support
  8. Change Management
  9. Development of Critical Pathways to Housing
  10. Increase in Housing Stock and options to access
    - Tiered options for housing
    - Micro-boards (\$)
  11. Getting Grounded with clients
    - Slowing down to ensure plans are well thought out
  12. Do not decrease supports when people with FASD are housed and doing well.
    - Success requires appropriate supports.
    - Don't close the door.
    - Services always ready.
  13. Program Set – Up
    - Training is essential
    - Staff prepared/expectations set
    - Crisis management needs to be prepared for and proactively planned to address
    - Recognition of challenges in Housing Individuals with FASD
  14. OT Assessment
    - To ensure for safety of housing that is appropriate

## 2A. Housing in Rural, Remote and Northern Communities

1. Lack of any Housing Programs
2. Lack of infrastructure—physical building
3. Still learning about FASD/Decolonization process
4. Lack of housing stock in North in general is a crisis
5. Access a lot of fly in communities
  - Can't house professionals who can help build capacity
6. Social resources are maxed out and hard to staff

7. Social determinants of health/overcrowding/TB etc.
8. Like it or not Northern communities rely on Gov't for services/\$/resources
9. Transiency
10. Hard to recruit
11. NGO's are exhausted
12. Legacy of colonization is still very recent alive and well
13. Confidentiality is huge due to size
14. Strength – family ties / community building
  - Be aware of compassion fatigue
15. Impact of people who still live on land--need temporary housing
16. Stigma around FASD
17. Turnover in staff (Burn out) -Struggle at relationships
  - Building/rehashing projects/People have to continually retell story
18. Safe housing doesn't exist (infrastructure-shelters) etc. Low barriers/transportation/planning
  - Solutions—Plumbing/heating/etc. Permitting a challenge
19. Tiny home projects
  - Support to get people in them
  - Strength—proximity to cultural connections as a strategy
20. Tele-practice-in between physical in person training go up for a week then follow up over tele-practice.
  - Meet people where they are at
  - Dependent
21. Help with writing grants/and training in modules that could be successful (capacity building)
  - Incentive programs to get/keep professionals
    - Flexibility of scheduling
22. Cross purposing/emergency shelter with other services
  - Access how many staff/who you could pull from the community you are working with
23. Data to influence policy makers.
  - Technology access
  - Relax the rules to allow for professionals to do certain jobs
24. Often access to housing has “Gate keepers”
  - Are we looking at how to help vs. how we are going to exclude them?
25. Silo/Compartmentalizing

26. Understanding what is actually in a lease agreement, signing lease because of desperation of being housed vs. actually understanding what the rules are – so lose housing.
27. Universal approach to Disabilities/broad approach /less stigma
  - Don't narrow down to FASD Specifically
  - Simplify training to communities
  - Try to avoid academics and be more practical
  - Help people who are helping people
  - Natural helper
28. Barrier – Cultural Differences
  - How to engage thoughtfully
29. Needing cultural humility
30. Aren't able to connect with culture in home community
31. Emergency planning not existent
32. Jurisdiction issues

## 2.B. Housing in Rural, Remote and Northern Communities

1. Dilemmas – Lack of formal supports/accessible supports
  - Not always supports in small communities
  - Lack of mental health
  - Lack of health
  - Lack of respite
  - Supports vary widely depending on community
2. Politics
3. Capacity in communities – to take new things on
4. Lack of physical space/infrastructure/housing
5. Recruitment and retention of support providers
6. Relocating to small communities 'choice to move with/without families'
7. No housing for staff in communities
8. Housing in general – general housing
9. New grads come to communities then leave
10. 24/7 facilities – frequency and level of services
11. Families feel they don't have enough with support providers
12. Urgent/Crisis – lack of consistent/frequent providers
  - Not a 1<sup>st</sup> of emergency planning - back up planning
13. Opp – using informal supports – example family/friends/community

14. Also a dilemma – burn out – Strengths – tied to culture and compassion fatigue
15. Small town politics / confidentiality
  - Family relationship/support providers
  - Stigma / PCAP programs
16. Outside of Whitehorse – more urban than 13 other communities ‘NWT-33 rural/remote communities’
17. Training
  - Sustained training                      Solution
  - FASD/trauma informed
  - Cultural Safety
18. Relies on locums/visiting providers
19. Takes time to build trust/relationships
  - Stigma institutions/governments
20. Cost
  - Bricks and mortar
  - Providing services/supports
  - Cost of not doing anything
21. Informal support networks
  - Financial compensation and value that we put on types of support
  - Emotional/physical cost to family members often not compensated
  - Reliance on family/community
22. Reluctance to identify FASD as a disability
  - Rural in Yukon Communities full with Disability with no diagnosis
  - Yukon Specific
23. Opportunities and Actions
  - Strengths of being small communities – tailored to be flexible and nimble
  - Integrate better
  - Better Communication and better/more collaboration
  - Creative thinking/outside the box
  - Hive mind/resourceful
24. Actions
  - Training universal approach to training – not just FASD
  - 7 different things challenge with for natural members – more practice less academic
  - FN Governments and NGO’s and Governments coming together better communication to leverage resources
  - Community engagement
  - Build new Tiny homes ex. Carcross, Haines Junction
  - Worked with Yukon College to train people how to build own house

- Partnerships can be more organic – small town
- Mount Lorne share holders
  - Co-op style living and farming/mentorship
  - This concept would work well – sense of belonging
- \$ funding – offer incentives for different models i.e. co-op – new builds
- OFI – offering community living – meals and support
  - Could offer in other rural communities
- Private sector in North – local – to support innovative ideas/approaches/models/mining
- Blood ties Tiny home Model
- Intergenerational housing models
- Similarities of support, needs, help one another
- Leverage mining – more for housing/supports and services in communities
  - i.e. NWT Diamond mine – supporting
- Access CMHC – 2030 – Build 10 million
- Get the Government/NGO/Private/FN sectors working together
  - Solve problems/solutions not just networking

## 25. Dilemmas

- Stigma attached to label of FASD
  - More personal
- Lack of knowledge of resources/support available and hard to navigate
- No residential programs in rural communities in Yukon
  - i.e. no homes for people with FASD/Disabilities
  - Residential home for people with cognitive disorders
- Lack of identification of individuals who need supports
  - i.e. connection to the Justice system in order to receive supports
  - The most expensive way to access healthcare
- Issues with inter-jurisdictional barriers/different systems
  - b/w provinces/territories
  - Indigenous communities/non-indigenous communities

## 26. Actions

- Million dollar Murray film
  - To show return of investments – building homes/housing saves money throughout the system – show Gov't but gov't election process 4 years is barrier.
- Re-shape Government/election process champion leaders that are making bold decisions/positive deeds
- More public education in order to hold gov't accountable

- What does it mean?
- How it positively impacts you/family/community
- Hope Terrance – Alberta – bring to rural communities
- MB – ranch – rural community – removed from gang culture/people with FASD and people in the justice system – live on ranch/farm
- It's about connections – homes that provide connection and support/belonging (remove FASD out of equation)
- Have data to influence policy makers
- Capacity building – well established NGO's to support communities – scalable projects
  - Resource in community – support to sustain – i.e. Staffing – cross purposing buildings
- Tele practice – supports in community – use technology

### 3A. Supporting individuals in housing throughout the lifespan (children – youth – adults – Elders/ seniors)

1. What steps can we take to support appropriate housing
2. Unsuitable housing – too small, high risk, restrictions in building
3. Safety issues – unsafe neighborhoods
4. Access to assessments – what are the needs – strengths?
5. Lack of diagnosis and/or assessment
6. Lack of knowledge of services offered
7. Limited options – lack of houses
8. Cultural attitude toward accepting support
  - Society
  - Individual
  - Services that have common understanding
9. The right fit of worker and client
10. Support for person in the way they need support
11. Case management – point person/Navigator
  - Make time for collaboration
  - No centralized responsibility – (dept.)
  - Person centered
  - Throughout life
12. Lack of funding
  - Shared responsibility of agencies – co-funding models
  - One case life throughout life time

13. Young children have greater support when reaching 18 there is not supports for transition.
  - \$
  - Transition team/workers
14. Lack of services in the territory
15. Age and culturally appropriate services
  - Lack of skill development
16. Support individuals in existing family/housing
  - Remaining currently relevant to the person
17. Individual support plans
  - Help person to deal with past trauma
18. Unified language throughout support services
19. Increase in homelessness for people aging out of system
  - These people often become homeless
20. Identify the supports needed at early age
21. Unified understanding of support services for adults needs
22. Someone to begin to familiarize person with care needs before person is no longer in care.
23. No age limitations for housing
24. Preventative rather than reactive
25. Training for subsidized housing awareness for case worker
26. How to support people with housing when out of territory
  - education
27. Collaboration between provinces and gov't services
  - Make person aware of new community supports
28. Be prepared to offer services through life
  - Trained staff
  - Unhoused people
29. Paid care giver programs for support services
  - Gives control to needed services
  - Able to stay in home
30. Appropriate supports as person ages
31. Continuous need to apply for \$ support
32. Support workers to work with care givers
  - Earlier guardian
33. Lack of supports for adults and elders – ongoing lifelong substance abuse
34. Caregiving roles are broken through children being taken from home
35. Who has responsibility for providing supports?

- Government
  - Community involvement
36. Can housing be structured to work in different communities?
37. Putting in plain language so people understand how and what is offered
38. Advocate to give control to community members
- People living there know what community needs
39. People don't feel they are being heard
- Community member to translate gov't language
40. Lack of trust in Gov't
41. Person centered support and training for workers/clients
- 1 to 1 mentoring rather than group training

### 3B. Supporting individuals in housing throughout the lifespan (children – youth – adults – Elders/ seniors)

1. What steps can we take to support individuals into appropriate housing as they age throughout the lifespan?
  - No stock – change of Gov't = less \$ Or +\$
  - Availability of appropriate housing
  - Funding differences – funding depends on??
  - More one to one
  - Once size doesn't fit all
  - Lack of funding
  - Arbitrary cutoffs based on arbitrary measures
  - Quantitative number for funding – FASD is not! + partnerships and collaboration and relationships and trust
2. More transition planning across lifespan all stake holders
  - Educated/inter prof training and engaged with individuals with lived experience and have common transition tools – tool to individualize the need/choice/dreams (i.e. SPDAT)
  - Community Health supports have more tools and know where to find them “public supporting map”
  - We need to track the gaps
  - Create living for folks with similar needs – communities
3. Decrease rules – more flexibility, more stable ongoing money, landlords need more education and support
4. Housing report card with gaps, progress that is public and monthly updated
5. Think tanks

6. Other kinds of support – mentoring, regular check ins with individuals and families
7. Open Kitchen table with all professionals working with all individuals and families
8. Take longer to make transition plans
9. On trac bccts transition map

		15	16	17	Part tool
				18	Youth tool
12	13	14		19	Prof tool

Transitions through worker, support services, navigators – (immigration programs) look into it.

#### 4A. Supporting healthy pregnancies and accessing safe housing for families

1. Parenting support
2. Interagency – lack of knowledge how to support families
3. Fear of judgement
4. Cultural differences (judgement)
5. Lack of understanding from agencies
  - What is FASD – Trauma inform
6. Lack or no housing for pregnant women
7. No places in communities
8. No partners = limits
9. Not accessible for families

What steps can we take to support pregnant women and their families to ensure they have supports to have healthy pregnancy and healthy families?

##### 1A. Treatment

##### 1B. Supporting the culture

- Ex. Mid wife
- Traditional way

##### Basic

2. Training on FASD at provincial Manitoba
3. Level 1 to 4 Prevention in Alberta
4. From pregnancy till child is 4 years old
  - Ex. – once a week – from other women (moms) in the same community
5. “Baby Box”
6. Little house by the river close to the hospital
7. A house in Whitehorse for Prenatal and Post Natal, in the community, family focus

## 8. Remove birth alert

### Steps (suite)-4A

9. Flexible->Case by case (outside the box)
10. Transitional housing in communities
11. Relationship with the nurse – access to weekly support
12. “Travelling” support team in small communities
13. Support with training & money. What is already in the community?
14. Make sure to talk about housing situation during the pregnancy.
15. Phone-minutes-community-message boxes
16. Free bus

### 1 Barriers - 4a- 1B

10. No inter-generation options for housing
11. Income testing for social housing is decreasing natural support
12. Extended family support
13. Denial →
14. Decision making
15. Under aged client -> non-flexible agencies
16. Inter-generation -> lack of knowledge
17. Lack of trust
18. Treatment program are only every 6 months = no housing (losing)
19. Pregnancies should be a shared responsibility, a system issue.
20. Anxiety (with FASD)- going outside time to “adjust” and coming back.
21. Fear of the child being removed.
22. No place for men (fathers) to get support-on going support (empower them)
23. Navigator to help with services- what is what?
24. Look at Calgary’s model

### Steps (suite-2) -4A

- Use the support-person in the community
- Team meeting (no need for the client(s) to repeat on & on)
- Supported housing & supported parenting

## Page 1 – 4B

Supporting healthy pregnancies and accessing safe housing for families.

- STEPS: Territory wide strategy (midwives/mobile services/prenatal care/pregnant women & families) wide strategy.
- Family Housing Options-barrier free -multi-generational
- Family Support Available to every pregnant women & families -Continuum of support
- Pregnant women -nutritionist
- Food base programming
- Community support for families & healthy pregnancies

### Example KDFN

- Father support group/family support group/women support groups
- Education/awareness on effects of substances during pregnancy
- Expand on programming

### Barriers-4B

Continuation/Governments-Organizations share knowledge

Government Program Changes

- New Government
- Changes for no good reasons

Transportation to appointments to hospital

Funding -under resourcing

- Nurses
- Doctors
- Midwives
- Nutritionists etc..

Lack of Training

- Education

PCAP/Alberta

- Supports for pregnant women (suspected substances)  
5-Supporting Family/Caregivers in Family's Housing Pursuits

What are the current barriers for parents & caregivers to meet their family's housing pursuits throughout the lifespan?

- Lack of housing-safe-affordable-appropriate-culturally
- Some options in Whitehorse now for individuals, not enough
- Limited access to the places to access housing (HCOS< VFWC, etc)
- Needs of adults with FASD-in continuing care
- Aging in place
  - -aging parents of adults with disabilities don't have supports
- facilities where families can stay together not available
- support to bridge gap of understanding with landlords
  - limited capacity-FASSY offers but not all want to use it due to stigma
- FASD stigma barrier to housing
- Families reaching out
- Discrimination vs. FN's

- Gender barriers to access housing
- Landlords generalizing person on SA, not working
- When there isn't family support, what can be done?
- Families/caregivers may have own -disability or challenges
- Racism
- Lack of in-home formal supports-where programs exist, lack flexibility (eg. in timing)
  - That aren't family
  - That are family but no \$ to support
  - Have to leave community to get supports
- No independence/separation for parents
  - SA will be reduced if more than 1 person on SA living together, goes down if married
- Access to government supports is complex
- Privacy means government won't share with parent
- Active addictions as barrier to housing
- No safe injection site/homes
- Need programs with flexibility
- More \$
- Kids not identified as having FASD or not so current needs not recognized/assessed
- Lack of competency testing for kids when they become adults

What steps can we take to support parents/caregivers to meet their family's housing pursuits throughout the lifespan?

- Meaningful day program
- Family inclusive programming
- Too many silos
- Lifespan inclusion programming
- 1 stop shops infant to old age
- E.g. kids age out of 1 program at 18
- Need to have extensions of care
- Children in care are supported to age 25 in Yukon/ Make this more well known
- Mosaic of services
- Need different pathways
- Programs to renovate homes for aging etc.
- Supports for adults with FASD after parents/family pass away / Planning for care and supports after caregiver's death - \$/ Succession planning
- Mentoring – peer – art and music
- Lifespan supports – for families and adults with FASD
- Respite – what parent needs, not what you'll be told you get
- Getting worker training

- As parents age, can they get support with daily living (cleaning, etc.) so they can stay in home with kids
- Providing more \$ support to families to help adults with FASD
- Remove barrier to getting on YHC housing list – prior debt/bills
- Child service providers paid more than adult services providers
- Make respite home more visible and accessible (Yukon)
- Have FASD – informed housing professionals
- Professional development for respite workers
- Individualized funding – for kids and adults
- Micro board – give the money to family to manage
- Supervised independent living supportive roommates
- Housing limited to families with kids only (under 19)
- Difficult to become guardian to adult children – focus is on loss of ability
- Not imposing biases, cultural assumptions on others

What does culturally safe or appropriate housing look like?

- Those caregiving or caregivers need to know the FN culture, be familiar with languages
- Know own biases, assumptions
- Design space for the needs
  - Appropriate design to increase quality of life
  - Disability – informed
- When designing programs/services/housing
  - Have the people in the room and have cultural awareness in design
  - Will reach more of the people you're trying to support

What are current barriers as transitioning out of institutions? What steps can we take to support transition?

- Siloed services and case file transfer
  - Need transition standards (see previous page re-planning)
  - Need easier way for diagnosis to follow person
- Stigma and fear from community, landlord, services (schools), work
  - Need for education/cross training with services providers
- Find opportunity to educate corrections courts, education, health
- Electronic personal records (medical/social) – needs document
- Privacy laws are barriers – shared consent
- Better case coordination between service providers
- Financial assistance in place before release from correction Facility
- Need legal advocacy

- Inconsistency with service providers – don't make youth/clients switch program services when transitioning to adult
- Loss of housing during – domestic violence, in-treatment/corrections incarceration
- Loss of support when kids graduate from school
- Home care/social worker supports for those living in hospital and who need home modifications – case plan (duplicate to previous page)
- Collective impact training for service providers – need good solid information sharing process – BC shared cross government consent

### Summary

1. Corrections – transitions out – conditions Probation/bail (unrealistic and no services to support)
2. Info sharing between all service providers (Gov't and NGO) (Legislation) Agreements
  - Advanced planning – upon entry to system
3. Stigma/fear and need for training for education, health, Justice, employers, and landlords

## 6B Supporting individuals with transitions (justice system, hospitals, or treatment centres) into appropriate housing

- Locating and storing belongings – FASSY stores personal items
- Going from jail to freedom (housing in Max's place) but still not the freedom desired
- Failure in other systems (e.g. disability services)
- Cost of independent housing too high – can't be covered by social assistance (especially in winter)
- Weather/elements – cannot live outside in winter
- Hotels not available in summer due to tourism
- Judgement and stigma around crime committed esp. in small towns
- Being banned from grocery stores
- Lack of transitional housing with privacy and autonomy and supports (e.g. teaching independent living skills)

### Supportive factors

- Meeting in jail – FASSY supervisor advocating for Max's
- FASSY worker can pick up from hospital and help start
- "Home base" (in Lethbridge) helps people with housing issues
  - Pick people up right from jail

- Having option to go to Max's place then return to jail

What are the current barriers for individuals as they transition? What supports/steps would help?

- No transitional housing after 19
- Gaps in diagnosis. Some don't have a diagnosis (youth and adults) then they get lost
- Court orders requiring 24/7 supervision (correct)
  - Closing of ARC (Men)/Women have no options
  - Lack of government funding/service provider for these programs
- Limited in territory services – need more self sufficient
  - Invest \$ for outside programs in territory (Communities)

Need advanced and planned

- Coordinated communications between institutions (earlier transition planning) – the moment they enter start planning for transition out
- Need automatic referral from child/youth services to adult services in the system
- Unrealistic court orders and no capacity to support compliance with orders
- Need Slower transition from corrections to community – set up services/allow for trial runs
- Use takhini haven for transitional housing building – with services and supports

## 6B Steps to support transition

- May lose contact with current social worker when go to jail/hospital or get new social worker
- Rapid changes in release dates – system is not able to respond to quick changes – time is big factor – time between release and housing
- Smooth transition between release and housing
- A supported release plan: jail to treatment to housing
  - Addictions plan
- Long term transition planning – have support every step of the way
- Every provider for individual should meet and be on same page
- Funding/supports when <18 disappear as adult
- Guardianship/capability assessments
- Education and training re: people with FASD – are people getting the training?
- “Furniture Bank” for youth aging out or people leaving jail

- Lack of ID
- True needs of individual not made transparent and may end up with individual evicted from supportive housing
- Lack of FASD diagnosis/long waitlist/process time-consuming
- Treatment programs continue in jail
- No managed alcohol housing programs in Yukon
- Letting corrections/hospital know what community service are available
  - Communication across groups
  - Communication within Government so individual does not have to keep telling/reliving story
  - Interagency committee on FASD Yukon
- Continuity of housing while in hospital/jail
  - If jail lets income assistance know term-length then could (maybe) continue to pay rent
- Housing plan needs to start in jail
  - Nowhere to go when they leave
  - Need coordinator/transition planner
  - Need to tell community services in advance of release
- In Yellowknife there is a service that works with people experiencing 2t barriers
  - Succeeding at person centered approach
  - Struggle with institutional/systemic barriers
- Send message about the issues to leaders
- Supplemented income assistance (\$250+/Month)
  - Can be a challenge to apply to
- Foodbank has limited days/hours
- Shelter not safe
- Lack of supports when transitioning
  - Disappear completely when FASD diagnosis known ("You don't qualify for this")
- Never a plan for after release – no evaluation how you ended up there in the first place – no one acknowledging you as a person
- When providers do not understand FASD, they do not understand the individual or provide appropriate response/interaction
- Help individual complete steps they need to do, not just tell them what to do

## 7 Individuals with lived experiences input to what they would like for housing

- More support maintaining housing
- Accessible

- Ground level housing for those with walking difficulty
- Flexibility (if in a program)
- Close to downtown easier to get around for those without vehicles or with walking difficulty
- Easily accessible by bus/ Accessible bussing
- Having people live with you who understand FASD
- More benches at bus stops
- Access to gym in the building people with FASD live in
- Funding to support housing either privately or in supported living, like to buy such things as furniture, kitchen ware, bathroom necessities, bedding, and lightbulbs etc
- More supportive housing like OFI
- Supports built into the building
- Property maintained or help with maintaining the household like regular upkeep of a house
- Group meeting, check ins, a place to get support outside business hours
- Support through transition – planned, give a lot of time
- More housing options out of town with support and access to transportation
- Clear expectations of rules in the building/house – what is the bottom line
- A nice space, peaceful, sensory room
- Sensory room at OFI
- Access to dietician's
- Meeting us where we are, understanding our needs
- Access to peer mentors
- Not being cut from programs
- Honoring the fact that we are resourceful
- Adapting supports based on our needs in the moment (what we need changes overtime)
- Sober spaces to spend time
  - Afterhours access
  - Movie room
  - Pool table
  - Indoor go-kart track
  - Gaming room
  - Sensory room
- Not stopping support when you turn 18
- Access to sober living if that is what I'm choosing
- Safety first
- Having access to counselling outside of business hours

- A home not just somewhere to stay
- Counsellors who understand FASD and have good training
- Helping people to learn about resources earlier
- Easily accessible information about support
- More flexible programs that have less barriers to access, not boxed
- Have my diagnosis actually help me get support not just increase stigma
- Preventing measures so caregivers don't burn out/ feel unsupported
- Earlier diagnosis
- More information at an early age about how alcohol affects people with FASD differently
- Acknowledge that we are all different
- Supports to eat healthy and affordable
- More life skills support: cooking, cleaning budgeting, and working etc.
- More than one chance to adjust to the rules of supportive living
- A place where I can transition safely – safe neighborhood
- Helping me understand what safe housing looks like
- Helping me keep my housing if I end up in jail
- More affordable housing
- Wifi
- Staff with proper training
- Worker who is willing to listen
- Individualize supports that is recorded so if your support person changes, they still know your story, Not having to retell our story over and over
- Cheaper housing
- Transportation to sports and recreation
- Having coffee groups where we all get together
- Meaningful connection
- Common space
- Flexible rules so you can have guests
- Public spaces that are safe where we can meet with friends
- Mentorship
- Help with goal setting
- Choice in our housing and choice about who we live with
- Meet supports where I'm at, needs change with time
- Goals that build you up. –collaborative
- Don't cut off programming just because I'm succeeding at goals, doesn't mean I don't need the support anymore

- Smaller caseloads for staff, staff retreats, more funding for staff
- Having back-up plans/safety plan/crisis plan for after hours and weekends.
- We should have the same choices/access to the same things as everyone else
- Flexible at work for mental health days
- Peer mentorship for youth – for everyone (adoptive family/foster family)
- Help understanding your diagnosis
- Support for moms
- Willing to invest in me
- Opportunity
- Real relationship - trust