

The invisibility of disability for homeless youth

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S. Baker Collins, A. Fudge Schormans, L. Watt, T. Wilson and B. Idems,
Partnering for Change, McMaster University

Agenda

- Intersection of homelessness and intellectual, developmental and learning disabilities (IDD)
- Critical disability and systems failures perspectives
- Partnering for Change research project
- (In)visibility of disability for youth within the homelessness sector
- Preliminary directions for change

Homelessness and disability

- Youth with an IDD/learning disability share parallel experiences with homeless youth including family breakdown, involvement with children's services, educational disruptions, vulnerability to violence and exploitation.
- While estimates vary widely, rates of cognitive disability among the homeless population are much higher than the population in general.
- The risk of becoming homeless is much higher among those with a disability than the population at large.

Paths to homelessness for youth with IDD

- Family waiting for respite, family burn-out, youth not taken back after time in hospital, or youth walks out
- Insufficient skills to live independently so youth gets evicted by landlord
- Difficulty following shelter rules is interpreted as behaviourally-rooted and youth is evicted from shelter
- Services do not work out and youth leaves or is evicted
- Services are not available when needed
- ODSP cheque not sufficient

Partnering for Change

Examining the intersection of disability, education & employment for youth who experience homelessness in three sites (Niagara, Toronto and Hamilton)

- Quantitative intake data to determine prevalence of disability among homeless youth
- Environmental scan to determine service pathways and gaps in service
- Qualitative interviews with youth and front line staff regarding experiences of youth

A critical disability perspective

- ‘Disability’ is often less a function of mind/body difference than a result of how society responds to these differences
- Disability “is created by the social, political, economic and material barriers that non-disabled people put in place” (Fudge Schormans, et al, 2011).
- People with mind/body differences typically encounter social and physical environments that exclude, marginalize, stigmatize and devalue them (Young & Quibell, 2000 cited in Fudge Schormans)

A critical disability perspective

Ableism is a form of oppression rooted in a network of entrenched assumptions, processes and practices that privilege particular kinds of bodies and minds and particular ways of thinking and doing – ‘able’ bodies and minds

- similar to sexism, racism, classism, etc.
- understands ‘disability’ as a diminished state of being

Disablism:

- focuses on the negative treatment towards disabled people and on disabling social policy
- the prejudicial actions against disabled people rooted in the privileging of ability that work to ‘disable’ them

Dis/Ableism is the key construct:

- refers to the interconnectedness of these two constructs: pervasive systems of discrimination and exclusion that work in favour of those deemed ‘able’ and which negatively impact people with cognitive, emotional, sensory and physical differences

Mallett & Runswick-Cole (2014).; Ignagni, E., & Fudge Schormans, A. (2016)

A systems failure perspective

- Systems failure is the result of inadequate transitions for youth who are leaving the child welfare, corrections or mental health systems and who are consequently discharged into homelessness (Gaetz et al., 2013).
- Because education, child welfare, disability and homeless sectors do not work effectively together, youth become homeless due to organizational disjunctures or gaps between sectors (Nichols, 2016).

(In)visibility of youth with LD/ID/DD in the homelessness sector

Prevalence

Intake data is inconsistent and incomplete but shows combined ID/DD/LD at @ 10%

Preliminary findings from pilot questionnaire shows:

ID/DD: 12%

Learning disability: 34%

“There’s something going on”: the challenges to visibility

- Youth’s disability often undiagnosed
- Staff may have clues if youth stays long enough:
“there are some flags, there’s something just not right”
- Staff not equipped to assess and referral is fraught
- Youth are sometimes reluctant to disclose
- The complexity of youths’ lives (disability, substance use, mental health issues) are difficult to disentangle

Vulnerability within the shelter system

- *“Vulnerable to exploitation, um, horrible having their ODSP cheque taken, or getting into sex work or being talked into committing crimes that they wouldn’t necessarily do...with the younger women and younger men new to the shelter system with developmental, they get targeted.”*
- *“... in the shelters it’s pretty easy to get discharged if you come back past curfew.... really, this person has something developmental going on, they may not remember the time, they may come back a few minutes past curfew, they are really vulnerable out there if you don’t let them back in at 11:00.”*

(quotes from service providers, environmental scan)

Making disability visible(?): the assessment

Require psychological assessment confirming IDD and ID to approach Disability Services Ontario (DSO)

Lengthy multiple stage assessment process at DSO:

1. Application for Developmental Services and Supports
2. Supports Intensity Scale
3. External body assesses need for services and priority ranking
4. Youth is placed in the queue for services.

(Note: lengthy waiting times at EACH stage of this process.)

System disjunctures

- DSO system highly centralized and based on diagnosis; homelessness sector flat and based on need for shelter
- Homeless youth are mobile and DSO assessment takes time and stability
- Shelter staff not familiar with DSO process and youth may not disclose
- Youth may not have needed documentation
- Youth need two support persons to speak to their “adaptability” functioning
- There are wait lists at each stage of the assessment and wait lists for services once assessed.

Youth not visible in either sector

- *“We know there are many people that have developmental disabilities who are not connected to any system, any service and are living on the edge, on the margins with whatever they can get.”*
- *“It’s the ones that are waiting or the ones that we don’t know about that are most at risk, and that number I couldn’t say because they are not in our system but I would say that if they are not in the system, meaning if they are not known to the DSO, if they have not had a support intensity scale, they have not had any of that then they are at high risk.”*

(quotes from service providers, environmental scan)

Preliminary suggestions for changes to the current system

- Use universal design in providing shelter services (e.g. service explanations that are not cognitively demanding)
- Provide training for staff in identifying IDD issues and possible support services and requirements (e.g., DSO)
- Provide support services for youth in moving to secure housing
- Include awareness of homelessness risk and provide prevention services in the disability sector

Systems changes

- A systems approach is needed which provides wrap-around services for youth
- Emphasis should be on complexity of need not narrow diagnoses
- Sector siloes need to be dismantled and multi-agency partnerships established
- The cumbersome application for services through the DSO needs complete re-design for homeless youth
- Explore systems approaches such as those in existence in Australia and the UK for lessons for Canada

Contact

Partnering for Change: Pchange@mcmaster.ca

Ann Fudge Schormans: fschorm@mcmaster.ca

Stephanie Baker Collins: sbcollins@mcmaster.ca

Lisa Watt: wattl@mcmaster.ca

Becky Idems: idemsri@mcmaster.ca

Tina Wilson: wilsonte@mcmaster.ca

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