



Housing Vulnerability Assessment Tool for People with Intellectual Disabilities from Marginalized Groups

IRIS – Institute for Research and Development on Inclusion and Society

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CONTENTS

ABOUT THIS TOOL..... 3

THE INTERSECTIONAL EXPERIENCE OF INTELLECTUAL DISABILITY..... 4

PREPARING FOR YOUR ASSESSMENT 5

THE HOUSING VULNERABILITY ASSESSMENT TOOL..... 7

 1. Experience of Homelessness..... 7

 2. Personal Profile 8

 3. Social & Community Engagement12

 4. Health Needs & Risk 15

CONCLUSION 18

ABOUT THIS TOOL

Background

This tool builds on and adapts content from the Vulnerability Assessment Tool (VAT) – Canadian Version, an adaptation by the Canadian Observatory on Homelessness and the Mental Health Commission of Canada of Seattle’s Downtown Emergency Service Center (DESC) Vulnerability Assessment Tool (VAT). Through an assessment of various tools, DESC’s VAT was determined to be the best screening tool available for identifying a person’s vulnerability to homelessness. The Institute for Research and Development on Inclusion and Society (IRIS) developed this tool as part of an initiative entitled, *Promoting Inclusive Housing for Marginalized People with Intellectual Disabilities* which set out to address the numerous barriers that marginalized people with intellectual disabilities experience when they attempt to secure and retain safe, affordable, and accessible housing. By marginalized groups, we are referring specifically to Indigenous, Black, migrant and the 2SLGBTQI+ communities. The Housing Vulnerability Assessment (HVA) Tool is a further adaptation of the VAT - Canadian version, based on discussions with marginalized people with intellectual disabilities, their families and Indigenous, Black, migrant and 2SLGBTQI+ housing support workers in Iqaluit, Toronto, and Winnipeg.

The Housing Vulnerability Assessment Tool

One of the objectives of this project is to provide resources to local agencies to effectively identify and respond to the homelessness and housing vulnerability experienced by marginalized people with intellectual disabilities. The HVA Tool can be used by disability, Indigenous, migrant, 2SLGBTQI+ and mainstream housing support programs, to help identify people with intellectual disabilities who are vulnerable to homelessness and in need of housing supports. The Employment and Social Development Canada offers service providers free software for recording VAT-Canada results, the HVA Tool however is meant to be used in a less formal manner, with the focus of assisting housing workers in supporting their clients.

The HVA Tool offers a process for determining an individual’s level of housing insecurity and/or susceptibility to becoming homeless. It will also help in identifying the types of housing supports marginalized people with intellectual disabilities need, which will also help identify gaps in the current system. The VAT-Canadian version makes two critical points; 1) VAT tools do not address systemic issues related to housing, such as the lack of affordable housing, and 2) Housing stability is more than affordability and the supports people need; it is equally about people wanting to live in safe neighbourhoods of their choice and close to the places and people in their chosen communities.

THE INTERSECTIONAL EXPERIENCE OF INTELLECTUAL DISABILITY

Before using the HVA tool, it is important to understand the context of oppression for systemically marginalized people with intellectual disabilities.

Historically in Canada, people with intellectual disabilities were subjected to mass institutionalization, forced sterilization, and were denied access to education. This segregation and devaluation resulted in discriminatory policies and practices that laid the foundation for the social and economic inequality they experienced today. People with disabilities are amongst the poorest people in the country; and for people who live with intellectual, cognitive, or mental health disabilities, the poverty is even greater.

People with intellectual disabilities belong to other marginalized groups. They are women, gender diverse people, Indigenous, Black, and belong to other racialized groups, migrant people, and are members of the 2SLGBTQI+ communities.

We also know that each of these groups experience higher poverty rates than the general population due to the impact of colonialism, racialized immigration and Indigenous policies, institutionalized racism, gender inequality, queerphobia, and a lack of access to education and employment supports.

Due to the impact of historical and ongoing trauma resulting from colonial violence, Indigenous people experience a higher rate of disability than the general population. Trauma has also resulted in Indigenous peoples experiencing a significantly higher prevalence of Fetal Alcohol Syndrome Disorder, which is an intellectual disability, than non- Indigenous people in Canada.

The exclusion and segregation that people with intellectual disabilities experience have created systems and practices that do not respond to their needs, placing them in conditions where they are vulnerable to violence, poverty, and poor health. These issues are intensified for people with intellectual disabilities who are also women, gender diverse, Indigenous, Black, migrant and who belong to 2SLGBTQI+ communities.

Understanding the history and current day context in which marginalized people with intellectual disabilities live, is integral in the implementation of the HVA Tool. This will encourage a more expansive, less individualized definition of 'vulnerability' that recognizes the roots causes of homelessness and housing precarity.

PREPARING FOR YOUR ASSESSMENT

Preparing for your assessment process requires some planning ahead of time. The following outlines process considerations that could increase positive outcomes of your assessments.

Designing the Assessment Process

- **Decide who will conduct the assessment** ⇒ The person conducting the interview should be someone from the same community as the person being supported, and someone that is known and trusted in that community. This might mean, conducting the interviews in different languages, or ensuring the facilitators is, for example, an Indigenous or 2SLGBTQI+ housing worker or community member. They should also have experience working directly with individuals with disabilities experiencing homelessness. Interviewers should use a “trauma-informed” approach, which means that they understand the roots and impact of trauma due to ableism, genderism, racism, colonialism, queerphobia, etc.
- **Engage the community** ⇒ It will be important to engage marginalized people with intellectual disabilities, their families and the front-line workers who support them, in designing the interview questions and follow-up processes.
- **Outreach** ⇒ Attempts should be made to reach people with intellectual disabilities who are most vulnerable. These individuals may not be connected to support agencies. Your engagement with front-line workers and agencies in the assessment design process, will help you develop outreach plans to these hard-to-reach people. Your outreach plan may mean going to where people are at, such as on the streets or shelters.
- **Location** ⇒ Assessment interviews should be conducted in places that people would be most comfortable, that could be a Friendship or Immigrant Service centre or a place of worship. Recommendations on location of interviews should be discussed with marginalized people with intellectual disabilities, their families and the front-line workers who are involved in the design process.
- **Establish privacy protocols** ⇒ Ensured that there are policies in place for obtaining informed consent, collecting personal information, storing it, and defining access to it.

Planning for Post Assessment Follow- Up

- Research the housing supports that can be offered to an individual before the assessment, i.e., supportive housing; income benefits, mental health and/or intellectual disability specific supports, etc. If you can offer housing, explore the range of options in terms of where they want to live, type of housing, number of bedrooms, accessibility needs, shared/single accommodations, pets/no pets, etc.
- Plan for, and schedule follow-up meetings to determine an individual's ongoing well being and that they are getting the supports they need.

THE HOUSING VULNERABILITY ASSESSMENT TOOL

The primary purpose of this section is for the housing support worker to attain a fulsome understanding of an individual’s vulnerability and experiences of homelessness and housing precarity. Different from the VAT- Canadian version, this tool does not attempt to acquire data that can be used to quantitatively score a person’s level of vulnerability, rather it aims to provide comprehensive information on a person’s housing situation and needs, so that housing workers can better support them. Therefore, you will notice that while content from the VAT-Canadian Tool is used, it is edited, rearranged and in some places, omitted completely.

1. Experience of Homelessness

Newly Homeless	Moderate History of Homelessness	Chronically or episodically homeless¹
<p>Has been homeless less than 3 months and has experienced no other episodes of homelessness within the last 5 years. May be new to the area.</p>	<p>Has been homeless for 3 to 6 months in the past 12 months.</p> <p>Few prospects for housing at present. May have no options for housing due to history; ability to participate in process, etc.</p> <p>May be living in transitional housing; couch-surfing or living in overcrowded/’doubled up’ conditions in someone else’s home; living day-to-day or week-to-week in motels or hostels; or living in another type of provisional accommodation.</p>	<p>Is experiencing chronic or episodic homelessness:</p> <p>Chronic homelessness. Has been homeless for 6 months or more in the past year.</p> <p>Episodic homelessness. Has experienced three or more episodes of homelessness in the past year.</p> <p>Also consider individuals exiting institutions (e.g., child welfare system, mental health facilities, hospitals, and correctional institutions) and its relationship to a person’s experience of chronic and episodic homelessness.</p>

¹National Homelessness Partnering Strategy definition

2. Personal Profile

General

- a. Tell us anything you want to tell us about yourself. [Note information on any family, friends, where they might have lived, their history, services they use, experiences of gender-based violence, racism, ableism, etc.]

- b. What is your day-to-day life like?

Basic Needs

No trouble meeting needs	Mild difficulty meeting needs	Moderate difficulty meeting needs	High difficulty meeting needs	Severe difficulty meeting needs
Generally able to get food and clothing; takes care of hygiene and adequate self-care.	Some trouble staying on top of basic needs, but usually can take care of themselves.	Occasional attention to hygiene; has some openness to discussing issues; generally poor hygiene, but able to meet needs with assistance (e.g., prompting from workers, friends, and family); may not be spending money on basic needs.	Doesn't wash regularly; uninterested in receiving help but will access services in emergency situations; low understanding about their needs; is not spending money on basic needs.	Unable to access food on their own; very poor hygiene/clothing (e.g. clothes very soiled, body very dirty, goes through garbage and eats rotten food); resistant to offers of help on things; no insight.

Memory, Awareness, and Cognitive Ability & Communication

No impairment	Mild impairment	Moderate impairment	High impairment	Severe impairment
<p>Good attention span; able to keep track of appointments.</p>	<p>Occasional difficulty in staying organized; may require minimal prompting re: appointments; possible evidence of mild cognitive or intellectual disabilities.</p>	<p>Appearance is sometimes disorganized; occasional confusion; moderate memory or intellectual, cognitive disability.</p>	<p>Disorganized or disoriented; poor awareness of surroundings; memory impaired, simple follow-through is difficult; severe dementia.</p>	<p>Highly confused; disorientation in reference to time, place or individual; evidence of significant intellectual disability, dementia, or other organic brain disorder; memory fully (or almost fully) absent/impaired.</p>

Communication

Before using this chart, it is important to find out the types of supports a person may need to communicate with you. This will allow you to get the proper supports in place before assessing their communication. It is recommended that for all people you use plain and direct language.

The assessor should consider questions such as:

- Is English/French a second language?
- Do they need an ASL/LSQ interpreter?
- Do they want a person who understands the way they communicate to support them?
- Do you need to allow for silences between questions, so the person can take time to comprehend what was asked?
- Is there cultural differences or power dynamics at play that impede communication? For example, a person may not respond due to deference or fear of racist treatment.

No communication barrier	Mild communication barrier	Moderate communication barrier	High-level communication barrier	Severe communication barrier
No language barriers; able to communicate clearly with staff about needs; responds appropriately to questions.	Has occasional trouble communicating needs; may be due to a language or disability.	Minimal English or French language or mild disability related verbal barrier; making it difficult to understand what the individual is attempting to communicate.	Physical or mental impairment making communication very difficult. Simple communication is hard to understand.	Significant difficulty communicating with others; likely unable to understand basic communication altogether.

3. Social & Community Engagement

Family & Community Supports

At the beginning of the assessment, people were asked to tell you anything they wanted to about their life. In this section, you will be asking them directly about their family and engagement with the community in which they live. Therefore, some of the below questions may have been answered already.

a. Who are the people you like to spend time with?

b. Do you have family here in this city? Or people you consider your family?

c. What places do you go to every day or during the week? For example, to get a meal, money, clothing?

d. Do you go anywhere just to hang out with others?

Survival Skills

Please note, the term “vulnerability” is use here in reference to safety.

No evidence of vulnerability	Evidence of mild vulnerability	Evidence of moderate vulnerability	Evidence of high vulnerability	Evidence of severe vulnerability
<p>Strong survival skills; capable of networking and self-advocacy; knows where to go and how to get there; needs no prompting regarding safe behaviour.</p>	<p>Has some survival skills; is occasionally taken advantage of (e.g., friends only present on paydays); needs some assistance in recognizing unsafe behaviours and willing to talk about them.</p>	<p>Is frequently in dangerous situations; dependent on detrimental social network; communicates some fears about people or situations; reports being taken advantage of.</p>	<p>Has left/is trying to leave, a gender-based violence situation; may do sex work for money or drugs.</p> <p>Spends most of their time alone and lacks street smarts; possessions often stolen; may be ‘befriended’ by predators; lacks social protection; presents with fearful demeanour; has marked difficulty understanding unsafe behaviours.</p>	<p>Easily draws predators; vulnerable to exploitation; is victimized regularly (e.g., physical assault, robbery, sexual assault); little insight regarding dangerous behaviour (e.g., solicitation of sex/drugs); clear disregard for individual safety (e.g., walks into traffic).</p>

Social Behaviour

No problem advocating for self and/or presents with predatory behaviours	Mildly problematic social behaviours	Moderately problematic social behaviours	Highly problematic social behaviours	Severely problematic social behaviours
<p>Capable of appropriate self- advocacy and social interaction in nearly all instances.</p> <p>OR</p> <p>Reports a history of predatory behaviour; is observed to be targeting vulnerable individuals to ‘befriend;’ uses intimidation to get needs met (e.g., threatening and menacing to staff/individuals).</p>	<p>Generally, “gets along” with others; individual can tolerate feedback from workers and responds with minimal problems; may need repeated approaches about same issues.</p>	<p>Has some difficulty coping with stress; sometimes has angry outbursts when in contact with others; some non-cooperation problems at times.</p>	<p>Often has difficulty engaging positively with others; withdrawn and isolated; has minimal insight regarding behaviour and consequences; has few social contacts; negative behaviour often interferes with others in surrounding; often yells, screams, or talks to self. May describe occasional or semi-regular bars from services or other places in the community due to disruptive behaviour. Frequent jail time.</p>	<p>Responds in angry, profane, obscene, or menacing verbal ways; may come across as intimidating and off-putting to workers or others; may provoke verbal and physical attacks from other individuals; has significantly inability to deal with stress; has no apparent social network. Is consistently barred from services and other places in the community. Likely frequent interaction with the justice system and with jail time.</p>

4. Health Needs & Risk

Medical & Health Risks

No Impairment	Minor or temporary health problem(s)	Stable significant medical/or physical issue(s)/or chronic medical condition(s) being managed	Chronic medical condition(s) that is/ are not well managed or significant physical impairment(s)	Totally neglectful of physical health, extremely impaired by condition, serious health condition(s)
No health complaints; appears well; would likely access medical care if needed.	Recovery from medical intervention, i.e., minor surgery, a cast or splint, etc., but doing well with self-care; acute medical problem such as a respiratory issue or skin infection but takes medications; follows up with medical provider; doesn't appear ill currently.	Chronic but stable medical problems such as diabetes, emphysema, high blood pressure, heart disease, seizure disorder, Hepatitis C or B, HIV disease; cancer in remission; has clinic or doctor and takes medications more often than not.	Poorly managed chronic medical condition, i.e., asthma, arthritis, chronic cough, etc., due to a lack of access to medical care and/or an unwillingness to seek medical care.	Untreated chronic medical condition: terminal illness that is worsening; missing limb(s) with significant mobility or life activity issues; obvious physical problem that is not being cared for (e.g., large sores or severe swelling); uncontrolled diabetes.

Mortality Risks - Note the person’s mortality risk factors.

Risk Factor	Yes	No
Three or more hospitalizations in 12 months		
Three or more emergency department visits in previous 3 months (for medical reasons)		
Aged 60 or older		
Cirrhosis of the liver		
Renal disease		
Diabetes		
Heart disease		
Tri-morbidity – co-occurring psychiatric issue, substance abuse and (any) chronic medical condition.		

Mental Health

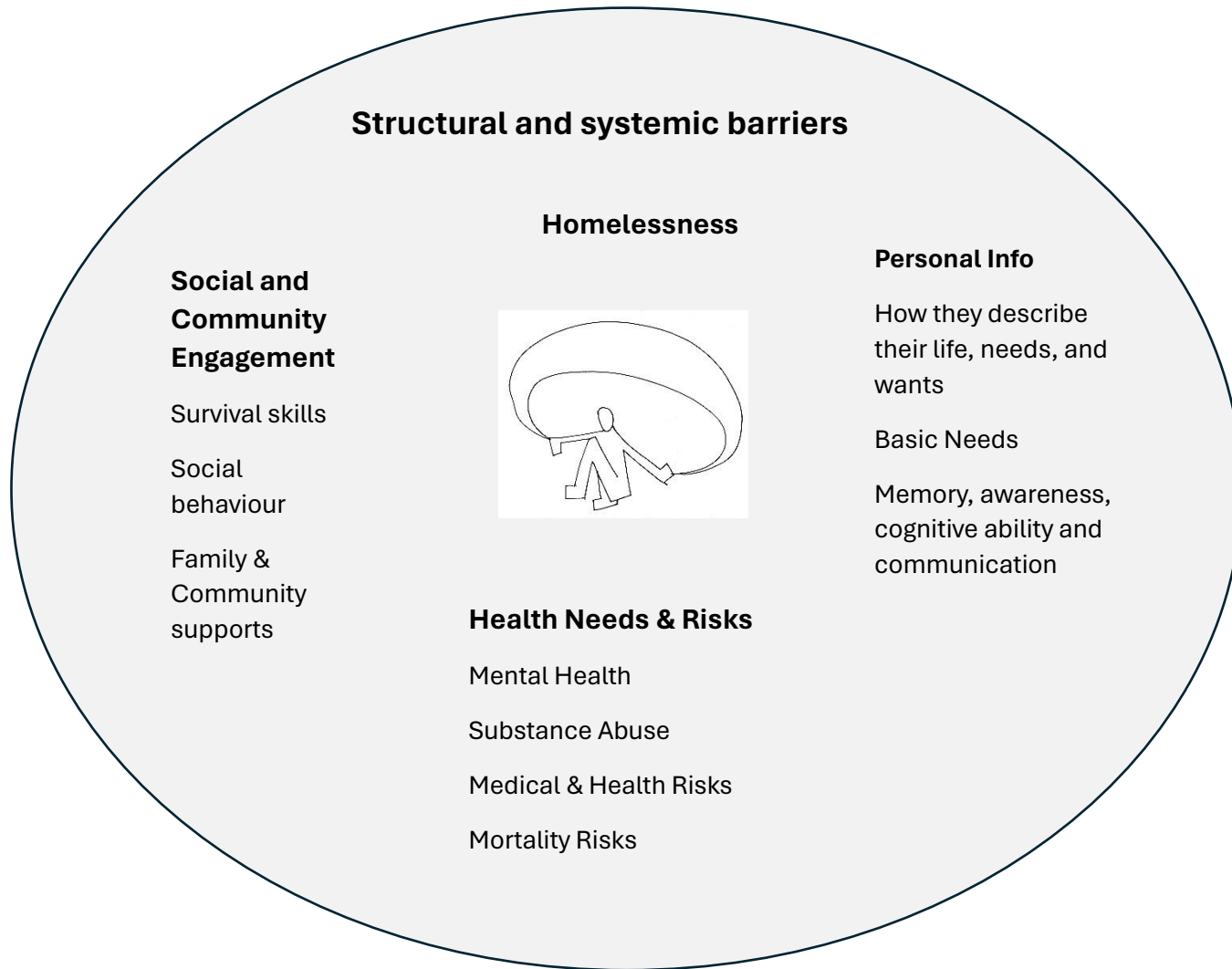
No mental health issues	Mild mental health issues	Moderate mental health issues	High mental health issues	Severe mental health issues
Reports no mental health issues; doesn’t present with any symptoms.	Reports feeling down about situations and circumstances.	Reports having mental health issues; reports having supports in place; may be taking prescribed medications and/or psychosocial counselling; does not present as highly symptomatic.	Tenuous service engagement: possibly not taking medications that have been prescribed; not interested in therapy or any supports and services that are available. Fairly significant symptoms; describes history of suicide attempts and recent attempts.	No connection to services or supports. Extreme symptoms that impair functioning (e.g., talking to self, distracted, severe delusions/paranoia, fearful/phobic, extremely depressed, or manic mood). No awareness of their mental health issues.

Substance Abuse

NO OR NON-PROBLEMATIC SUBSTANCE USE	MILD SUBSTANCE USE	MODERATE SUBSTANCE USE	HIGH SUBSTANCE USE	SEVERE SUBSTANCE USE
<p>No substance use, or strictly social use, having no negative impact on level of functioning.</p>	<p>Sporadic use of substances not obviously affecting level of functioning; is aware of substance use; is still able to meet basic needs most of the time.</p>	<p>90 to 180 days into addiction recovery; co-occurring disorder without any follow-up care; relapse risk still present. OR Substance use affecting ability to follow through on basic needs; has some support available for substance use issues but may not be actively involved; some trouble making progress in goals.</p>	<p>In first 90 days of treatment or addiction recovery; still enmeshed in alcohol- or drug-using social group; high relapse potential. OR use obviously impacting ability to gain/maintain functioning in many areas (e.g., clear difficulty following through with appointments, self-care, interactions with others, basic needs); not interested in support for substance use issues.</p>	<p>Active addiction with little or no interest in treatment involvement.</p> <p>Obvious deterioration in functioning (e.g., mental health) due to substance use; severe symptoms of both substance use and mental illness; low or no insight into substance use issues; clear cognitive damage due to substances; no engagement with substance use support services yet needed.</p>

CONCLUSION ¹

The results of this assessment need to be understood holistically. That is, what are the relationships between risk factors or how does one risk factor influence or build on others.



When using the Housing Vulnerability Assessment Tool to gather information on a person with an intellectual disabilities' vulnerability to homelessness, it is critical to understand how their societal exclusion is rooted in historically shaped structured oppression, particularly for Indigenous, Black, racialized, migrant and 2SLGBTQI+ people.

In Canada, marginalized people with intellectual disabilities have had to interact with systems and practices that they have had limited access to, and that do not respond to their needs, therefore creating the conditions of their vulnerability to violence, poverty, poor health and homelessness.

The HVA Tool offers an opportunity to implement a person-centred, trauma-informed approach, that understands the complexity systemically marginalized person's vulnerability to homelessness and housing precarity is embedded in.

ENDNOTES

¹ Image from <https://www.movementandcreativity.com/>