System and policy issues for adults with intellectual disability disorder who are experiencing homelessness

Abstract

Background

Intellectual and developmental disability (IDD) is characterized by impairment of cognitive function that results in daily living limitations. Adults with IDD face barriers to meeting basic needs and must navigate multiple public systems to access services. The housing affordability crisis has contributed to a disproportionate overrepresentation of adults with IDD who experience homelessness. Little evidence has articulated the unique systems- and policy-level issues facing homeless adults with IDD.

Objective

The purpose of this study was to examine the systems and policies that impact service delivery and care coordination between disability, homeless, and social care services for homeless adults with IDD.

Methods

This qualitative study interviewed professionals providing disability, homeless, and/or social care services to adults experiencing homelessness between March-June 2021. Data was analyzed using content analysis.

Results

Participants (n=18) mostly identified as female (n=11), the mean age was 44 (13.9), and included clinicians (n=5), case managers (n=7), allied professionals (n=5), and outreach specialists (n=1). Six public systems were identified as ones with which this population interacted. Key systems issues were: 1) obtaining services required individual engagement; 2) lack of communication and coordination; 3) provider apathy; and 4) lack of specific services. The policy findings were: 1) current policies harm more than help; 2) policies focus only on acute problems; and 3) funding priorities, not need, dictate services.

Conclusion

Homeless adults with IDD exist in a nearly perpetual process of cycling through public systems, and health equity cannot be attained without attention to the structural ableism that is embedded throughout. Findings highlight the importance of moving away from a crisis-driven model of care to a cohesive care ecosystem, and future research is needed to develop and test models of care that eliminate system churn so that all individuals are supported.